

Department of Elder Affairs

September 16, 2019

Chris Spencer, Policy Director  
Office of Policy and Budget  
Executive Office of the Governor  
1701 Capitol  
Tallahassee, FL 32399-0001

Eric Pridgeon, Staff Director  
House Appropriations Committee  
221 Capitol  
Tallahassee, FL 32399-1300

Cynthia Sauls Kynoch, Staff Director  
Senate Committee on Appropriations  
201 Capitol  
Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Legislative Budget Request for the Department of Elder Affairs is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our proposed needs for the 2020-21 Fiscal Year.

Sincerely,



Richard M. Prudom  
Secretary



Department of  
**ELDER  
AFFAIRS**

**STATE OF FLORIDA**

**Temporary Special Duty  
General Pay Additives Implementation Plan  
For Fiscal Year 2020-2021**

NOT APPLICABLE



## Department Level Exhibits and Schedules

## 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.*

<b>Agency:</b>	<b>Department of Elder Affairs</b>		
<b>Contact Person:</b>	Richard Tritschler	<b>Phone Number:</b>	(850) 414-2342
<b>Names of the Case: (If no case name, list the names of the plaintiff and defendant.)</b>	N/A		
<b>Court with Jurisdiction:</b>	N/A		
<b>Case Number:</b>	N/A		
<b>Summary of the Complaint:</b>	N/A		
<b>Amount of the Claim:</b>	\$ N/A		
<b>Specific Statutes or Laws (including GAA) Challenged:</b>	N/A		
<b>Status of the Case:</b>	N/A		
<b>Who is representing (of record) the state in this lawsuit? Check all that apply.</b>	N/A	Agency Counsel	
	N/A	Office of the Attorney General or Division of Risk Management	
	N/A	Outside Contract Counsel	
<b>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).</b>	N/A		

Department of Elder Affairs  
07/01/2019

Secretary  
0001 (950) (8925) 1.00

Advisory Council  
ADI

Advisory Council  
DOEA

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

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

Manager of Strategic Initiatives  
(Director of Livable Communities)  
0025 (540) (8852) 1.00

Inspector General  
0097 (920) (8868) 1.00

General Counsel  
0023 (930) (8914) 1.00

Long-Term Care  
Ombudsman Program  
State Ombudsman  
See Pages 19-22

Communications  
See Page 2

Office of Public and  
Professional Guardians  
See Page 2

Office of Human  
Resources  
See Page 3

Office of Strategic  
Initiatives  
See Page 3

Elder Rights  
See Page 4

Legislative Affairs  
See Page 3

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

Long-Term Care  
And Support  
See Page 7

CARES  
See Pages 7, 9-18

Community & Support  
Services  
See Page 8

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

Staff Assistant  
OPS 65650277 1.00

Government Analyst II  
0347 (026) (2225) 1.00

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

Government Operations  
Consultant II  
0070 (25) (2238) 1.00

Chief Financial Officer  
(Deputy Chief of Staff)  
0054 (930) (9095) 1.00

General Services and  
Emergency  
Management  
See Page 6

Monitoring & Quality  
Assurance  
See Page 6

Information Technology  
See Page 6

Accounting  
See Page 5

Revenue Management  
See Page 5

Budget  
See Page 5

Contract Administration  
& Purchasing  
See Page 5

Government Operations  
Consultant III-SES  
0093 (425) (2235) 1.00

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

Operations & Mgmt  
Consultant I- SES  
0026 (421) (2234) 1.00

OPS Senior Attorney  
OPS 65650287 1.00

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

Senior Legal Assistant -  
SES  
0085 (022) (3127) 1.00

Deputy General Counsel  
0148 (240) (8416) 1.00

OPS Legal Assistant  
OPS 65650144 1.00

OPS Paralegal  
Specialist  
OPS 65650288 .50

OPS Senior Attorney  
OPS 65650170 1.00

**OFFICE OF THE DEPUTY SECRETARY & CHIEF OF STAFF**

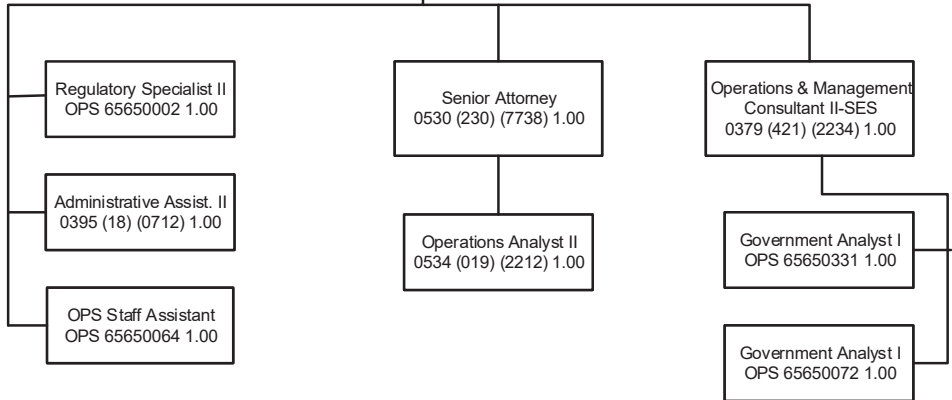
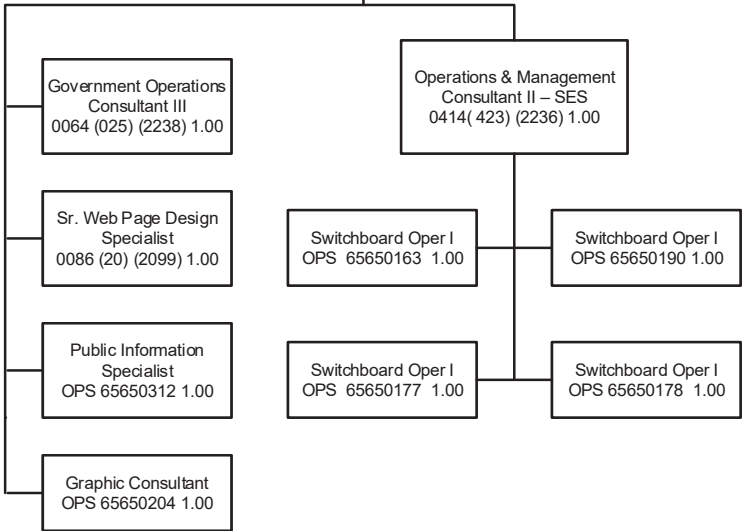
Deputy Secretary & Chief of Staff  
0002 (940) (8926) 1.00

**OFFICE OF COMMUNICATIONS**

**OFFICE OF PUBLIC & PROFESSIONAL GUARDIANS**

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

Statewide Public Guardianship  
Program Director- SES  
0375 (530) (7794) 1.00



**OFFICE OF THE DEPUTY SECRETARY & CHIEF OF STAFF**

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

**LEGISLATIVE AFFAIRS**

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

Government Operations  
Consultant II  
0039 (23) (2236) 1.00

**HUMAN RESOURCES**

Chief of Human Resources  
Management  
0108 (530) (9756) 1.00

Admin Assistant II - SES  
0068 (418) (0712) 1.00

Training Consultant  
OPS 65650142 1.00

Admin Assistant II  
OPS 65650181 1.00

Personnel Services  
Specialist/HR- SES  
0300 (421) (0189) 1.00

Human Resources  
Specialist/HR-SES  
0046 (423) (0190) 1.00

Human Resources  
Specialist/LR-SES  
0103 (423) (0190) 1.00

Human Resources  
Specialist/HR-SES  
0139 (423) (0190) 1.00

**OFFICE OF STRATEGIC INITIATIVES**

Chief of Planning & Evaluation  
0145 (530) (8720) 1.00 (SES)

Government Analyst I  
OPS 65650292 1.00

Senior Management  
Analyst II-SES  
0078 (426) (2225) 1.00

Government Analyst II  
OPS 65650186 1.00

Government Operations  
Consultant II  
OPS 65650141 .50

Interviewing Clerk  
OPS 65650332 .50

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

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

Government Operations  
Consultant II  
OPS 65650182 .50

Government Operations  
Consultant III  
0083 (25) (2238) 1.00

Government Analyst II  
0051 (026) (2225) 1.00

Government Analyst II  
0116 (026) (2225) 1.00

Government Analyst II  
0415 (26) (2225) 0.50

OPS Librarian  
OPS 65650012 1.00

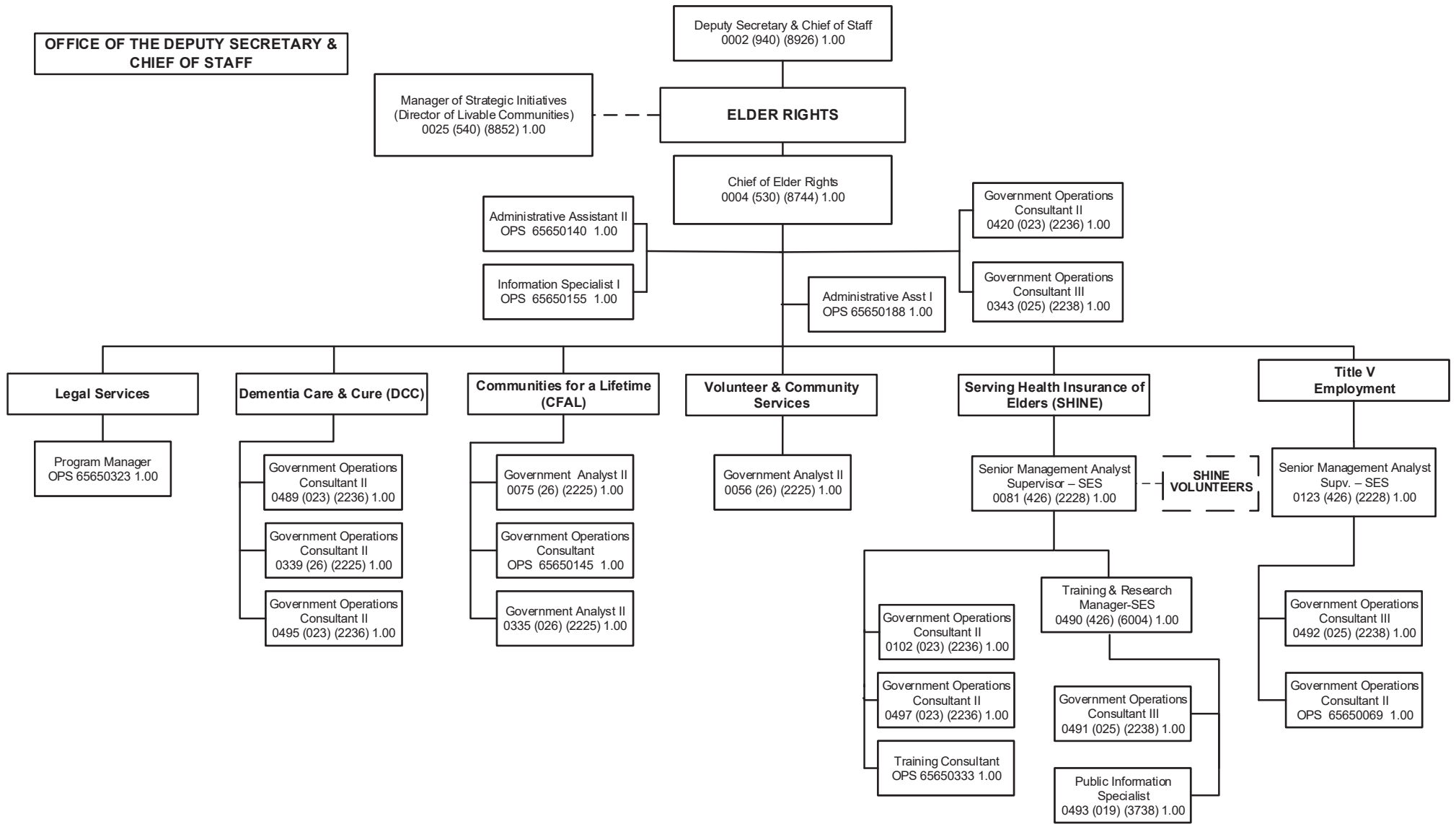
Interviewing Clerk  
OPS 65650309 1.00

Interviewing Clerk  
OPS 65650311 1.00

Government Analyst II  
0522 (21) (2234) 1.00

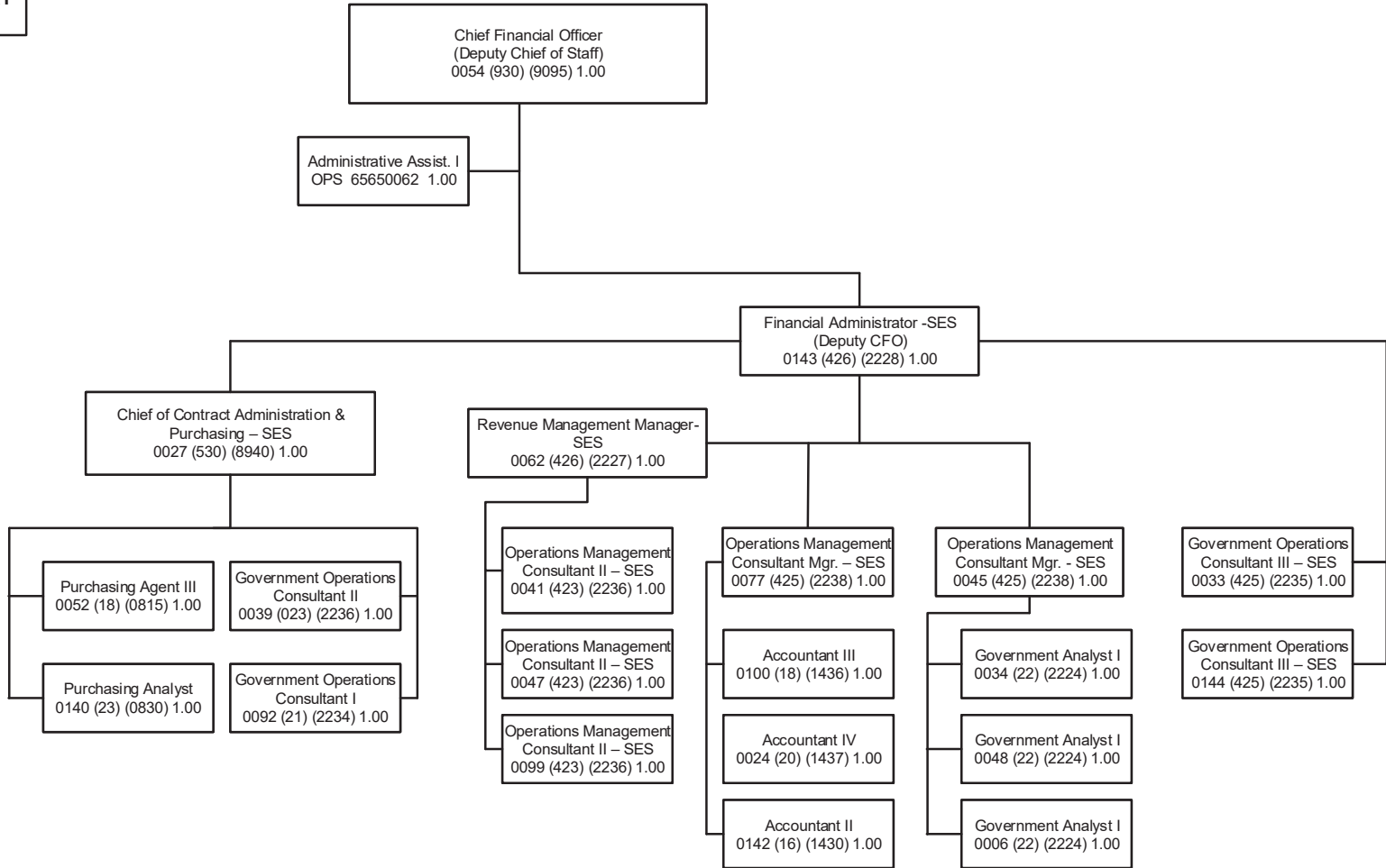
Government Analyst I  
OPS 65650315 1.00

Administrative Assist. I  
OPS 65650296 1.00





**DIVISION OF FINANCIAL AND SUPPORT SERVICES**



**DIVISION OF FINANCIAL AND SUPPORT SERVICES**

Chief Financial Officer  
(Deputy Chief of Staff)  
0054 (930) (9095) 1.00

**GENERAL SERVICES AND EMERGENCY MANAGEMENT**

**MONITORING AND QUALITY ASSURANCE**

**INFORMATION TECHNOLOGY**

Government Operations  
Consultant III - SES  
0040 (425) (2235) 1.00

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

Chief Information Officer  
0326 (540) (8738) 1.00

Government Operations  
Consultant III  
0141 (026) (2238) 1.00

Government Operations  
Consultant II  
0069 (23) (2236) 1.00

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

Senior Management Analyst  
Supv - SES  
0036 (426) (2225) 1.00

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

Admin Assistant I  
OPS 65650011 1.00

Government Analyst II  
0071 (26) (2225) 1.00

Systems Programmer III  
0079 (25) (2115) 1.00

Distributed Computer  
Systems Analyst  
0094 (22) (2052) 1.00

Distributed Computer  
Systems Analyst  
0338 (22) (2052) 1.00

Systems Programmer III  
0061 (25) (2115) 1.00

Distributed Computer  
Systems Analyst  
OPS 65650018 1.00

Property Consultant  
OPS 65650212 1.00

Administrative Assist. II  
0084 (18) (0712) 1.00

Distributed Computer  
Systems Analyst  
0059 (22) (2052) 1.00

Distributed Computer  
Systems Analyst  
0044 (22) (2052) 1.00

Distributed Computer  
Systems Analyst  
0494 (22) (2052) 1.00

Systems Project Analyst  
0115 (24) (2107) 1.00

Distributed Computer  
Systems Consultant  
OPS 65650158

Government Operations  
Consultant II  
0297 (26) (2225) 1.00

Office Automation  
Specialist I  
OPS 65650206 1.00

Computer Network  
Support Specialist IV  
0037 (427) (2117) 1.00

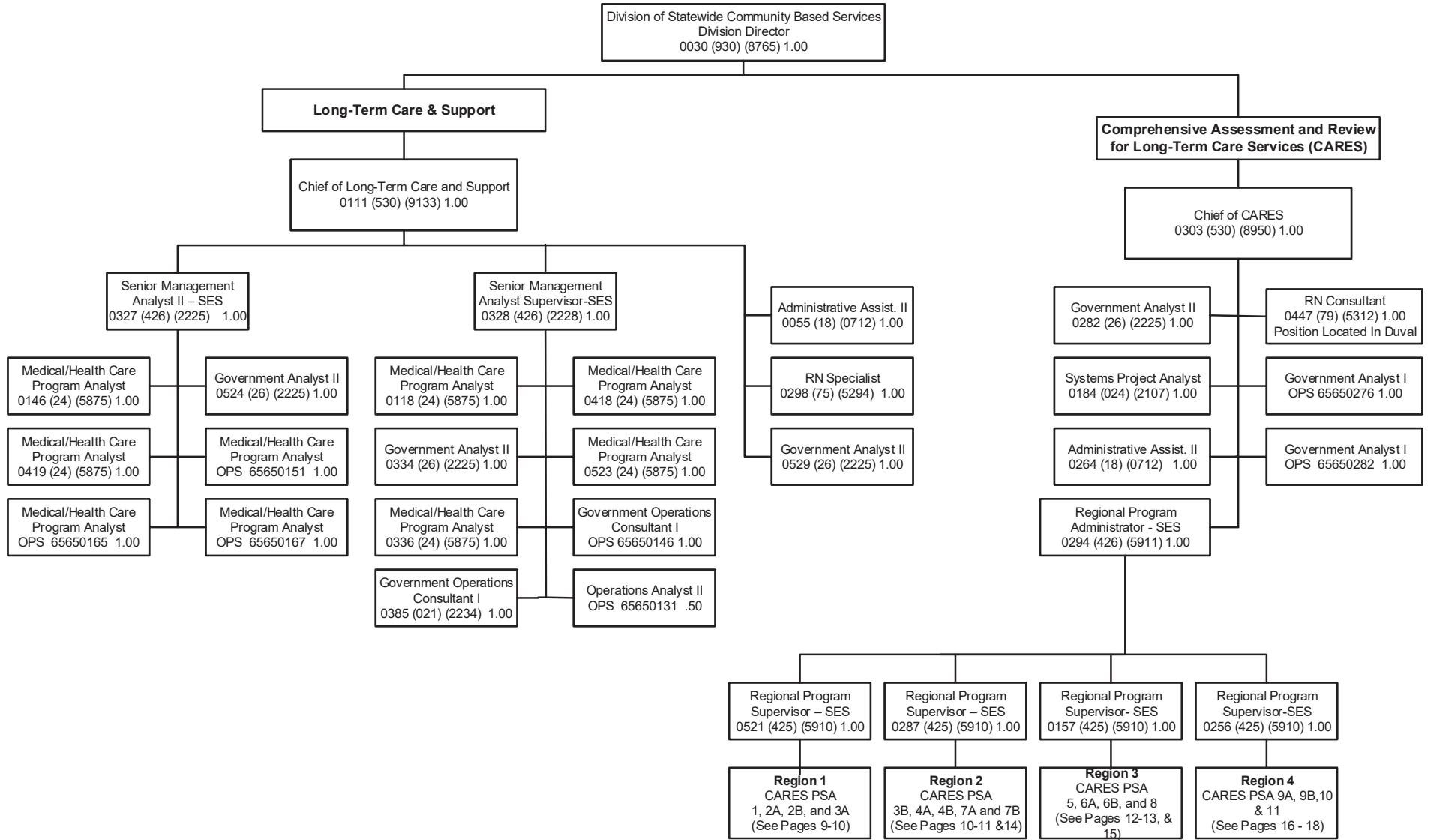
Computer Programmer  
Analyst II  
0322 (22) (2103) 1.00

App. Design & Support  
Process Manager  
OPS 65650299 1.00

Government Analyst II  
0321 (26) (2225) 1.00

Systems Programmer III  
OPS 65650005 1.00

Administrative Assist. II  
OPS 65650149 1.00



Community & Support Services

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

ARC IMPLEMENTATION, CONTRACT  
MANAGEMENT, TECHNICAL  
ASSISTANCE

NUTRITION

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

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

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

Government Analyst II  
0058 (25) (2238) 1.00

Government Operations  
Consultant III  
0114 (25) (2238) 1.00

Government Operations  
Consultant III  
0067 (25) (2238) 1.00

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

Government Operations  
Consultant III  
0090 (25) (2238) 1.00

Operations Management  
Consultant II  
OPS 65650056 1.00

Government Operations  
Consultant III  
0073 (25) (2238) 1.00

Government Operations  
Consultant III  
0113 (25) (2238) 1.00

Government Operations  
Consultant I  
OPS 65650073 1.00

Administrative Assist. I  
OPS 65650070 .50

Government Operations  
Consultant I  
OPS 65650314 1.00

Government Analyst I  
OPS 65650335 .50

Government Operations  
Consultant I  
OPS 65650133 1.00

Government Analyst I  
OPS 65650337 1.00

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

Research Assistant  
OPS 65650134 .50

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

Bureau of CARES

CARES Regional Program Supervisor  
0521 (425) (5910) 1.00

CARES PSA 1  
Program Operations Administrator- SES  
0151 (424) (5912) 1.00  
Escambia, Okaloosa, Walton, Santa Rosa

CARES PSA 2A  
Program Operations Administrator- SES  
0252 (424) (5912) 1.00  
Bay, Calhoun, Gulf, Jackson, Washington,  
Holmes

CARES PSA 2B  
Program Operations Administrator- SES  
0167 (424) (5912) 1.00  
Leon, Franklin, Gadsden, Madison, Taylor,  
Wakulla, Liberty, Jefferson

Staff Assist.  
0152 (13) (0120) 1.00

Staff Assist.  
0389 (13) (0120) 1.00

CARES Assessor  
0153 (19) (5754) 1.00

CARES Assessor  
0390 (19) (5754) 1.00

Senior CARES Assessor  
0154 (20) (5755) 1.00

CARES Assessor  
OPS 65650275 1.00

RN Specialist  
0155 (75) (5294) 1.00

CARES Assessor  
0388 (19) (5754) 1.00

RN Specialist  
0156 (75) (5294) 1.00

CARES Assessor  
0158 (19) (5754) 1.00

CARES Assessor  
0386 (19) (5754) 1.00

Senior CARES Assessor  
0159 (20) (5755) 1.00

CARES Assessor  
0454 (19) (5754) 1.00

RN Specialist  
0160 (75) (5294) 1.00

Staff Assist.  
0296 (13) (0120) 1.00

RN Specialist  
0162 (75) (5294) 1.00

RN Specialist  
0163 (75) (5294) 1.00

RN Specialist  
0353 (75) (5294) 1.00

Staff Assist.  
0164 (13) (0120) 1.00

CARES Assessor  
0169 (19) (5754) 1.00

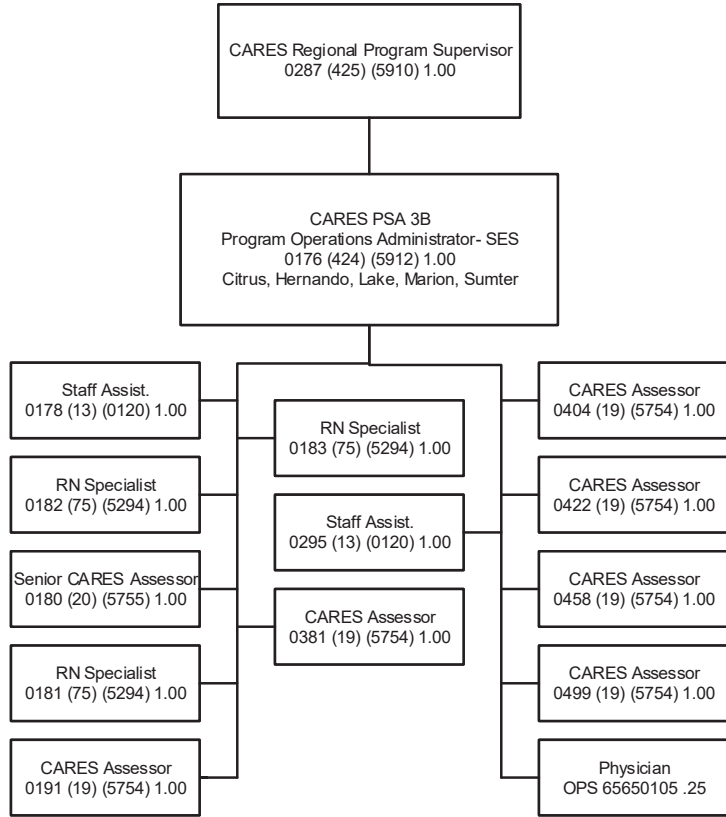
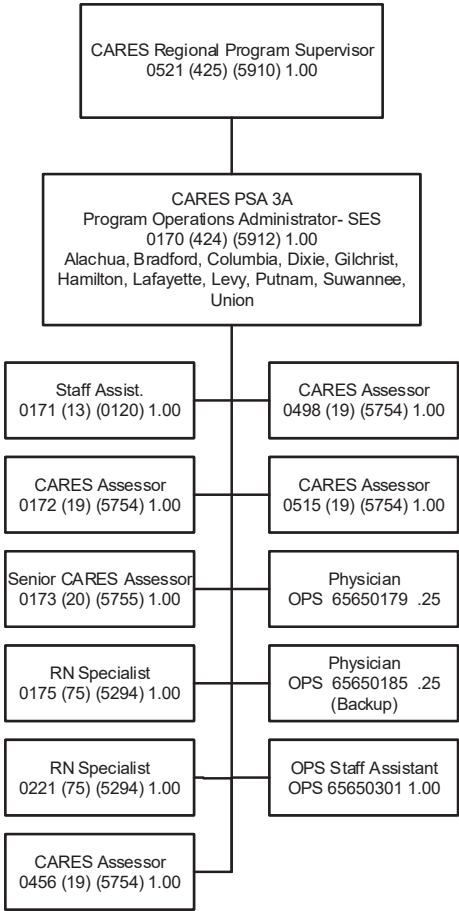
CARES Assessor  
0165 (19) (5754) 1.00

Staff Assist.  
OPS 65650103 1.00

Senior CARES Assessor  
0166 (20) (5755) 1.00

Senior Physician  
OPS 65650104 .25

Bureau of CARES

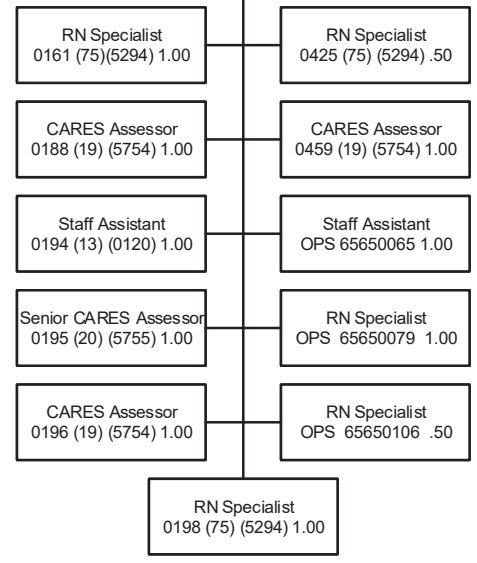
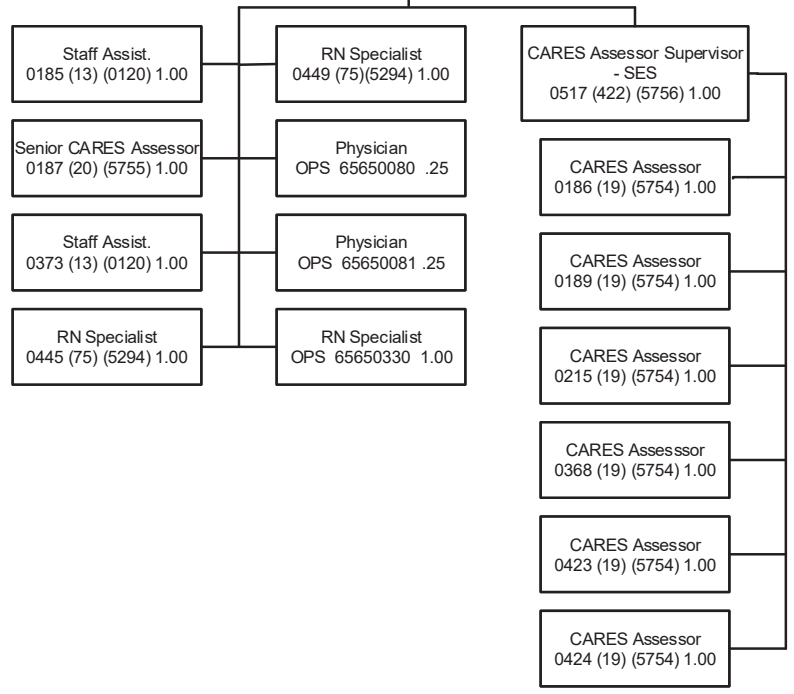


Bureau of CARES

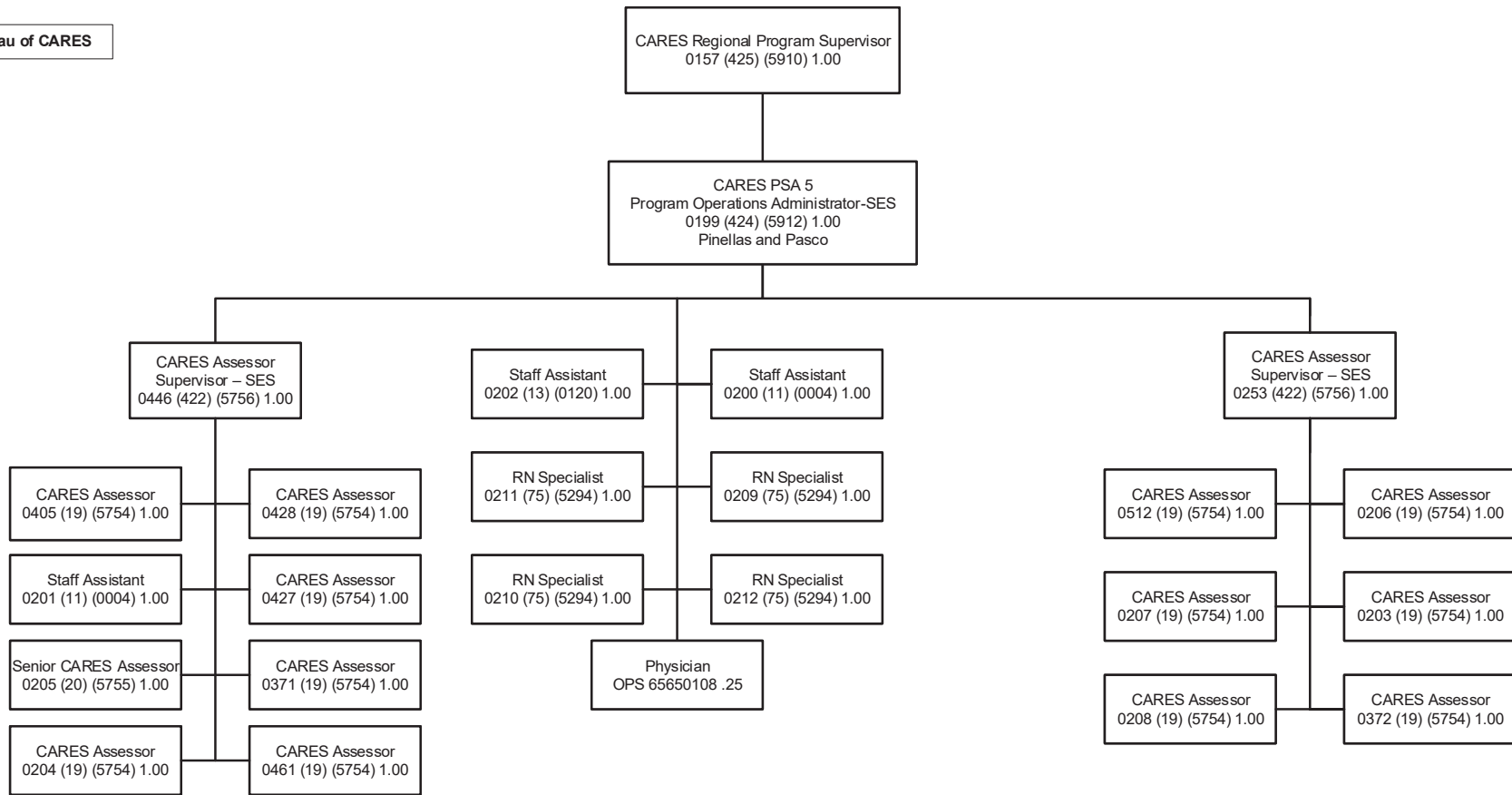
CARES Regional Program Supervisor  
0287 (425) (5910) 1.00

CARES PSA 4A  
Program Operations Administrator- SES  
0190 (424) (5912) 1.00  
Baker, Clay, Duval, Nassau, St. Johns

CARES PSA 4B  
Program Operations Administrator- SES  
00197 (424) (5912) 1.00  
Flagler, Volusia



Bureau of CARES



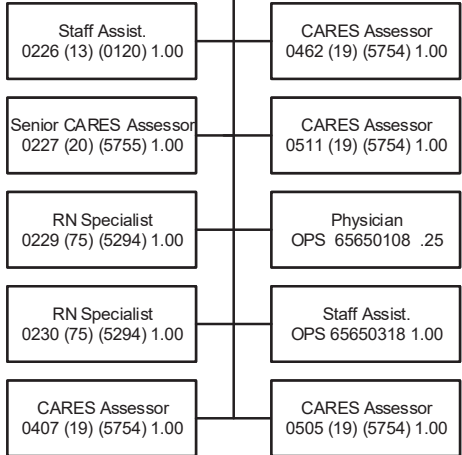
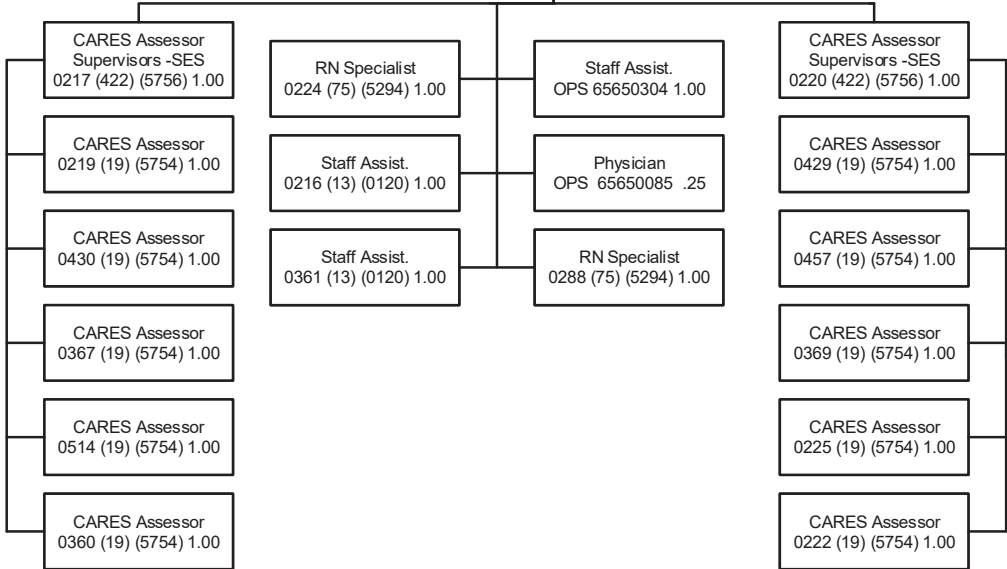


Bureau of CARES

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

CARES PSA 6A  
Program Operations Administrator- SES  
0214 (424) (5912) 1.00  
Hillsborough, Manatee

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



**Bureau of CARES**

CARES Regional Program Supervisor  
0287 (425) (5910) 1.00

CARES PSA 7A  
Program Operations Administrator- SES  
0231 (424) (5912) 1.00  
Orange, Seminole

CARES Assessor  
Supervisor - SES  
0308 (422) (5756) 1.00

Staff Assist.  
0232 (13) (0120) 1.00

Staff Assistant  
OPS 65650157 1.00

CARES Assessor  
0432 (19) (5754) 1.00

CARES Assessor  
0309 (19) (5754) 1.00

CARES Assessor  
0411 (19) (5754) 1.00

CARES Assessor  
0434 (19) (5754) 1.00

Senior CARES Assessor  
0234 (20) (5755) 1.00

CARES Assessor  
0236 (19) (5754) 1.00

RN Specialist  
0238 (75) (5294) 1.00

Senior Physician  
OPS 65650102 .25

CARES Assessor  
0516 (19) (5754) 1.00

RN Specialist  
0528 (75) (5294) 1.00

Physician  
OPS 65650086 .25

CARES Assessor  
0455 (19) (5754) 1.00

CARES Regional Program Supervisor  
0287 (425) (5910) 1.00

CARES PSA 7B  
Program Operations Administrator- SES  
0241 (424) (5912) 1.00  
Brevard, Osceola

RN Specialist  
0242 (75) (5294) 1.00

RN Specialist  
0243 (75) (5294) 1.00

CARES Assessor  
0383 (19) (5754) 1.00

Senior CARES Assessor  
0384 (20) (5755) 1.00

Staff Assist.  
0393 (13) (0120) 1.00

CARES Assessor  
0435 (19) (5754) 1.00

CARES Assessor  
0468 (19) (5754) 1.00

CARES Assessor  
0503 (19) (5754) 1.00

CARES Assessor  
0508 (19) (5754) 1.00

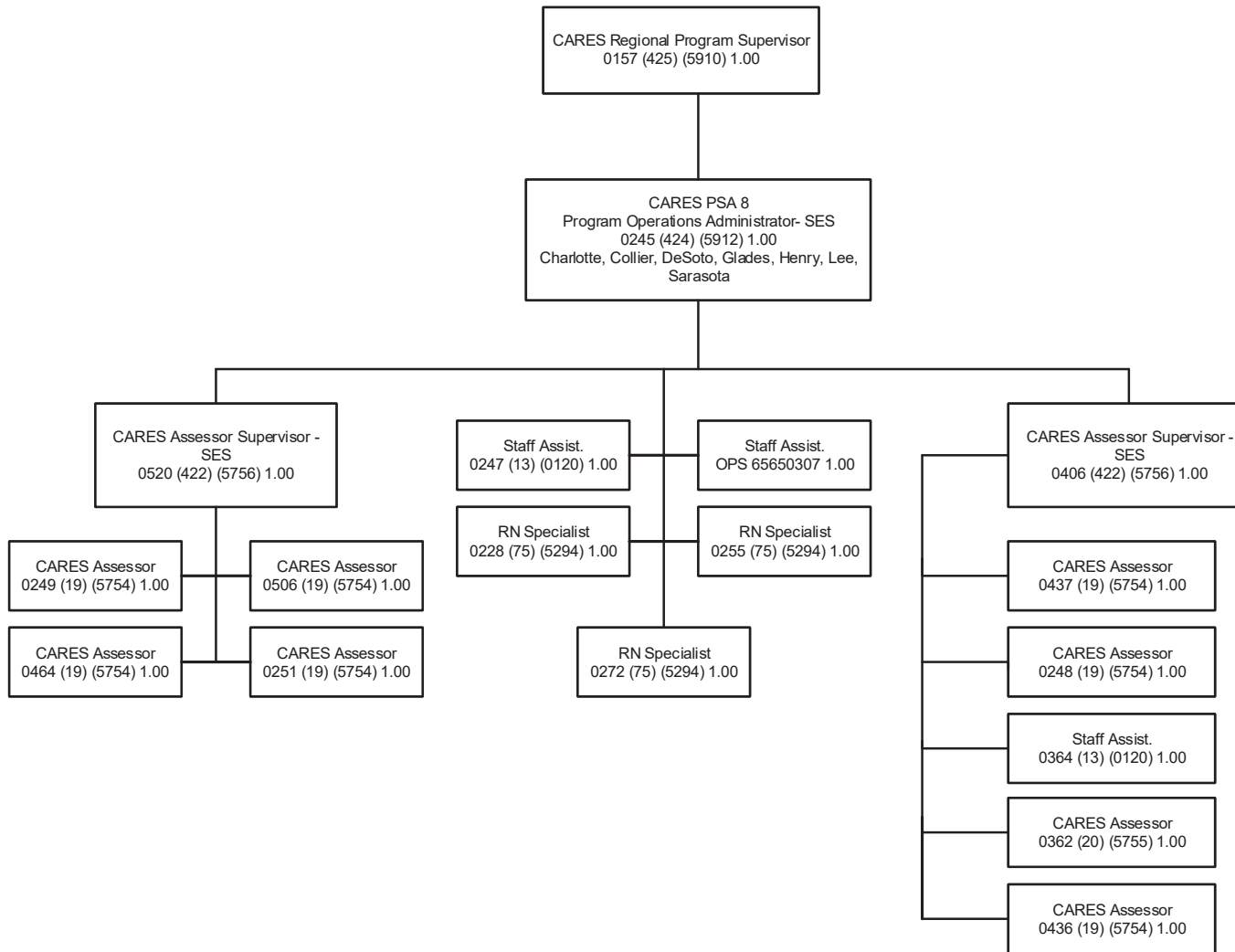
CARES Assessor  
OPS 65650205 1.00

Physician  
OPS 65650109 .25

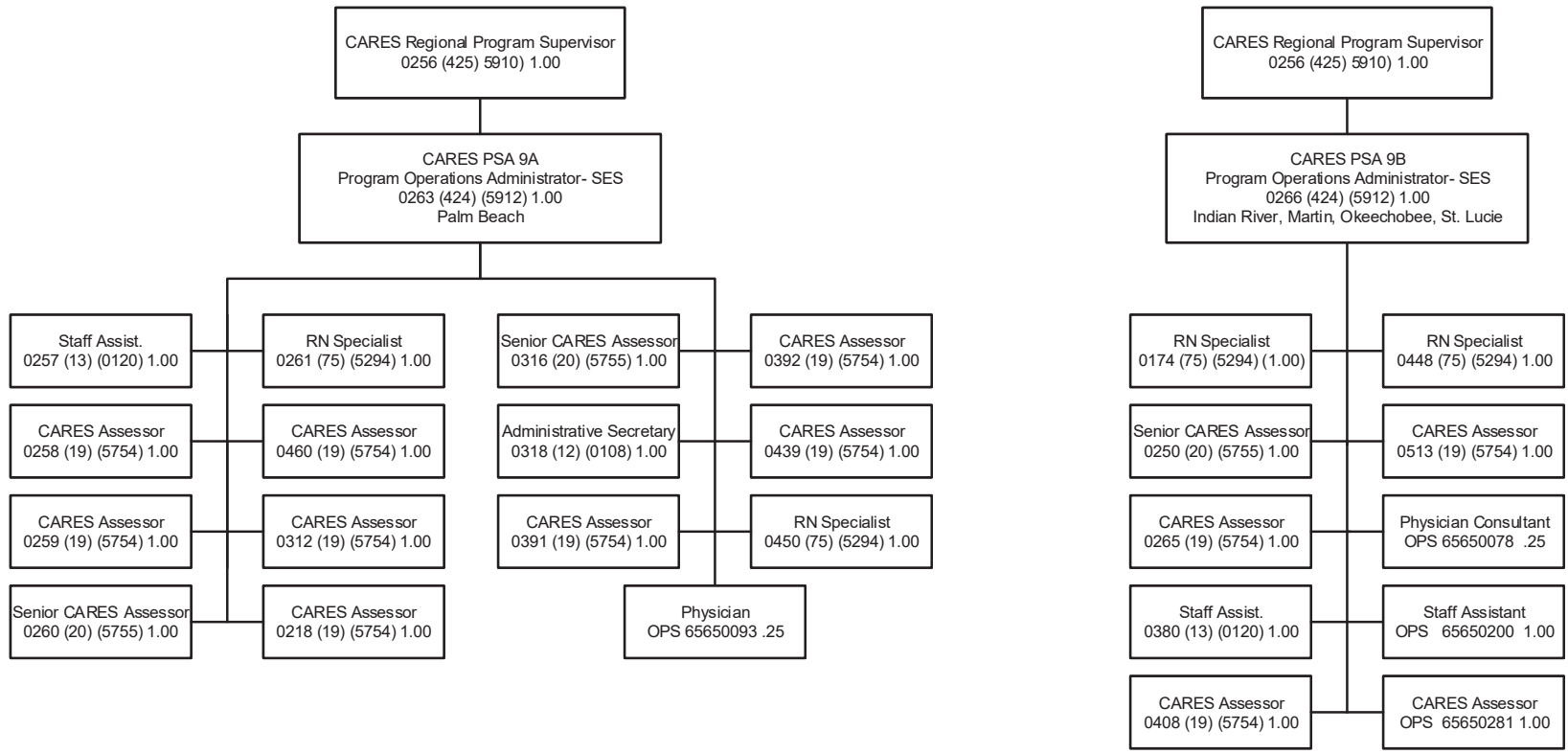
Staff Assistant  
OPS 65650171 1.00

CARES Assessor  
0463 (19) (5754) 1.00

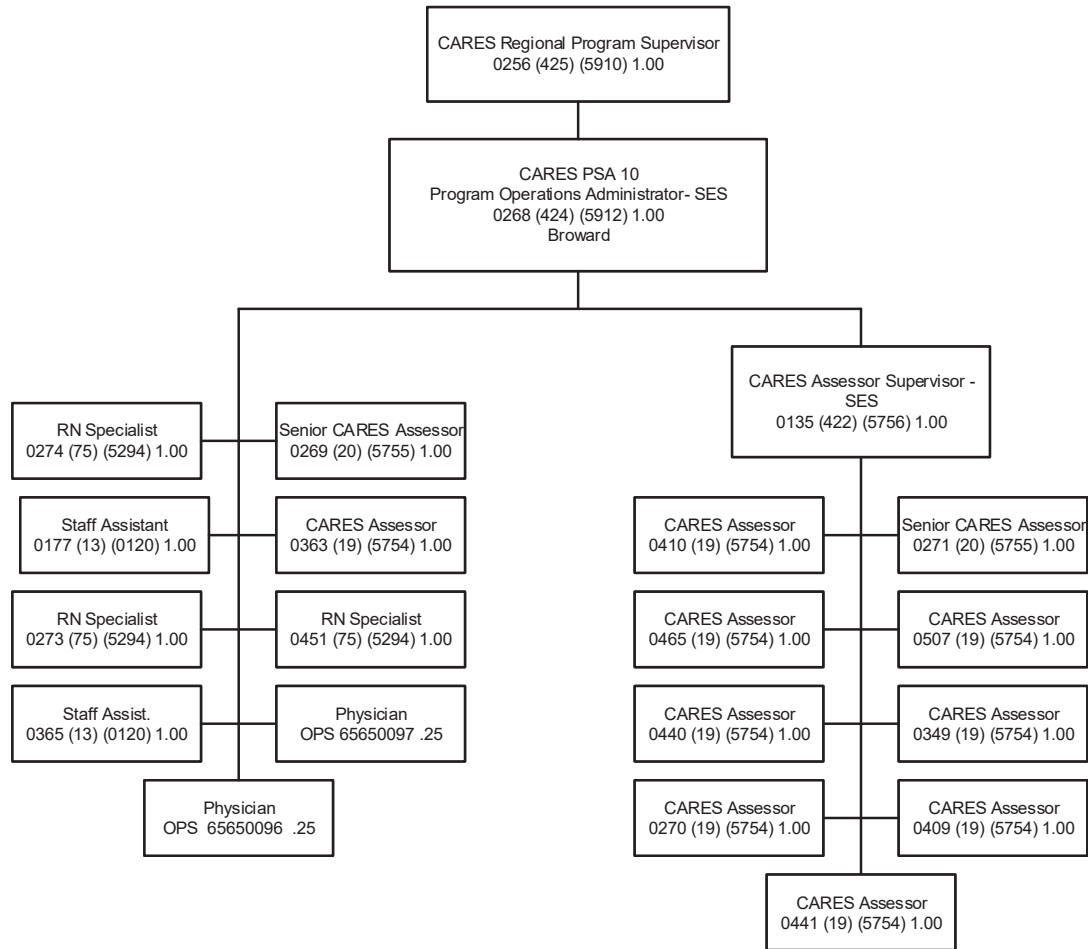
Bureau of CARES



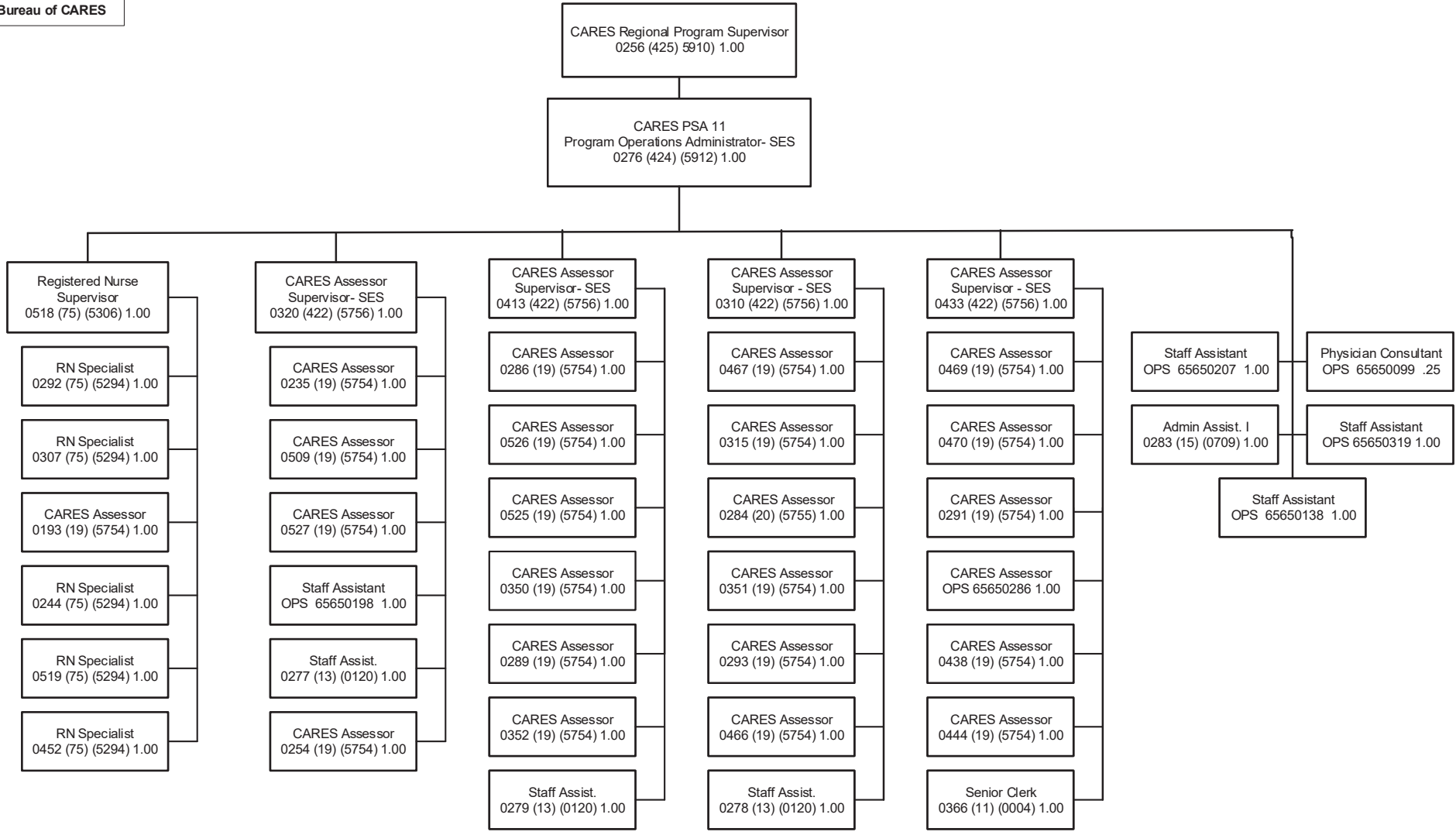
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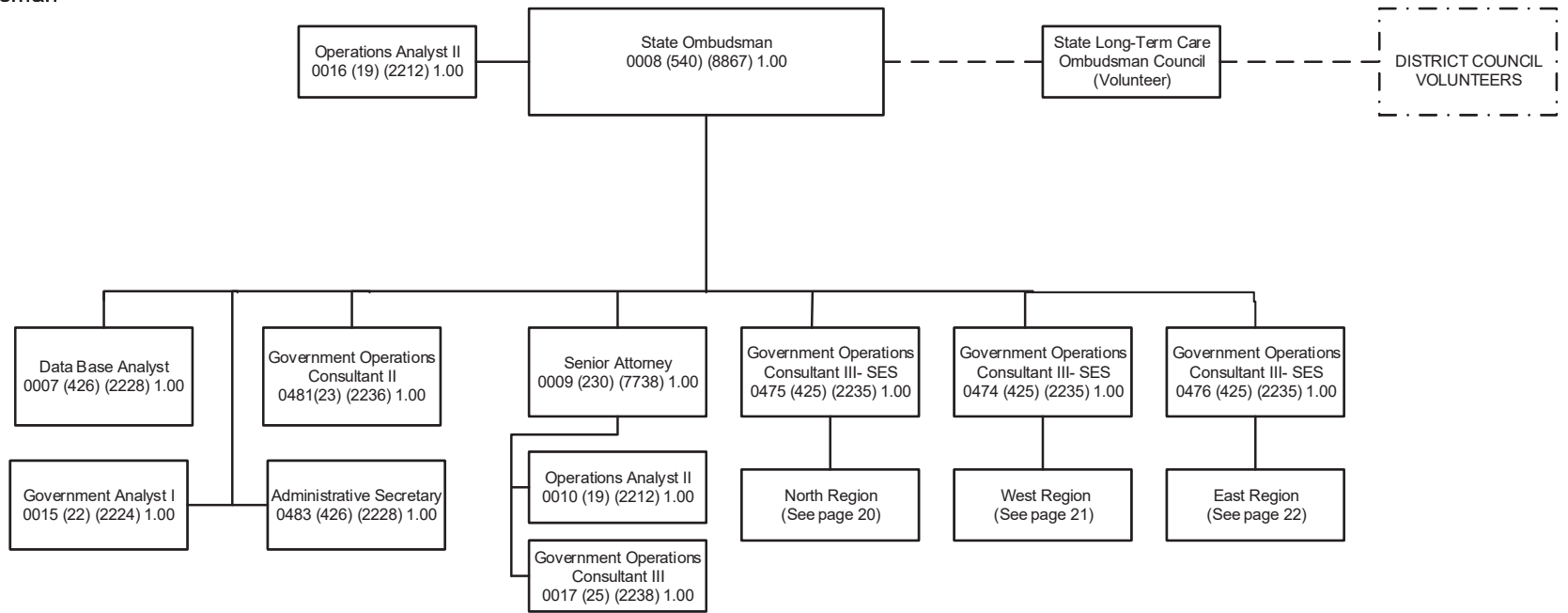
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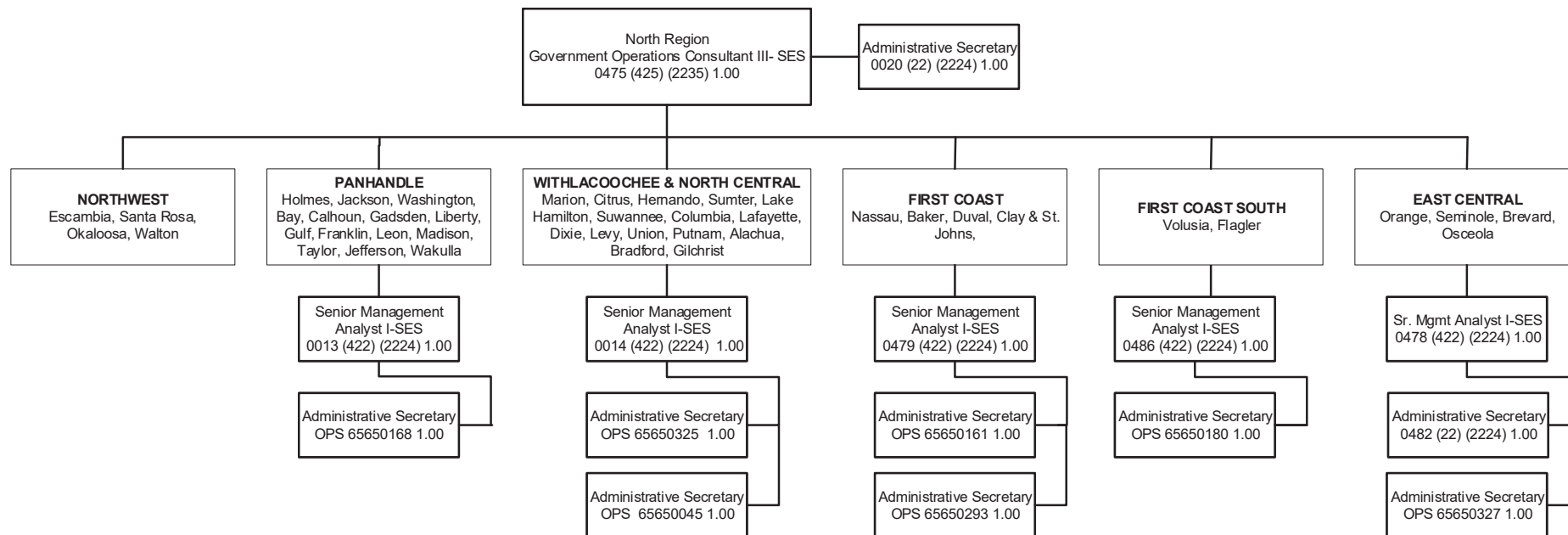


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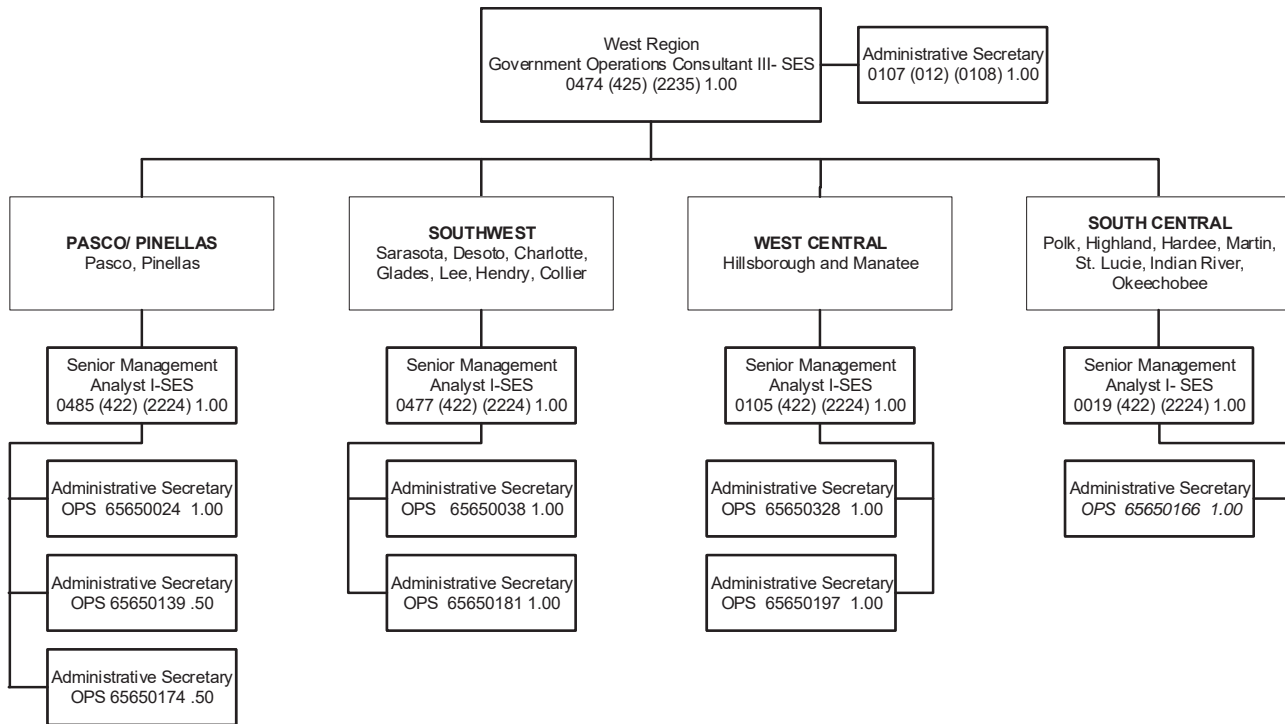


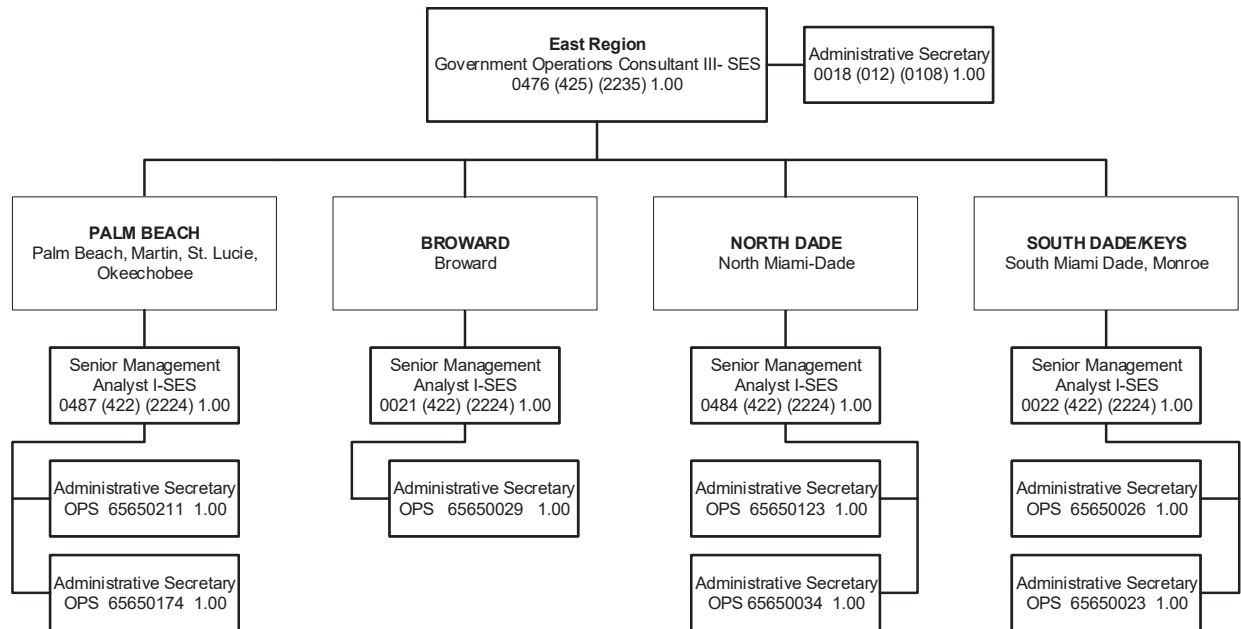
# Long-Term Care Ombudsman













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

**Agency: Department of Elder Affairs**

**Contact: Richard Prudom**

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

- 1) Does the long range financial outlook adopted by the Joint Legislative Budget Commission in September 2019 contain revenue or expenditure estimates related to your agency?

Yes  No

- 2) If yes, please list the estimates for revenues and budget drivers that reflect an estimate for your agency for Fiscal Year 2020-2021 and list the amount projected in the long range financial outlook and the amounts projected in your Schedule I or budget request.

	Issue (Revenue or Budget Driver)	R/B*	FY 2020-2021 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a				
b				
c				
d				
e				
f				

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

\* R/B = Revenue or Budget Driver



## SERVICES TO ELDERS PROGRAM

Exhibits or Schedules



## **Schedule I Series**

### **Administrative Trust Fund - 2021**

Schedule I Narratives

Schedule I Inter-Agency Transfer Form

Schedule IA Detail of Fees and Related Program Costs

Schedule IC Reconciliation of Unreserved Fund Balance

Schedule IC Reconciliation of Beginning Trial Balance to Schedule IC

Schedule ID Request for Creation, Re-Creation, Retention, Termination, or Modification of a Trust Fund

### **Tobacco Settlement Trust Fund – 2122**

Schedule ID Request for Creation, Re-Creation, Retention, Termination, or Modification of a Trust Fund

### **Federal Grants Trust Fund – 2261**

Schedule I Narratives

Schedule I Inter-Agency Transfer Form

Schedule IC Reconciliation of Unreserved Fund Balance

Schedule IC Reconciliation of Beginning Trial Balance to Schedule IC

Schedule ID Request for Creation, Re-Creation, Retention, Termination, or Modification of a Trust Fund

### **Grants and Donations Trust Fund – 2339**

Schedule I Narratives

Schedule IC Reconciliation of Unreserved Fund Balance

Schedule IC Reconciliation of Beginning Trial Balance to Schedule IC

Schedule ID Request for Creation, Re-Creation, Retention, Termination, or Modification of a Trust Fund

### **Operations and Maintenance Trust Fund – 2516**

Schedule I Narratives

Schedule I Inter-Agency Transfer Form

Schedule IC Reconciliation of Unreserved Fund Balance

Schedule IC Reconciliation of Beginning Trial Balance to Schedule IC

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

**Department:** Department of Elder Affairs **Budget Period: 2020 - 2021**  
**Program:** Administrative Trust Fund  
**Fund:** 2021

**Specific Authority:** 744.1083; 744.534  
**Purpose of Fees Collected:** Public Guardianship Registration Fees, Abandon Property

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

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

<u><b>SECTION I - FEE COLLECTION</b></u>	<b>ACTUAL</b>	<b>ESTIMATED</b>	<b>REQUEST</b>
	<b>FY 2018 - 2019</b>	<b>FY 2019- 2020</b>	<b>FY 2020 - 2021</b>
<u>Receipts:</u>			
Public Guardianship Unclaimed Property	265,492	277,291	87,291
Public Guardianship Registration Fees	26,375	26,375	26,375
<b>Total Fee Collection to Line (A) - Section III</b>	<b>291,867</b>	<b>303,666</b>	<b>113,666</b>

<u><b>SECTION II - FULL COSTS</b></u>			
<u>Direct Costs:</u>			
Salaries and Benefits			
Other Personal Services	164,467	127,123	127,123
Expenses	403	176	176
Operating Capital Outlay			
Contracted Services	256,201	240,608	240,608
Service Chg 310322	1,975	7,727	7,727
<b>Total Full Costs to Line (B) - Section III</b>	<b>423,046</b>	<b>375,634</b>	<b>375,634</b>

Basis Used: \_\_\_\_\_  
 \_\_\_\_\_

<u><b>SECTION III - SUMMARY</b></u>			
TOTAL SECTION I	(A)	291,867	113,666
TOTAL SECTION II	(B)	423,046	375,634
<b>TOTAL - Surplus/Deficit</b>	(C)	<b>(131,179)</b>	<b>(261,968)</b>

**EXPLANATION of LINE C:**  
 Deficits in estimated columns, Section III Summary (above), will be covered  
 by unreserved fund balance, if necessary.

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2020 - 2021</b>
<b>Trust Fund Title:</b>	Department of Elder Affairs
<b>Budget Entity:</b>	Administrative Trust Fund
<b>LAS/PBS Fund Number:</b>	Department Level
	2021

	Balance as of 6/30/2019		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	970,322	(A)		970,322
ADD: Other Cash (See Instructions)	0	(B)		0
ADD: Investments	0	(C)		0
ADD: Due from Other Departments	225,494	(D)		225,494
ADD: Payables	574	(E)		574
<b>Total Cash plus Accounts Receivable</b>	<b>1,196,389</b>	(F)	<b>0</b>	<b>1,196,389</b>
LESS Allowances for Uncollectibles	0	(G)		0
LESS Approved "A" Certified Forwards	21,602	(H)		21,602
Approved "B" Certified Forwards	574	(H)		574
Approved "FCO" Certified Forwards	0	(H)		0
LESS: Other Accounts Payable (Nonoperating)	0	(I)		0
LESS: _____		(J)		0
<b>Unreserved Fund Balance, 07/01/19</b>	<b>1,174,214</b>	(K)	<b>0</b>	<b>1,174,214</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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



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

<b>Budget Period: 2020 - 2021</b>	
<b>Department Title:</b>	<u>Department of Elder Affairs</u>
<b>Trust Fund Title:</b>	<u>Administrative Trust Fund</u>
<b>LAS/PBS Fund Number:</b>	<u>2021</u>

**BEGINNING TRIAL BALANCE:**

<b>Total Fund Balance Per FLAIR Trial Balance, 07/01/18</b>	
Total all GLC's 5XXXX for governmental funds;	
GLC 539XX for proprietary and fiduciary funds	<input type="text" value="1,174,208"/> (A)
<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	<input type="text" value="0.00"/> (B)
<b>Add/Subtract Statewide Financial Statement (SWFS) Adjustments :</b>	
SWFS Adjustment # and Description	<input type="text"/> (C)
SWFS Adjustment # and Description	<input type="text"/> (C)
<b>Add/Subtract Other Adjustment(s):</b>	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text" value="6"/> (D)
Approved FCO Certified Forward per LAS/PBS	<input type="text"/> (D)
A/P not C/F-Operating Categories	<input type="text"/> (D)
Payable Adjustment	<input type="text"/> (D)
	<input type="text"/> (D)
	<input type="text"/> (D)
<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	<input type="text" value="1,174,214"/> (E)
<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	<input type="text" value="1,174,214"/> (F)
<b>DIFFERENCE:</b>	<input type="text" value="0"/> (G)*

**\*SHOULD EQUAL ZERO.**

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2020 - 2021</b>
<b>Trust Fund Title:</b>	Department of Elder A
<b>Budget Entity:</b>	Federal Grants Trust Fund
<b>LAS/PBS Fund Number:</b>	65000000
	2261

	Balance as of 6/30/2019	SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	428,483 (A)		428,483
ADD: Other Cash (See Instructions)			-
ADD: Investments			-
ADD: Outstanding Accounts Receivable	4,897,495 (D)		4,897,495
ADD: Anticipated Revenues B items	5,252,278 (E)		5,252,278
<b>Total Cash plus Accounts Receivable</b>	<b>10,578,256 (F)</b>	<b>0</b>	<b>10,578,256</b>
LESS Allowances for Uncollectibles			-
LESS Approved "A" Certified Forwards	1,372,942 (H)		1,372,942
Approved "B" Certified Forwards	5,252,278 (H)		5,252,278
Approved "FCO" Certified Forwards			-
LESS: Other Accounts Payable (Nonoperating)			-
LESS: _____			-
<b>Unreserved Fund Balance, 07/01/19</b>	<b>3,953,036 (K)</b>	<b>0</b>	<b>3,953,036 **</b>

**Notes:**

\*SWFS = Statewide Financial Statement

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

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

<b>Budget Period: 2020 - 2021</b>	
<b>Department Title:</b>	Department of Elder Affairs
<b>Trust Fund Title:</b>	Federal Grants Trust Funds
<b>LAS/PBS Fund Number:</b>	2261

**BEGINNING TRIAL BALANCE:**

<b>Total Fund Balance Per FLAIR Trial Balance, 07/01/19</b>	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<b>3,951,055.00</b> (A)
<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	
<b>Add/Subtract Statewide Financial Statement (SWFS) Adjustments :</b>	
SWFS Adjustment # and Description	
SWFS Adjustment # and Description	
<b>Add/Subtract Other Adjustment(s):</b>	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	5,252,278.00 (D)
Approved FCO Certified Forward per LAS/PBS	
A/P not C/F-Operating Categories	1,981.00 (D)
Anticipated Revenue B Items	5,252,278.00 (D)
<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	<b>3,953,036.00</b> (E)
<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	<b>3,953,036.00</b> (F)
<b>DIFFERENCE:</b>	<b>0.00</b> (G)*

**\*SHOULD EQUAL ZERO.**

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	<b>Budget Period: 2020 - 2021</b>
<b>Trust Fund Title:</b>	Department of Elder A
<b>Budget Entity:</b>	Grants and Donations
<b>LAS/PBS Fund Number:</b>	65000000
	2339

	Balance as of 6/30/2019		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	61,991	(A)		61,991
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: _____		(E)		0
<b>Total Cash plus Accounts Receivable</b>	<b>61,991</b>	(F)	<b>0</b>	<b>61,991</b>
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)	4	(I)		4
LESS: service charge (I)		(J)		0
<b>Unreserved Fund Balance, 07/01/19</b>	<b>61,987</b>	(K)	<b>0</b>	<b>61,987</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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

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

<b>Budget Period: 2020 - 2021</b>	
<b>Department Title:</b>	Department of Elder Affairs
<b>Trust Fund Title:</b>	Grants and Donations Trust Fund
<b>LAS/PBS Fund Number:</b>	2339

**BEGINNING TRIAL BALANCE:**

<b>Total Fund Balance Per FLAIR Trial Balance, 07/01/19</b>	
Total all GLC's 5XXXX for governmental funds;	<input type="text" value="61,987"/> (A)
GLC 539XX for proprietary and fiduciary funds	
<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	<input type="text"/> (B)
<b>Add/Subtract Statewide Financial Statement (SWFS) Adjustments :</b>	
SWFS Adjustment # and Description	<input type="text"/> (C)
SWFS Adjustment # and Description	<input type="text"/> (C)
<b>Add/Subtract Other Adjustment(s):</b>	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text"/> (D)
Approved FCO Certified Forward per LAS/PBS	<input type="text"/> (D)
A/P not C/F-Operating Categories	<input type="text"/> (D)
	<input type="text"/> (D)
	<input type="text"/> (D)
	<input type="text"/> (D)
<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	<input type="text" value="61,987"/> (E)
<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	<input type="text" value="61,987"/> (F)
<b>DIFFERENCE:</b>	<input type="text" value="0.00"/> (G)*

**\*SHOULD EQUAL ZERO.**

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Department Title:</b>	Budget Period: 2020 - 2021 Department of Elder Affairs
<b>Trust Fund Title:</b>	Operations & Maintenance Trust Fund
<b>Budget Entity:</b>	65000000
<b>LAS/PBS Fund Number:</b>	2516

	Balance as of 6/30/2019		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	556,703	(A)		556,703
ADD: Other Cash (See Instructions)		(B)		-
ADD: Investments		(C)		-
ADD: Outstanding Accounts Receivable	2,513,206	(D)		2,513,206
ADD: _____	46,004	(E)		46,004
<b>Total Cash plus Accounts Receivable</b>	<b>3,115,912</b>	(F)	-	<b>3,115,912</b>
LESS Allowances for Uncollectibles		(G)		-
LESS Approved "A" Certified Forwards	789,449	(H)		789,449
Approved "B" Certified Forwards	46,004	(H)		46,004
Approved "FCO" Certified Forwards		(H)		-
LESS: Other Accounts Payable (Nonoperating)	727	(I)		727
LESS: _____		(J)		-
<b>Unreserved Fund Balance, 07/01/19</b>	<b>2,279,732</b>	(K)	-	<b>2,279,732</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

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

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

<b>Budget Period: 2020 - 2021</b>
<b>Department Title:</b> Department of Elder Affairs
<b>Trust Fund Title:</b> Operations & Maintenance Trust Fund
<b>LAS/PBS Fund Number:</b> 2516

**BEGINNING TRIAL BALANCE:**

<b>Total Fund Balance Per FLAIR Trial Balance, 07/01/19</b>	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	2,278,547.91 (A)
<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	
<b>Add/Subtract Statewide Financial Statement (SWFS) Adjustments :</b>	
SWFS Adjustment # and Description	
SWFS Adjustment # and Description	
<b>Add/Subtract Other Adjustment(s):</b>	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	46,004.13 (D)
Approved FCO Certified Forward per LAS/PBS	
A/P not C/F-Operating Categories	1,911.09 (D)
Anticipated Revenue B Items	46,004.13 (D)
	727.00 (D)
<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	2,279,732.00 (E)
<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	2,279,732.00 (F)
<b>DIFFERENCE:</b>	0.00 (G)*

**\*SHOULD EQUAL ZERO.**

**SCHEDULE IV-B FOR ENTERPRISE  
CLIENT INFORMATION AND  
REGISTRATION TRACKING SYSTEM**  
For Fiscal Year 2020-21



**September 13, 2019**

**DEPARTMENT OF ELDER AFFAIRS**



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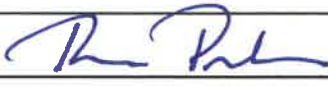
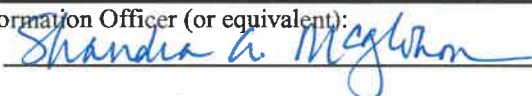
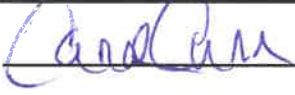

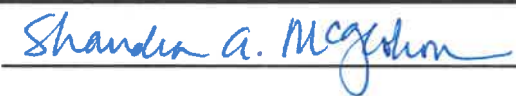
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**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

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

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Department of Elder Affairs	Schedule IV-B Submission Date: 09/13/19
Project Name: Enterprise Client Information and Registration Tracking System	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 20120-21 LBR Issue Code: 36201C0	FY 2020-21 LBR Issue Title: ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Richard Prudom, 850-414-2000, prudomrm@elderaffairs.org	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head: 	Date: 9/12/19
Printed Name: Richard Prudom, Secretary	
Agency Chief Information Officer (or equivalent): 	Date: 9/12/19
Printed Name: Shandra McGlohon, Chief Information Officer	
Budget Officer: 	Date: 9/12/19
Printed Name: Carol Carr, Deputy Chief of Staff	
Planning Officer: 	Date: 9/12/19
Printed Name: Jennifer Elmore, Chief of Planning & Evaluation	
Project Sponsor: 	Date: 9/12/19
Printed Name: Shandra McGlohon, Chief Information Officer	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Mark Ervin, 850-766-5624, <a href="mailto:mervin@straitagroup.com">mervin@straitagroup.com</a> John Collins, 850-445-1987, <a href="mailto:jcollins@straitagroup.com">jcollins@straitagroup.com</a> Amy Jenks, 850-210-3505, <a href="mailto:ajenks@straitagroup.com">ajenks@straitagroup.com</a>
Cost Benefit Analysis:	Mark Ervin, 850-766-5624, <a href="mailto:mervin@straitagroup.com">mervin@straitagroup.com</a> John Collins, 850-445-1987, <a href="mailto:jcollins@straitagroup.com">jcollins@straitagroup.com</a> Amy Jenks, 850-210-3505, <a href="mailto:ajenks@straitagroup.com">ajenks@straitagroup.com</a>

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

Risk Analysis:	Mark Ervin, 850-766-5624, <a href="mailto:mervin@straitagroup.com">mervin@straitagroup.com</a> John Collins, 850-445-1987, <a href="mailto:jcollins@straitagroup.com">jcollins@straitagroup.com</a> Amy Jenks, 850-210-3505, <a href="mailto:ajenks@straitagroup.com">ajenks@straitagroup.com</a>
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Project Planning:	Mark Ervin, 850-766-5624, <a href="mailto:mervin@straitagroup.com">mervin@straitagroup.com</a> John Collins, 850-445-1987, <a href="mailto:jcollins@straitagroup.com">jcollins@straitagroup.com</a> Amy Jenks, 850-210-3505, <a href="mailto:ajenks@straitagroup.com">ajenks@straitagroup.com</a>

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

### A. Background and Strategic Needs Assessment

#### 1. Business Need

The mission of the Department of Elder Affairs (DOEA) is to help Florida’s elders remain healthy, safe, and independent. Per Section 430.02, Florida Statutes, DOEA has the lead responsibility for administering human service programs for the elderly. To fulfill the legislative intent, DOEA in conjunction with other state agencies and contracted Area Agencies on Aging (AAA), which operate as Aging and Disability Resource Centers (ADRCs) to advise, assist, and protect the state’s elderly citizens to the fullest extent possible. By developing programs and services implemented in an easily accessible manner, DOEA ensures Florida’s elderly citizens maintain a state of maximum independence and quality of life.

In September 2016, DOEA underwent a process to update its Long-Range Program Plan (LRPP) for the 2017-2020 fiscal years. The updated LRPP outlines DOEA’s priorities by setting the goals needed to fulfill DOEA’s mission and align with the Governor’s priorities for improving education, increasing economic development, job creation, and ensure public safety. These goals include:

- Enable older Floridians, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health, as well as long-term and end-of-life care;
- Provide home and community-based services to enable individuals to maintain the highest level of independence for as long as possible, including supports for family caregivers;
- Empower older people, individuals with disabilities, and their caregivers to live active, healthy lives to improve their overall health status;
- Ensure the legal rights of older Floridians are protected and prevent their abuse, neglect, and exploitation;
- Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population; and
- Maintain effective and responsive management.

To accomplish the goals outlined above, DOEA must overcome existing and future challenges. One of the primary challenges to DOEA is the anticipated precipitous increase in clients needing services. Demographic projections stated in the Florida State Plan on Aging 2017-2020, indicate approximately one-quarter of Florida’s current population are baby boomers and are expected to age into retirement within the next 10 years. Providing services that will effectively respond to the needs of the baby boomers will require innovation, creativity, process optimization and enhanced technical capabilities.

## **SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

In the Florida State Plan on Aging 2017-2020, DOEA identified several strategies to assist with the changes in the existing service model. These include:

- Develop innovative ways to get information to elders on how to access health and long-term care services, including mental, cognitive, and behavioral health services;
- Maximize the responsiveness of Elder Helplines;
- Enhance resources to address, coordinate, and facilitate Long Term Care needs;
- Enhance existing partnership with Department of Children and Families (DCF) to automate service eligibility processes;
- Enhance existing partnership with Agency for Persons with Disabilities (APD) to collaborate on intellectual disability and mental illness services;
- Provide information and referral services to underserved individuals;
- Provide a clearinghouse for evidence-based programs for elders in Florida;
- Identify target populations using technology;
- Participate in state-wide efforts to develop a uniform state-wide reporting system;
- Develop and automate complaint intake procedures;
- Ensure federal and state funds are used to serve effectively and efficiently to facilitate DOEA client needs;
- Prepare for elder needs through planning, collaboration, and policy development through advanced analytics and reporting;
- Provide information that empowers elders, adults with disabilities, caregivers, and their families to make informed decisions about long-term care options; and
- Strengthen the state's ability to prevent and report on elder abuse, neglect, and exploitation.

Implementation of these strategies are critical to the continued success of DOEA. Based on the expanding elder population in Florida and the demand placed on existing resources, increased efficiency in providing services to our clients ranks as one of DOEA's top priorities. DOEA will need to equip its staff with the appropriate technology tools enabling them to continue to meet client demands.

The Client Information and Registration Tracking System (CIRTS) is the current technology used by DOEA to provide services including determining medical eligibility of the State's elderly population for home and community-based services. CIRTS is a 25+ year old system using an obsolete and no longer supported technology. The impact of continuing to utilize older technology is reduced stability, dependability, extensibility, and supportability. Additionally, years of extensive programmatic changes have resulted in conflicting modifications and workarounds in code, creation of additional external "shadow" databases, and paper-based processes severely convoluting the work flow, data management, and security processes resulting in significant inefficiencies in the system and therefore reducing employee efficiency and productivity.

One example of the legacy system's shortcomings is providers and Managed Care Organizations (MCOs) are required to submit requisite Medicaid 701 assessments for determining and

## SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM

maintaining clients Level of Care and Pre-Admission Screening and Resident Review (PASRR) forms to DOEA via electronic fax or mailing. The forms must be manually entered into CIRTS by DOEA staff for processing. This process would be made significantly more efficient by allowing providers and MCOs to submit 701 assessments, and PASRR forms directly to the system via an online web portal that would automatically integrate the associated data into the new system. It is estimated this will increase efficiency by approximately 30% for DOEA Staff.

Another example contributing to work load increases is the inability of the worker to have reliable mobile access. An online assessment optimally should take approximately 45 minutes. Often the worker starts the online assessment only to discover that it cannot be completed due to various technical problems. This requires the worker to revert to a manual assessment which can add an additional hour to the assessment process. The inefficiency is further exacerbated in performing manual assessments which then must be entered manually resulting in increased labor utilization. Thus, reducing efficiency in performing the assessment results in lessening the worker's ability to perform timely assessments and adds to a backlog of assessments to be completed each year. This inhibits DOEA's goal of effectively and efficiently serving the elderly population.

With the planned next generation of CIRTS (eCIRTS), workers can use today's modern technology including the provision of checkpoints and offline processing from their laptop, tablet, or phone to effectively perform assessments and have the data securely and accurately updated either immediately or upon the next available connection.

To determine the best approach for the next generation of CIRTS, DOEA contracted with an IT strategy firm to develop a market analysis report and recommendation for technical solutions that would best assist DOEA with its challenges. Based on the findings of the report, DOEA's goal is to transition to an enterprise Commercial-Off-The-Shelf (COTS) or Framework-based customer relationship management (CRM) system. This modernization coupled with a business process reengineering initiative will allow DOEA to perform the core functions more efficiently providing an increase in worker productivity.

Implementation of a robust CRM platform allows DOEA to achieve its goals of standardizing and optimizing processes, improving client service, enhancing client data management and accountability. This will provide the opportunity for increasing the efficiency and effectiveness of staff as well as advanced data analytics and reporting. These improvements along with improved information technology will facilitate the ability to leverage the functionality described below:

### *a) Improved Client Service*

DOEA's goals for client service would be significantly improved with a solution providing the following capabilities:

- Easy and intuitive client access to DOEA information, services, and programs;
- Consolidated client record providing a holistic view of client activity and interaction;
- Automated workflow functionality streamlining the processing of service requests, decreasing client assessment wait times;

## SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM

- An integrated resource directory web page that would facilitate searching for various home and community-based services in the selected service area;
- Ability for DOEA clients to query their application status online rather than needing to call DOEA directly;
- Robust mobile device functionality supporting collection of all necessary client data streamlining the assessment process;
- Increased reporting and analytics capability allowing DOEA leadership to monitor client service levels and plan strategically to meet their changing needs.

Based on the improvements described above, eCIRTS will allow DOEA to provide better access to client services. In addition, overall client satisfaction will be improved due to faster responsiveness in client requests. DOEA will gain numerous efficiency benefits from enhancing online service offerings to clients.

### *b) Increased Staff Efficiency*

DOEA is faced with meeting the needs of a growing client population without corresponding increases in staff resources. To effectively address this challenge, staff efficiency will need to increase by eliminating manual processes and implementing reengineered business processes designed for optimal productivity. Increased staff efficiency would be realized with a solution providing the following capabilities:

- Consolidated client record for managing all client-related information, documentation, and contacts (case notes, medical information, caregiver contact information, etc.);
- Master data management system to improve access to client-related information and reduce duplication of data;
- Efficient user interface providing a staff-specific work queue dashboard displaying current assignments, alerts, unified calendaring and scheduling, workflow, and automated communication and collaboration tools;
- Online web-portal for providers eliminating the need for staff to manually enter annual assessments and PASRR information;
- Enhanced workflow minimizing or eliminating manual processes and increasing staff collaboration and efficiency;
- Better management capabilities via a staff management dashboard allowing supervisors to monitor staff work queues, assign tasks, and access productivity analytics and reports;
- Enhanced mobile capability allowing staff to complete work assignments remotely via Wi-Fi or cellular and/or work offline with automatic system synchronization;
- Enhanced and automated scheduling based on staff-defined business rules with appointment reminders and route mapping optimization for assessors who travel to client locations;
- Ability for electronic signatures on required documentation submission eliminating several of the current paper processes regarding the printing, scanning, faxing, and mailing of relevant documentation; and



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- Automated correspondence generation and delivery, reducing manual entry errors as well as mailing and faxing costs.

Enhanced technology utilizing proactive notifications of assigned work, tracking, and case status, reduction of redundant data entry, and prevention of errors and repeat work will reduce manual processes and save valuable staff time.

### *c) Enhanced Data Management, Analytics, and Reporting*

Effective and efficient management of client-centric data will enhance the capture, accuracy, integrity, security, and reporting of data tied to critical DOEA functions through the following:

- Improved data capture, accuracy, and integrity with standardized entry screens and forms;
- Field and screen level validations ensuring required data is entered and validated;
- Pre-defined, standardized drop-down list values significantly reducing or eliminating data entry errors;
- Enhanced data security with the encryption of all data in transit and at rest;
- Role-based access controls to restrict access to Health Insurance Portability and Accountability Act (HIPAA) Protected Health Information (PHI) and other confidential data to only those with a business need to know; and
- Improved data reporting and analytics allows for more advanced reporting capabilities. Using ad hoc and customizable reports facilitates the ability for trend analysis using bar graphs, charts, and heat maps.

### *d) Increased Efficiency and Effectiveness of Information Technology Resources*

Operation and maintenance of CIRT is resource-intensive, inflexible, and costly. The DOEA Information Technology Office is being asked to do more with existing resources. Choosing the right technology solution as well as an appropriate operations and maintenance strategy augmenting Information Technology's strengths and reducing demands would provide the following benefits:

- Optimizes IT resources with the reduction of operation and maintenance support;
- Reduces the need to recruit and retain resources with out-of-date and costly skill sets;
- Enables key resources to provide timely configuration and customizations to address internal and external stakeholder requirements;
- Increases the reliability and security of remote system access by mobile users;
- Improves system performance using multiple highly-available, redundant, load-balanced web servers;
- Ensures all data is continually and reliably backed up by the vendor; and
- Provides robust disaster recovery and business continuity plans.

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### 2. Business Objectives

The following key business objectives to improve process efficiencies were developed from the business process reengineering and “To-Be” requirements definition initiatives as well as input from key executive leadership, stakeholders, and operational staff:

- Standardize and optimize key business processes to improve operational efficiencies;
- Enhance overall DOEA staff efficiency and effectiveness with applicable technology tools;
- Reduce or eliminate manual tasks for DOEA, Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), and Lead Agencies staff resulting in greater efficiency and faster response to client needs;
- Enhance intra and interdepartmental workflow functionality allowing DOEA staff to provide services faster with greater efficiency;
- Increase data integrity, standardization, accuracy, and security toward improved operational efficiency, monitoring, reporting, and analytics;
- Facilitate better collaboration and communication among DOEA Comprehensive Assessment and Review for Long-Term Care Services (CARES) program, AAAs, ADRCs, and Lead Agencies which increases the efficiency and accuracy of the intake and referral, assessment, staffing, monitoring, and compliance processes across DOEA;
- Improve access to client data by using document management while reducing duplication of data in disparate systems;
- Provide mobile monitoring and assessments workforce capabilities including real-time and offline data capture, scheduling, and GPS route planning support; and
- Improve analytical and reporting capabilities providing DOEA leadership the tools to plan resource allotments and operational efficiencies tactically and strategically across DOEA thereby increasing efficiencies and reducing operational costs.

The key components to assist with achieving DOEA objectives include:

- A business process reengineering and optimization effort designed to standardize, automate, and streamline DOEA processes;
- An enhanced technology infrastructure, increasing reliability and extensibility while reducing technical support needs;
- An enterprise CRM that includes a single intake, referral, and assessment platform with workflow, and document management;
- A system which uses role-based security control to manage access to confidential client data;
- A robust mobile solution including Global Positioning System (GPS) route mapping; and
- A master data management architecture which reduces or eliminates duplication of data among DOEA and partner organizations.

A CRM system implementation will greatly improve efficiency by consolidating several core business processes which are currently on disparate platforms, thus reducing IT support

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maintenance and cost for DOEA. A CRM system will result in decreasing the number of external system interactions and increasing productivity by implementing automated workflow processes. Regardless of the channels of access (phone calls, emails, faxes, internet, or in-person scheduling), implementing a CRM system will allow DOEA to provide clients with a more personalized and proactive service.

Implementing a CRM system creates efficient open communication channels between DOEA and partner organizations reducing redundant data collection, enhancing monitoring and client service across DOEA. Efficient process management is critical in effectively responding to increasing caseloads, potential emergencies or other issues that affect the well-being of the State's elder population. Improved analytical abilities will lead to efficient resource allotment and operational efficiencies within DOEA resulting in reduced support costs.

DOEA improvements with the optimizations of business processes and streamlined data normalization will provide improved operational efficiency, reporting, and monitoring. Capturing key analytical metrics will facilitate better proactive decision support and strategic planning for DOEA.

In alignment with DOEA's strategic objectives, the deployment of an enterprise CRM System will empower DOEA's staff and allow DOEA to be more responsive to changing operational and environmental demands.

### **B. Baseline Analysis**

#### **1. Current Business Process(es)**

A description of DOEA's current business processes, including workflow analysis, is included as Attachment C.

#### ***a) Specific Performance, Operational and/or Fiscal Issues***

DOEA has two defined groups which execute DOEA's core business processes. The first group consists of CARES personnel who collaborate with the AAA and ADRC offices located in the 11 Planning Service Areas (PSAs) throughout Florida. Introduction of a CRM system will streamline and improve the efficiency and effectiveness of interaction between DOEA, CARES, AAAs, and ADRCs by simplifying and automating intra-group workflows.

A summary of current (As-Is) business processes is listed below:

- CARES Intake Process
- CARES On-Site Assessment Process
- CARES Medical Case File Review
- CARES Staffing Process (Level of Care)
- CARES Level of Care Recommendation
- CARES Follow-Up Schedule
- ADRC Intake and Follow-Up Process
- CARES Pre-Admission Screening and Resident Review (PASRR) - Level I
- CARES Pre-Admission Screening and Resident Review (PASRR) - Level II

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- AAA and Lead Agency Budget and Care Plans
- Grievance Handling
- Monitoring CARES, ADRCs and Lead Agencies

These mission critical process flows are fully described in Appendix C: Business Process Reengineering.

### **(1) Comprehensive Assessment and Review for Long-Term Care Services (CARES)**

DOEA is responsible for the federal CARES program through an interagency agreement with the Agency for Health Care Administration (AHCA). CARES is Florida's federally mandated pre-admission screening program for nursing home applicants. A registered nurse and/or assessor performs client assessments. A physician or registered nurse reviews each application to determine the level of care that is most appropriate for the applicant. The assessment identifies long-term care needs, and establishes the appropriate level of care (medical eligibility for nursing facility care), and recommends the least restrictive, most appropriate placement.

Federal law mandates the CARES Program perform an assessment or review of everyone who requests Medicaid reimbursement for nursing facility placement, or who seeks to receive home and community-based services through all Medicaid waivers. A CARES assessment is also mandatory if a private-pay applicant is applying for placement in a nursing facility receiving Medicaid funding. Any person or family member can initiate a CARES assessment by applying for the Medicaid Institutional Care Program (ICP). These assessments include:

- Medical eligibility for the Medicaid Institutional Care Program (ICP);
- Medical eligibility for Medicaid waivers that provide community-based services;
- Medical assessment for all mentally ill individuals requesting ICP; and
- Medical assessment for individuals with intellectual disabilities requesting ICP services.

CARES field offices are located throughout the state. CARES personnel include registered nurses and assessors, administrative support staff, office supervisors, and regional program supervisors. Physicians are used as consultants as part of the staffing process.

### **(2) Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs)**

Section 430.2053, F.S., authorizes DOEA to work in conjunction with AAAs and ADRCs to serve the elderly population in Florida. Florida's ADRCs provide information and referral to elders and adults age 18 and older who have severe and persistent mental illnesses (such as bipolar disorder, schizophrenia, or clinical depression).

The primary functions of the AAAs and ADRCs include:

- Provide information and referral services;
- Ensure medical eligibility determinations are done properly and efficiently;
- Triage clients who require assistance; and
- Manage the availability of financial resources for certain key long-term care programs for elders to ensure financial viability and stability.

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To complete the primary functions, all of Florida's AAAs and ADRC's use a common information and referral (I&R) software application, ReferNET, which is a centralized database accessible via remote desktop connection comprised of two components. The first component is an online resource database available to the public and a private, confidential client information database. The second component provides individual ADRC's the ability to use the system for recording and tracking individual call information and using that information to make referrals and schedule follow-ups.

DOEA's performance issues within the current system consists of a growing backlog in client assessments to be completed on a yearly basis utilizing older unsupported technology. Operational issues include the inconsistent application of business processes, lack of automated workflow along with the duplication of data and effort. One of the main fiscal issues is a projected 2.5% increase of needed client assessments each year without increasing staff or improving technology to offset the workload increase.

### *b) Explain why the current process is not desirable and note the drivers of change*

DOEA CARES', AAAs', and ADRCs' client service-related applications currently in place utilize differing technologies, standards, processes, and interfaces. There are multiple databases that are unique to individual PSA functions, and operate without centralized enterprise oversight. Several of these systems were created for certain PSA programs as workarounds for the shortcomings found in the legacy system. All these systems house duplicate redundant data across PSAs, creating a challenging environment to effectively communicate and collaborate consistent client information.

Overlaying these current systems issues, DOEA has also identified three key strategic challenges:

- The existing applications are inflexible due to outdated, unsupported, and inextensible technology;
- The existing applications do not meet the dynamic demands of both internal and external stakeholder's; and
- Lack of key performance metric tracking and alerts.

### *c) Describe the current performance metrics and performance data requirements*

DOEA's current LRPP has performance indicators which are required to be statutorily reported. DOEA is unable to collect several of these metrics due to limitations of the legacy system. Currently, staff manually collects, analyzes, and assimilates the information needed for timely reporting of available performance metrics. In addition, DOEA is unable to add new performance measures for future trends and analysis.

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**2. Assumptions and Constraints**

The following assumptions and constraints have been identified for consideration in moving forward with the eCIRTS Project. As project planning begins and more assumptions and constraints are identified, they will be added accordingly.

ASSUMPTIONS	CONSTRAINTS
The project is the top technology initiative for DOEA and has support from the DOEA Executive Project Sponsor and Business Sponsor.	The effort to replace CIRTS and the ancillary systems would extend over several years with potential for leadership changes during that time
All DOEA’s elder services processes fall into the standardized application framework.	The system will focus on a central Enterprise Client Information and Registration Tracking System and not outside functionality (e.g., accounting systems and human resource systems). As necessary, standardized interfaces will be provided for outside functionality.
All Divisions, Bureaus, Offices, AAAs, ADRCs, and Lead Agencies will be included in the eCIRTS project and will support the standardization of business processes.	DOEA has attempted large implementations in the past, and some areas may be hesitant to undergo another implementation effort.
There will be commitment, coordination, and communication among project teams, DOEA regional offices, and project stakeholders.	Staff availability for project related work will be limited, introducing a matrixed project team.
The requested funding for the enterprise eCIRTS project will be available in line with project expectations.	Funding for the eCIRTS project is subject to approval by the Florida Legislature and U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS).
DOEA business functional and technical subject matter experts will be available for project activities.	

**Table 1: Assumptions and Constraints**

**C. Proposed Business Process Requirements**

**1. Proposed Business Process Requirements**

As part of the Joint Application Development (JAD) sessions, several DOEA CARES, AAA, ADRC, and Lead Agency staff conferred to identify and analyze the current state of the client management applications across DOEA and discuss their desired future state functionality. Over the course of the discussions, there were several overarching processes shared across each entity.

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The primary business processes that would be enhanced using a scalable, more modern technology solution include the following:

- Information and Referral
- Intake
- Assessment
- Medical Case File Review
- Staffing and Determination of Level of Care
- Pre-Admission Screening and Resident Review
- Recommended Placement
- Follow-Up
- Screening
- Care Plans
- Monitoring
- Complaints
- Contracts and Billing

A detailed list of DOEA's proposed (To-Be) business processes is shown in the attached Business Process Reengineering (BPR) document as Appendix C, and Requirements Traceability Matrix (RTM) as Appendix D. Associated descriptions of the functionality of DOEA's Core Processes are listed in the Project Glossary of Terms and Abbreviations attached as Appendix E.

DOEA has defined several requirements enhancing the services delivered to achieve the goals and initiatives defined in the LRPP. These include:

- Addition of central client record;
- Automation of manual and paper processes;
- Addition of staff dashboard for managing work activities;
- Addition of supervisor workforce activity management dashboard;
- Enhanced workflow and document management functionality;
- Enhanced mobile functionality (connected and offline);
- Automated calendaring and route-based scheduling;
- Centralized case management;
- Standardized intake and referral;
- Addition of master data management model;
- Enhanced security through role-based access control; and
- Addition of online claims submission by Lead Agencies and AAA's.

The addition of the requirements mentioned above will allow DOEA the ability to collect, analyze, and assimilate the information needed for timely reporting of available performance metrics. In addition, DOEA can add new performance measures for future trends and analysis.

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### **2. Business Solution Alternatives**

Based on the Market Analysis Report, DOEA considered three alternatives to meet the business goals of an enterprise client management system:

- Develop a custom solution
- Deploy a COTS solution
- Develop a solution using a standard COTS or Framework platform

For the full discussion of the business solution alternatives, reference Appendix F: CIRTS Market Analysis, Section 6: Market Trends, Public Sector Trends, and Solution Options, and Section 7: Recommendation Report.

### **3. Rationale for Selection**

The priorities, benefits, assumptions, and constraints for the proposed system are fully defined in Appendix F: CIRTS Market Analysis.

DOEA, solicited and engaged a consulting company to assist in developing a Market Analysis of possible solutions. Within the Market Analysis the company analyzed four types of solutions:

- Transfer from another state;
- Custom Application;
- Framework Application; and
- Commercial-Off-The-Shelf (COTS).

When considering a recommended approach to address DOEA's future technology needs, DOEA did so with the following in mind:

- The mission of DOEA and governing statutes, rules, policies, and procedures;
- The limitations and inefficiencies of the current processes and antiquated technology systems;
- DOEA's guiding priorities, goals, and objectives for a technology solution; and
- The knowledge gained into how comparable state government elder care agencies and the technology market have successfully responded to the challenges of implementing an enterprise client management system.

Building on the solutions options identified, the recommendation was structured with consideration of the following four elements:

- Alignment to Vision and Goals;
- Cost of Ownership Comparison;
- Benefits Comparison; and
- Risk Analysis and Mitigation.



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**4. Recommended Business Solution**

The final recommendation, based on the documented analysis is that it would be beneficial to tailor an ITN procurement toward a COTS or Framework solution but keep an open mind and let the market offer solutions that would provide the best value to DOEA, its stakeholders and client population.

**D. Functional and Technical Requirements**

The proposed high-level functional and technical requirements are listed below. The detailed functional and technical requirements are attached as Appendix D.

**1. Proposed Functional Requirements**

During Phase I of the eCIRTS project, DOEA underwent an effort to define the functional requirements for a new enterprise CRM system. A summary list of high-level *functional* requirements for the proposed system is shown below. A detailed list of the requirements located in Appendix D: Requirements Traceability Matrix.

AREA	HIGH-LEVEL FUNCTIONAL REQUIREMENTS
<i>Client Management</i>	<ul style="list-style-type: none"> <li>▪ Central Client Record</li> <li>▪ Case Management</li> <li>▪ Lifecycle Management</li> <li>▪ Workflow Management</li> <li>▪ Complaint Management</li> <li>▪ Case Prioritization</li> <li>▪ System-Generated Correspondence</li> <li>▪ Calendaring and Scheduling</li> <li>▪ Electronic Signatures</li> </ul>
<i>Financial</i>	<ul style="list-style-type: none"> <li>▪ Claims Management and Financial Reporting</li> <li>▪ Provider Claims Adjudication for General Revenue funding</li> <li>▪ Reconciliation</li> </ul>
<i>Workforce Management</i>	<ul style="list-style-type: none"> <li>▪ Resource Utilization</li> <li>▪ Task Assignment</li> <li>▪ Performance Evaluation</li> <li>▪ Work Prioritization</li> </ul>
<i>Mobile Work Force</i>	<ul style="list-style-type: none"> <li>▪ Mobile Device Support (laptop, tablet, or smartphone)</li> <li>▪ Mobile Assessments (Wi-Fi and Cellular)</li> <li>▪ Offline Work Capabilities and subsequent Data Synchronization</li> <li>▪ Route Management (automated GPS route planning and directions)</li> </ul>
<i>Intake and Referral</i>	<ul style="list-style-type: none"> <li>▪ Application</li> <li>▪ Workflow</li> </ul>
<i>Enterprise Content Management</i>	<ul style="list-style-type: none"> <li>▪ OCR Scan Capabilities</li> <li>▪ Custom Document Type Configuration</li> <li>▪ Document Upload, storing, versioning and access (standard document types)</li> </ul>

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AREA	HIGH-LEVEL FUNCTIONAL REQUIREMENTS
<i>Business Intelligence</i>	<ul style="list-style-type: none"> <li>▪ Advanced Reporting</li> <li>▪ Data Analytics</li> <li>▪ Data Mining</li> <li>▪ Executive and worker dashboards</li> </ul>
<i>Public Portal for Clients and Caregivers</i>	<ul style="list-style-type: none"> <li>▪ Easy access to client information, application statuses, and services availability</li> </ul>

**Table 2: Proposed Functional Requirements**

**2. Proposed Technical Requirements**

During Phase I of the eCIRTS project, DOEA underwent an effort to define the non-functional requirements needed for a new enterprise system. A summary list of high-level *technical* requirements for the proposed system is shown below. A detailed list of the requirements is in Appendix D: Requirements Traceability Matrix.

AREA	HIGH-LEVEL TECHNICAL REQUIREMENTS
<i>Infrastructure</i>	<ul style="list-style-type: none"> <li>▪ The enterprise client management system infrastructure should be cost-effective, flexible, and scalable.</li> <li>▪ The solution should utilize the existing DOEA hardware, software, storage, and network to the extent possible to maximize the prior investment in technology.</li> <li>▪ System should provide integration between State Data Centers and data hosted in the cloud, where applicable.</li> <li>▪ System should adhere to applicable DOEA, Federal and State of Florida information technology security standards, policies, and procedures.</li> <li>▪ The overall System should be able to be make minor customizations and configuration changes by DOEA personnel after the deployment period and a reasonable amount of knowledge transfer.</li> <li>▪ System should support integration with mobile device technology currently available in the market.</li> <li>▪ System should provide data analytics and data mining capabilities in a manner that does not degrade system operations or performance.</li> </ul>
<i>User Access Management</i>	<ul style="list-style-type: none"> <li>▪ System should provide the ability to define users’ role-based access.</li> <li>▪ System should provide the capability for administrators and authorized business users to configure access management.</li> </ul>
<i>Maintenance</i>	<ul style="list-style-type: none"> <li>▪ System should allow maintenance activities that do not invalidate the upgrade path.</li> <li>▪ System should allow DOEA personnel to coordinate planned maintenance activities.</li> </ul>
<i>Data</i>	<ul style="list-style-type: none"> <li>▪ System should provide data segregation for Divisions and Offices defined by DOEA.</li> <li>▪ System should provide in-transit and at-rest data encryption capabilities for the database for Divisions and Offices defined by DOEA.</li> <li>▪ System should provide extract, transform, and load (ETL) capabilities for the implementation.</li> <li>▪ The solution must provide an enterprise data model.</li> </ul>

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AREA	HIGH-LEVEL TECHNICAL REQUIREMENTS
<i>Disaster Recovery</i>	<ul style="list-style-type: none"> <li>▪ System must provide Disaster Recovery capabilities with negotiated SLAs within agreed upon timeframes (Recovery Point Objective and Recovery Time Objective) to return to full operations.</li> <li>▪ System must provide Data Backups with frequency and retention period defined by DOEA.</li> </ul>
<i>Technology Roadmap</i>	<ul style="list-style-type: none"> <li>▪ System should provide foundational releases that do not impact any existing customizations.</li> <li>▪ The Vendor should provide annual and quarterly advance communication for upcoming products and enhancements.</li> </ul>

**Table 3: Proposed Technical Requirements**

### III. Success Criteria

A critical initial step in the modernization of the DOEA systems portfolio was the development of clear goals and success criteria which align with the overall mission of DOEA. The goals and success criteria clearly address the key risks and challenges DOEA is facing while performing the statutorily required functions and duties. The format used to document the eCIRTS goals and success criteria were defined with goal descriptions and the business value that can be expected to be realized once a new modernized solution has been fully implemented.

#### A. *eCIRTS Solution Goals/Success Criteria*

The following exhibits describe each of the seven identified solution goals:

Goal 1
<b>Standardize and optimize key business processes to improve operational efficiencies</b>
<b>Goal Description</b>
<ul style="list-style-type: none"> <li>▪ Optimize current business processes.</li> <li>▪ Provide standardized entry screens, forms, and data as well as efficiency across entities.</li> <li>▪ Improve functionality and ease of use.</li> </ul>
<b>Goal Business Value</b>
<ul style="list-style-type: none"> <li>▪ Enhancing interdepartmental workflow functionality decreases manual process time which improves operational efficiencies.</li> <li>▪ Eliminates, where possible, the collection of duplicate data.</li> </ul>

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<b>Goal 2</b>
<b>Enhance overall DOEA staff efficiency and effectiveness with applicable technology tools</b>
<b>Goal Description</b>
<ul style="list-style-type: none"><li>▪ Reduce or eliminate manual tasks for staff.</li><li>▪ Provide automated workflow capabilities, increasing staff efficiency, intra/interdepartmental collaboration, and customer response.</li><li>▪ Consolidate central client record.</li></ul>
<b>Goal Business Value</b>
<ul style="list-style-type: none"><li>▪ Minimizes or eliminates manual processes increasing staff collaboration and efficiency.</li><li>▪ Reduces time spent managing all client-related information, documentation, and contacts.</li><li>▪ Automates scheduling and route provides mapping optimization to create efficiencies, accuracy, and time optimization for clients and staff.</li></ul>

<b>Goal 3</b>
<b>Increase data integrity, standardization, and security toward improved accuracy, operational efficiency, monitoring, reporting, and analytics</b>
<b>Goal Description</b>
<ul style="list-style-type: none"><li>▪ Provide improved data reporting and data analytics capabilities.</li><li>▪ Support enterprise master data strategies reducing duplicative data and improved data capture, accuracy, security and integrity.</li><li>▪ Implement interface standards and protocols.</li></ul>
<b>Goal Business Value</b>
<ul style="list-style-type: none"><li>▪ Supports paperless processing.</li><li>▪ Improves flexibility, timeliness, and integration of all data transactions.</li><li>▪ Reduces complexity of integration by leveraging a more flexible and adaptable technology framework and platform.</li></ul>

<b>Goal 4</b>
<b>Facilitate better collaboration and communication between DOEA, CARES, AAAs, ADRCs, and Lead Agencies which increases the efficiency of the intake and referral, assessment, staffing, monitoring, and compliance processes</b>
<b>Goal Description</b>
<ul style="list-style-type: none"><li>▪ Improve and expand client self-service capabilities.</li><li>▪ Enable staff-specific work queue dashboards.</li><li>▪ Consolidates central client record for managing all client-related information.</li></ul>
<b>Goal Business Value</b>
<ul style="list-style-type: none"><li>▪ Standardizes client management interface.</li><li>▪ Allows for proactive notifications of assigned work.</li><li>▪ Reduces redundant data and data entry errors.</li></ul>

Goal 5
<b>Enhance mobile capabilities including remote data capture, scheduling, and GPS route planning support</b>
<b>Goal Description</b>
<ul style="list-style-type: none"> <li>▪ Provide robust mobile capabilities including assessments, and quality assurance remotely via wi-fi, cellular, or offline.</li> <li>▪ Provide appointment reminders and route mapping optimization for assessors and QA staff traveling to remote client locations.</li> </ul>
<b>Goal Business Value</b>
<ul style="list-style-type: none"> <li>▪ Reduces or eliminates manual paper assessments.</li> <li>▪ Increases mobile staff efficiency.</li> </ul>

Goal 6
<b>Improve analytical and reporting capabilities providing DOEA leadership the tools to plan resource allotments and operational efficiencies tactically and strategically across DOEA thereby increasing efficiencies and reducing operational costs</b>
<b>Goal Description</b>
<ul style="list-style-type: none"> <li>▪ Provide workforce management capabilities.</li> <li>▪ Improve data reporting and analytics for workforce oversight and strategic planning.</li> </ul>
<b>Goal Business Value</b>
<ul style="list-style-type: none"> <li>▪ Provides supervisors the ability to assign tasks, monitor staff queues, and access productivity analytics.</li> <li>▪ Provides executive management the ability to access productivity dashboards and analytics.</li> </ul>

Goal 7
<b>Improve system flexibility, scalability, reliability, and cost of ownership</b>
<b>Goal Description</b>
<ul style="list-style-type: none"> <li>▪ Improve system performance, extensibility, and reliability.</li> <li>▪ Simplify operations and maintenance responsibilities.</li> <li>▪ Replace outdated hardware and software technologies with widely embraced current technology.</li> </ul>
<b>Goal Business Value</b>
<ul style="list-style-type: none"> <li>▪ Employs technology capable of scaling, evolving, and growing as business needs and demands change.</li> <li>▪ Increases system security, stability, and recoverability with latest technology standards.</li> <li>▪ Improves flexibility, timeliness, and integration of all data transaction processing.</li> <li>▪ Simplifies infrastructure and application maintenance.</li> </ul>

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The following table describes the success criteria and key performance indicators to measure each of the seven identified solution goals:

<b>SUCCESS CRITERIA TABLE</b>				
<b>#</b>	<b>Description of Criteria</b>	<b>How will the Criteria be measured/assessed?</b>	<b>Who benefits?</b>	<b>Realization Date (MM/YY)</b>
1	Optimize current business processes.	<ul style="list-style-type: none"> <li>▪ Time spent on manual processes</li> <li>▪ Time to complete assessments</li> <li>▪ Number of errors</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
2	Provide standardized entry screens, forms, and data as well as efficiency across entities.	<ul style="list-style-type: none"> <li>▪ Time to retrieve data</li> <li>▪ Time to generate reports</li> <li>▪ Level of effort</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
3	Improve functionality and ease of use.	<ul style="list-style-type: none"> <li>▪ Time to complete assessments</li> <li>▪ Number of errors</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
4	Reduce or eliminate manual tasks for staff.	<ul style="list-style-type: none"> <li>▪ Time to complete assessments</li> <li>▪ Time to process waitlist releases</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> <li>▪ Clients</li> </ul>	Upon Implementation
5	Provide automated workflow capabilities increasing staff efficiency, intra/ interdepartmental collaboration, and customer response.	<ul style="list-style-type: none"> <li>▪ Compare against baselined current business processes</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
6	Consolidate central client record	<ul style="list-style-type: none"> <li>▪ Time spent managing client-related information</li> <li>▪ Number of duplicate records</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
7	Provide improved data reporting and data analytics capabilities.	<ul style="list-style-type: none"> <li>▪ Time to generate reports</li> <li>▪ Accuracy of data</li> <li>▪ Time to retrieve data</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

SUCCESS CRITERIA TABLE				
8	Support enterprise master data strategies reducing duplicative data and improved data capture, accuracy, and integrity.	<ul style="list-style-type: none"> <li>▪ Number of duplicate records</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
9	Implement interface standards and protocols.	<ul style="list-style-type: none"> <li>▪ Number of errors or exceptions</li> <li>▪ Data transfer time</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
10	Improve and expand client self-service capabilities.	<ul style="list-style-type: none"> <li>▪ Client satisfaction</li> <li>▪ Time to correspond to clients</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> <li>▪ Clients</li> </ul>	Upon Implementation
11	Provide staff-specific work queue dashboards.	<ul style="list-style-type: none"> <li>▪ Number of assessments scheduled</li> <li>▪ Number of assessments completed</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
12	Provide robust mobile capabilities including assessments, and quality assurance remotely via Wi-Fi, cellular, or offline.	<ul style="list-style-type: none"> <li>▪ Number of paper assessments</li> <li>▪ Number of redundant records</li> <li>▪ Number of assessments completed</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
13	Provide appointment reminders and route mapping optimization for assessors and QA staff traveling to remote client locations.	<ul style="list-style-type: none"> <li>▪ Time to conduct assessments</li> <li>▪ Time to complete assessments</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
14	Provide workforce management capabilities.	<ul style="list-style-type: none"> <li>▪ Number of assessments scheduled</li> <li>▪ Number of assessments completed</li> <li>▪ Staff efficiency reports</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
15	Improve data reporting and analytics for workforce oversight and strategic planning.	<ul style="list-style-type: none"> <li>▪ Staff efficiency reports</li> <li>▪ Number of assessments completed</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

SUCCESS CRITERIA TABLE				
16	Improve system performance, extensibility, and reliability.	<ul style="list-style-type: none"> <li>▪ Compare against current baselined system performance</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
17	Simplify operations and maintenance responsibilities.	<ul style="list-style-type: none"> <li>▪ System performance</li> <li>▪ System maintenance</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation
18	Replaces outdated hardware and software technologies with widely embraced current technology	<ul style="list-style-type: none"> <li>▪ System availability</li> <li>▪ System performance</li> <li>▪ System extensibility</li> <li>▪ System maintenance costs</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAA/ADRCs</li> <li>▪ Lead Agency</li> </ul>	Upon Implementation

**Table 4: Success Criteria Table**

**B. Successful Procurement**

DOEA has a deep understanding from an implementation and vendor perspective of the Florida procurement environment and will augment this knowledge with experienced consulting services specializing in Invitation to Negotiate (ITN) procurements. To successfully support the development and execution of the eCIRTS procurement, DOEA will utilize an ITN to provide open and fair competition while providing more options to negotiate the best value for DOEA. The ITN will be governed by the following ideals:

- **Mitigate the risk of protest:** Address the known steps, procedures, legal requirements, or required reviews of Florida’s state procurement requirements, and in applying a discipline and rigor to the process, this will ensure the procurement moves forward in a technically correct and transparent manner.
- **Be precise, and be flexible enough to allow for innovation:** Present the requirements in such a way to allow vendors to bring new, innovative technologies or solutions to the procurement process for consideration, while also clearly and appropriately addressing DOEA’s needs.
- **Use Subject Matter Experts:** Identifying DOEA subject matter experts early is imperative when developing the ITN and when implementing the procurement process.
- **Establish a realistic and achievable procurement plan (schedule):** A realistic and achievable schedule leaves ample room for schedule adjustments without sacrificing critical schedule elements like the notice to award date.



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

### A. Benefits Realization Table

Over the last decade, DOEA has experienced a significant increase in all its primary intake, referral, and assessment functional areas. Using statistics gathered from DOEA’s Long Range Program Plans, for the period 2011-2015, the total number of DOEA client interactions increased by an average of 8.15% per year, the number of clients served increased 12.59%, while the number of DOEA FTEs decreased 3.56%. An analysis of these historical trends indicates DOEA must either increase the number of FTEs or increase the operational efficiency of existing FTEs with a new enterprise client management system. DOEA would need to expand its workforce numbers or increase its operational efficiency rates to meet this increased demand. Implementing a modern CIRTS will provide a workforce multiplier allowing DOEA to avoid a significant portion of an expected increase in staffing. One of the tangible benefits calculated for the eCIRTS project is an estimate of the savings from not hiring to the staffing levels which would be required across DOEA if the eCIRTS solution was not implemented. A detailed analysis of project costs is referenced in the Cost Benefit Analysis, attached as Appendix A.

A summary of the estimated tangible benefits from the integrated eCIRTS system is displayed in the table below.

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	Implementation of a centralized client data management system that includes master data management supporting data sharing, and integrity while reducing data duplication	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> <li>▪ Clients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased data integrity and accuracy</li> <li>▪ Reduced data duplication</li> <li>▪ More accurate reporting and decision making</li> <li>▪ Enhanced client service</li> </ul>	Compare against baselined current system data management	Upon implementation

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

<b>BENEFITS REALIZATION TABLE</b>					
2	Enhanced functionality for Mobile access to systems and information	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> <li>▪ Clients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enhanced workforce functionality and efficiency</li> <li>▪ Access to Wi-Fi/cellular offline functionality</li> <li>▪ Addition of route-based scheduling</li> </ul>	Compare against baselined current system functionality, accessibility, and processing time	Upon implementation
3	Enhanced workflow and workforce management capabilities increasing intra/interdepartmental collaboration.	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> <li>▪ Clients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduction or elimination of manual processes</li> <li>▪ Increased staff efficiency</li> <li>▪ Increased management oversight, staff accountability, and resource planning</li> </ul>	Compare against baselined current processing times	Upon implementation
4	Addition of electronic signature functionality	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> <li>▪ Clients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduced processing time</li> <li>▪ Reduced cost from reducing or eliminating the need to mail/fax</li> </ul>	Compare against baselined current time needed to process and reduction in faxing and mailing costs	Upon implementation

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

<b>BENEFITS REALIZATION TABLE</b>					
5	Addition of advanced reporting and analytics functionality	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> <li>▪ Clients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improved staff productivity and efficiency</li> <li>▪ Enhanced strategic planning and reporting capabilities</li> </ul>	Compare against baselined current reporting capabilities and time needed to create statutorily required reports	Upon implementation
6	Improved system scalability to accommodate increased resource capacity needs, improved system modularity and extensibility with the addition of a business rules engine to expand system functionality	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> <li>▪ Clients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enhanced ability to quickly address changing resource capacity needs</li> <li>▪ More agile system configuration capabilities to address dynamic request for modifications</li> </ul>	Compare against baselined capacity planning and development time	Upon implementation

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

<b>Cost Benefit Analysis</b>	
<b>Form</b>	<b>Description of Data Captured</b>
CBA Form 1 - Net Tangible Benefits	<p>Agency Program Cost Elements: Existing program operational costs versus the expected program operational costs resulting from this project. The agency needs to identify the expected changes in operational costs for the program(s) that will be impacted by the proposed project.</p> <p>Tangible Benefits: Estimates for tangible benefits resulting from implementation of the proposed IT project, which correspond to the benefits identified in the Benefits Realization Table. These estimates appear in the year the benefits will be realized.</p>

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<b>Cost Benefit Analysis</b>	
<b>Form</b>	<b>Description of Data Captured</b>
CBA Form 2 - Project Cost Analysis	Baseline Project Budget: Estimated project costs. Project Funding Sources: Identifies the planned sources of project funds, e.g., General Revenue, Trust Fund, Grants. Characterization of Project Cost Estimate.
CBA Form 3 - Project Investment Summary	Investment Summary Calculations: Summarizes total project costs and net tangible benefits and automatically calculates: <ul style="list-style-type: none"> <li>• Return on Investment</li> <li>• Payback Period</li> <li>• Breakeven Fiscal Year</li> <li>• Net Present Value</li> <li>• Internal Rate of Return</li> </ul>

The Cost Benefit Analysis is attached as Appendix A.

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

### **A. Risk Assessment Summary**

From an implementation perspective, a project of this scope will have planning, design, and execution risks. To mitigate these risks, quality assurance procedures, including in-progress milestones and deliverable reviews, will be integrated into the routine operations of the project management activities to help ensure the project adheres to the implementation schedule. Ongoing risk and issue management protocols will be adhered to during project status reviews to mitigate potential issues.

Effective upward communication to stakeholders is critical to providing up-to-date project status reports, offering accurate and best judgment risk and issue assessments, and actively managing expectations. Similarly, effective downward communication to the project team is essential to building teamwork and communicating expectations and will guide the success of the project. Having executive, steering committee, and governance support, a dedicated project team, and built-in checkpoints will help ensure DOEA’s success in implementing a new CRM system and delivering value to DOEA and the elder population of Florida it serves.

The Risk Assessment Tool and Risk Assessment Summary is referenced in Appendix B: DOEA CIRTS Project Risk Assessment.xlsx. The resulting Risk Assessment Summary is shown below:

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<b>Project</b>	<i>Enterprise Client Information and Registration Tracking System (eCIRTS)</i>	
<b>Agency</b>	<i>Department of Elder Affairs</i>	
<b>FY 2020-21 LBR Issue Code:</b>	<b>FY 2020-21 LBR Issue Title:</b>	
<i>36201C0</i>	<i>ENTERPRISE CLIENT INFORMATION</i>	
<b>Risk Assessment Contact Info (Name, Phone #, and E-mail Address):</b>		
<i>Richard Prudom ----- 850-414-2000 ----- prudomm@elderaffairs.org</i>		
<b>Executive Sponsor</b>	<i>Richard Prudom, Secretary of Elder Affairs</i>	
<b>Project Manager</b>	<i>Shandra McGlohon, Chief Information Officer</i>	
<b>Prepared By</b>	<i>Shandra McGlohon</i>	<i>9/13/2019</i>
<b>Risk Assessment Summary</b>		
<b>Business Strategy</b>		
	<b>Level of Project Risk</b>	
	<b>Least Risk</b>	<b>Most Risk</b>

**Exhibit 1: Risk Assessment Summary**

The Exhibit below illustrates the risk assessment areas that were evaluated and the breakdown of the risk exposure assessed in each area. As indicated above, the overall project risk should diminish significantly by the conclusion of the first year when the project structure is in place and the foundational technology elements have been implemented.

SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM

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

**Exhibit 2: Project Risk Area Breakdown**

When answering the questions in the risk assessment tool, it was assumed the current project management and governance structure in place would remain in place throughout the eCIRTS project, and DOEA would obtain the services of a qualified vendor to support project management and IV&V services.

In the table below are examples of Risk Assessment (and Business Strategy alignment) areas that will be addressed by the conclusion of the first year of the project include:

<b>Category</b>	<b>Proposed Actions</b>
<b>Strategic Risk</b>	<ul style="list-style-type: none"> <li>▪ All the project objectives will be clearly aligned with DOEA’s legal mission.</li> <li>▪ The project objectives will be clearly documented and signed off by the stakeholders.</li> <li>▪ The executive sponsor will sign the project charter.</li> <li>▪ All the project requirements, assumptions, constraints, and priorities will be defined.</li> </ul>
<b>Technology Risk</b>	<ul style="list-style-type: none"> <li>▪ Detailed hardware and software capacity requirements will be defined.</li> </ul>

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Category	Proposed Actions
Organizational Change Management Risk	<ul style="list-style-type: none"> <li>▪ The business process changes will be defined and documented.</li> <li>▪ Organizational Change Management will be essential for success.</li> <li>▪ An Organizational Change Management Plan will be developed and approved early in the project.</li> </ul>
Communication Risk	<ul style="list-style-type: none"> <li>▪ The Communication Plan will be approved.</li> <li>▪ The Communication Plan will promote the routine use of feedback (at a minimum).</li> <li>▪ All affected stakeholders will be included in the Communication Plan.</li> <li>▪ All key messages will be documented in the Communication Plan.</li> <li>▪ Desired message outcomes and success measures will be documented in the Communication Plan.</li> <li>▪ The Communication Plan will identify and assign needed staff.</li> </ul>
Fiscal Risk	<ul style="list-style-type: none"> <li>▪ A Spending Plan will be documented and approved for the project lifecycle.</li> <li>▪ All project expenditures will be identified and documented in the Spending Plan.</li> <li>▪ The cost estimates for the project will be accurate within +/- 10-100% (Order of Magnitude).</li> <li>▪ All tangible benefits will be identified and validated during the procurement phase.</li> <li>▪ The procurement strategy will be reviewed and approved</li> <li>▪ A contract manager will be assigned to the project.</li> </ul>
Project Organization	<ul style="list-style-type: none"> <li>▪ The project organization and governance structure will be defined and documented.</li> <li>▪ A project staffing plan will identify and document all staff roles and responsibilities.</li> <li>▪ The change review and control board will include representation from all stakeholders.</li> </ul>
Project Management Risk	<ul style="list-style-type: none"> <li>▪ All requirements and specifications will be defined and documented.</li> <li>▪ All requirements and specifications will be traceable to business rules.</li> <li>▪ All project deliverables and acceptance criteria will be identified.</li> <li>▪ The Work Breakdown Structure will be defined to the work package level.</li> <li>▪ The project schedule will specify all project tasks, go/no-go decision points, milestones, and resources.</li> <li>▪ Formal project status reporting will be in place.</li> <li>▪ All planning and reporting templates will be available.</li> <li>▪ All known project risks and mitigation strategies will be identified.</li> </ul>
Complexity Assessment	<ul style="list-style-type: none"> <li>▪ Organizational Change Management will be essential to mitigate the risks of multiple entities at multiple locations throughout the state.</li> <li>▪ Communications Planning will be critical to ensure stakeholders are informed and involved.</li> </ul>

**Table 6: Project Risk Areas to be Addressed**

DOEA's plan to continually identify, assess, and mitigate risk throughout the life of the project is discussed in Appendix G: Project Management Plan, Section 5 (Project Risk Management Plan).

## VI. Schedule IV-B Technology Planning

### A. Current Information Technology Environment

#### 1. Current System

A detailed description of the current information technology environment, hardware, and software inventory is detailed in Appendix H: DOEA eCIRTS Schedule IV-B Section VI Technology Planning.

### B. Proposed Technical Solution

#### 1. Technical Solution Alternatives

The current technology of CIRTS is not effective and drives less than optimal operational efficiency outcomes for DOEA and its clients. There is a business need to leverage new technology to achieve better operational efficiencies. The gains in operational efficiency from the realization of modern, modular, and maintainable technology will provide DOEA the agility to dynamically meet DOEA's changing business needs and growing client base. The new technology approach should meet or exceed DOEA business functional and business process reengineering requirements while adhering to Federal Centers for Medicaid and Medicare Services (CMS) conditions and standards for:

- **Modularity** – Use of a modular, flexible, agile approach including the use of open interfaces;
- **MITA standards** – Aligned and continued advancement in the Medicaid Information Technology Architecture;
- **Industry compliance** – Alignment with, and incorporation of, industry standards, the Health Insurance Portability, and Accountability Act of 1996 (HIPAA) security, privacy, and transaction standards;
- **Leverage** – Promotes sharing, leverage, and reuse;
- **Business results** – Supports accurate and timely processing of eligibility;
- **Reporting** – Has the capability to produce reports supporting program evaluation, continuous improvement in business operations, and transparency and accountability; and
- **Interoperability** – Supports integration with the appropriate entities providing eligibility, enrollment, and outreach functions.

There were 3 viable technical solutions considered to achieve DOEA goals. The following section provides a description of each option under consideration.

#### a. COTS Solution

A term that references non-developmental items sold in the marketplace. A COTS system is typically designed for a unique purpose (e.g., client management) and generally does not require custom development before installation.



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COTS solutions are commercially available products typically sold to multiple customers without customization. COTS product evolution, support, and enhancements are provided by the software vendor via recurring maintenance charges. Customizations to a COTS solution are often required to meet detailed business requirements, rules, and policy needs.

### b. Custom Development Solution

Software that is specially designed and developed from scratch to accommodate a customer's precise preferences and expectations.

### c. Framework Solution

A software Framework is a universal, reusable environment that provides a measure of defined functionality as part of a larger platform to facilitate and develop or customize applications, products, and solutions. Framework product evolution, support, and enhancement are provided by the software vendor via recurring maintenance charges. Development and customization to a Framework solution are often required to meet detailed business requirements, rules, and policy needs.

## 2. Rationale for Selection

The criteria used when comparing alternative solutions to meet the need of the proposed solution, including priorities, benefits, assumptions, and constraints, is described in Appendix F: CIRTS Market Analysis, Section 4.3 (Assumptions and Constraints) and Section 7 (Recommendation Report).

The following standards were considered when recommending an approach to address DOEA's technology needs today and into the future:

- The mission of DOEA and governing statutes, rules, policies, and procedures;
- The limitations and inefficiencies of the current processes and antiquated technology systems;
- DOEA's guiding priorities, goals, and objectives for a technology solution; and
- The knowledge gained into how comparable state government elder care agencies and the technology market have successfully responded to the challenges of implementing an enterprise client management system.

The following project vision statement was developed in collaboration with DOEA:

- *Implement an enterprise client management system that assists staff efficiency, enables client access to services, and positions DOEA to plan for and be responsive to changing environmental and operational demands.*

Building on the solutions options, the recommendation methodology is structured around the following four elements:

- Alignment to Vision and Goals;
- Cost of Ownership Comparison;

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- Benefits Comparison; and
- Risk Analysis and Mitigation.

To properly evaluate the solutions available to DOEA to replace their existing system, a minimum set of criteria is critical to ensure all options are compared to a common standard. That common base identified below will allow solution options to be compared in a consistent manner.

*a) Evaluation Criteria*

As part of the analysis, each option was assessed against the vision statement and solutions goals. This assessment was qualitative with the alignment presented for each option relative to the other options. Each option was given a score of High (3 points), Medium (2 points), or Low (1 point) for how well the option aligned to the vision and solution goal. The average score for each option was then calculated. The Exhibit below reflects the output of this qualitative assessment:

EVALUATION OF QUALITATIVE CRITERIA	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
<b>Vision:</b> Implement an enterprise client management system that assists staff efficiency, enables client access to services, and positions DOEA to plan for and be responsive to changing environmental and operational demands.	Medium	High	High
<b>Goal 1:</b> Enhance overall DOEA staff efficiency and effectiveness with applicable technology tools.	Low	High	High
<b>Goal 2:</b> Optimize and standardize key business processes to improve operational efficiencies.	Low	High	Medium
<b>Goal 3:</b> Reduce manual tasks for DOEA, AAA, ADRC and Lead Agency staff resulting in greater efficiency and faster response to client needs.	Low	Medium	High
<b>Goal 4:</b> Enhance intra and interdepartmental workflow functionality allowing DOEA staff to provide services faster with greater efficiency.	Low	Medium	High
<b>Goal 5:</b> Increase data integrity, standardization, and security toward improved accuracy, operational efficiency, monitoring, reporting, and analytics.	Medium	High	High

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EVALUATION OF QUALITATIVE CRITERIA	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
<b>Goal 6:</b> Use technology to increase communication channels and collaboration between DOEA CARES AAAs, ADRCs, and Lead Agencies which increases the efficiency of the intake and referral, assessment, staffing, monitoring, and compliance processes across DOEA.	Low	High	High
<b>Goal 7:</b> Enhance mobile capabilities including remote data capture, scheduling, and GPS route planning support.	Low	High	High
<b>Goal 8:</b> Improve analytical and reporting capabilities providing DOEA leadership the tools to plan resource allotments and operational efficiencies tactically and strategically across DOEA thereby increasing efficiencies and reducing operational costs.	Medium	Medium	High
<b>Average Score</b>	1.3	2.6	2.8

**Exhibit 3: Alignment to Vision and Solution Goals**

**b) Benefits Comparison**

All three options were evaluated for benefits that could be realized with the implementation of an enterprise client management system. Each option was given a score of High (3 points), Medium (2 points), or Low (1 point) for how likely or how soon the option would realize each benefit. The average score for each option was then calculated.

BENEFIT	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
Increased efficiency via automation of manual tasks and optimization of processes.	Medium	High	High
Drives process standardization.	Low	Medium	High
Enhanced Customer Experience and response.	Medium	High	High
Enhanced Mobile capabilities and functionality.	Low	High	High
Enhanced workflow and workforce management.	Low	High	High
Flexible solution with the agility to quickly address, procedural, or statutorily mandated changes as well as environmental and operational needs.	Low	High	Low

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BENEFIT	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
Easy scalable and extensible solution to address increased environmental and operational demands.	Low	High	High
Minimizes support and operations and maintenance responsibilities.	Low	Medium	High
Increases data integrity, standardization, and security.	Medium	High	High
Improves analytical and dashboard/reporting capabilities.	Medium	High	High
<b>Average Score</b>	<b>1.4</b>	<b>2.5</b>	<b>2.8</b>

**Exhibit 4: Benefit Comparison**

The full criteria used when comparing alternative solutions to meet the need of the proposed solution, including priorities, benefits, assumptions, and constraints, is described in Appendix F: CIRT Market Analysis, Section 4.3 (Assumptions and Constraints) and Section 7 (Recommendation Report).

**3. Recommended Technical Solution**

The Exhibit below provides a comparison of the three options across each of the key elements of alignment to goals, cost, benefits, and risk. For scoring purposes High = 3 points, Medium = 2 points, and Low = 1 point. The average points for each option are then calculated.

REVIEW CATEGORIES	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
Alignment to Vision and Goals	Low	High	High
Lower Cost of Ownership	Medium	Medium	High
Achievement of Benefits	Medium	High	Medium
Minimizes Risk	Low	High	High
<b>Average Score</b>	<b>1.5</b>	<b>2.75</b>	<b>2.75</b>

**Exhibit 5: Summary Analysis**

Based on the overall analysis, the following salient points addressing DOEAs solution options are offered below:

**Option 1:** While Custom Development solutions can be designed to meet exact program requirements there are several notable data points listed below that make this option less desirable than Framework or COTS.

## SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM

- Custom development solutions typically take considerably more time and resources to design develop and implement than COTS or Framework solutions;
- Custom development solutions provide fewer benefits and are less likely to achieve project goals than COTS or Framework solutions;
- Custom development solutions are expensive to implement as well as operate and maintain due to the need to retain IT professionals with the deep and often arcane skills required to support and enhance the system;
- Enhancements, patches, and updates to the solution (infrastructure and application) would be the responsibility of DOEA; and
- Custom development solutions are inherently riskier primarily for the reasons listed above.

**Option 2:** A Framework solution provides a solid base upon which the solution can be further customized and configured. The notable data points for utilizing Framework as a solution option to meet DOEA's needs are listed below:

- The flexibility of a Framework solution provides a good balance between highly customizable Custom Development solutions and more difficult and costly to customize COTS solutions;
- Framework solutions provide greater benefits and are more likely to achieve project goals than Custom Development solutions;
- Framework solutions are typically implemented more quickly than Custom Development but not as fast as COTS;
- Enhancements, patches, and updates to the base application platform would be the responsibility of the provider;
- The overall costs of a Framework solution are typically less to implement and maintain than Custom Development solutions but more expensive than COTS; and
- There is less risk with Framework solutions compared to Custom Development as you are starting with a base platform rather than building from scratch.

**Option 3:** Although a COTS solution may not address all DOEA's program customizations, the available COTS solutions reviewed offered feature rich capabilities that would address most of the business needs. The notable data points for including COTS as a solution option to meet DOEA's needs are listed below:

- There is less flexibility to customize with a COTS solution than with Custom Development or Framework;
- COTS solutions provide greater benefits and are more likely to achieve project goals than Custom Development solutions;
- A COTS solution can usually be implemented more rapidly than a Custom Development or Framework solution meeting most of the business needs;
- Enhancements, patches, and updates to the application would be the responsibility of the provider;
- The overall cost of a COTS solution is typically less than Custom Development and Framework solutions; and

## **SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

- There is less risk with COTS as restarting with an established solution rather than building from scratch or customizing a Framework.

The approach for a technical solution that most aligns with DOEA's need is to implement a COTS or framework solution which is typically less expensive and risk as well as more quickly implemented than a custom developed solution. A detailed description of the reasons why these proposed alternative solutions meet DOEA's business needs and are in the best interest of the State is detailed in Appendix F: CIRT Market Analysis, Section 7.5 (Recommended Solution).

### **C. Proposed Solution Description**

A detailed description of the technical requirements and features that tie directly to DOEA's core business requirements is described in Appendix C: Business Process Reengineering and Appendix D: Requirements Traceability Matrix.

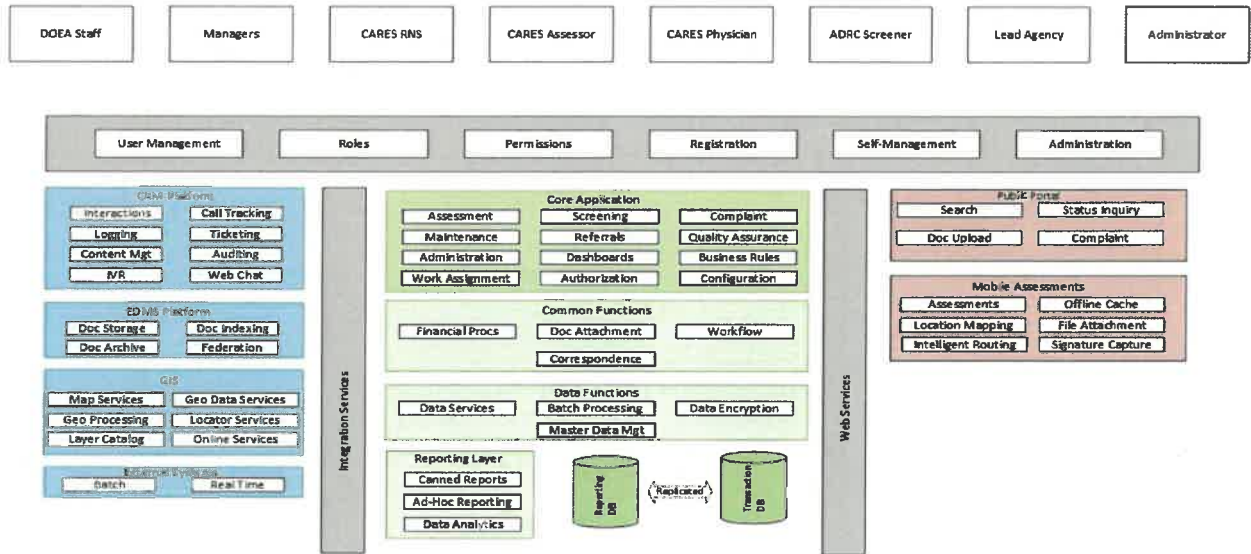
#### **1. Summary Description of Proposed System**

The solution being proposed is a modern enterprise COTS or framework system with the capability to manage the intake and referrals, assessments, or screenings. The scope and key functionalities of the solution will include:

- Case Management and Customer Relationship Management (CRM);
- Business Intelligence;
- Intelligent Workflow;
- Workforce Management;
- Mobile Work Force;
- Unified Calendaring and Scheduling;
- Public Self-Service Capabilities;
- Route Mapping Optimization; and
- Document Management.

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

The proposed eCIRTS architecture below displays a proposed model system architecture. This may be updated based on the solution chosen by DOEA:



**Exhibit 6: Functional Architecture of the Proposed System**

To support DOEA’s business objectives and processes, the proposed system will require the following features and functionality:

**a) System, Connectivity, and Security Requirements**

System Type	The system will be either a cloud-based Commercial-off-the-Shelf (COTS) or Framework vendor-hosted system.
Connectivity Requirements	The proposed new system must support both wired and wireless connectivity.
Security Requirements	<ul style="list-style-type: none"> <li>▪ Chapter 74-2, F.A.C.</li> <li>▪ Chapter 119, F.S.</li> <li>▪ Chapter 400, F.S.</li> <li>▪ Chapter 415, F.S.</li> <li>▪ Chapter 429, F.S.</li> <li>▪ Chapter 430, F.S.</li> <li>▪ Chapter 744, F.S.</li> <li>▪ Health Insurance Portability and Accountability Act of 1996 (HIPAA)</li> <li>▪ Section 282.318, F.S.</li> <li>▪ Sections 282.601-282.606, F.S.</li> </ul>

**Table 7: System, Connectivity, and Security**

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

b) Development and procurement approach

The proposed system is anticipated to be a COTS or Framework solution requiring minimal development effort. The DOEA required functionality will be inherent or can be accomplished primarily through configuration with occasional minor development.

The procurement strategy for eCIRTS is discussed in Section III.B: “Successful Procurement.”

c) Internal and external interfaces

The eCIRTS system will need to interface with several external entities, including:

ORGANIZATION	INTERFACES	INBOUND/ OUTBOUND	FREQUENCY
Agency for Health Care Administration	Active waiver enrollment information for State Wide Medicaid Managed (SMMC) Long Term Care (LTC) and Program of All-inclusive Care for the Elderly programs	Inbound	Tri-monthly
Agency for Health Care Administration	Previously active, but now terminated, enrollment information	Inbound	Tri-monthly
Agency for Health Care Administration	Complaints related to SMMC LTC waiver. Consumed by Independent Consumer Support Program used by the Medicaid Waiver/ADRC Unit.	Inbound	Daily
Agency for Health Care Administration	Level of Care data	Outbound	Monthly
Department of Children and Families	DCF sends information about individuals who are being served by DCF in state programs and who are about to turn 60 making them DOEA’s responsibility.	Inbound	Quarterly
Department of Children and Families	Level of Care data	Outbound	Daily
Department of Health	Death certificate data of individuals 18 or older	Inbound	Daily
Enrollment Broker	Client information with the Comprehensive Assessment and Review for Long Term Care Services, Level of Care determinations, for the SMMC LTC program	Outbound	Daily
Enrollment Broker	CARES’ 701B assessments (pdf format) for client data referenced in the row above with a community recommendation (not nursing home clients) to the enrollment broker for the SMMC LTC program	Outbound	Daily



**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

ORGANIZATION	INTERFACES	INBOUND/ OUTBOUND	FREQUENCY
Service Providers	Data is imported into CIRTS using the DOEA Electronic Data Interchange (EDI) File Exchange system	Inbound	Ad hoc

**Table 8: Internal and External Interfaces**

d) Maturity and life expectancy of the technology

The proposed solution for eCIRTS must be commonly available to health and social services organizations and an established system using a mature industry standard technology available for over five years.

e) Other system(s) proposed solution must integrate with

If not already included, the proposed solution for eCIRTS must be able to integrate with a robust content management system which is scalable to accommodate a consistently increasing elder client population.

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

The full breakdown of DOEA’s staffing requirements and funding sources are located in Appendix A: Cost Benefit Analysis – Tab: CBAForm2A Baseline Project Budget.

The selection of a vendor through the ITN process will determine the full technical platform, hardware, software, and staffing requirements needed for eCIRTS. The minimum software requirements for eCIRTS is to utilize web-based technologies in conjunction with the existing DOEA standards for computer operating systems with the addition of mobile accessibility. The intent of the eCIRTS project is to use existing staff resources to operate and maintain the new system, therefore, no additional staffing is needed.

**D. Capacity Planning**

*(historical and current trends versus projected requirements)*

**1. How the estimates were derived**

The objective of Capacity Planning is to verify that any proposed solution can absorb the current data stores and transaction loads, as well as provide the capability to meet the projected future demands of DOEA. CIRTS is currently hosted at the Department of Management Services – Division of State Technology (DMS-DST) State Data Center on a shared clustered server environment. Using information available from the DMS-DST State Data Center, DOEA estimates the following minimum capacity requirements. DMS-DST was unable to provide CIRTS-specific average and peak utilization information.

Metric	Fiscal YTD
Number of Users	2025
System Availability	Minimum 99.9% uptime

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

<b>Metric</b>	<b>Fiscal YTD</b>
Number of Outages	0
Database Storage	100 GB
Document Storage	600 GB
Transactions	1,100,000
% Batch Transactions	4.5
% Minimum Growth	2.5
Peak arrival	Unavailable
Peak day	Unavailable
Peak day count	Unavailable

**Table 9: Capacity Planning**

**2. Assumptions and constraints**

The following assumptions and constraints have been identified regarding capacity planning for consideration in moving forward with the eCIRTS Project.

<b>ASSUMPTIONS</b>	<b>CONSTRAINTS</b>
The proposed system will have sufficient capacity to store all current DOEA client-related data and documents as well as projected growth.	Appropriate funding amounts for the eCIRTS project is subject to approval by the Florida Legislature and U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) as needed.
The proposed system will be scalable and extensible to meet the needs of DOEA’s increasing client population.	
The proposed system will be configurable to make necessary modifications to accommodate changes to DOEA’s dynamic business needs.	

**Table 10: Assumptions and Constraints**

**3. Management summary of the issues**

DOEA’s current CIRTS application has met its end of life and is no longer extensible or supportable. CIRTS can no longer be upgraded to current technology versions. This impacts DOEA’s ability to meet the resource demands from its growing client population.

**4. A service summary with current and forecasted concerns**

A major concern of the current CIRTS system, is it experiences frequent downtime which interrupts the ability for DOEA staff to perform their job duties. From March 2014 through August 2017 (42 months), DOEA IT submitted 1,320 support tickets to DMS-DST, an average of approximately 30 tickets per month. Approximately 95% of the tickets were related to CIRTS. The need to submit tickets to support CIRTS is expected to continually increase as the system no longer receives updates from Oracle, making the system more unstable and unreliable over time. Also, the

## **SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM**

replacement system is expected to have minimal downtime guaranteed through the execution of a Service Level Agreement with the vendor.

### **5. Options and alternatives considered**

DOEA considered several options for upgrading the system or doing a custom development to replace the system. A full description of the options and alternatives considered for the scope of this project, including custom, COTS, and framework solutions, are found in Appendix F: CIRTTS Market Analysis.

### **6. Recommendations for the effort**

To support the effort of migrating from the existing on-premise legacy CIRTTS system to a web-based client management system, it is recommended that the following actions be taken:

- Determine the number of unique client records in the current system;
- Determine the amount of data in the current system;
- Determine the average amount of data transferred daily;
- Determine the average amount of daily transactions;
- Determine the amount of paper records that will need to be scanned and imported into the replacement system; and
- Determine what new workflow functionality can be utilized to automate DOEA business rules.

## **VII. Schedule IV-B Project Management Planning**

The project planning components for the eCIRTTS project, including project scope, project phasing plan, and project organization, are outlined in Appendix K: Project Charter.

The eCIRTTS project quality assurance plan, risk management, and implementation plan, are outlined in Appendix G: Project Management Plan.

The Master Project Schedule for the eCIRTTS project is attached as Appendix L.

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM****VIII. Appendices**

<b>Appendix</b>	<b>Description</b>
A	Cost Benefit Analysis Workbook
B	Risk Assessment Tool and Risk Assessment Summary
C	Business Process Reengineering Document
D	Requirements Traceability Matrix
E	Project Glossary of Terms and Abbreviations
F	CIRTS Market Analysis
G	Project Management Plan (includes Implementation Plan, Risk Management Plan, and Organizational Change Management Plan)
H	DOEA eCIRTS Schedule IV-B Section VI Technology Planning
I	CIRTS User Guide (for CARES, 2013 version)
J	Service Level Agreement between DOEA and DMS-DST
K	Project Charter
L	Master Project Schedule
M	CIRTS User Guide (for Aging Networks, 2007 version)

CBAForm 1 - Net Tangible Benefits

Agency	Department of Elder Affairs	Project	eCIRTS
--------	-----------------------------	---------	--------

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A															
Agency <i>(Recurring Costs Only -- No Project Costs)</i>	FY 2020-21			FY 2021-22			FY 2022-23			FY 2023-24			FY 2024-25		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Cost Change Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
<b>A. Personnel Costs -- Agency-Managed Staff</b>	\$932,656	-\$57,895	\$874,761	\$874,761	-\$12,732	\$862,029	\$862,029	-\$38,196	\$823,833	\$823,833	-\$50,928	\$772,905	\$772,905	\$0	\$772,905
<b>A.b Total Staff</b>	23.50	-2.00	21.50	21.50	0.00	21.50	21.50	0.00	21.50	21.50	0.00	21.50	21.50	0.00	21.50
A-1.a. State FTEs (Salaries & Benefits)	\$694,375	-\$14,670	\$679,705	\$679,705	\$0	\$679,705	\$679,705	\$0	\$679,705	\$679,705	\$0	\$679,705	\$679,705	\$0	\$679,705
A-1.b. State FTEs (#)	19.00	-2.00	17.00	17.00	0.00	17.00	17.00	0.00	17.00	17.00	0.00	17.00	17.00	0.00	17.00
A-2.a. OPS Staff (Salaries)	\$238,281	-\$43,225	\$195,056	\$195,056	-\$12,732	\$182,324	\$182,324	-\$38,196	\$144,128	\$144,128	-\$50,928	\$93,200	\$93,200	\$0	\$93,200
A-2.b. OPS (#)	4.50	0.00	4.50	4.50	0.00	4.50	4.50	0.00	4.50	4.50	0.00	4.50	4.50	0.00	4.50
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3.b. Staff Augmentation (# of Contractors)	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
<b>B. Application Maintenance Costs</b>	\$558,778	\$207,722	\$766,500	\$766,500	\$201,896	\$968,396	\$242,099	\$63,769	\$305,868	\$305,868	\$80,566	\$386,434	\$386,434	-\$193,217	\$193,217
B-1. Managed Services (Staffing)	\$974	-\$974	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Hardware	\$38,952	-\$38,952	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$518,852	-\$518,852	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-4. Other <i>Singular, Aggregate DST Bill</i>	\$0	\$766,500	\$766,500	\$766,500	\$201,896	\$968,396	\$242,099	\$63,769	\$305,868	\$305,868	\$80,566	\$386,434	\$386,434	-\$193,217	\$193,217
<b>C. Data Center Provider Costs</b>	\$47,904	-\$47,904	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-1. Managed Services (Staffing)	\$2,000	-\$2,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$636	-\$636	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-3. Network / Hosting Services	\$14,043	-\$14,043	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-4. Disaster Recovery	\$9,667	-\$9,667	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other <i>DST *See Note Above for B-4: Other</i>	\$21,559	-\$21,559	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>D. Plant &amp; Facility Costs</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>E. Other Costs</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-1. Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-2. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-3. Other <i>Network infrastructure services</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total of Recurring Operational Costs</b>	\$1,539,338	\$101,923	\$1,641,261	\$1,641,261	\$189,164	\$1,830,425	\$1,104,128	\$25,573	\$1,129,701	\$1,129,701	\$29,638	\$1,159,339	\$1,159,339	-\$193,217	\$966,122
<b>F. Additional Tangible Benefits:</b>		\$0			\$0			\$382,369			\$412,619			\$412,619	
F-1. <i>Miscellaneous Tangible Benefits</i>		\$0			\$0			\$382,369			\$412,619			\$412,619	
F-2.		\$0			\$0			\$0			\$0			\$0	
F-3.		\$0			\$0			\$0			\$0			\$0	
<b>Total Net Tangible Benefits:</b>		(\$101,923)			(\$189,164)			\$356,796			\$382,981			\$605,836	

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

	B	C	D	E	F	G	H				
3	<b>Project</b>		<i>Enterprise Client Information and Registration Tracking System (eCIRTS)</i>								
4											
5	<b>Agency</b>		<i>Department of Elder Affairs</i>								
6	<b>FY 2020-21 LBR Issue Code:</b>			<b>FY 2020-21 LBR Issue Title:</b>							
7	<i>36201C0</i>			<i>ENTERPRISE CLIENT INFORMATION</i>							
8	<b>Risk Assessment Contact Info (Name, Phone #, and E-mail Address):</b>										
9	<i>Richard Prudom ----- 850-414-2000 ----- prudomr@elderaffairs.org</i>										
10	<b>Executive Sponsor</b>		<i>Richard Prudom, Secretary of Elder Affairs</i>								
11	<b>Project Manager</b>		<i>Shandra McGlohon, Chief Information Officer</i>								
12	<b>Prepared By</b>		<i>Shandra McGlohon</i>			<i>9/13/2019</i>					
13	<b>Risk Assessment Summary</b>										
14	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">Business Strategy</div> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 50%;"></td> <td style="width: 50%; height: 50%;"></td> </tr> <tr> <td style="width: 50%; height: 50%;"></td> <td style="width: 50%; height: 50%;"></td> </tr> </table> </div> <p style="text-align: center; margin-top: 10px;"><b>Level of Project Risk</b></p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Least Risk</span> <span>Most Risk</span> </div>										
15											
16								Most Aligned			
17											
18											
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25											
26											
27											
28	Least Aligned										
29											
30											
31											
33	<b>Project Risk Area Breakdown</b>										
34	<b>Risk Assessment Areas</b>						<i>Risk Exposure</i>				
35	<b>Strategic Assessment</b>						<b>MEDIUM</b>				
36											
37	<b>Technology Exposure Assessment</b>						<b>MEDIUM</b>				
38											
39	<b>Organizational Change Management Assessment</b>						<b>MEDIUM</b>				
40											
41	<b>Communication Assessment</b>						<b>LOW</b>				
42											
43	<b>Fiscal Assessment</b>						<b>MEDIUM</b>				
44											
45	<b>Project Organization Assessment</b>						<b>MEDIUM</b>				
46											
47	<b>Project Management Assessment</b>						<b>LOW</b>				
48											
49	<b>Project Complexity Assessment</b>						<b>HIGH</b>				
50											
51											
52	<b>Overall Project Risk</b>						<b>MEDIUM</b>				



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**Deliverable 2 – Business Process Reengineering Document**  
6/07/2017

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Deliverable 2 CIRTIS Business Process and Definition Document

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**Document Information**

<b>Document Name</b>	Business Process Reengineering Document
<b>Document Author(s)</b>	Deanna Settergren and Shawna Flager
<b>Date Submitted</b>	

**Revision History**

<b>Date</b>	<b>Version</b>	<b>Revised By</b>	<b>Description</b>
1/20/17	.001	Deanna Settergren	Template Creation
2/28/17	.002	Deanna Settergren	Updated process flows and Definitions.
2/28/17	.003	Shawna Flager	Updated process flows and Definitions.
3/06/17	.004	Shawna Flager	Updated process flows and Definitions.
3/08/17	.005	Deanna Settergren, Shawna Flager	Added To-Be process flows to table.
3/10/17	.006	Deanna Settergren, Shawna Flager	Added To-Be process flows
3/13/17	.007	Deanna Settergren, Shawna Flager	Added To-Be process flows
3/13/17	.008	Shawna Flager	Updating As-Is Process flows
3/17/17	.009	Mark Ervin	Review
3/20/2017	.010	Shawna Flager	Updating To-Be process flows
3/21/2017	.011	Shawna Flager	Updating Document with Feedback from John C. (PM)
4/04/2017	.012	Deanna Settergren	Updating document with Feedback received from CARES Team
04/20/2017	.013	Deanna Settergren, Shawna Flager	Updating document with Feedback received from Mark E. (QA) and John C. (PM)
5/10/2017	.014	Mark Ervin	Review
5/26/2017	.015	Deanna Settergren	Updating document with feedback from Project Team
5/31/2017	.016	Jenny Rojas	Sent to DOEA for Final Review
6/6/2017	.017	Deanna Settergren	Updated document with Feedback received from DOEA.
6/7/2017	1.0	Jenny Rojas	Sent to DOEA for Signature



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# 1. Assumptions and Constraints

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## 1.1. Assumptions

The following assumptions were used in developing Deliverable 2 - Business Process Reengineering Document:

### Assumption(s)

- This deliverable contains high-level business process flows which illustrate the current and proposed processes in place for the Department of Elder Affairs (DOEA) as demonstrated from the Joint Application Development (JAD) sessions conducted by Strategic Alliance IT Group from January 17, 2017 – April 27, 2017.
- This deliverable contains a comprehensive intake, assessment, Pre-admission Screening and Resident Review (PASRR), staffing, care plans, and monitoring As-Is and To-Be process flows which includes all parties involved: DOEA, Comprehensive Assessment and Review for Long-Term Care Services (CARES) Office, Aging and Disability Resource Center (ADRC) Offices, and Lead Agency Offices.
- This deliverable will follow the approval process outlined in the Deliverable Expectations Document (DED).

## 1.2. Constraints

Constraints are restrictions or limitations the vendor must be aware of when submitting documentation that may impact the scope of work. The following constraints are applicable to this deliverable:

### Constraint(s)

- DOEA work load may impact the availability of Subject Matter Experts (SMEs).
- The availability of DOEA staff to complete work assignments may impact the overall project schedule.
- Priority shifts and/or legislative mandates could have an impact on the CIRTS project schedule.
- A fixed timeline has already been established for this project, which does not provide for variation in the project schedule.
- When deliverables are submitted for approval, they must be reviewed within the scheduled review timeframes to keep the project on schedule.
- Scope changes for the project must be managed effectively to maintain project schedule, manage risk and work within the approved project budget.

## 2. Introduction

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### 2.1. Executive Summary

Deliverable 2 - Business Process Reengineering Document outlines the current (As-Is) and future (To-Be) business process workflows for DOEA. The business process flows encompass the primary business functions listed in the Request for Quote Scope of Work, also listed in table 4.1.

Business process reengineering (BPR) is the process of rethinking and redesigning the way work is currently done to look for opportunities to increase efficiencies by aligning with new technologies that will better support DOEA's mission today and in the future. The BPR effort included the activities involved in defining what DOEA does, who is responsible, to what standard a process should be completed, and how the success of a business process can be determined. The reengineering effort started with a high-level assessment of DOEA's mission, strategic goals and objectives, customer and staff needs, and an evaluation of DOEA's long range planning document. The team took this knowledge into the BPR sessions to work with DOEA subject matter experts to define as-is and to-be process flows as well as future requirements.

### 2.2. Business Objectives








The main objective of Deliverable 2 - Business Process Reengineering Document is to document the current business processes and identify the user group(s) which completes these activities. Using the knowledge gained during the As-Is process definition, the To-Be business process flows will be identified, along with associated requirements, and their integration points with the proposed enterprise technology solution.

The result of this effort will be the Business Process Reengineering Document which provides a clear, detailed, and comprehensive list of DOEA's business functional processes including the following:

- As-Is and To-Be Assumptions and Constraints;
- As-Is process flows for the current business processes;
- To-Be process flows for future business processes with integration points with the proposed solution;
- Reference to associated use cases (to be developed in detail in the next phase); and
- Level of criticality, business owner, and process for each requirement.

### 2.3. Process Flow Diagrams and Icon Definition

For each of the As-Is and To-Be process flow diagrams, a legend of icons has been developed to assist in identifying the types of interactions a user will experience. The icons are defined as follows:

-  Automatic System Action identifies where the technology system will automatically process information. No user interaction is required.
-  Scan and attach defines where a user will scan a current document and upload it to the technology solution.
-  Identifies where either correspondences or reports are being generated, either within the technology solution or manually.
-  Other System Lookup defines other technology solutions that use a manual interface with the DOEA current and/or future work process.
-  System identifies amount of active time spent on a client record. No user interaction is required.
-  System Assigned Task identifies when the system will automatically create and assign a task for completion.
-  Task or activity can be completed offline, when the system is unavailable.

### 2.4. Change Considerations

As the CIRTIS Project is implemented, there will be changes to the way work is conducted by DOEA. To more effectively identify these work changes, the definition documentation in the 'To-Be' Process Definition also includes additional information for the type of changes expected. The "Change Implications" column in the To-Be processes have been added and specifically addresses key areas for **training** activities, where external **communications** are needed, where manual processes will now be automated (**business/operations**), and points to areas where **policy** changes may be needed. These areas include:

- **Training** – Training considerations are important to identify and help the trainers focus on the areas of learning that are important to note in the training materials and for inclusion in the train-the-trainer sessions.
- **Communications** – In many circumstances, documents will need to have additional information to effectively make the necessary work changes. It is recommended DOEA create external communications materials to clearly describe new business processes.
- **Business/Operations** – In some circumstances, work activities will change to incorporate the new technology and reduce manual processes. These Process Definitions are delineated with 'Business/Operations' change implications.
- **Policy** – Policy changes may need to be considered in some areas where current policy does not adequately address changes in business processes.

### 3. Business Process Definition

The following sub-sections identify the process flow scenarios that illustrate business events related to the current (As-Is) and future (To-Be) process flows.

#### 3.1. As-Is (AI) Process Flows Description

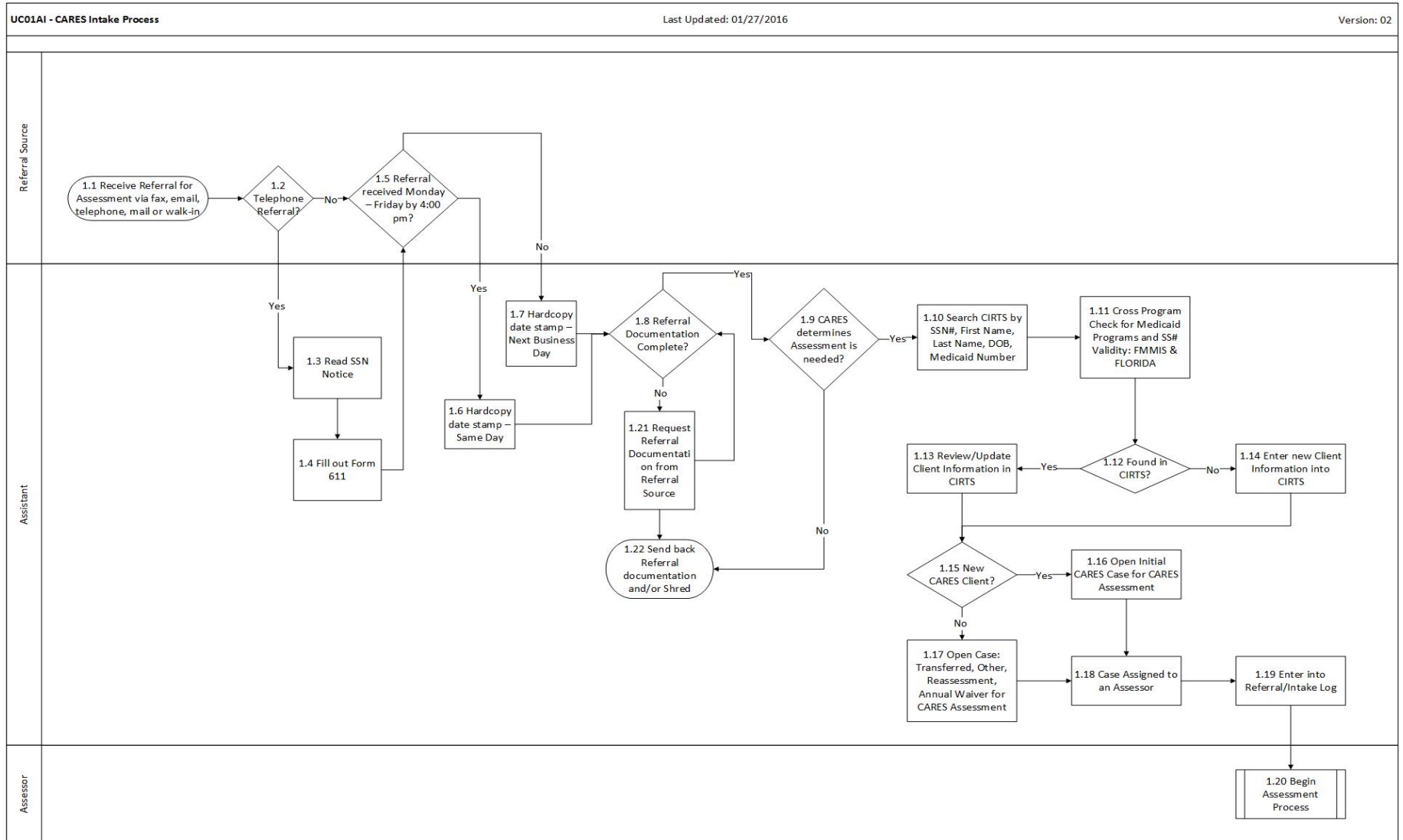
The As-Is process flows were derived from a series of JAD sessions in which DOEA staff members performed related business functions using the existing CIRTIS system. The following As-Is process flows are based on the current CIRTIS system and manual processes that support intake, placement, and monitoring.

Use Case	Process Flow Description
UC01AI	CARES Intake Process (Community, Hospital, NF)
UC02AI	CARES On-Site Assessment
UC03AI	CARES Medical Case File Review for Initial Referrals
UC04AI	CARES Staffing Process
UC05AI	CARES Level of Care Recommendation
UC06AI	CARES Follow-up Schedule Process
UC06-bAI	ADRC Intake and Follow-up Process
UC07AI	Pre-Admission Screening and Resident Review (PASRR) – Level I
UC07-bAI	Pre-Admission Screening and Resident Review (PASRR) – Level II
UC08AI	AAA/Lead Agency Budget and Care Plans
UC09AI	Grievance Handling
UC10AI	Monitoring CARES, ADRC, and Lead Agencies
UC11AI	Emergency Preparedness

Table 3.1 – As-Is Process Flows

3.2. As-Is (AI) Process Flows Diagrams

3.2.1. UC01AI – CARES Intake Process



Deliverable 2 CIRTTS Business Process and Definition Document

<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC01AI – Intake Process Process Step Description</i>	<i>Responsibility</i>
	<b>CARES Referral Source Process</b>		
1.1	Receive Referral for Assessment	<ul style="list-style-type: none"> <li>Referrals begin the process for CARES Intake.</li> <li>Referrals can be in any form including such as: fax, mail, email, telephone, social media, or by a walk-in. All referral requests are accepted and processed.</li> </ul>	None
1.2	<b>Decision:</b> Telephone Referral?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.3.</li> <li>If No, proceed to step 1.5.</li> </ul>	
	<b>Assistant Process</b>		
1.3	Read SSN Notice	<ul style="list-style-type: none"> <li>If a referral is received by telephone, the assistant who answers the call and intakes the information, must read the SSN notice to the person on the telephone.</li> </ul>	CARES Assistant
1.4	Complete Form 611	<ul style="list-style-type: none"> <li>If a referral is received by telephone, the assistant who answers the call uses the DOEA 611 Form to gather information needed for the demographics section of the client information in CIRTTS.</li> </ul>	CARES Assistant
1.5	<b>Decision:</b> Referral Received Monday-Friday by 4:00 p.m.?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.6.</li> <li>If No, proceed to step 1.7.</li> </ul>	CARES Assistant
1.6	Hardcopy date stamp – Same Day and Signed	<ul style="list-style-type: none"> <li>When a referral is received, a date stamp must be applied to the document(s) indicating the date when it was received.</li> <li>If the referral is already in a hardcopy form, that date stamp is then applied directly to the document(s).</li> <li>If the referral is in electronic form, such as an email, the documents must be printed and the date stamp is applied to the document(s).</li> <li>If the referral is received Monday through Friday by 4:00 p.m. it will receive a date stamp of the same day.</li> </ul>	CARES Assistant



Deliverable 2 CIRTS Business Process and Definition Document

<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC01AI – Intake Process Process Step Description</i>	<i>Responsibility</i>
1.7	Hardcopy date stamp – Next Business Day and Signed	<ul style="list-style-type: none"> <li>When a referral is received, a date stamp must be applied to the document(s) indicating date when it was received.</li> <li>If the referral is already in a hardcopy form, that date stamp is then applied directly to the document(s).</li> <li>If the referral is in electronic form, such as an email, the documents are printed and the date stamp is applied to the document(s).</li> <li>If the referral is received Monday through Friday after 4:00 p.m. or on a weekend or holiday, or the next day is a weekend or holiday, the date stamp of the next business day is applied to the document(s).</li> </ul>	CARES Assistant
1.8	<b>Decision:</b> Referral Documentation Complete?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.9.</li> <li>If No, proceed to step 1.21.</li> </ul>	CARES Assistant
1.9	<b>Decision:</b> CARES Assessment Needed?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.10.</li> <li>If No, proceed to step 1.22.</li> </ul>	CARES Assistant
1.10	Search Client Information in CIRTS	<ul style="list-style-type: none"> <li>To prevent duplication of client information in CIRTS, an exhaustive search must be completed.</li> <li>The search criteria can be any combination of: Client SSN, first name, last name, date of birth, Medicaid identification number, or client identification number, if the client is already known to exist in CIRTS.</li> </ul>	CARES Assistant
1.11	Cross-Program Check for Medicaid Programs and SSN Validity	<ul style="list-style-type: none"> <li>Checks in both FMMIS and FLORIDA systems are necessary to confirm the correct SSN has been entered for the client information.</li> <li>If the client has a Medicaid identification number, the number must be verified.</li> <li>If the SSN in CIRTS does not match what is found for the client in FMMIS, the upload for the enrollment process will not complete.</li> </ul>	CARES Assistant
1.12	<b>Decision:</b> Client Found in CIRTS	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.13.</li> <li>If No, proceed to step 1.14.</li> </ul>	CARES Assistant

Deliverable 2 CIRTIS Business Process and Definition Document

<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC01AI – Intake Process Process Step Description</i>	<i>Responsibility</i>
1.13	Review/Update Client Information in CIRTIS	<ul style="list-style-type: none"> <li>If the client is found in CIRTIS, their information is reviewed and updated as needed.</li> </ul>	CARES Assistant
1.14	Enter New Client Information into CIRTIS	<ul style="list-style-type: none"> <li>If the client is not found in CIRTIS, a new client entry must be completed and required demographic information must be gathered from either referral forms or intake form 611.</li> <li>If a SSN number is not provided, a pseudo SSN will be automatically assigned to the client until information can be gathered during the assessment process. The pseudo SSN Number is comprised of: Initials (first name, middle name and last name, or first name, x for middle initial, and last name) plus date of birth (ddmmyy), for example: ABC010203.</li> </ul>	CARES Assistant
1.15	<b>Decision:</b> New CARES client?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.16.</li> <li>If No, proceed to step 1.17.</li> </ul>	CARES Assistant
1.16	Open Initial CARES Case for CARES Assessment	<ul style="list-style-type: none"> <li>A client may exist in CIRTIS, but may not have been referred to a CARES program. The client will require an initial CARES case opened for their Assessment.</li> <li>An initial CARES case can only be opened once for a client.</li> </ul>	CARES Assistant
1.17	Open CARES Case	<ul style="list-style-type: none"> <li>If a client exists in CIRTIS and has had an initial CARES case opened in the past, a new case can be opened for that client.</li> <li>These cases are designated as: Transferred, Other, Reassessment, or Annual Waiver.</li> </ul>	CARES Assistant
1.18	CARES Case Assigned to an Assessor	<ul style="list-style-type: none"> <li>Once a case has been opened in CARES for the client, the case must be assigned to an assessor, or RNS.</li> <li>Cases are assigned to an assessor, or RNS, based on the following: Office-based Medical Case File Reviews (MCFR), field-based On-Site Assessments, or a PASRR specialist.</li> <li>Medical Case File Reviews are performed in the office for annual assessments when clients are enrolled in Medicaid LTC plans and PACE if the client's level of care has not changed.</li> </ul>	CARES Assistant

Deliverable 2 CIRTIS Business Process and Definition Document

<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC01AI – Intake Process Process Step Description</b>	<b>Responsibility</b>
		<ul style="list-style-type: none"> <li>○ Medical Case File Reviews are also done on Initial and Annual assessments for other Medicaid waivers, such as Adult Cystic Fibrosis.</li> <li>● On-Site Assessments are performed for new client assessments, hospital assessments, NF assessments or at any time a MCFR indicates no LOC. as identified below:               <ul style="list-style-type: none"> <li>○ Each CARES PSA Supervisor determines how the assessments are assigned in each of the offices depending on the size of the office and resources available.</li> <li>○ Some examples of a CARES Assessment assignment are:                   <ul style="list-style-type: none"> <li>▪ Assessors, or an RNS, perform everything except PASRR Level I screening in a single ZIP code, while a PASRR specialist may perform any PASRR Level I screenings in multiple ZIP codes.</li> <li>▪ Each type of assessment in a ZIP code is assigned to one assessor, or RNS.</li> </ul> </li> </ul> </li> </ul>	
1.19	Enter Referral/Intake	<ul style="list-style-type: none"> <li>● Once an assessor, or RNS, has been assigned, an entry must be made into the Referral and Intake Log which is stored in SharePoint external to the CIRTIS system.</li> </ul>	CARES Assessor, RNS
	<b>Assessor</b>		
1.20	Begin Assessment Process	<ul style="list-style-type: none"> <li>● Proceed to <b>UC02AI – As-Is CARES On-Site Assessment Process</b></li> </ul>	CARES Assessor, RNS
	<b>Assistant</b>		
1.21	Request Referral Documentation	<ul style="list-style-type: none"> <li>● After receiving documentation, but before searching for the client in CIRTIS, the documentation for the referral must be complete. If the documentation is not complete, a request is made to the referring entity.</li> <li>● This process step continues until either the documentation is received to complete the referral or it is determined the documentation received is either sent back to the referring entity or shredded.</li> </ul>	CARES Assistant

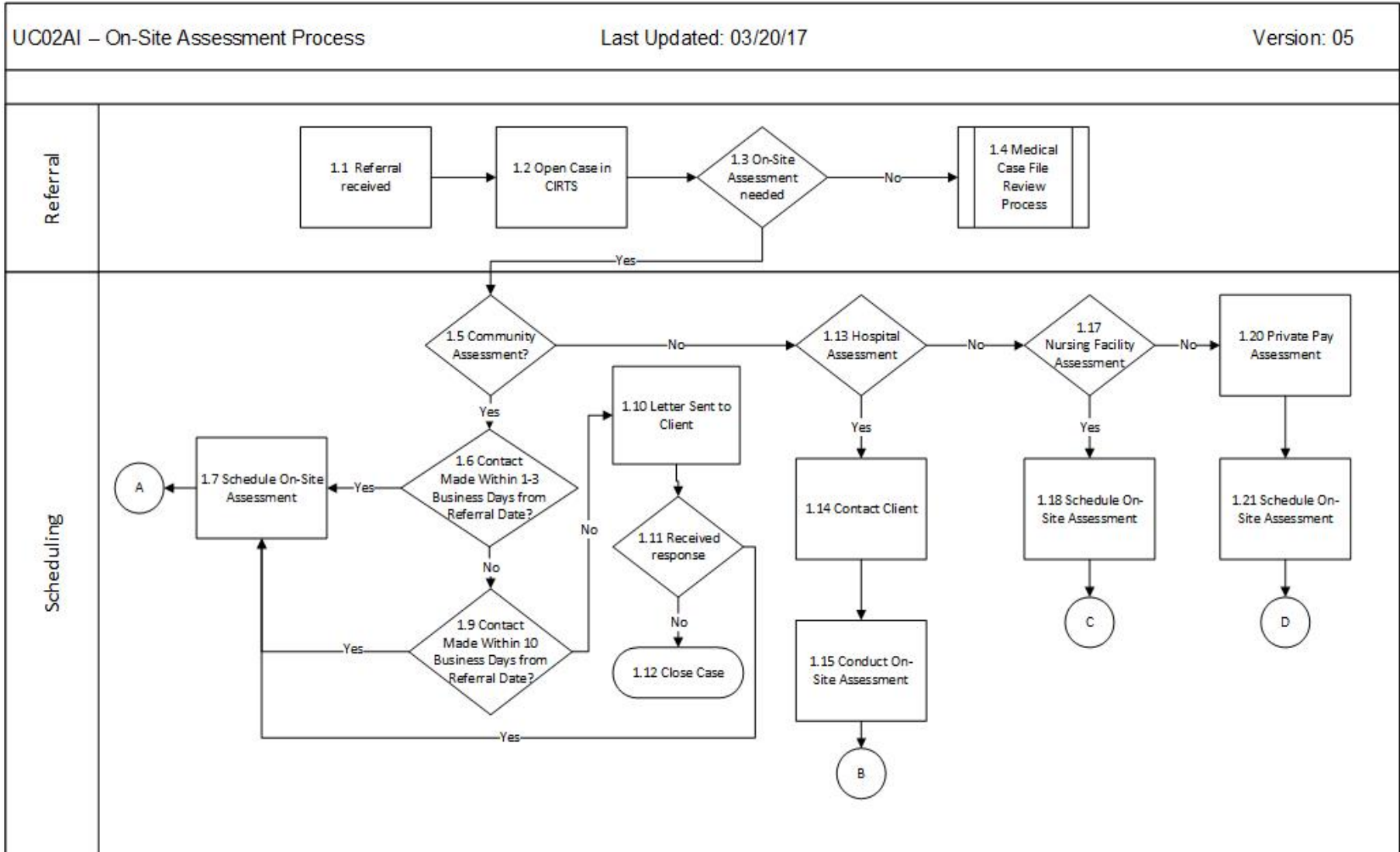
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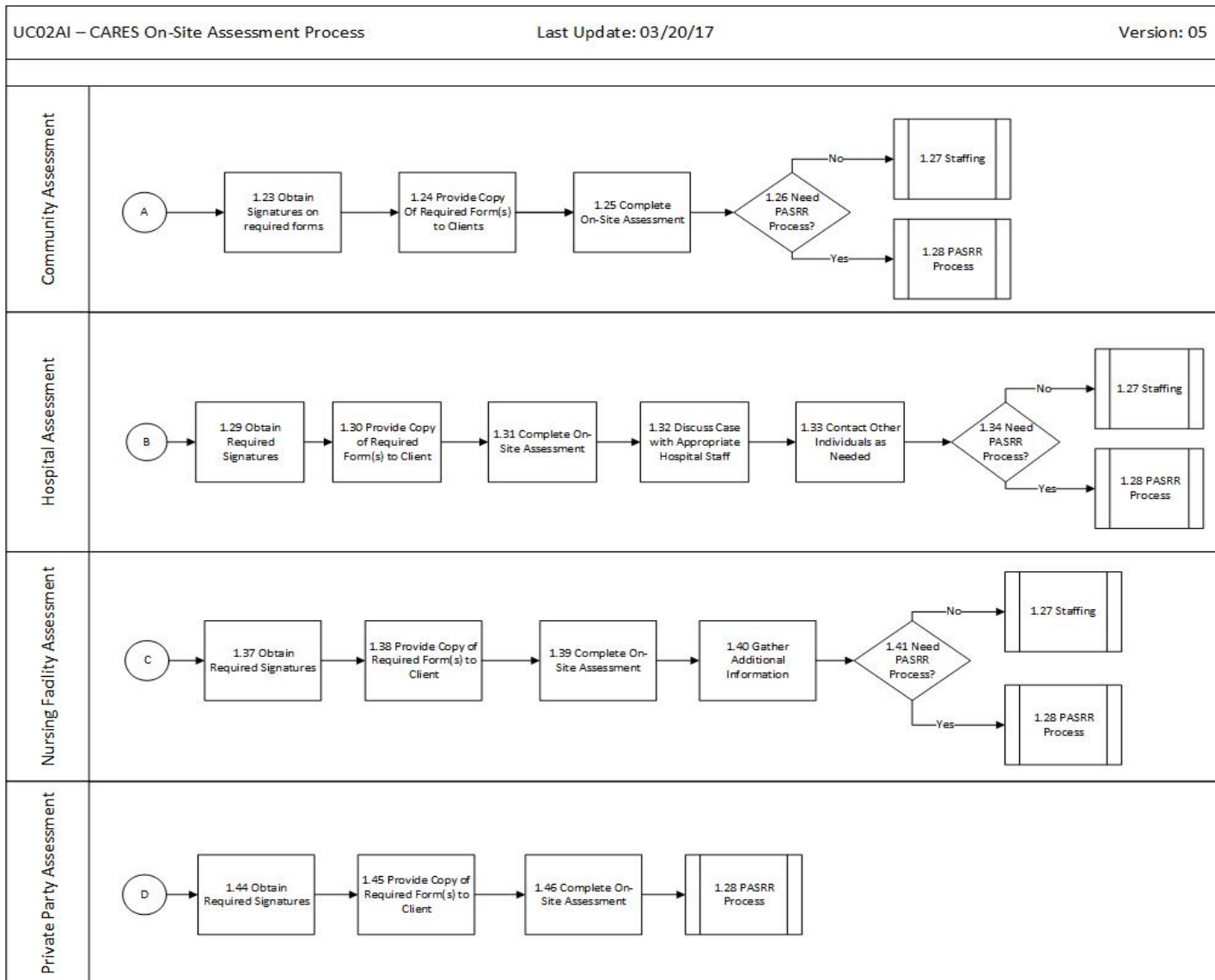
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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC01AI – Intake Process Process Step Description</i>	<i>Responsibility</i>
1.22	Return/Dispose Referral Documentation	<ul style="list-style-type: none"><li>• Send back referral documentation and/or shred.</li></ul>	CARES Assistant

3.2.2. UC02AI – CARES On-Site Assessment Process



## Deliverable 2 CIRT'S Business Process and Definition Document



Deliverable 2 CIRTIS Business Process and Definition Document

<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC02AI – On-Site Assessment Process Process Step Description</i>	<i>Responsibility</i>
	<b>CARES Referral</b>		
1.1	Referral Received	<ul style="list-style-type: none"> <li>Referral comes into the office and is processed by the assistant (See UC01SA - CARES Intake Process for further breakdown).</li> </ul>	CARES Assistant
1.2	Open Case In CIRTIS	<ul style="list-style-type: none"> <li>Log into CIRTIS.</li> <li>Locate client in CIRTIS.</li> <li>Click Cases button.</li> <li>Click Add Case.</li> </ul>	CARES Assistant
1.3	<b>Decision:</b> On-Site Assessment Needed	<ul style="list-style-type: none"> <li>Validate if this is the first case for the client.</li> <li>If not, validate if it is possible to perform a Medical Case File Review. Proceed to process step 1.4.</li> <li>If this is an initial case, or a Medical Case File Review cannot be completed, then an on-site assessment is required. Proceed to process step 1.5.</li> </ul>	CARES Assessor, RNS
1.4	Medical Case File Review Process	<ul style="list-style-type: none"> <li>Proceed to <b>UC03AI – CARES Medical Case File Review Process.</b></li> </ul>	CARES Assessor, RNS
	<b>Scheduling</b>		CARES Assessor, RNS
1.5	<b>Decision:</b> Community Assessment Required?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.6.</li> <li>If No, proceed to step 1.13.</li> </ul>	CARES Assessor, RNS
1.6	<b>Decision:</b> Contact Made Within 1-3 Business Days from Referral Date?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.7.</li> <li>If No, proceed to step 1.9.</li> </ul>	CARES Assessor, RNS
1.7	Schedule Assessment Visit to Occur Within 10 Calendar Days	<ul style="list-style-type: none"> <li>Once an attempt to contact the client for scheduling has been successful an Assessor, or RNS, has 10 calendar days from the receipt of the referral, to complete the assessment.</li> </ul>	CARES Assessor, RNS

Deliverable 2 CIRTS Business Process and Definition Document

<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC02AI – On-Site Assessment Process Process Step Description</i>	<i>Responsibility</i>
1.8	A (Community Assessment)	<ul style="list-style-type: none"> <li>Proceed to the Community Assessment process step 1.23.</li> </ul>	CARES Assessor, RNS
1.9	<b>Decision:</b> Contact Made within 10 Business days from Referral Date?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.7.</li> <li>If No, proceed to step 1.10.</li> </ul>	CARES Assessor, RNS
1.10	Letter Sent to client	<ul style="list-style-type: none"> <li>If the second attempt was not successful at scheduling the client for an assessment, a letter will be sent with a set date to close the case if the office has not been contacted.</li> <li>The second attempt letter will be sent 20 calendar days after the referral date.</li> </ul>	CARES Assessor, RNS
1.11	<b>Decision:</b> Received Response?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.7.</li> <li>If No, proceed to step 1.12.</li> </ul>	CARES Assessor, RNS
1.12	Close Case	<ul style="list-style-type: none"> <li>Close case if no response is received within 30 days of the receipt of the referral.</li> </ul>	CARES Assessor, RNS
1.13	<b>Decision:</b> Hospital Assessment?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.14.</li> <li>If No, proceed to step 1.17.</li> </ul>	CARES Assessor, RNS
1.14	Contact client	<ul style="list-style-type: none"> <li>Contact the client or representative concerning assessment within 1 business day.</li> </ul>	CARES Assessor, RNS
1.15	Conduct On-Site Assessment	<ul style="list-style-type: none"> <li>An On-Site Assessment for a client located in a Hospital must be completed within 3 business days.</li> </ul>	CARES Assessor, RNS
1.16	B (Hospital Assessment)	<ul style="list-style-type: none"> <li>Proceed to the Hospital Assessment process step 1.29.</li> </ul>	CARES Assessor, RNS
1.17	<b>Decision:</b> NF Assessment?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.18.</li> <li>If No, proceed to step 1.20.</li> </ul>	CARES Assessor, RNS
1.18	Schedule On-Site Assessment	<ul style="list-style-type: none"> <li>An Assessment conducted in a NF must be scheduled within 10 calendar days from the date of referral.</li> </ul>	CARES Assessor, RNS



Deliverable 2 CIRT Business Process and Definition Document

<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC02AI – On-Site Assessment Process Process Step Description</i>	<i>Responsibility</i>
1.19	C (NF Assessment)	<ul style="list-style-type: none"> <li>Proceed to the NF Assessment process step 1.37.</li> </ul>	CARES Assessor, RNS
1.20	Private Pay Assessment for PASRR	<ul style="list-style-type: none"> <li>When the referral is from the community but the client is not someone needing Medicaid Services, it is considered a Private Pay Assessment.</li> <li>Private Pay Assessments are required for individuals seeking placement into a Medicaid-funded NF who need a PASRR Level II Evaluation and Determination.</li> </ul>	CARES Assessor, RNS
1.21	Schedule On-Site Assessment	<ul style="list-style-type: none"> <li>An Assessment should be scheduled within 3 business days and completed within 10 calendar days from request for a PASRR Level II.</li> </ul>	CARES Assessor, RNS
1.22	D (Private Pay Individual Assessment)	<ul style="list-style-type: none"> <li>Proceed to the Private Pay Assessment process step 1.44.</li> </ul>	CARES Assessor, RNS
	<b>A (Community Assessment Process)</b>		
1.23	Obtain Required Signatures	<ul style="list-style-type: none"> <li>Obtain Signatures on Informed Consent and HIPAA Form.</li> </ul>	CARES Assessor, RNS
1.24	Provide Copy of Required Form(s) to clients	<ul style="list-style-type: none"> <li>Provide the client with a copy of the Social Security Request Notice and HIPAA Form.</li> </ul>	CARES Assessor, RNS
1.25	Complete On-Site Assessment	<ul style="list-style-type: none"> <li>Community assessments must be completed on-site with the client, within 10 calendar days of the referral receipt date.</li> <li>If other information is needed after completing the assessment, the assessor or RNS may reach out to other individuals to gather the required information.</li> </ul>	CARES Assessor, RNS
1.26	<b>Decision:</b> Need PASRR Process?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.28.</li> <li>If No, proceed to step 1.27.</li> </ul>	CARES Assessor, RNS
1.27	Staffing Process	<ul style="list-style-type: none"> <li>If a PASRR is not needed, proceed to the UC04AI – Staffing Process</li> </ul>	CARES Assessor, RNS

Deliverable 2 CIRT5 Business Process and Definition Document

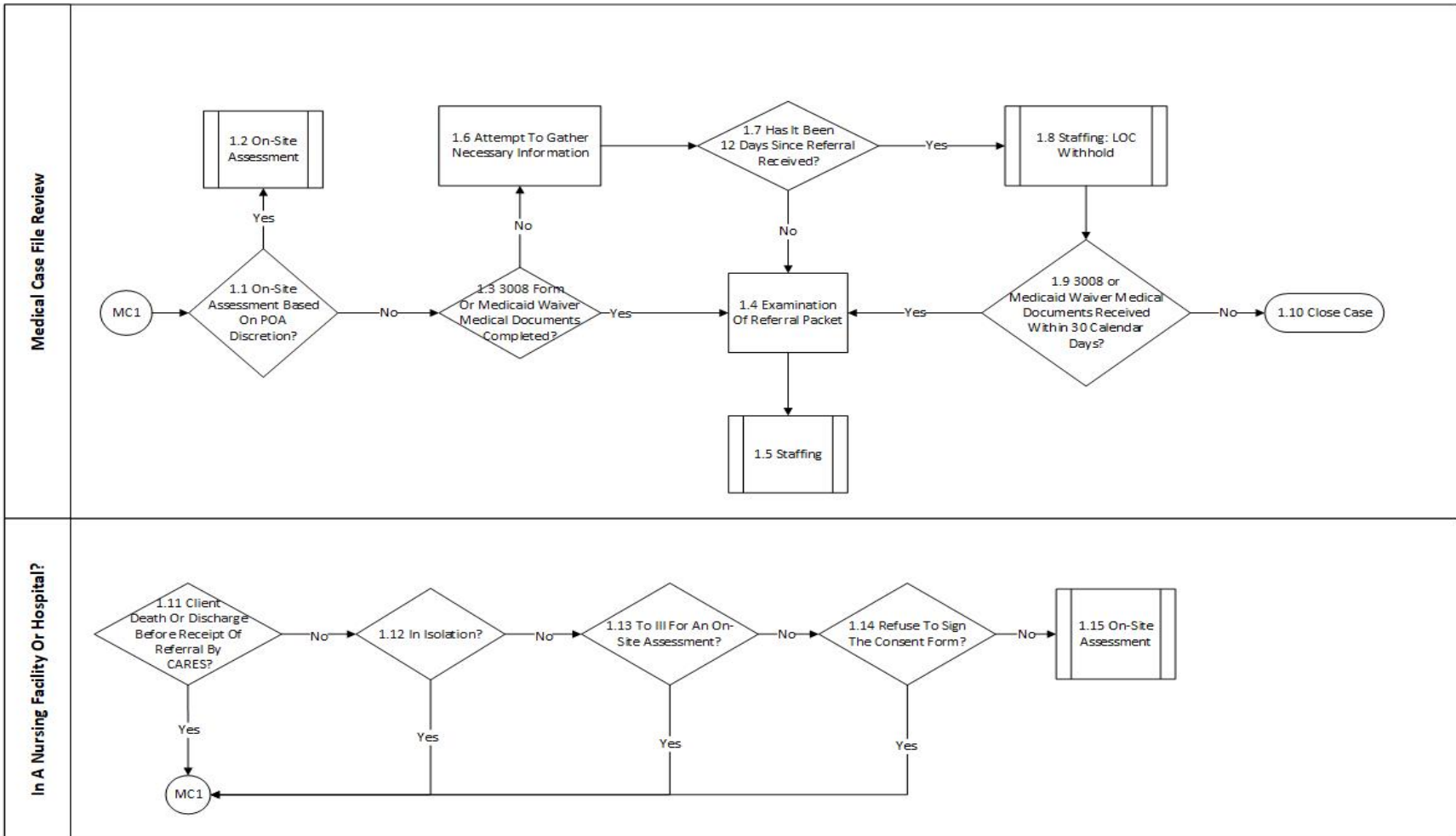
<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC02AI – On-Site Assessment Process Process Step Description</i>	<i>Responsibility</i>
1.28	PASRR Process	<ul style="list-style-type: none"> <li>If a PASRR is needed, proceed to the UC07AI – PASRR Process</li> </ul>	CARES Assessor, RNS
	<b>B (Hospital Assessment Process)</b>		CARES Assessor, RNS
1.29	Obtain Required Signatures	<ul style="list-style-type: none"> <li>Obtain required signatures on Informed Consent and HIPAA Form.</li> </ul>	CARES Assessor, RNS
1.30	Provide Copy of Required Form(s) to clients	<ul style="list-style-type: none"> <li>Provide a copy of the Social Security Request Notice and HIPAA Form.</li> </ul>	CARES Assessor, RNS
1.31	Complete On-Site Assessment	<ul style="list-style-type: none"> <li>Hospital assessments must be completed on-site, within 3 business days of the initial contact.</li> </ul>	CARES Assessor, RNS
1.32	Discuss Case with appropriate hospital staff	<ul style="list-style-type: none"> <li>If any Medical Staff are needed to answer questions regarding the health and safety of the client, the CARES staff will discuss the case with them and gather information needed to help determine Level of Care for the client.</li> </ul>	CARES Assessor, RNS
1.33	Contact Other Individuals as Needed	<ul style="list-style-type: none"> <li>If it is determined additional information might be needed about the client, the CARES Staff may reach out to family members or representatives as needed to help determine Level of Care.</li> </ul>	CARES Assessor, RNS
1.34	<b>Decision:</b> Need PASRR Process?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.28.</li> <li>If No, proceed to step 1.27.</li> </ul>	CARES Assessor, RNS
	<b>C (NF Assessment Process)</b>		
1.37	Obtain Required Signatures	<ul style="list-style-type: none"> <li>Obtain required signatures on Informed Consent and HIPAA Form.</li> </ul>	CARES Assessor, RNS

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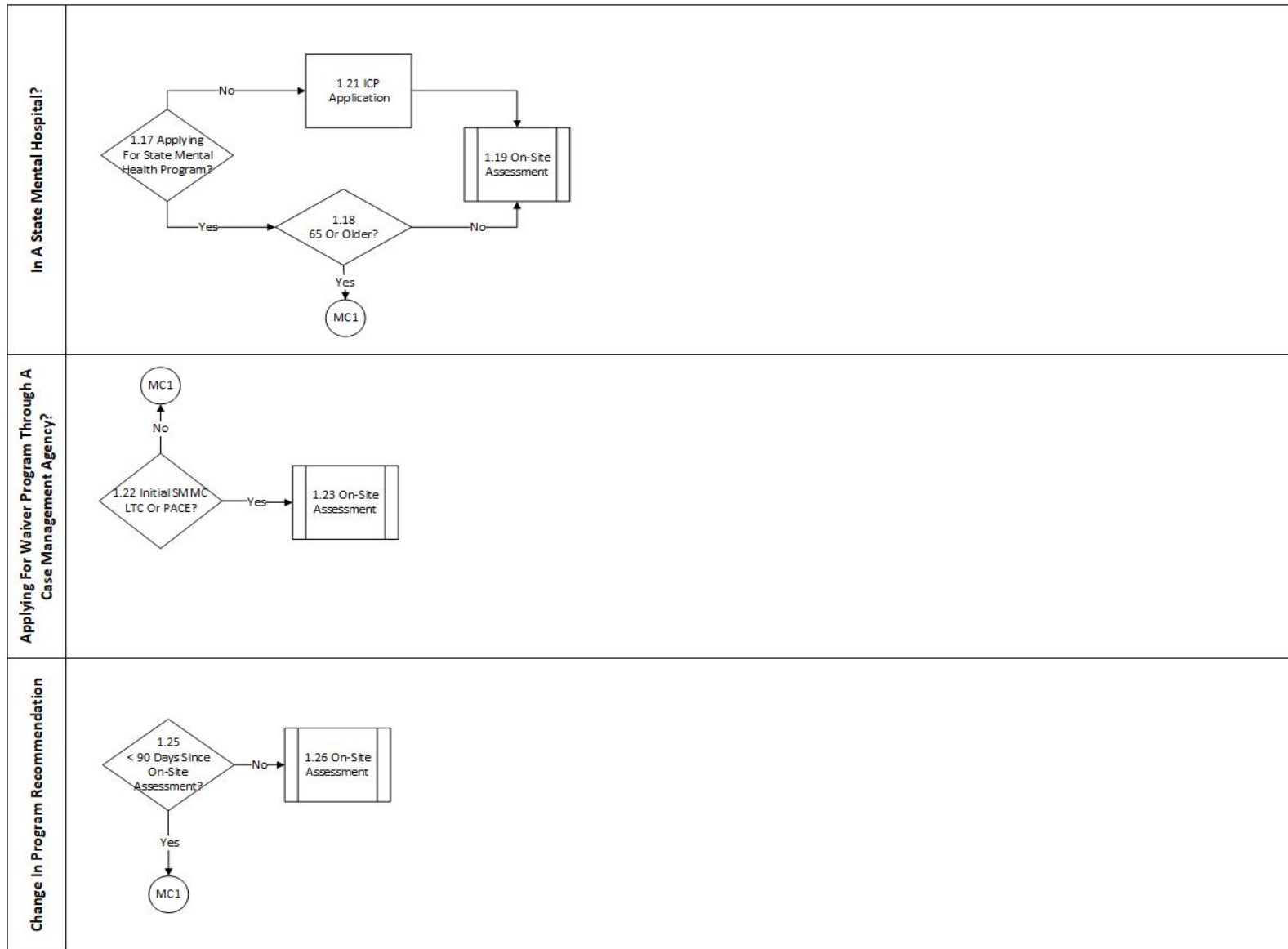
<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC02AI – On-Site Assessment Process Process Step Description</i>	<i>Responsibility</i>
1.38	Provide Copy of Required Form(s) to clients	<ul style="list-style-type: none"> <li>Provide client a copy of the Social Security Request Notice and HIPAA Form.</li> </ul>	CARES Assessor, RNS
1.39	Complete On-Site Assessment	<ul style="list-style-type: none"> <li>NF assessments must be completed within 10 calendar days of referral receipt date.</li> </ul>	CARES Assessor, RNS
1.40	Gather Additional Information	<ul style="list-style-type: none"> <li>If Medical Staff are available to answer questions regarding the health and safety of the client, CARES staff will discuss the case with them and gather information needed to help determine Level of Care for the client.</li> </ul>	CARES Assessor, RNS
1.41	<b>Decision:</b> Need PASRR Process?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.28.</li> <li>If No, proceed to step 1.27.</li> </ul>	CARES Assessor, RNS
	<b>D (Private Party Assessment Process)</b>		
1.44	Obtain Required Signatures	<ul style="list-style-type: none"> <li>Obtain required signatures on Informed Consent and HIPAA Form.</li> </ul>	CARES Assessor, RNS
1.45	Provide Copy of Required Form(s) to clients	<ul style="list-style-type: none"> <li>Provide client a copy of the Social Security Request Notice and HIPAA Form.</li> </ul>	CARES Assessor, RNS
1.46	Complete On-Site Assessment	<ul style="list-style-type: none"> <li>NF assessments must be completed within 10 calendar days of the referral receipt date.</li> </ul>	CARES Assessor, RNS

3.2.3. UC03AI – CARES Medical Case File Review

UC03AI - Medical Case File Review      Last Updated: 06/07/2017      Version: 05



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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC03AI – Medical Case File Review Process Step Description</i>	<i>Responsibility</i>
	<b>Medical Case File Review</b>		
1.1	<b>Decision:</b> On Site Assessment Based on POA Discretion?	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.2.</li> <li>• If No, proceed to step 1.3.</li> </ul>	CARES POA
1.2	On Site Assessment	<ul style="list-style-type: none"> <li>• If the POA decides an On-Site assessment is needed, the On-Site Assessment Process is followed. Proceed to the <b>UC02AI – As-Is CARES On-Site Assessment Process.</b></li> </ul>	CARES Assessor, RNS
1.3	<b>Decision:</b> 3008 Form or Medicaid Waiver Medical Documents Complete?	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.4.</li> <li>• If No, proceed to step 1.6.</li> </ul>	CARES Assessor, RNS
1.4	Examination of Referral Packet	<ul style="list-style-type: none"> <li>• An RNS, or a CARES Assessor, will review the provided referral packet information medical records and perform a Medical Case File Review.</li> </ul>	CARES Assessor, RNS
1.5	Staffing	<ul style="list-style-type: none"> <li>• Proceed to the <b>UC04AI – As-Is CARES Staffing Process.</b></li> </ul>	CARES Assessor, RNS
1.6	Attempt to Gather Necessary Information	<ul style="list-style-type: none"> <li>• If the 3008 or other medical documents have not been completed, the assessor, or RNS, gathers the required information to complete the Medical Case File Review if appropriate.</li> </ul>	CARES Assessor, RNS
1.7	<b>Decision:</b> Has It Been 12 Days Since Referral Was Received?	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.8.</li> <li>• If No, proceed to step 1.4.</li> </ul>	CARES Assessor, RNS
1.8	Staffing: LOC Withheld	<ul style="list-style-type: none"> <li>• If 12 days have passed since the referral was received and the required documentation has not been received, then staff may proceed to the <b>UC04AI – As-Is CARES Staffing Process Step 1.30.</b></li> </ul>	CARES Assessor, RNS

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC03AI – Medical Case File Review Process Step Description</b>	<b>Responsibility</b>
1.9	<b>Decision:</b> 3008 or Medicaid Waiver Medical Documents Received Within 30 Calendar Days?	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.4.</li> <li>• If No, proceed to step 1.10.</li> </ul>	CARES Assessor, RNS
1.10	Close Case	<ul style="list-style-type: none"> <li>• Case is closed in CIRTBS.</li> </ul>	CARES Assessor, RNS
	<b>In NF Or Hospital?</b>	<ul style="list-style-type: none"> <li>• Determine if the client is currently residing in a NF or hospital.</li> </ul>	
1.11	<b>Decision:</b> Client Death or Discharge Before Receipt of Referral By CARES?	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.16.</li> <li>• If No, proceed to step 1.12.</li> </ul>	CARES Assessor, RNS
1.12	<b>Decision:</b> In Isolation?	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.16.</li> <li>• If No, proceed to step 1.13.</li> </ul>	CARES Assessor, RNS
1.13	<b>Decision:</b> Too Ill for An On-Site Assessment?	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.16.</li> <li>• If No, proceed to step 1.14.</li> </ul>	CARES Assessor, RNS
1.14	<b>Decision:</b> Refuse to Sign the Consent Form	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.16.</li> <li>• If No, proceed to step 1.15.</li> </ul>	CARES Assessor, RNS
1.15	On-Site Assessment	<ul style="list-style-type: none"> <li>• Proceed to the <b>UC02AI – As-Is CARES On-Site Assessment.</b></li> </ul>	CARES Assessor, RNS
1.16	MC1	<ul style="list-style-type: none"> <li>• Proceed to Process Step 1.1.</li> </ul>	CARES Assessor, RNS
	<b>In A State Mental Hospital?</b>		

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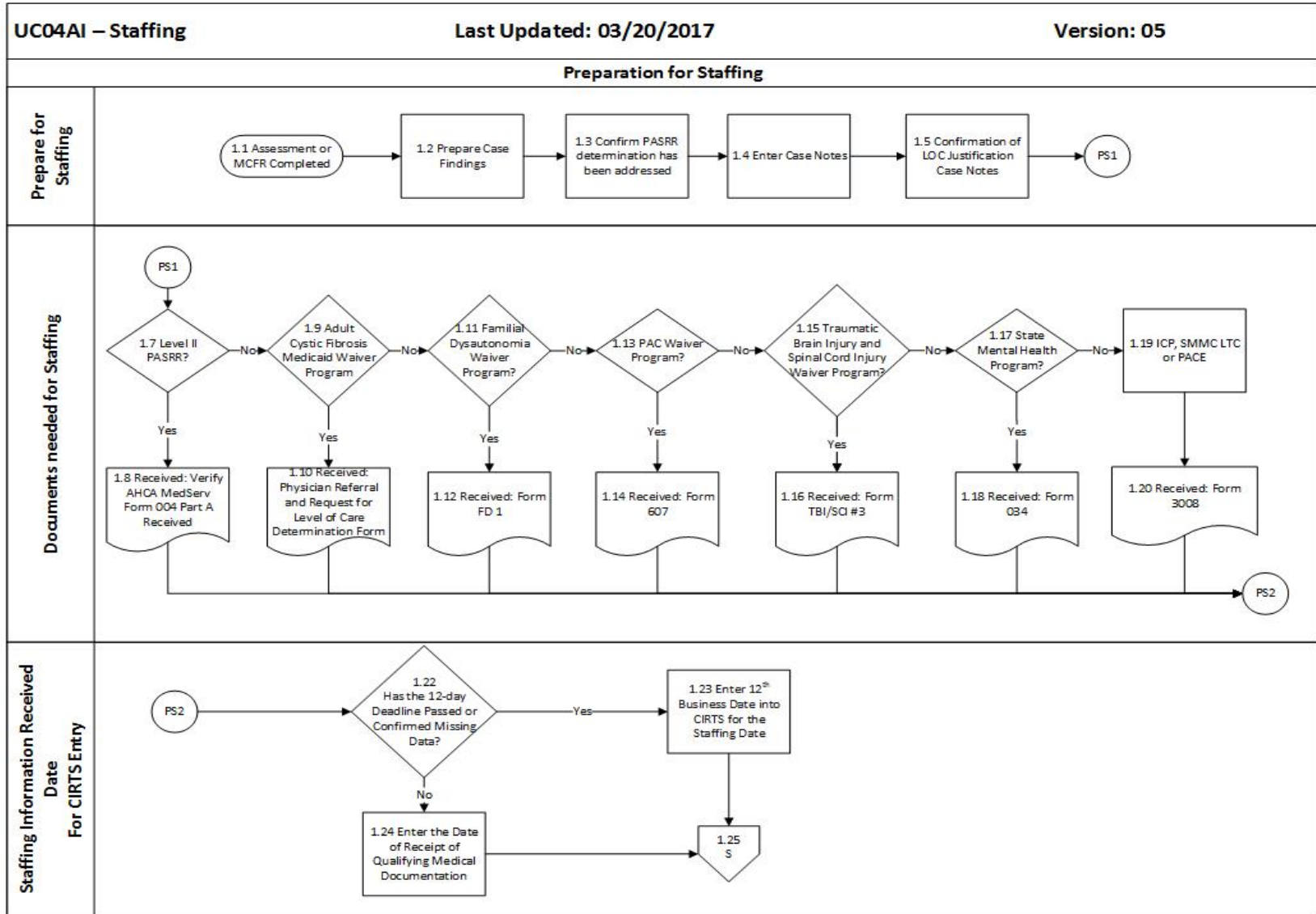
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC03AI – Medical Case File Review Process Step Description</b>	<b>Responsibility</b>
1.17	<b>Decision:</b> Applying for A State Mental Health Program?	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.18.</li> <li>• If No, proceed to step 1.21.</li> </ul>	CARES Assessor, RNS
1.18	<b>Decision:</b> 65 Or Older?	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.20.</li> <li>• If No, proceed to step 1.19.</li> </ul>	CARES Assessor, RNS
1.19	On-Site Assessment	<ul style="list-style-type: none"> <li>• If the client is not applying for a state mental health program, the client will be applying for a LTC NF and will need an on-site assessment.</li> <li>• If the client is not 65 or older, an On-Site Assessment is required.</li> <li>• Proceed to the <b>UC02AI – As-Is CARES On-Site Assessment Process.</b></li> </ul>	CARES Assessor, RNS
1.20	MC1	<ul style="list-style-type: none"> <li>• Proceed to Process Step 1.1.</li> </ul>	CARES Assessor, RNS
1.21	ICP Application	<ul style="list-style-type: none"> <li>• For individuals who are residents of a state mental health hospital who are 65 years and older requesting to receive Medicaid ICP coverage in the state mental health hospital under the State Mental Health Hospital Program.</li> <li>• Proceed to process step 1.19.</li> </ul>	CARES Assessor, RNS
	<b>Applying for Waiver Program Through a Case Management Agency</b>		
1.22	<b>Decision:</b> Initial SMMC LTC or PACE	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.24.</li> <li>• If No, proceed to step 1.25.</li> </ul>	CARES Assessor, RNS
1.23	On-Site Assessment	<ul style="list-style-type: none"> <li>• Proceed to the <b>UC02AI – AS-Is CARES On-Site Assessment Process.</b></li> </ul>	CARES Assessor, RNS
1.24	MC1	<ul style="list-style-type: none"> <li>• If this is not an initial SMMC LTC or PACE request, proceed to Process Step 1.1.</li> </ul>	CARES Assessor, RNS

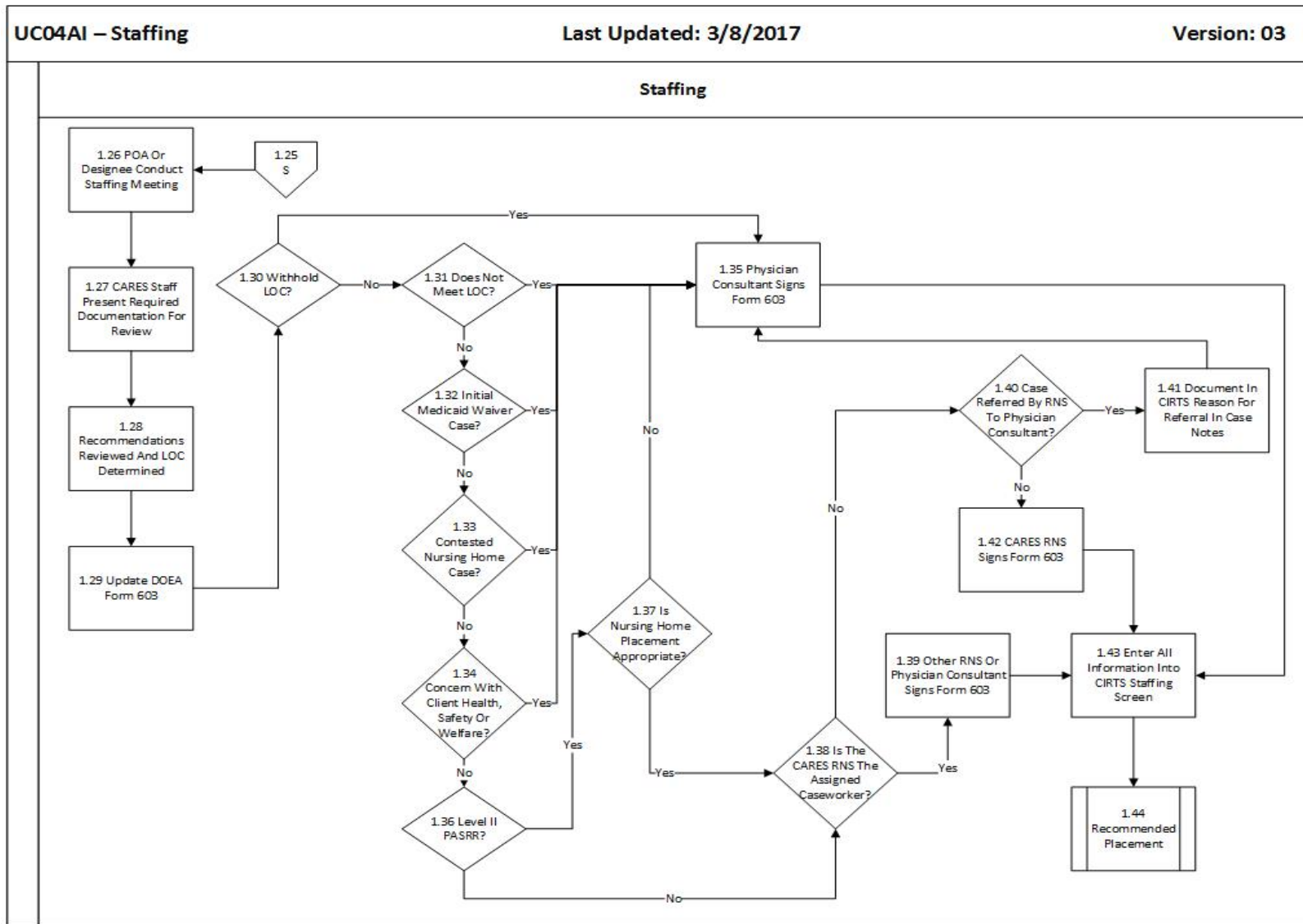


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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC03AI – Medical Case File Review Process Step Description</i>	<i>Responsibility</i>
	<b>Change in Program Recommendation</b>		
1.25	<b>Decision:</b> <90 Days Since On-Site Assessment?	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.28.</li> <li>• If No, proceed to step 1.27.</li> </ul>	CARES Assessor, RNS
1.26	On-Site Assessment	<ul style="list-style-type: none"> <li>• If the client is not applying for a waiver program through a case management agency and the change in program recommendation <u>is not</u> within 90 days of an on-site assessment, an on-site assessment must be completed. Proceed to the <b>UC02AI – As-Is CARES On-Site Assessment Process.</b></li> </ul>	CARES Assessor, RNS
1.27	MC1	<ul style="list-style-type: none"> <li>• If the client is not applying for a waiver program through a case management agency and a program recommendation <u>is</u> within 90 days of an on-site assessment, a medical case file review can be performed. Proceed to the Process Step 1.1.</li> </ul>	CARES Assessor, RNS

3.2.4. UC04AI – CARES Staffing Process – Level of Care (LOC)





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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC04AI CARES Staffing Process – Level of Care (LOC) Process Step Description</i>	<i>Responsibility</i>
	<b>Prepare for Staffing</b>		
1.1	Assessment or MCFR Completed		CARES Assessor, RNS
1.2	Prepare Case Findings	<ul style="list-style-type: none"> <li>CARES staff obtains information required to prepare for the staffing process.</li> </ul>	CARES Assessor, RNS
1.3	Confirm PASRR Determination Has Been Addressed	<ul style="list-style-type: none"> <li>Before staffing PASSR level must be determined if needed.</li> </ul>	CARES Assessor, RNS
1.4	Enter Case Note	<ul style="list-style-type: none"> <li>CIRT'S must be updated with Assessment History notes.</li> </ul>	CARES Assessor, RNS
1.5	Confirmation of LOC Justification Case Note	<ul style="list-style-type: none"> <li>For Staffing date (LOC Date) purposes, the LOC justification case note must be entered into CIRT'S.</li> </ul>	CARES Assessor, RNS
1.6	PS1 (Documents Needed for Staffing)	<ul style="list-style-type: none"> <li>Proceed to process step 1.7.</li> </ul>	CARES Assessor, RNS
	<b>Documents Needed for Staffing</b>		
1.7	<b>Decision:</b> Level II PASRR?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.8.</li> <li>If No, proceed to step 1.9.</li> </ul>	CARES Assessor, RNS
1.8	Verify AHCA MedServ Form 004 Part A Received	<ul style="list-style-type: none"> <li>If a Level II PASRR is needed, the MedServ Form 004 Part A document should have been received prior to the Staffing meeting.</li> </ul>	CARES Assessor, RNS
1.9	<b>Decision:</b> Adult Cystic Fibrosis Medicaid Waiver Program	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.10.</li> <li>If No, proceed to step 1.11.</li> </ul>	CARES Assessor, RNS

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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC04AI CARES Staffing Process – Level of Care (LOC) Process Step Description</i>	<i>Responsibility</i>
1.10	Received: Physician Referral and Request for Level of Care Determination Form	<ul style="list-style-type: none"> <li>A Physician Referral and Request for LOC Determination Form is required for the Adult Cystic Fibrosis Medicaid Waiver Program.</li> </ul>	CARES Assessor, RNS
1.11	<b>Decision:</b> Familial Dysautonomia Waiver Program	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.12.</li> <li>If No, proceed to step 1.13.</li> </ul>	CARES Assessor, RNS
1.12	Received: Form FD1	<ul style="list-style-type: none"> <li>A request for the Familial Dysautonomia Waiver Program, requires Form FD1.</li> </ul>	CARES Assessor, RNS
1.13	<b>Decision:</b> Project AIDS Care (PAC) Waiver Program	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.14</li> <li>If No, proceed to step 1.15</li> </ul>	CARES Assessor, RNS
1.14	Received: Form 607	<ul style="list-style-type: none"> <li>A request is for the PAC Waiver Program, requires a 607 form.</li> </ul>	CARES Assessor, RNS
1.15	<b>Decision:</b> Traumatic Brain Injury and Spinal Cord Injury Waiver Program	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.16.</li> <li>If No, proceed to step 1.17.</li> </ul>	CARES Assessor, RNS
1.16	Received: Form TBI/SCI #3	<ul style="list-style-type: none"> <li>Traumatic Brain Injury and Spinal Cord Injury Waiver Program requires Form TBI/SCI #3.</li> </ul>	CARES Assessor, RNS
1.17	<b>Decision:</b> State Mental Health Program	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.18.</li> <li>If No, proceed to step 1.19.</li> </ul>	CARES Assessor, RNS
1.18	Received: Form 034	<ul style="list-style-type: none"> <li>For staffing, if the request is for the State Mental Health Program, the Form 034 must be received.</li> </ul>	CARES Assessor, RNS
1.19	ICP, SMMC LTC or PACE Program	<ul style="list-style-type: none"> <li>ICP, SMMC LTC or PACE Programs require a MedServ 3008 medical form.</li> </ul>	CARES Assessor, RNS

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC04AI CARES Staffing Process – Level of Care (LOC) Process Step Description</b>	<b>Responsibility</b>
1.20	Received: Form MedServ 3008	<ul style="list-style-type: none"> <li>For staffing, the ICP, SMMC LTC or PACE programs, are staffed using the MedServ 3008 and/or other qualifying medical documentation.</li> </ul>	CARES Assessor, RNS
1.21	PS2 (Staffing Information Received Date for CIRTIS Entry)	<ul style="list-style-type: none"> <li>Proceed to process step 1.22.</li> </ul>	CARES Assessor, RNS
	<b>Staffing Information Received Date for CIRTIS Entry</b>		
1.22	<b>Decision:</b> Has The 12-Day Deadline Passed or Confirmed Missing Data?	<ul style="list-style-type: none"> <li>If Yes, proceed to step 1.23.</li> <li>If No, proceed to step 1.24.</li> </ul>	CARES Assessor, RNS
1.23	Enter Date into CIRTIS For the Staffing Date	<ul style="list-style-type: none"> <li>If the deadline has passed and all the information has not been received:                             <ul style="list-style-type: none"> <li>Case can be staffed on the 12<sup>th</sup> business day as “Withhold” (Staffing Info Received Date in CIRTIS will be this date),</li> <li>Supervisor, or POA, discretion can be used to staff the case as “Withhold “prior to the 12<sup>th</sup> day for cases where it is verified the medical document will not be received (Staffing Info Received Date in CIRTIS will be this date), or</li> <li>Supervisor, or POA, discretion can be given to allow more than 12 days if the worker is informed that they will receive the medical information within a reasonable period (Staffing Info Received Date in CIRTIS will be the date the information is received).</li> </ul> </li> </ul>	CARES Assessor, RNS
1.24	Enter the Date of Receipt of Qualifying Medical Documentation	<ul style="list-style-type: none"> <li>If the deadline has not passed, then the date entered into CIRTIS as the staffing info received date is the date in which the qualifying medical documentation is received or the date it is determined the medical documentation will not be received. This date is tied to the specific programs and their forms.</li> </ul>	CARES Assessor, RNS
1.25	S (Staffing)	<ul style="list-style-type: none"> <li>Proceed to Process Step 1.26.</li> </ul>	CARES Assessor, RNS

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC04AI CARES Staffing Process – Level of Care (LOC) Process Step Description</b>	<b>Responsibility</b>
	<b>Staffing</b>		
1.26	POA Or Designee Conducts Staffing Meeting	<ul style="list-style-type: none"> <li>Staffing is conducted with assessors, doctor, and RNS.</li> <li>Appropriate documentation is required.</li> </ul>	CARES Assessor, RNS
1.27	CARES Staff Present Documentation for Review	<ul style="list-style-type: none"> <li>Common documentation needed for the Staffing include but is not limited to:                             <ul style="list-style-type: none"> <li>Medication List</li> <li>DOEA-CARES Form 603</li> <li>MedServ 3008 Form or other Medicaid Medical Documentation Forms</li> <li>CIRTS case notes</li> </ul> </li> </ul>	CARES Assessor, RNS
1.28	Recommendations Reviewed and LOC Determined	<ul style="list-style-type: none"> <li>Staffing team reviews the information presented.</li> <li>LOC is determined and physician or RNS signs off on LOC.</li> </ul>	Physician or RNS
1.29	Complete DOEA-CARES Form 603	<ul style="list-style-type: none"> <li>DOEA-CARES Form 603 is completed with confirmed LOC including Program and Placement recommendation.</li> </ul>	Physician or RNS
1.30	<b>Decision:</b> Withhold LOC?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.35.</li> <li>If No, proceed to process step 1.31.</li> </ul>	Physician or RNS
1.31	<b>Decision:</b> Does Not Meet LOC?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.35.</li> <li>If No, proceed to process step 1.32.</li> </ul>	CARES Assessor, RNS
1.32	<b>Decision:</b> Initial Medicaid Waiver Case?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.35.</li> <li>If No, proceed to process step 1.33.</li> </ul>	CARES Assessor, RNS
1.33	<b>Decision:</b> Contested Nursing Home Case?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.35.</li> <li>If No, proceed to process step 1.34.</li> </ul>	CARES Assessor, RNS
1.34	<b>Decision:</b> Concern with Client Health, Safety or Welfare?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.35.</li> <li>If No, proceed to process step 1.36.</li> </ul>	CARES Assessor, RNS

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC04AI CARES Staffing Process – Level of Care (LOC) Process Step Description</b>	<b>Responsibility</b>
1.35	Physician Consultant Signs DOEA-CARES Form 603	<ul style="list-style-type: none"> <li>• If the LOC request is a Withhold of the LOC at least one of the following conditions must be met:                             <ul style="list-style-type: none"> <li>○ The Assessment results do not meet a Level of Care.</li> <li>○ A Level II indicates the client needs Specialized Services that cannot be provided in a NF or the individual is not appropriate for NF placement.</li> <li>○ The 3008 or supporting medical documentation has not been received.</li> </ul> </li> </ul>	Physician
1.36	<b>Decision:</b> Level II PASRR?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.37.</li> <li>• If No, proceed to process step 1.38.</li> </ul>	CARES Assessor, RNS
1.37	<b>Decision:</b> Is Nursing Home Placement Appropriate?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.38.</li> <li>• If No, proceed to process step 1.35.</li> </ul>	CARES Assessor, RNS
1.38	<b>Decision:</b> Is the CARES RNS The Assigned Caseworker?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.39.</li> <li>• If No, proceed to process step 1.40.</li> </ul>	CARES Assessor, RNS
1.39	Other RNS Or Physician Consultant Signs Form 603	<ul style="list-style-type: none"> <li>• If the assigned assessor is an RNS, they must request another RNS or physician consultant to sign the DOEA-CARES Form 603.</li> <li>• The exception would be if the 3008, or other medical documentation, was not received, or when the LOC is older than 100 days.</li> </ul>	Physician or CARES RNS
1.40	<b>Decision:</b> Case Referred by RNS To Physician Consultant?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.41.</li> <li>• If No, proceed to process step 1.42.</li> </ul>	CARES RNS
1.41	Document in CIRT Reason for Referral in Case Notes	<ul style="list-style-type: none"> <li>• If a case is required to be referred by the RNS to a physician consultant, the reason for the referral must be documented in the case notes.</li> </ul>	CARES RNS
1.42	CARES RNS Signs Form 603	<ul style="list-style-type: none"> <li>• If a physician is not required to sign the DOEA-CARES Form 603, then the CARES RNS can sign the DOEA-CARES Form 603 when appropriate.</li> <li>• CARES RNS will sign the DOEA-CARES Form 603 form after confirming recommended placement and program.</li> </ul>	CARES RNS



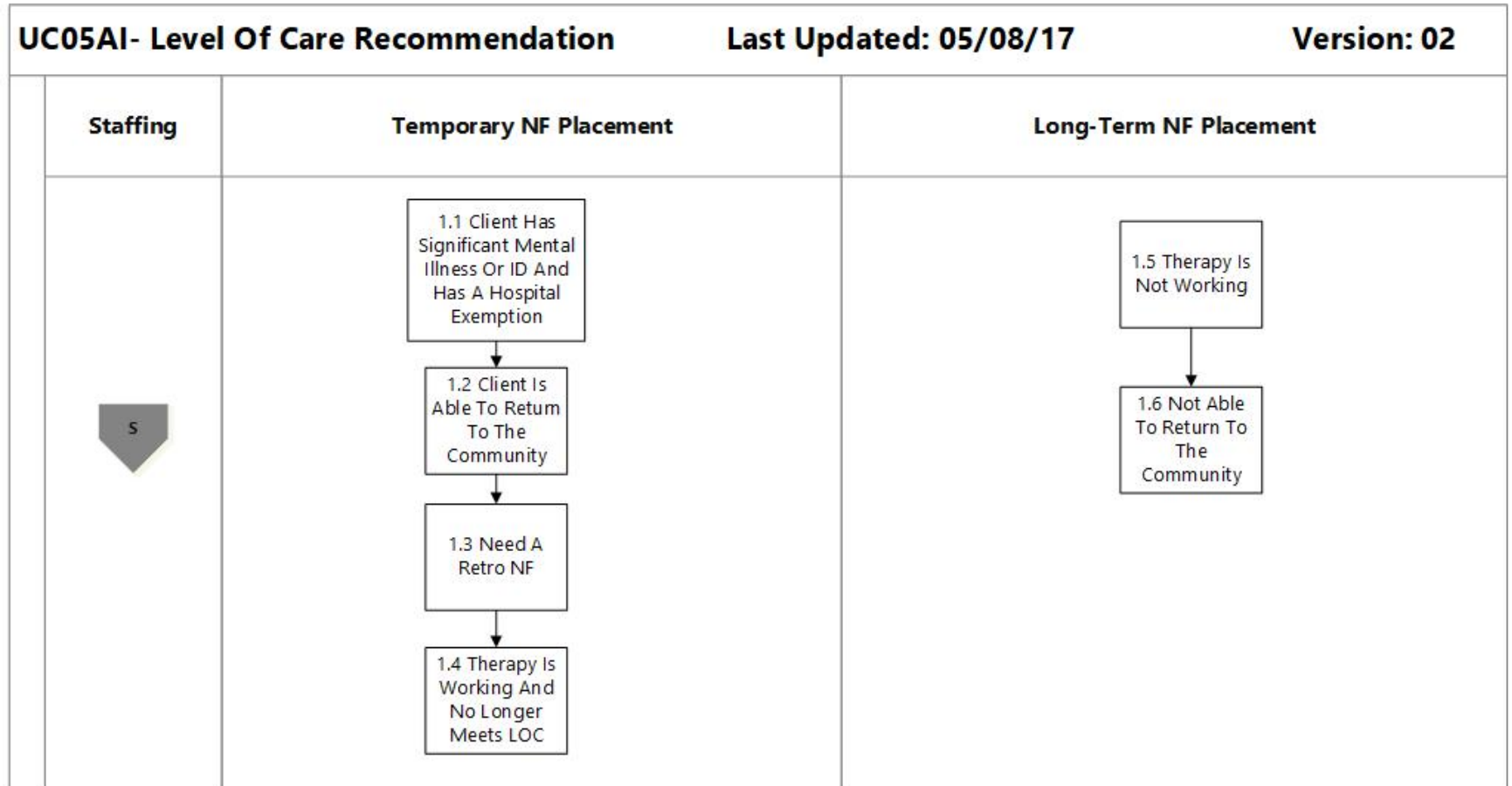
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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC04AI CARES Staffing Process – Level of Care (LOC) Process Step Description</i>	<i>Responsibility</i>
1.43	Enter Information into CIRTTS Staffing Screen	<ul style="list-style-type: none"><li>• After sign-off on the LOC for the client, information is entered on CIRTTS Staffing screen.</li></ul>	CARES Assessor, RNS
1.44	Recommended Placement	<ul style="list-style-type: none"><li>• Enter the <b>UC05AI – As-Is CARES Recommended Placement (Level of Care) Process.</b></li></ul>	CARES Assessor, RNS

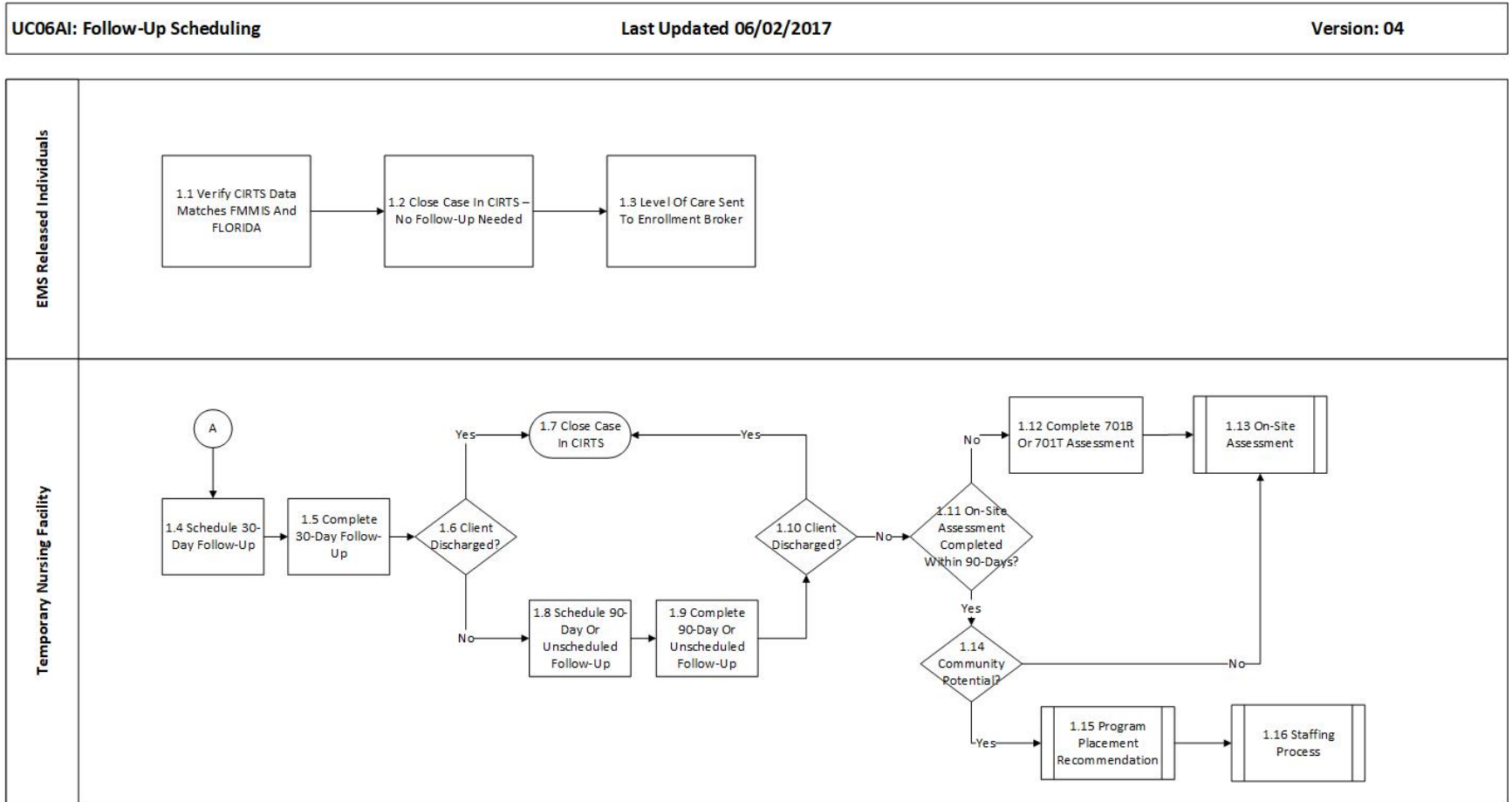
3.2.5. UC05AI – CARES Level of Care Recommendation



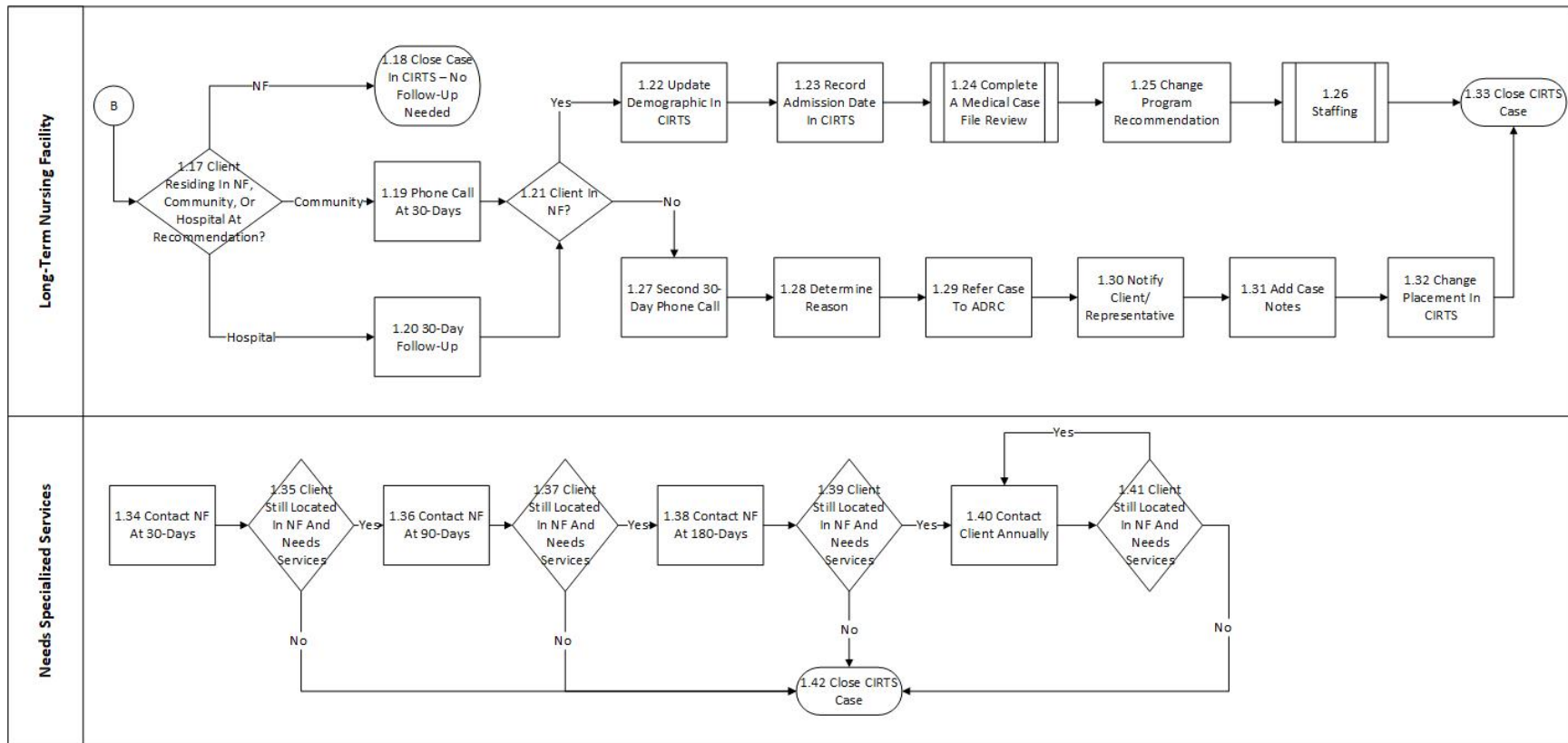
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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC05AI – CARES Level of Care Recommendation Process Step Description</b>	<b>Responsibility</b>
	<b>Temporary NF Placement</b>		
1.1	Client Has Serious Mental Illness or ID and Has a Hospital Exemption	<ul style="list-style-type: none"> <li>If a client is determined to have a serious mental illness and/or intellectual disability and is placed in a NF as an exempt hospital discharge, the client can receive a recommended placement of Temporary NF.</li> </ul>	CARES Assessor/ Physician / CARES RNS
1.2	Client Is Able to Return to The Community	<ul style="list-style-type: none"> <li>If the client can return to the community without services, then the recommended placement will be a Temporary NF.</li> </ul>	CARES Assessor/ Physician / CARES RNS
1.3	Needs A Retro NF	<ul style="list-style-type: none"> <li>If the client has already discharged to the community and a retroactive LOC determination is requested, then the recommended placement will be Temporary NF.</li> </ul>	CARES Assessor/ Physician / CARES RNS
1.4	Therapy Is Working, No Longer Meets The LOC	<ul style="list-style-type: none"> <li>If the client is making significant progress in therapies and may not meet a Level of Care upon completion of therapies, the recommended placement will be Temporary NF.</li> <li>If the therapies are not working, and it is determined the client's needs can only be met in a NF, the recommended placement will be NF.</li> </ul>	CARES Assessor/ Physician / CARES RNS
	<b>Long-term Care NF Placement</b>		
1.5	Therapy Is Not Working	<ul style="list-style-type: none"> <li>If the client was placed in a NF and is receiving therapies, but the therapies are not working well enough to release the client back to the community without services, the recommended placement will be LTC-NF.</li> </ul>	CARES Assessor/ Physician / CARES RNS
1.6	Not Able to Return to The Community	<ul style="list-style-type: none"> <li>If the client has been admitted to the NF and is unable to return to the community, then the recommended placement will be LTC-NF.</li> </ul>	CARES Assessor/ Physician / CARES RNS

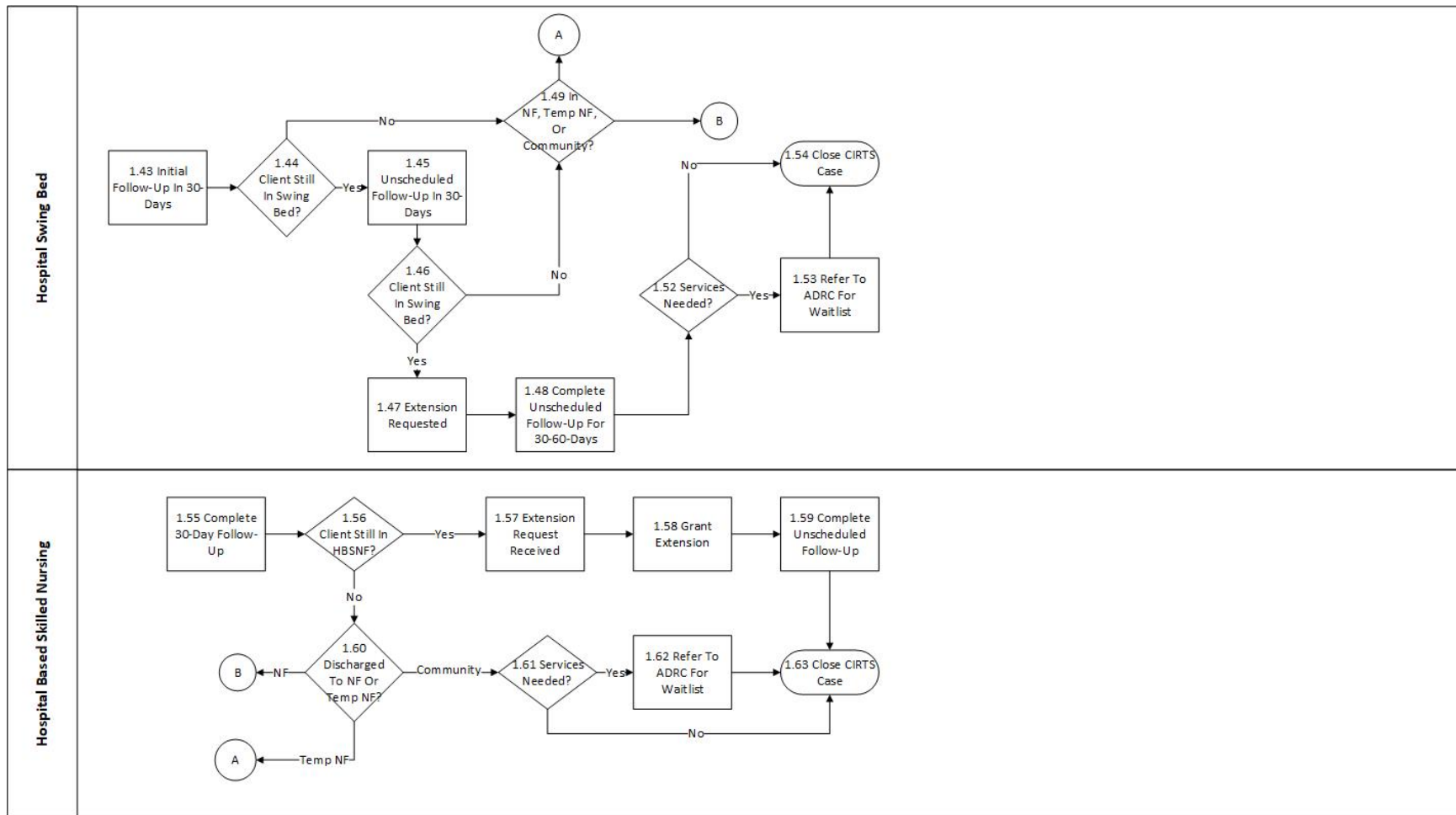
3.2.6. UC06AI – CARES Follow-up Schedule



## Deliverable 2 CIRT Business Process and Definition Document



Deliverable 2 CIRTS Business Process and Definition Document



Deliverable 2 CIRTS Business Process and Definition Document

<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC06AI – CARES Follow-up Schedule Process Step Description</b>	<b>Responsibility</b>
	<b>EMS Released Clients</b>		CARES Assistant and ADRC Staff
1.1	Verify CIRTS Data Matches FMMIS and FLORIDA	<ul style="list-style-type: none"> <li>Verify client demographic data in CIRTS matches the information found in FMMIS and FLORIDA.</li> <li>If client is not found in FMMIS or FLORIDA system, continue with the entry of the data into CIRTS.</li> <li>If the client is found in FMMIS or FLORIDA system and the data does not match, update CIRTS data to match.</li> </ul>	CARES Assessor, RNS
1.2	Close Case in CIRTS – No Follow-Up Needed	<ul style="list-style-type: none"> <li>Case is closed in CIRTS. No Follow-up Needed.</li> </ul>	CARES Assessor, RNS
1.3	Level of Care Sent to Enrollment Broker	<ul style="list-style-type: none"> <li>Verify the LOC has been sent to the Enrollment Broker.</li> </ul>	System
	<b>Temporary NF</b>		
1.4	Schedule 30-Day Follow-Up	<ul style="list-style-type: none"> <li>30-Day Follow-up is scheduled.</li> </ul>	CARES Assessor, RNS
1.5	Complete 30-Day Follow-Up	<ul style="list-style-type: none"> <li>Follow-up is completed and CIRTS generated and worker generated case note is entered into the system.</li> </ul>	CARES Assessor, RNS
1.6	<b>Decision:</b> client Discharged?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.7.</li> <li>If No, proceed to process step 1.8.</li> </ul>	CARES Assessor, RNS
1.7	Close Case In CIRTS	<ul style="list-style-type: none"> <li>If the client is discharged from the temporary NF, close case in CIRTS. CIRTS generated case note and worker generated case note is entered into the system</li> </ul>	CARES Assessor, RNS
1.8	Schedule 90-Day or Unscheduled Follow-Up	<ul style="list-style-type: none"> <li>If the client is not discharged from the temporary NF, schedule a 90 day or unscheduled follow-up.</li> </ul>	CARES Assessor, RNS
1.9	Complete 90-Day or Unscheduled Follow-Up	<ul style="list-style-type: none"> <li>Follow-up is completed and CIRTS generated and worker generated case note is entered into the system.</li> </ul>	CARES Assessor, RNS

Deliverable 2 CIRT Business Process and Definition Document

<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC06AI – CARES Follow-up Schedule Process Step Description</b>	<b>Responsibility</b>
1.10	<b>Decision:</b> Client Discharged	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.7.</li> <li>• If No, proceed to process step 1.11.</li> </ul>	CARES Assessor, RNS
1.11	<b>Decision:</b> On-Site Assessment Completed Within 90 Days?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.14.</li> <li>• If No, proceed to process step 1.12.</li> </ul>	CARES Assessor, RNS
1.12	Complete 701B or 701T Assessment	<ul style="list-style-type: none"> <li>• If the client is not discharged from the temporary NF after the 90-day follow-up is completed, a 701B or 701T must be completed on-site.</li> </ul>	CARES Assessor, RNS
1.13	CARES On-Site Assessment	<ul style="list-style-type: none"> <li>• An on-site assessment is completed if the client is in the temporary NF, cannot be placed back in the community, and does not have 701B or 701T.</li> <li>• Proceed to the <b>UC02AI - On-Site Assessment Process</b>.</li> </ul>	CARES Assessor, RNS
1.14	<b>Decision:</b> Community Potential?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.15.</li> <li>• If No, proceed to process step 1.13.</li> </ul>	CARES Assessor, RNS
1.15	Program Placement Recommendation	<ul style="list-style-type: none"> <li>• Proceed to the <b>UC05AI - Program Placement Recommendation Process</b>.</li> </ul>	CARES Assessor, RNS
1.16	Staffing Process	<ul style="list-style-type: none"> <li>• Proceed to the <b>UC04AI - Staffing Process</b>.</li> </ul>	CARES Assessor, RNS
	<b>Long-term NF</b>		
1.17	<b>Decision:</b> Client Residing In NF, Community, Or Hospital at Recommendation?	<ul style="list-style-type: none"> <li>• If NF, proceed to process step 1.18.</li> <li>• If Community, proceed to process step 1.19.</li> <li>• If Hospital, proceed to process step 1.20.</li> </ul>	CARES Assessor, RNS
1.18	Close Case in CIRT – No Follow-Up Needed	<ul style="list-style-type: none"> <li>• If the client is residing in a NF at the time of recommendation, no follow-up is needed.</li> <li>• The case can be closed in CIRT.</li> </ul>	CARES Assessor, RNS
1.19	Phone Call At 30 Days	<ul style="list-style-type: none"> <li>• If the client is residing in the community at the time of the recommendation, a follow-up phone call is made at the 30-day period.</li> </ul>	CARES Assessor, RNS



Deliverable 2 CIRTS Business Process and Definition Document

<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC06AI – CARES Follow-up Schedule Process Step Description</i>	<i>Responsibility</i>
1.20	30-Day Follow-Up	<ul style="list-style-type: none"> <li>If the client is residing in the hospital at the time of the recommendation, a 30-day follow-up is required.</li> </ul>	CARES Assessor, RNS
1.21	<b>Decision:</b> Client in NF?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.22.</li> <li>If No, proceed to process step 1.27.</li> </ul>	CARES Assessor, RNS
1.22	Update Demographic In CIRTS	<ul style="list-style-type: none"> <li>Update the demographics information for the client in CIRTS.</li> </ul>	CARES Assessor, RNS
1.23	Record Admission Date In CIRTS	<ul style="list-style-type: none"> <li>The admission date into the NF is entered into CIRTS.</li> </ul>	CARES Assessor, RNS
1.24	Complete A Medical Case File Review	<ul style="list-style-type: none"> <li>Follow the <b>UC03AI - Medical Case File Review Process</b>.</li> </ul>	CARES Assessor, RNS
1.25	Change Program Recommendation	<ul style="list-style-type: none"> <li>In CIRTS, update the program recommendation to MLTCN (Managed Long-Term Care NF).</li> </ul>	CARES Assessor, RNS
1.26	Staffing	<ul style="list-style-type: none"> <li>Proceed to the <b>UC04AI - Staffing Process</b>.</li> </ul>	CARES Assessor, RNS
1.27	Second 30-Day Phone Call	<ul style="list-style-type: none"> <li>If the client is not in a NF, a second 30-day phone call must be made.</li> </ul>	CARES Assessor, RNS
1.28	Determine Reason	<ul style="list-style-type: none"> <li>Determine the reason client is not in a NF.</li> </ul>	CARES Assessor, RNS
1.29	Refer Case to ADRC	<ul style="list-style-type: none"> <li>If needed, refer the case to the ADRC for further follow-up.</li> </ul>	CARES Assessor, RNS
1.30	Notify client/Representative	<ul style="list-style-type: none"> <li>Notify the client or representative their case will be closed.</li> </ul>	CARES Assessor, RNS
1.31	Add Case Notes	<ul style="list-style-type: none"> <li>Enter case notes into CIRTS.</li> </ul>	CARES Assessor, RNS
1.32	Change Placement In CIRTS	<ul style="list-style-type: none"> <li>Change the placement recommendation in CIRTS.</li> </ul>	CARES Assessor, RNS

Deliverable 2 CIRTIS Business Process and Definition Document

<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC06AI – CARES Follow-up Schedule Process Step Description</i>	<i>Responsibility</i>
1.33	Close CIRTIS Case	<ul style="list-style-type: none"> <li>Close the Case.</li> </ul>	CARES Assessor, RNS
	<b>Needs Specialized Services</b>		
1.34	Contact NF at 30 Days	<ul style="list-style-type: none"> <li>Contact the NF for a 30-day follow-up.</li> </ul>	CARES Assessor, RNS
1.35	<b>Decision:</b> client Still Located in NF And Needs Services?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.36.</li> <li>If No, proceed to process step 1.42.</li> </ul>	CARES Assessor, RNS
1.36	Contact NF at 90 Days	<ul style="list-style-type: none"> <li>Contact the NF for a 90-day follow-up.</li> <li>If client leaves the NF, then close the case in CIRTIS and update records accordingly.</li> </ul>	CARES Assessor, RNS
1.37	<b>Decision:</b> Client Still Located in NF And Needs Services?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.38.</li> <li>If No, proceed to process step 1.42.</li> </ul>	CARES Assessor, RNS
1.38	Contact NF at 180-Days	<ul style="list-style-type: none"> <li>If client remains in NF and continues to need services schedule another follow-up at 180 days.</li> </ul>	CARES Assessor, RNS
1.39	<b>Decision:</b> Client Still Located in NF And Needs Services?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.40.</li> <li>If No, proceed to process step 1.42.</li> </ul>	CARES Assessor, RNS
1.40	Contact Client Annually	<ul style="list-style-type: none"> <li>If the client remains in the NF past the 180-day check, an annual contact with the client is required for the duration of their stay in the NF.</li> </ul>	CARES Assessor, RNS
1.41	<b>Decision:</b> Client Still Located in NF And Needs Services?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.40.</li> <li>If No, proceed to process step 1.42.</li> </ul>	CARES Assessor, RNS
1.42	Close CIRTIS Case	<ul style="list-style-type: none"> <li>When the client leaves the NF, no further action is required from CARES and the case can be closed.</li> </ul>	CARES Assessor, RNS

Deliverable 2 CIRTIS Business Process and Definition Document

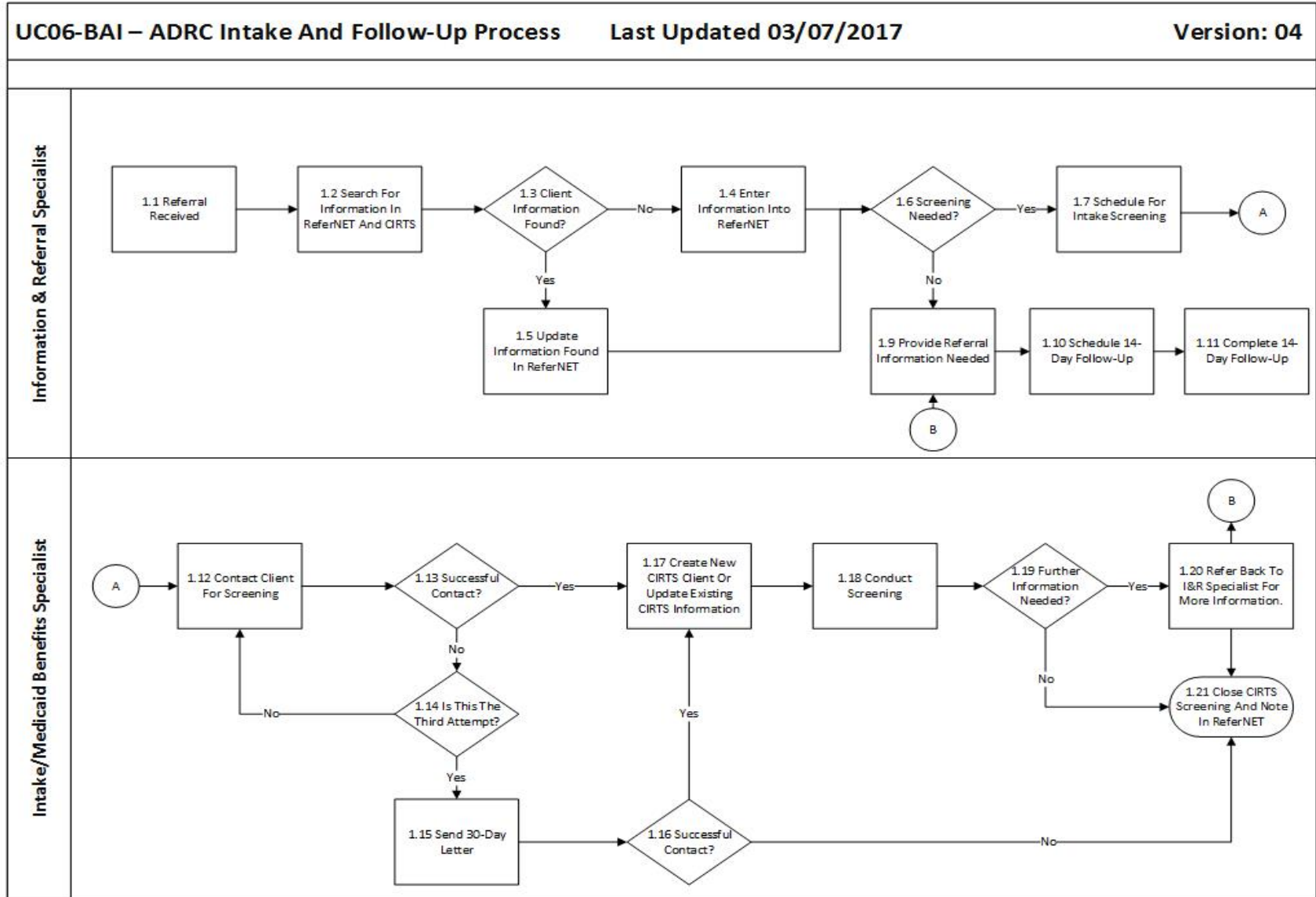
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC06AI – CARES Follow-up Schedule Process Step Description</b>	<b>Responsibility</b>
	<b>Hospital Swing Bed</b>		
1.43	Initial Follow-Up In 30 Days	<ul style="list-style-type: none"> <li>The system schedules a follow-up at the 30, 90, 180, annual and annual thereafter until the client is no longer in a swing bed or the case is closed.</li> </ul>	System
1.44	<b>Decision:</b> Client Still in Swing Bed?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.45.</li> <li>If No, proceed to process step 1.49.</li> </ul>	CARES Assessor, RNS
1.45	Unscheduled Follow-Up In 30 Days	<ul style="list-style-type: none"> <li>Schedule and Complete a second 30-day follow-up.</li> </ul>	CARES Assessor, RNS
1.46	<b>Decision:</b> Client Still in Swing Bed?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.47.</li> <li>If No, proceed to process step 1.49.</li> </ul>	CARES Assessor, RNS
1.47	Extension Requested	<ul style="list-style-type: none"> <li>An extension is requested if the client is still in the swing bed after 60 days</li> </ul>	CARES Assessor, RNS
1.48	Complete Unscheduled Follow-Up For 30-60-Days	<ul style="list-style-type: none"> <li>If the client remains in the swing bed, an unscheduled follow-up for 30-60 days will continue with an extension request at the 60-day mark.</li> </ul>	CARES Assessor, RNS
1.49	<b>Decision:</b> In NF, Temporary NF, Or Community?	<ul style="list-style-type: none"> <li>If Temporary NF, proceed to process step 1.4.</li> <li>If NF, proceed to process step 1.17.</li> <li>If Community, proceed to process step 1.52.</li> </ul>	CARES Assessor, RNS
1.50	A	<ul style="list-style-type: none"> <li>If the client is no longer in the swing bed and has been moved temporarily to a NF, proceed to process step 1.4.</li> </ul>	CARES Assessor, RNS
1.51	B	<ul style="list-style-type: none"> <li>If the client is no longer in the swing bed and has been moved to a NF, proceed to process step 1.17.</li> </ul>	CARES Assessor, RNS
1.52	<b>Decision:</b> Services Needed?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.53.</li> <li>If No, proceed to process step 1.54.</li> </ul>	CARES Assessor, RNS
1.53	Refer to ADRC For Waitlist	<ul style="list-style-type: none"> <li>If the client is no longer in the swing bed and has been released to the community, but still requires services, the client will be placed on a waitlist after referral to the ADRC.</li> </ul>	CARES Assessor, RNS
1.54	Close CIRTIS Case	<ul style="list-style-type: none"> <li>If the client is no longer in the swing bed and has been released to the community, and does not need services, the CARES case can be closed.</li> </ul>	CARES Assessor, RNS

Deliverable 2 CIRTIS Business Process and Definition Document

<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC06AI – CARES Follow-up Schedule Process Step Description</i>	<i>Responsibility</i>
	<b>Hospital Based Skilled NF (HBSNF)</b>		
1.55	Complete 30-Day Follow-Up	<ul style="list-style-type: none"> <li>If the client is in a Hospital Based Skilled NF, a 30-day follow-up is required.</li> </ul>	CARES Assessor, RNS
1.56	<b>Decision:</b> Client Still In HBSNF?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.57.</li> <li>If No, proceed to process step 1.60.</li> </ul>	CARES Assessor, RNS
1.57	Extension Request Received	<ul style="list-style-type: none"> <li>If the client is still in the HBSNF after the 30-day follow-up, then a one-time 15-day extension can be requested.</li> </ul>	CARES Assessor, RNS
1.58	Grant Extension	<ul style="list-style-type: none"> <li>An extension is granted.</li> </ul>	CARES Assessor, RNS
1.59	Complete Unscheduled Follow-Up	<ul style="list-style-type: none"> <li>A 15-day unscheduled follow-up is required within 15 days of the extension being granted.</li> </ul>	CARES Assessor, RNS
1.60	<b>Decision:</b> Client Discharged To NF, Temporary NF, or Community?	<ul style="list-style-type: none"> <li>If Temporary NF, proceed to process step 1.4.</li> <li>If NF, proceed to process step 1.17.</li> <li>If Community, proceed to process step 1.61.</li> </ul>	CARES Assessor, RNS
1.61	<b>Decision:</b> Services Needed?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.62.</li> <li>If No, proceed to process step 1.63.</li> </ul>	CARES Assessor, RNS
1.62	Refer to ADRC For Waitlist	<ul style="list-style-type: none"> <li>If the client is not discharged to a NF but continues to require services, the client is referred to the ADRC to be placed on the waitlist.</li> </ul>	CARES Assessor, RNS
1.63	Close CIRTIS Case	<ul style="list-style-type: none"> <li>If the client is not discharged to a NF and they do not require services, then CARES can close the case.</li> </ul>	CARES Assessor, RNS
1.64	A	<ul style="list-style-type: none"> <li>If the client is discharged to a NF, then proceed to process step 1.4.</li> </ul>	CARES Assessor, RNS
1.65	B	<ul style="list-style-type: none"> <li>If the client is discharged to a NF, then proceed to process step 1.17.</li> </ul>	CARES Assessor, RNS



3.2.7. UC06-BAI – ADRC Intake and Follow-up Process



Deliverable 2 CIRTIS Business Process and Definition Document

<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC06-bAI – ADRC Intake and Follow-up Process Process Step Description</b>	<b>Responsibility</b>
	<b>Information and Referral Specialist</b>		
1.1	Referral Contact Received	<ul style="list-style-type: none"> <li>A contact referral is received via Fax, Email, Phone Call, etc.</li> </ul>	ADRC I&R Specialist
1.2	Search client Information in ReferNET and CIRTIS	<ul style="list-style-type: none"> <li>ReferNET and CIRTIS are searched to locate client information.</li> </ul>	ADRC I&R Specialist
1.3	<b>Decision:</b> Client Information Found?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.5.</li> <li>If No, proceed to process step 1.4.</li> </ul>	ADRC I&R Specialist
1.4	Enter Information into ReferNET	<ul style="list-style-type: none"> <li>If the client is not found in ReferNET, a new record is created.</li> </ul>	ADRC I&R Specialist
1.5	Update Information Found in ReferNET	<ul style="list-style-type: none"> <li>If the client is found, client demographic information is reviewed and updated as needed.</li> </ul>	ADRC I&R Specialist
1.6	<b>Decision:</b> Screening Needed?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.7.</li> <li>If No, proceed to process step 1.9.</li> </ul>	ADRC I&R Specialist
1.7	Referred Schedule for Intake Screening	<ul style="list-style-type: none"> <li>Each ADRC determines the scheduling process for their 701S Screenings to occur.</li> <li>When it is determined, a client needs a 701S Screening, the ADRC will contact the client to schedule a day and time for the screening to occur.</li> </ul>	ADRC I&R Specialist
1.8	A	<ul style="list-style-type: none"> <li>Proceed to process step 1.12.</li> </ul>	ADRC I&R Specialist
1.9	Provide Information and/or Referral Information Needed	<ul style="list-style-type: none"> <li>If a screening is not needed, and instead only referral information and/or referral is needed, then provide the necessary information to the client.</li> </ul>	ADRC I&R Specialist

Deliverable 2 CIRTTS Business Process and Definition Document

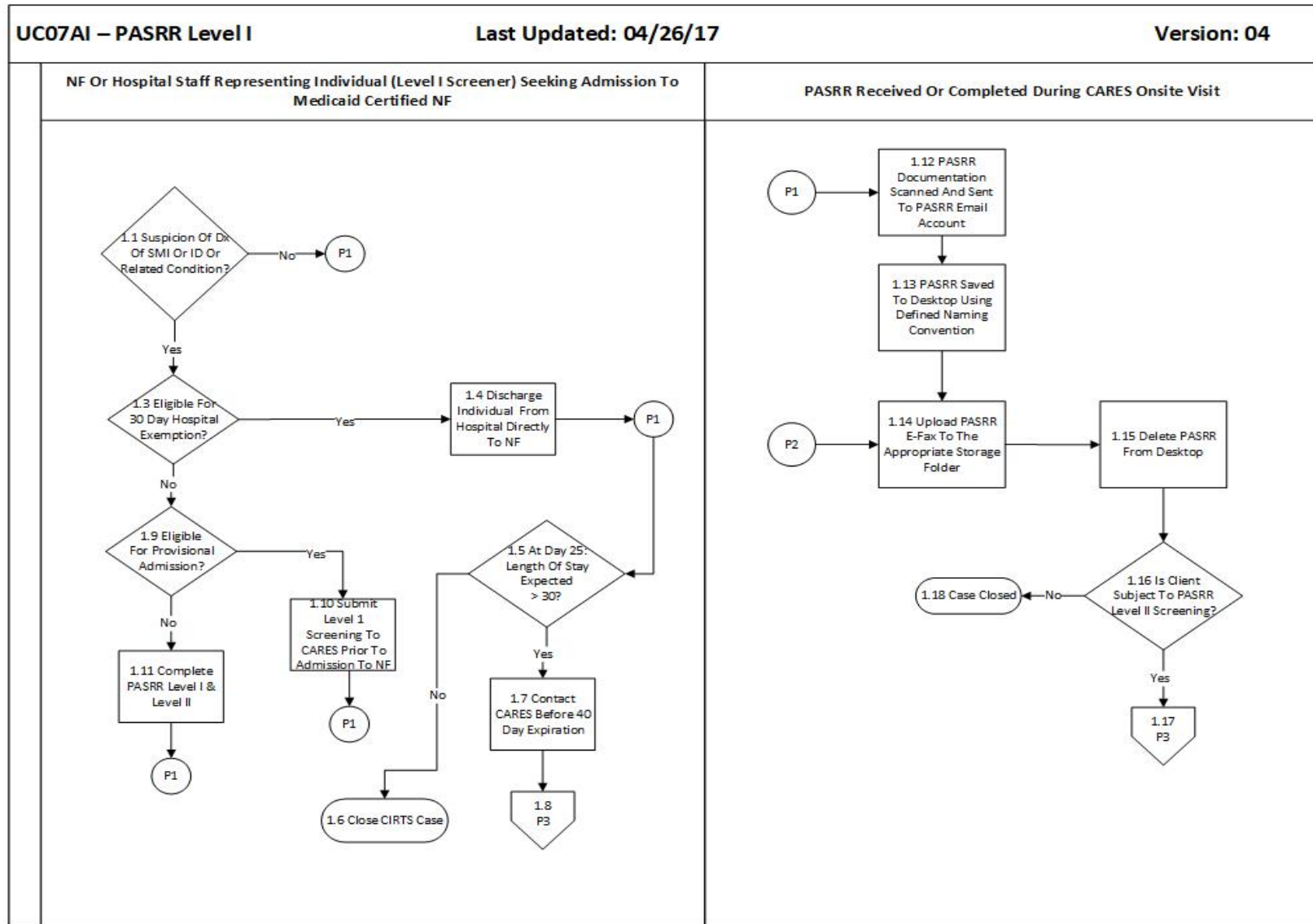
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC06-bAI – ADRC Intake and Follow-up Process Process Step Description</b>	<b>Responsibility</b>
1.10	Schedule 14-Day Follow-Up	<ul style="list-style-type: none"> <li>After referral information, has been provided to a client, a 14-day follow-up task is created. This is to ensure the client is satisfied with the information provided and their needs have been met.</li> </ul>	ADRC I&R Specialist
1.11	Complete 14-Day Follow-Up	<ul style="list-style-type: none"> <li>Call the client and verify the needs have been met.</li> <li>If needs have been met, complete the task and note information in ReferNET.</li> <li>If needs have not been met, provide additional information and schedule another follow-up.</li> </ul>	ADRC I&R Specialist
	<b>Intake/Medicaid Benefits Specialist</b>		
1.12	Contact Client For Screening	<ul style="list-style-type: none"> <li>Contact client for screening by the scheduled timeframe.</li> <li>If contact is successful, send note to I&amp;R specialist for follow-up to be scheduled.</li> <li>If contact is successful, begin the screening or schedule the screening.</li> </ul>	ADRC Intake/ Screening
1.13	<b>Decision:</b> Successful Contact?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.17.</li> <li>If No, proceed to process step 1.14.</li> </ul>	ADRC Intake/ Screening
1.14	<b>Decision:</b> Is This the Third Attempt?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.15.</li> <li>If No, proceed to process step 1.12.</li> </ul>	ADRC Intake/ Screening
1.15	Send 30-Day Letter	<ul style="list-style-type: none"> <li>If the third attempt to contact the client has been made and is not successful, then the ADRC will send a letter to the client with a date to contact the office or the case will be closed.</li> </ul>	ADRC Intake/ Screening
1.16	<b>Decision:</b> Successful Contact?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.17.</li> <li>If No, proceed to process step 1.21.</li> </ul>	ADRC Intake/ Screening
1.17	Create New CIRTTS Client Or Update Existing CIRTTS Information	<ul style="list-style-type: none"> <li>If the client was not found in CIRTTS, a new CIRTTS client is added into CIRTTS before a screening is completed.</li> </ul>	ADRC Intake/ Screening

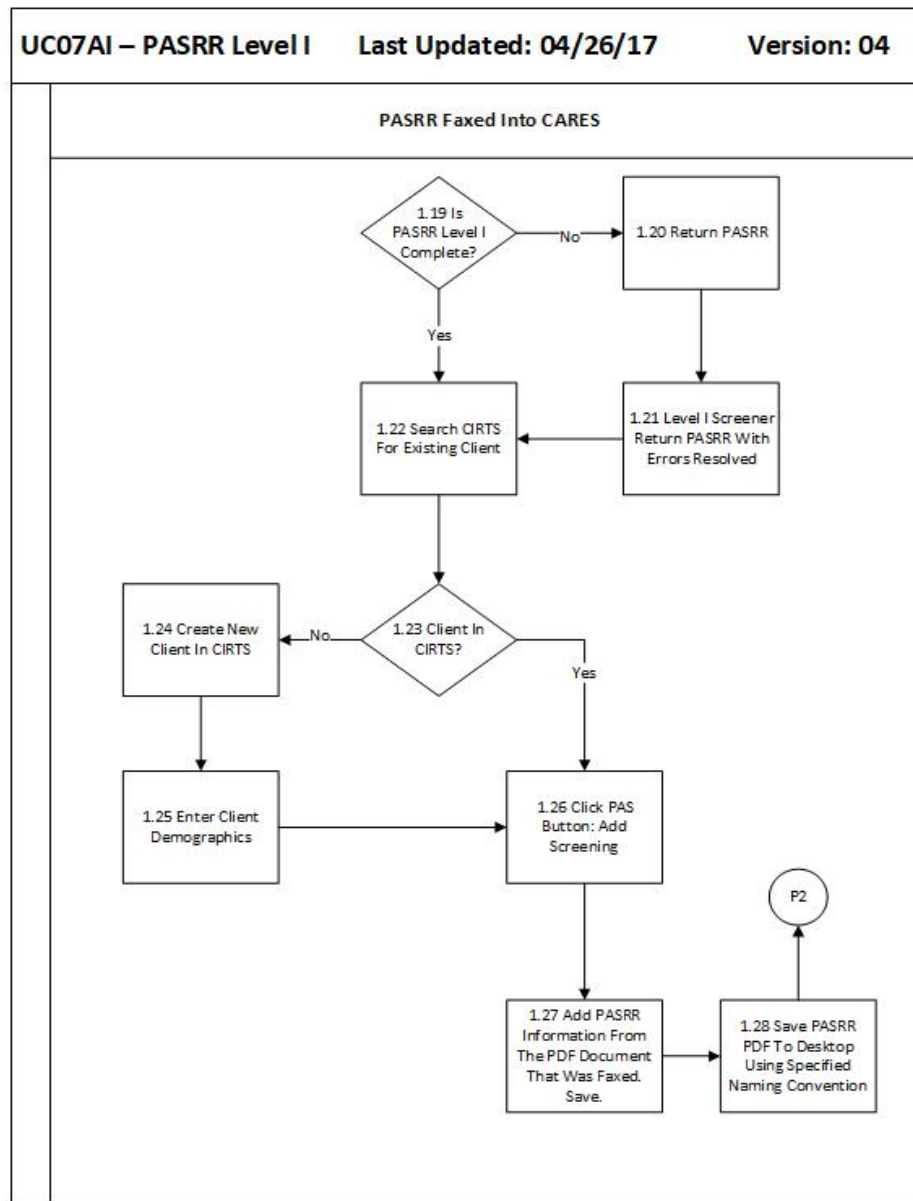


Deliverable 2 CIRTS Business Process and Definition Document

<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC06-bAI – ADRC Intake and Follow-up Process Process Step Description</i>	<i>Responsibility</i>
1.18	Conduct Screening	<ul style="list-style-type: none"> <li>• Conduct the 701S screening.</li> <li>• When screening is complete, access the enrollment screen.</li> <li>• Add client to appropriate waitlists (Open APCL).</li> <li>• If client is added to the SMMC LTC, begin the Med Waiver Timeline process.</li> <li>• When the client is added to the waitlist, add notes in ReferNET documenting the services that would be helpful to the client and/or services the client is interested in receiving.</li> <li>• When documentation is complete, update the billing screen with the appropriate units of time spent for this client.</li> </ul>	ADRC Intake/ Screening
1.19	<b>Decision:</b> Further Information Needed?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.20.</li> <li>• If No, proceed to process step 1.21.</li> </ul>	ADRC Intake/ Screening
1.20	Refer Back To I&R Specialist for More Information	<ul style="list-style-type: none"> <li>• If after the screening has been completed and it is determined the client needs further information regarding services they are eligible to receive, the Intake Specialist transfers the client back to an I&amp;R Specialist to provide the additional information.</li> </ul>	ADRC Intake/ Screening
1.21	Close CIRTS Screening and Note in ReferNET	<ul style="list-style-type: none"> <li>• Close CIRTS Screening.</li> <li>• Once screening in CIRTS has been completed, add information in ReferNET for tracking purposes.</li> </ul>	ADRC Intake/ Screening

3.2.8. UC07AI – CARES Pre-Admission Screening and Resident Review (PASRR) - Level I





Deliverable 2 CIRTIS Business Process and Definition Document

<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC07AI-CARES Pre-Admission Screening and Resident Review (PASRR) - Level 1 Process Step Description</b>	<b>Responsibility</b>
	<b>NF Or Hospital Staff Representing client (Level I Screener) Seeking Admission to Medicaid Certified NF</b>	<ul style="list-style-type: none"> <li>The PASRR process is started by a NF or hospital making a request on behalf of a client seeking admission to a Medicaid certified facility.</li> </ul>	NF or Hospital representative
1.1	<b>Decision:</b> Client Has Suspicion or Dx (Diagnosis) Of SMI Or ID or Related Condition?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.3.</li> <li>If No, proceed to process step 1.2.</li> </ul>	CARES Assessor/NF/Hospital
1.2	P1	<ul style="list-style-type: none"> <li>Proceed to process step 1.11.</li> </ul>	
1.3	<b>Decision:</b> Eligible For 30-Day Hospital Exemption?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.4.</li> <li>If No, proceed to process step 1.8.</li> </ul>	CARES Assessor/NF/Hospital
1.4	Discharge Client From Hospital Directly To NF	<ul style="list-style-type: none"> <li>If the client has suspicion of or diagnosis of SMI/ID or related condition, then the client is eligible to be considered for a 30-day hospital exemption.</li> <li>The exemption allows for:                             <ul style="list-style-type: none"> <li>The client to be admitted to the NF without having a PASRR Level II evaluation completed prior to admission.</li> <li>The client must be discharged from a hospital directly to NF.</li> <li>The physician must sign the PASRR Level I form indicating the length of stay if the NF is not expected to exceed 30 days.</li> </ul> </li> <li>If by the 25<sup>th</sup> day of the NF stay it appears the client may stay past the 30-day limit, the NF must contact CARES.                             <ul style="list-style-type: none"> <li>A PASRR Level II Evaluation and Determination is required and must be completed prior to 40 days from date of admission.</li> </ul> </li> <li>A new Level I is not required.</li> </ul>	CARES Assessor/NF/Hospital

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC07AI-CARES Pre-Admission Screening and Resident Review (PASRR) - Level 1 Process Step Description</b>	<b>Responsibility</b>
1.5	<b>Decision:</b> At Day 25: Length of Stay Expected > 30 Days?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.7.</li> <li>• If No, proceed to process step 1.6.</li> </ul>	CARES Assessor/NF/Hospital
1.6	Close CIRTS Case	<ul style="list-style-type: none"> <li>• If the client is not expected to stay more than 30 days, on the 30<sup>th</sup> day CARES will validate the client has been discharged, add a disposition code is to the PASRR Screen and the CIRTS Case is closed.</li> </ul>	CARES Assessor
1.7	Contact CARES Before 40-Day Expiration	<ul style="list-style-type: none"> <li>• If the client is expected to stay more than 30 days, CARES must be contacted to complete the Level II before the 40-day expiration date.</li> </ul>	CARES Assessor/NF/Hospital
1.8	P3	<ul style="list-style-type: none"> <li>• Proceed to the <b>UC07-bAI- CARES Pre-Admission Screening and Resident Review (PASRR) - Level II.</b></li> </ul>	
1.9	<b>Decision:</b> Eligible for Provisional Admission	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.10.</li> <li>• If No, proceed to process step 1.11.</li> </ul>	CARES Assessor/NF/Hospital
1.10	Submit PASRR Level I Screening to CARES Prior To Admission To NF	<ul style="list-style-type: none"> <li>• A provisional admission allows the client to be admitted to the NF without having a Level II evaluation completed prior to admission under the following circumstances: <ul style="list-style-type: none"> <li>○ Delirium: stay equal to or less than 7 days after delirium clears</li> <li>○ Adult Protective Services: stay equal to or less than 7 days</li> <li>○ Respite: stay equal to or less than 14 days twice a year.</li> </ul> </li> <li>• Section IV of the PASRR Level I screening form must be indicative of the provision and submitted to CARES prior to admission to NF.</li> <li>• A PASRR Level II and 701B form must be completed prior to expiration of time limits. Delirium and Protective Services cases will receive a Level II prior to admission in most circumstances.</li> <li>• Proceed to process step 1.12.</li> </ul>	CARES Assessor/NF/Hospital

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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC07AI-CARES Pre-Admission Screening and Resident Review (PASRR) - Level 1 Process Step Description</i>	<i>Responsibility</i>
1.11	Complete PASRR Level I & Level II	<ul style="list-style-type: none"> <li>• A PASRR Level I and Level II must be completed prior to admission to an NF.</li> <li>• A PASRR Level II Evaluation and Determination must be completed prior to the dates outlined above If the client is suspected or diagnosed with an SMI/ID but does not meet the medical eligibility for a 30-day hospital stay or provisional admission.</li> <li>• Proceed to process step 1.12.</li> </ul>	CARES Assessor/NF/Hospital
	<b>PASRR Is Received or Completed During an On-Site CARES Visit</b>		
1.12	PASRR Documentation Scanned and Sent to PASRR Email Account	<ul style="list-style-type: none"> <li>• PASRR Level I screening forms are completed by a CARES assessor or by NF or hospital staff and transferred to the CARES assessor when they are on-site.</li> <li>• There are two types of PASRR forms:                             <ul style="list-style-type: none"> <li>○ Request for Admission to an NF and,</li> <li>○ Resident Review of a client already residing in a NF.</li> </ul> </li> <li>• This documentation is scanned and faxed to the PASRR email account.</li> </ul>	CARES Assessor, RNS
1.13	PASRR Saved	<ul style="list-style-type: none"> <li>• The PASRR Level I documentation is saved from the email account to the desktop and renamed to follow the set naming convention. (Naming Convention Documentation located in Appendix C of this document).</li> </ul>	CARES Assessor, RNS
1.14	Upload PASRR E-Fax to The Appropriate Storage Folder	<ul style="list-style-type: none"> <li>• The user must login to SharePoint.</li> <li>• The user browses to their PSA folder.</li> <li>• The file(s) are then uploaded to the correct folder in SharePoint.</li> </ul>	CARES Assessor, RNS
1.15	Delete PASRR From Desktop	<ul style="list-style-type: none"> <li>• To maintain security, the PASRR must be manually deleted from the desktop where it was initially saved.</li> </ul>	CARES Assessor, RNS
1.16	<b>Decision:</b> Is Client Subject to PASRR Level II Screening?	<ul style="list-style-type: none"> <li>• If Yes, proceed to <b>UC07-bAI- CARES Pre-Admission Screening and Resident Review (PASRR) - Level II.</b></li> <li>• If No, proceed to process step 1.17.</li> </ul>	CARES Assessor, RNS

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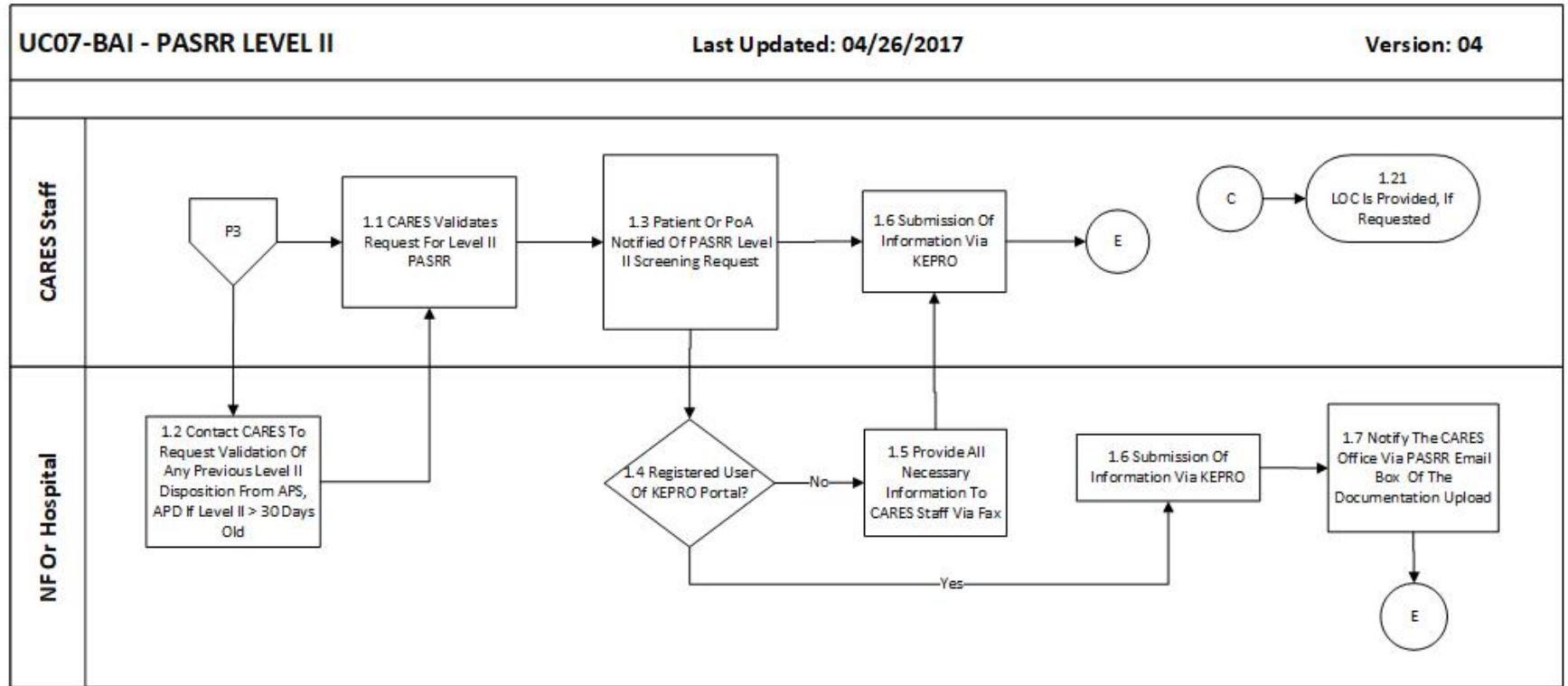
<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC07AI-CARES Pre-Admission Screening and Resident Review (PASRR) - Level 1 Process Step Description</i>	<i>Responsibility</i>
1.17	P3	<ul style="list-style-type: none"> <li>If the client is subject to PASRR Level II screening, they must continue the process for PASRR Level II screening.</li> <li>Proceed to the <b>UC07-bAI- CARES Pre-Admission Screening and Resident Review (PASRR) - Level II.</b></li> </ul>	CARES Assessor, RNS
1.18	Case Closed	<ul style="list-style-type: none"> <li>If the client is not subject to PASRR Level I screening, they can close the case in CIRT.</li> </ul>	CARES Assessor, RNS
	<b>PASRR Faxed Into CARES</b>		
1.19	<b>Decision:</b> Is PASRR Level 1 Complete?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.22.</li> <li>If No, proceed to process step 1.20.</li> </ul>	CARES Assessor, RNS
1.20	Return PASRR	<ul style="list-style-type: none"> <li>If the PASRR Level I is faxed to the CARES office as incomplete, it must be returned using the PASRR return Fax Cover Sheet with a complete list of errors identified.</li> </ul>	CARES Assessor, RNS
1.21	PASRR Level 1 Screener Returns PASRR With Errors Resolved	<ul style="list-style-type: none"> <li>The PASRR Level I screener at the facility will return the PASRR with the errors resolved.</li> </ul>	CARES Assessor, RNS
1.22	Search CIRT For Existing client	<ul style="list-style-type: none"> <li>On receipt of a completed PASRR Level I form, CIRT is searched for an existing client matching the client indicated on the form.</li> <li>If the client already exists in CIRT, the PASRR Level I is saved into SharePoint.</li> </ul>	CARES Assessor, RNS
1.23	<b>Decision:</b> Client In CIRT?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.25.</li> <li>If No, proceed to process step 1.23.</li> </ul>	CARES Assessor, RNS
1.24	Create New Client In CIRT	<ul style="list-style-type: none"> <li>If the client record does not exist in CIRT, it must be created.</li> </ul>	CARES Assessor, RNS
1.25	Enter Client Demographics	<ul style="list-style-type: none"> <li>Enter the client demographics information below:                             <ul style="list-style-type: none"> <li>○ SSN</li> <li>○ County</li> </ul> </li> </ul>	CARES Assessor, RNS

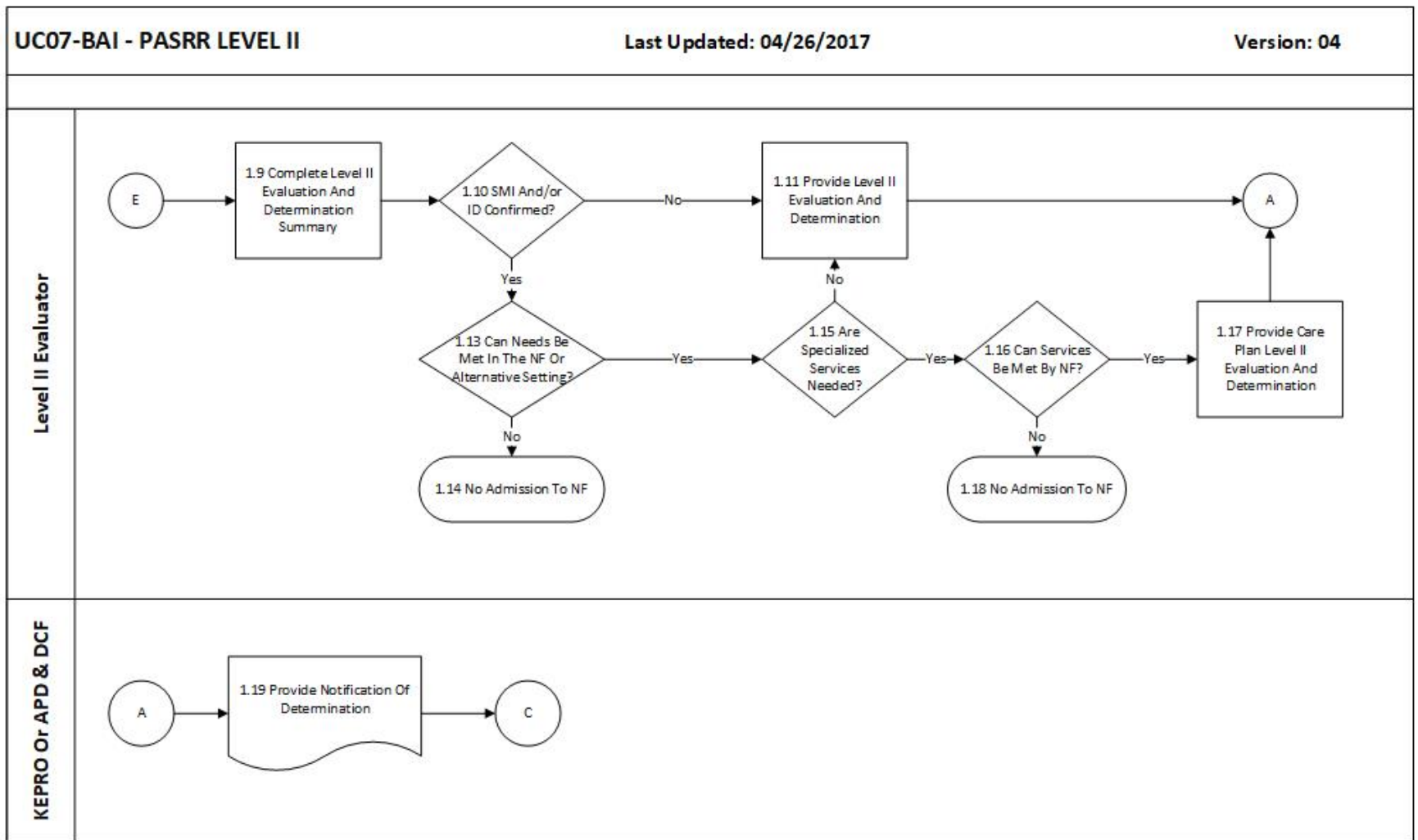
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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC07AI-CARES Pre-Admission Screening and Resident Review (PASRR) - Level 1 Process Step Description</i>	<i>Responsibility</i>
		<ul style="list-style-type: none"> <li>○ First Name</li> <li>○ Last Name</li> <li>○ Date of Birth (DOB)</li> <li>○ Sex</li> </ul>	
1.26	Click PAS Button: Add Screening	<ul style="list-style-type: none"> <li>● Click PAS button to add Screening to the client record.</li> </ul>	CARES Assessor, RNS
1.27	Add PASRR Information from PDF Document That Was Faxed To CARES	<ul style="list-style-type: none"> <li>● Information contained in PASRR Level I document added to the PASRR Screen.</li> <li>● The PASRR Level I is saved into SharePoint.</li> </ul>	CARES Assessor, RNS
1.28	Save PASRR PDF File to Desktop Using Specified Naming Convention	<ul style="list-style-type: none"> <li>● The PASRR Level I documentation will be saved from the email account and saved to the desktop, then renamed to follow the set naming convention.</li> </ul>	CARES Assessor, RNS
1.29	P2	<ul style="list-style-type: none"> <li>● Proceed to process step 1.14.</li> </ul>	CARES Assessor, RNS



3.2.9. UC07-bAI – CARES Pre-Admission Screening and Resident Review (PASRR) - Level II





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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table –UC07-bAI- CARES Pre-Admission Screening and Resident Review (PASRR) - Level II Process Step Description</b>	<b>Responsibility</b>
1.1	CARES Validates Request for PASRR Level II	<ul style="list-style-type: none"> <li>If a previous PASRR Level II Evaluation and Determination, exists, CARES will determine if it is still valid:                             <ul style="list-style-type: none"> <li>Send encrypted email to <a href="mailto:eolsen@kepro.com">eolsen@kepro.com</a> with CC: <a href="mailto:FLPASRRMIQuestions@kepro.com">FLPASRRMIQuestions@kepro.com</a>.</li> </ul> </li> </ul>	CARES
1.2	Contact CARES to Request Validation of Any Previous PASRR Level II Disposition From APS, APD If PASRR Level II > 30 Days Old	<ul style="list-style-type: none"> <li>If the client has a previous PASRR Level II Evaluation and Determination greater than 30 days old, the admitting facility or client/representative must contact CARES to request validation of the previous PASRR Level II disposition.</li> </ul>	NF or Hospital
1.3	Patient or PoA For the Patient Notified of PASRR Level II Screening Request	<ul style="list-style-type: none"> <li>The patient or the authorized representative for the patient must be notified of the PASRR Level II Screening Request.</li> <li>DOEA provides a PASRR Notice Letter Template.</li> </ul>	CARES
1.4	<b>Decision:</b> Registered User of KEPRO Portal?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.6.</li> <li>If No, proceed to process step 1.5.</li> </ul>	
1.5	Provide Necessary Information to CARES Staff Via Fax	<ul style="list-style-type: none"> <li>If the request is from a NF which is a registered user of the KEPRO Portal:                             <ul style="list-style-type: none"> <li>The NF submits the necessary information to KEPRO and,</li> <li>The NF must notify CARES via the PASRR email box of the documentation upload to KEPRO.</li> <li>Hospital must contact CARES. They do not have authority to download to KEPRO website to submit a Level II request</li> </ul> </li> </ul>	NF
1.6	Submit Required Information Via KEPRO	<ul style="list-style-type: none"> <li>The following information for the PASRR Level II must be submitted to KEPRO:                             <ul style="list-style-type: none"> <li>PASRR Level I Screening or Resident Review Request Form;</li> <li>AHCA MedServ 3008 form;</li> <li>Case Notes of treatment/medications;</li> <li>Psychiatric or psychological evaluation (if available); and</li> </ul> </li> </ul>	CARES

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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table –UC07-bAI- CARES Pre-Admission Screening and Resident Review (PASRR) - Level II Process Step Description</i>	<i>Responsibility</i>
		<ul style="list-style-type: none"> <li>o DOEA 701B Assessment or MDS.</li> </ul>	
1.7	Notify the CARES Office Via PASRR Email Box of The Documentation Upload	<ul style="list-style-type: none"> <li>• If the NF uploads the documentation to KEPRO directly, they must notify the CARES office via the PASRR email box of the documentation upload.</li> </ul>	NF
1.8	E	<ul style="list-style-type: none"> <li>• Proceed to process step 1.9.</li> </ul>	
	<b>Level II Evaluator</b>		
1.9	Complete PASRR Level II Evaluation and Determination Summary	<ul style="list-style-type: none"> <li>• A PASRR Level II Evaluation and Determination Summary must be completed within 7 days.</li> </ul>	Evaluator
1.10	<b>Decision:</b> SMI and/or ID Confirmed?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.13.</li> <li>• If No, proceed to process step 1.11.</li> </ul>	Evaluator
1.11	Provide PASRR Level II Evaluation and Determination	<ul style="list-style-type: none"> <li>• If the SMI and/or ID is not confirmed the PASRR Level II Evaluation and Determination must be provided.</li> <li>• If the SMI and/or ID is confirmed and the needs can be met in an NF or alternative setting without the need of specialized services, then the PASRR Level II evaluation and determination must be provided.</li> <li>• If the needed specialized services can be met by an NF, and a PASRR Level II Evaluation and Determination must be provided.</li> </ul>	Evaluator
1.12	A	<ul style="list-style-type: none"> <li>• Proceed to process step 1.19.</li> </ul>	Evaluator
1.13	<b>Decision:</b> Can Needs Be Met in The NF Or Alternative Settings?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.15.</li> <li>• If No, proceed to process step 1.14.</li> </ul>	Evaluator

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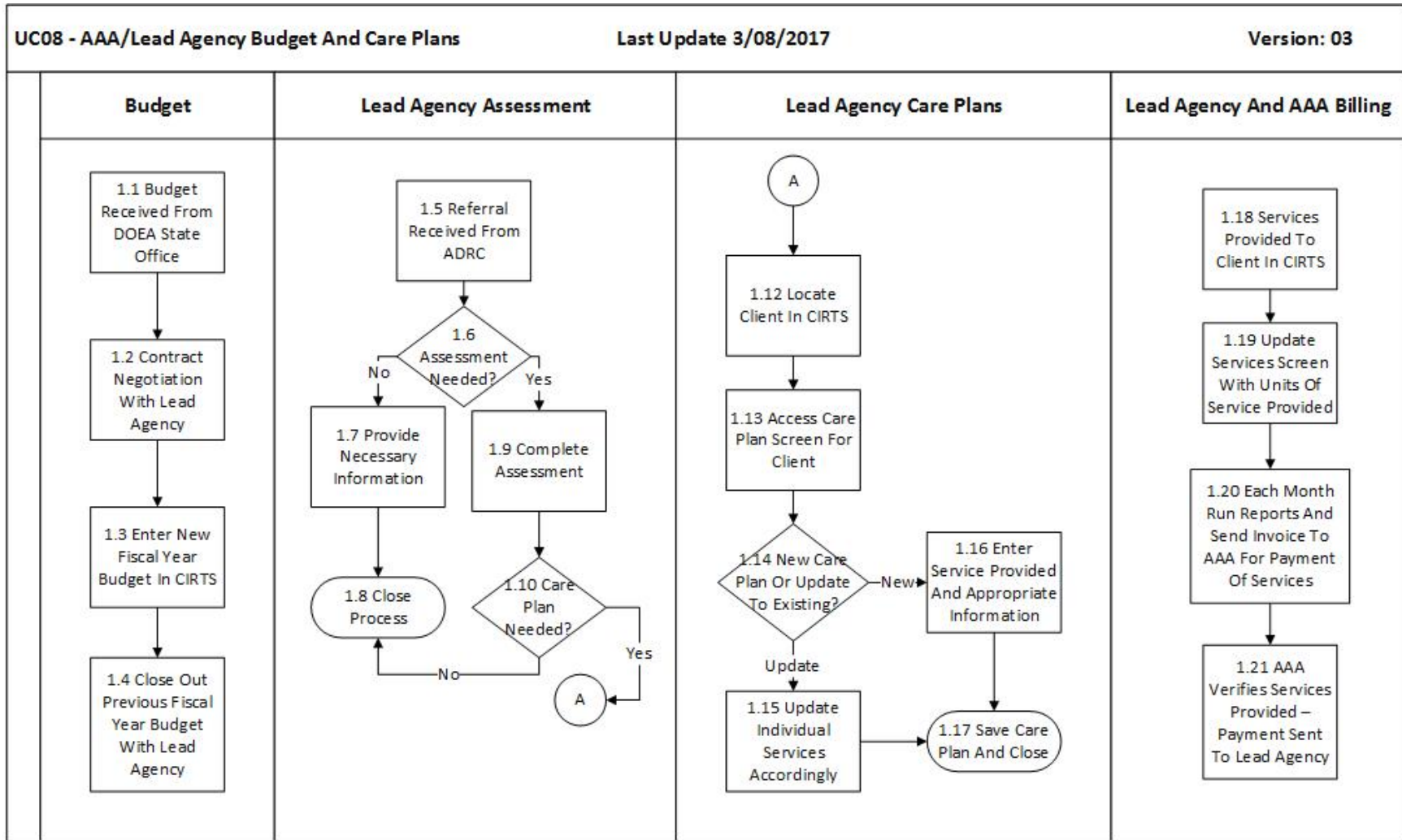
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table –UC07-bAI- CARES Pre-Admission Screening and Resident Review (PASRR) - Level II Process Step Description</b>	<b>Responsibility</b>
1.14	No Admission To NF	<ul style="list-style-type: none"> <li>If the needs cannot be met in the NF or alternative settings, the client cannot be admitted to a NF.</li> <li>If the LOC is requested, it is staffed as a LOC Withhold.</li> <li>NF and DCF is informed of the decision via the DOEA-CARES Form 603.</li> </ul>	Evaluator
1.15	<b>Decision:</b> Are Specialized Services Needed?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.16.</li> <li>If No, proceed to process step 1.11.</li> </ul>	Evaluator
1.16	<b>Decision:</b> Can Services Be Met By NF?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.17.</li> <li>If No, proceed to process step 1.18.</li> </ul>	Evaluator
1.17	Provide Care Plan and PASRR Level II Evaluation and Determination Form	<ul style="list-style-type: none"> <li>If services can be met by the NF, the NF must include the services in the individuals care plan that were identified in the Level II Evaluation and Determination.</li> </ul>	Evaluator
1.18	No Admission To NF	<ul style="list-style-type: none"> <li>If the SMI and/or ID is confirmed but the needs cannot be met in the NF or Alternative settings, the client cannot be admitted to the NF. CARES will issue a withheld LOC and notification of the decision to the NF and DCF is delivered via the DOEA-CARES Form 603.</li> </ul>	Evaluator
	<b>KEPRO For APD and DCF</b>		
1.19	Provide Notification of Determination Document	<ul style="list-style-type: none"> <li>KEPRO as designee for DCF and/or APD must provide notification of determinations to:                             <ul style="list-style-type: none"> <li>CARES;</li> <li>Client or legal guardian;</li> <li>Admitting or retaining NF;</li> <li>Client’s attending physician; and</li> <li>Discharging hospital (if applicable)</li> </ul> </li> </ul>	APS/APD
1.20	C	<ul style="list-style-type: none"> <li>Proceed to process step 1.21.</li> </ul>	

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table –UC07-bAI- CARES Pre-Admission Screening and Resident Review (PASRR) - Level II Process Step Description</b>	<b>Responsibility</b>
1.21	Level of Care (LOC) Is Provided, If Requested	<ul style="list-style-type: none"><li>• CARES, via the staffing process, will provide a LOC for the client.</li></ul>	CARES Staff

3.2.10. UC08AI – AAA/Lead Agency Budget and Care Plans



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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table –UC08AI - ADRC/Lead Agency Budget and Care Plans Process Step Description</b>	<b>Responsibility</b>
	<b>Budget</b>		ADRC Fiscal Administrator
1.1	Budget Received from DOEA State Office	<ul style="list-style-type: none"> <li>• DOEA State Office receives the budget for the next Fiscal Year.</li> <li>• The budget is placed into the Department’s main budget system.</li> <li>• The budget is divided out appropriately to each PSA ADRC.</li> <li>• The ADRC will receive the budget via an Excel spreadsheet.</li> </ul>	DOEA Staff
1.2	Contract Negotiation with Lead Agency	<ul style="list-style-type: none"> <li>• For each Lead Agency, the ADRC Fiscal Office determines budget allocation.</li> <li>• Fiscal Administrator will begin contract negotiations with each Lead Agency to determine their new contracted rate amount for services being provided.</li> <li>• Budgets are received from the Lead Agency and compared to previous years for any increase or decrease in funding requested.</li> </ul>	ADRC Fiscal Administrator
1.3	Enter New Fiscal Year Budget In CIRTS	<ul style="list-style-type: none"> <li>• Once a new budget contact has been confirmed, then the ADRC Fiscal Office will open CIRTS and search for the Provider/Lead Agency.</li> <li>• The Fiscal Office will search for the Lead Agency current Fiscal Year budget. For each line item, on the current budget, they will enter a duplicate line item for the new fiscal year budget.</li> <li>• Each line item is saved, updated with the new approved funding, and saved again.</li> </ul>	ADRC Fiscal Administrator
1.4	Close Out Previous Fiscal Year Budget with Lead Agency	<ul style="list-style-type: none"> <li>• Once the new Fiscal Year budget has been put in place, the ADRC Fiscal Office manually sets the end date for each line item of the current fiscal year to close out the budget.</li> <li>• Each budget is broken down further into the unit rate and amounts for each service the Lead Agency is approved to provide.</li> <li>• There can be 30 services or more per Lead Agency depending on the waiver.</li> <li>• All services must be entered before a Lead Agency can provide services for a client in CIRTS.</li> </ul>	ADRC Fiscal Administrator
	<b>Lead Agency Assessment</b>		



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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table –UC08AI - ADRC/Lead Agency Budget and Care Plans Process Step Description</b>	<b>Responsibility</b>
1.5	Referral Received From ADRC	<ul style="list-style-type: none"> <li>A client is referred to a Lead Agency for services.</li> </ul>	Lead Agency
1.6	<b>Decision:</b> Assessment Needed?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.9.</li> <li>If No, proceed to process step 1.7.</li> </ul>	Lead Agency
1.7	Provide Necessary Information	<ul style="list-style-type: none"> <li>If the client is requesting information on resources the information is provided.</li> </ul>	Lead Agency/ADRC I&R Specialist
1.8	Close Process	<ul style="list-style-type: none"> <li>Once the information has been received, the process will be closed out.</li> <li>The process could be closed by an I&amp;R Specialist in ReferNET.</li> </ul>	Lead Agency/I&R Specialist
1.9	Complete Assessment	<ul style="list-style-type: none"> <li>If an assessment is needed, the Lead Agency will meet with the client and conduct a face-to-face assessment. a paper-based or electronic version of the assessment.</li> <li>The Lead Agency will then enter the handwritten Assessment into the CIRTTS system.</li> <li>A handwritten copy of the Assessment will be placed into the client’s file.</li> </ul>	Lead Agency
1.10	<b>Decision:</b> Care Plan Needed?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.12.</li> <li>If No, proceed to process step 1.8.</li> </ul>	Lead Agency
1.11	A	<ul style="list-style-type: none"> <li>Proceed to process step 1.12.</li> </ul>	Lead Agency
1.12	Locate Client in CIRTTS	<ul style="list-style-type: none"> <li>After an assessment has been completed a Care Plan must be completed for each client.</li> <li>The Lead Agency will create a new care plan for initial clients and will update existing care plans for existing clients.</li> </ul>	Lead Agency
1.13	Access Care Plan Screen for Client	<ul style="list-style-type: none"> <li>Once a client is located in CIRTTS, from the client demographic page, select the Care Plans option.</li> <li>The system will display the Care Plan screen.</li> <li>This option is dependent on the role of the CIRTTS user.</li> </ul>	Lead Agency

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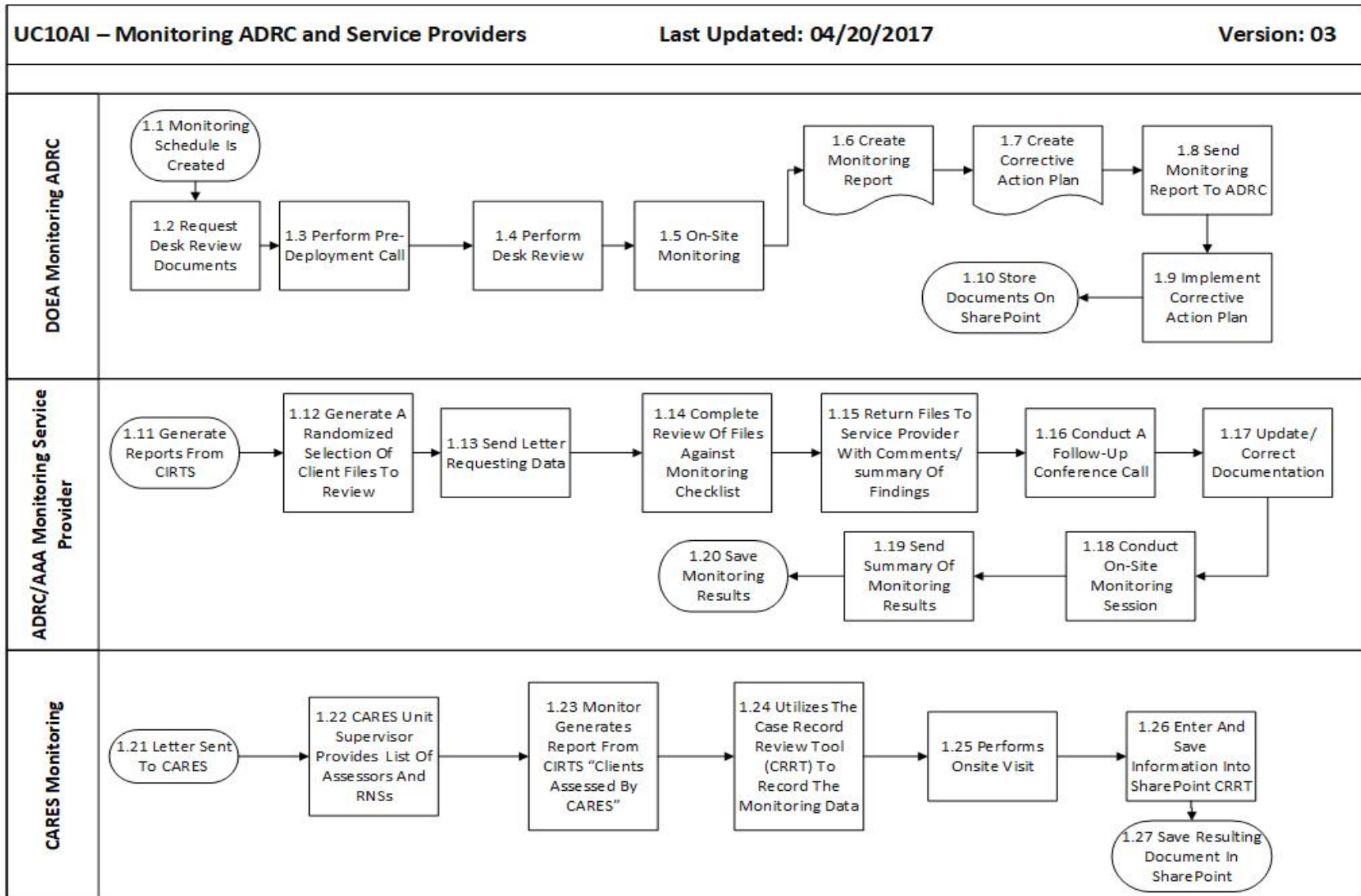
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table –UC08AI - ADRC/Lead Agency Budget and Care Plans Process Step Description</b>	<b>Responsibility</b>
1.14	<b>Decision:</b> New Care Plan or Update Existing?	<ul style="list-style-type: none"> <li>• If New Care Plan, proceed to process step 1.16.</li> <li>• If Update Existing, proceed to process step 1.15.</li> </ul>	Lead Agency
1.15	Update Individual Services Accordingly	<ul style="list-style-type: none"> <li>• If a care plan should be updated, the lead agency will update the existing lines by updating the units and service dates.</li> <li>• If a new care plan is created for a new fiscal year, each entry in the previous year’s care plan must have a service end date. New lines are added for each line item in the care plan for the new service, units, and service dates needed on the care plan.</li> </ul>	Lead Agency
1.16	Enter Service Provided and Appropriate Information	<ul style="list-style-type: none"> <li>• To create a care plan, the lead agency will enter the service, unit frequency, and date range for each service provided.</li> </ul>	Lead Agency
1.17	Save Care Plan and Close	<ul style="list-style-type: none"> <li>• Save the Care Plan throughout the process.</li> <li>• Once the Care Plan is complete, save and close the Care Plan in CIRTIS.</li> </ul>	Lead Agency
	<b>Lead Agency and AAA Billing</b>		
1.18	Services Provided to Client In CIRTIS	<ul style="list-style-type: none"> <li>• Each month, services are provided to the client based on the approved Care Plans found in CIRTIS.</li> </ul>	Lead Agency and ADRC Fiscal Administrator
1.19	Update Services Screen with Units of Service Provided	<ul style="list-style-type: none"> <li>• As the service is provided, the Billing Screens in CIRTIS are updated accordingly with the units of services being provided.</li> </ul>	Lead Agency and AAA Fiscal Administrator
1.20	Each Month Run Report and Send Invoice to AAA For Payment of Services	<ul style="list-style-type: none"> <li>• By the 15<sup>th</sup> of the month, an invoice is created and sent to the ADRC for billing purposes.</li> </ul>	Lead Agency and AAA Fiscal Administrator

<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table –UC08AI - ADRC/Lead Agency Budget and Care Plans Process Step Description</i>	<i>Responsibility</i>
1.21	AAA Verifies Services Provided – Payment Sent to Lead Agency	<ul style="list-style-type: none"> <li>• The ADRC will validate information is correct and the appropriate documentation has been provided to ensure services were provided.</li> <li>• Once the ADRC approves the Lead Agency Invoice, the Invoice is then sent to DOEA State Office for payment.</li> <li>• The payment will then be sent to the Lead Agency.</li> </ul>	Lead Agency and AAA Fiscal Administrator

**3.2.11. UC09AI – Grievance Handling**

Refer to Appendix D: Minimum Guidelines for Recipient Grievance Procedures within the Department of Elder Affairs Programs and Services Handbook.

3.2.12. UC10AI – Monitoring CARES, ADRC and Lead Agencies



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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC10AI - Monitoring CARES, ADRC and Lead Agencies Process Step Description</i>	<i>Responsibility</i>
	<b>DOEA Monitoring ADRC</b>		
1.1	Monitoring Schedule Is Created	<ul style="list-style-type: none"> <li>• Monitoring is conducted with an ADRC Monitoring Tool based on established Interpretive Guidelines for:                             <ul style="list-style-type: none"> <li>○ General Revenue</li> <li>○ APS</li> <li>○ Prioritization of DOEA Services</li> <li>○ ADRC Operations and Activities</li> <li>○ CIRTIS Data Accuracy</li> <li>○ Subcontractor Monitoring and Oversight</li> </ul> </li> <li>• By February, an annual monitoring schedule is created for the process of DOEA monitoring all ADRC/AAA agencies.</li> <li>• Reports from the previous year(s) are reviewed for points of interest and follow-up for the current years monitoring.</li> <li>• The schedule is communicated to the ADRCs.</li> </ul>	DOEA Monitors
1.2	Request Desk Review Documents	<ul style="list-style-type: none"> <li>• A request is emailed to the ADRC with an outline of required documentation to be reviewed.</li> <li>• A copy of the required files is sent back to the DOEA monitoring staff.</li> <li>• A desk review is conducted (to make the most of the time to be spent on-site).</li> </ul>	DOEA Monitors
1.3	Perform A Pre-Deployment Call	<ul style="list-style-type: none"> <li>• A pre-deployment call is conducted for monitoring scheduling and to review what is to be performed while the monitors are on-site.</li> <li>• This typically occurs 3-4 weeks prior to the on-site monitoring visit.</li> </ul>	DOEA Monitors
1.4	Perform Desk Review	<ul style="list-style-type: none"> <li>• Files received from the ADRC are reviewed for accuracy and correctness. If any issues are found they are noted and sent for correction in the Corrective Action Report.</li> </ul>	DOEA Monitors
1.5	On-Site Monitoring	<ul style="list-style-type: none"> <li>• On-site monitoring is conducted at the ADRC as well as some randomly chosen general revenue program contractors.</li> </ul>	DOEA Monitors

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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC10AI - Monitoring CARES, ADRC and Lead Agencies Process Step Description</i>	<i>Responsibility</i>
1.6	Create Monitoring Report	<ul style="list-style-type: none"> <li>• After the monitoring is complete, a report is generated including but not limited to:                             <ul style="list-style-type: none"> <li>○ Monitoring Scope, Objectives, and Methodology.</li> <li>○ PSA Profile.</li> <li>○ Compilation of Findings.</li> <li>○ Suggestions for Improvement.</li> <li>○ PSA Highlights.</li> <li>○ Noteworthy Observations.</li> <li>○ Appendix:                                     <ul style="list-style-type: none"> <li>▪ Legislatively Mandated Performance Outcome Measures.</li> <li>▪ Progress Report.</li> <li>▪ Major Federal, State and Contractual Compliance Guidelines.</li> <li>▪ Statewide Map of PSAs.</li> </ul> </li> </ul> </li> </ul>	DOEA Monitors/ADRC
1.7	Create Corrective Action Plan	<ul style="list-style-type: none"> <li>• An action plan is created, if needed, based on the results of the monitoring process for corrective action.</li> <li>• The plan is created with input from both the ADRC/contractor and DOEA.</li> </ul>	ADRC
1.8	Send Monitoring Report To ADRC	<ul style="list-style-type: none"> <li>• The monitoring report is sent to the ADRC Board President with CC: ADRC Executive Director, DOEA Director of the Financial Administration, DOEA Monitoring and QA Team Members and Contract Manager.</li> </ul>	DOEA
1.9	Implement Corrective Action Plan	<ul style="list-style-type: none"> <li>• DOEA will work with the ADRC to assist with an implementation plan for the corrective actions.</li> </ul>	ADRC
1.10	Store Documents on SharePoint	<ul style="list-style-type: none"> <li>• Monitoring Report and any other created plans are saved into a designated SharePoint site location.</li> </ul>	DOEA
	<b>ADRC/AAA Monitoring Service Provider</b>		
1.11	Generate Reports From CIRT	<ul style="list-style-type: none"> <li>• ADRC monitor generates reports from CIRT.</li> </ul>	ADRC Monitor

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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC10AI - Monitoring CARES, ADRC and Lead Agencies Process Step Description</i>	<i>Responsibility</i>
1.12	Generate A Randomized Selection of Client Files to Review	<ul style="list-style-type: none"> <li>• A selection of client files to review is generated from CIRTTS for the monitoring process.</li> <li>• The selection size of files is around 10 percent sample of the number of clients served by the Lead Agency.</li> </ul>	ADRC Monitor
1.13	Send Letter Requesting Data	<ul style="list-style-type: none"> <li>• A letter is mailed or emailed to the service provider requesting paper copies of documentation needed to perform a review.</li> <li>• If the file(s) is too large, arrangements are made to review the file(s) onsite during the monitor’s visit.</li> <li>• Included in the monitoring files are client files of at least 2 years of data.</li> <li>• Included in the requested monitoring files are the most current training and complaint logs as well as licensing.</li> <li>• Included in the monitoring files is documentation verifying the services entered into CIRTTS are being provided by the service provider.</li> </ul>	ADRC Monitor
1.14	Complete Review of Files Against Monitoring Checklist	<ul style="list-style-type: none"> <li>• A review of the files is conducted per the monitoring checklist the ADRC has developed.</li> </ul>	ADRC Monitor
1.15	Return Files to Service Provider with Comments and Summary of Findings	<ul style="list-style-type: none"> <li>• Files are returned to the service provider with any comments and a summary of findings.</li> <li>• In general, the files are returned within 1-2 weeks of receipt.</li> </ul>	ADRC Monitor
1.16	Conduct A Follow-Up Conference Call	<ul style="list-style-type: none"> <li>• Once the desk review has been completed and comments/summary have been returned to the service provider, a follow-up conference call is conducted to review the results with the service provider.</li> </ul>	ADRC Monitor
1.17	Update/Correct Documentation	<ul style="list-style-type: none"> <li>• The service provider is tasked with making any updates to the data within CIRTTS and/or corrections within 2 weeks of the communicated feedback.</li> </ul>	Service Provider
1.18	Conduct On-Site Monitoring Session	<ul style="list-style-type: none"> <li>• An on-site monitoring session is conducted.</li> </ul>	ADRC Monitor

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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC10AI - Monitoring CARES, ADRC and Lead Agencies Process Step Description</i>	<i>Responsibility</i>
1.19	Send Summary of Monitoring Results	<ul style="list-style-type: none"> <li>Summary of the monitoring results is sent to board chairs of lead agencies and the ADRC board representatives. Dependent on the results, a corrective action plan may be required of the provider by the AAA.</li> </ul>	ADRC Monitor
1.20	Save Monitoring Results	<ul style="list-style-type: none"> <li>Monitoring results are stored in a physical file and in a designated network folder.</li> </ul>	ADRC Monitor
	<b>CARES Monitoring</b>		
1.21	Letter Sent to CARES	<ul style="list-style-type: none"> <li>The RNS creates a schedule for the annual review.</li> <li>The RNS then contacts the CARES Unit by letter alerting them to the monitoring date.</li> </ul>	RNS CARES Monitor
1.22	CARES Unit Supervisor Provides List of Assessors and RNSs	<ul style="list-style-type: none"> <li>The CARES Unit supervisor will respond to the letter confirming the date.</li> <li>Sends the list of assessors and RNSs to the monitor.</li> </ul>	CARES Unit Supervisor
1.23	Monitor Generates Report from CIRT “clients Assessed By CARES”	<ul style="list-style-type: none"> <li>The CARES Monitor uses the list of assessors, or RNS, sent to generate a report from CIRT “clients Assessed by CARES.”</li> <li>Monitor randomly chooses 4 clients per assessor, or RNS.</li> <li>Monitor validates the client file was staffed within the last 4 months.</li> <li>Monitor validates a variety of assessment types for each assessor, or RNS, is available.</li> </ul>	RNS CARES Monitor
1.24	Utilizes the Case Record Review Tool (CRRT) To Record the Monitoring Data	<ul style="list-style-type: none"> <li>The CRRT (Case Record Review Tool) is used to perform the assessment and record the monitor data.</li> <li>The CRRT is a form located on the CRRT area of the CARES SharePoint site.</li> <li>The monitor prints out the form and makes edits on the physical form first.</li> </ul>	RNS CARES Monitor
1.25	Perform Onsite Visit	<ul style="list-style-type: none"> <li>Once the desk review of the files is completed, an onsite assessment is performed.</li> <li>The onsite assessment consists of observation: assessment and staffing as well as viewing of physical documentation ensure it supports the data entered into CIRT.</li> </ul>	RNS CARES Monitor



<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC10AI - Monitoring CARES, ADRC and Lead Agencies Process Step Description</i>	<i>Responsibility</i>
1.26	Enter and Save Information into SharePoint CRRT	<ul style="list-style-type: none"> <li>The monitor uses the physical form printed from SharePoint as reference to enter data into the electronic version of the document within SharePoint.</li> <li>Because it takes a long time to open and save the document in SharePoint, the monitor enters the information into the document all at once. Once the save button is clicked, the monitor waits until the document appears in the list of saved documents before the form is closed.</li> </ul>	RNS CARES Monitor
1.27	Save Resulting Document SharePoint	<ul style="list-style-type: none"> <li>The resulting document is saved as a PDF.</li> <li>The monitor and the PSA supervisor have access to this document.</li> <li>The resulting document does have direct bearing on the assessor's, or RNS's, annual review. Given this, it is important to maintain the integrity of the monitoring document and to be sure the questions are clear and relevant.</li> </ul>	RNS CARES Monitor

**3.2.13. UC11AI – Emergency Preparedness**

Refer to Chapter 8: Emergency Management and Preparedness within the Department of Elder Affairs Programs and Services Handbook.

**3.3. To-Be (TB) Process Descriptions**

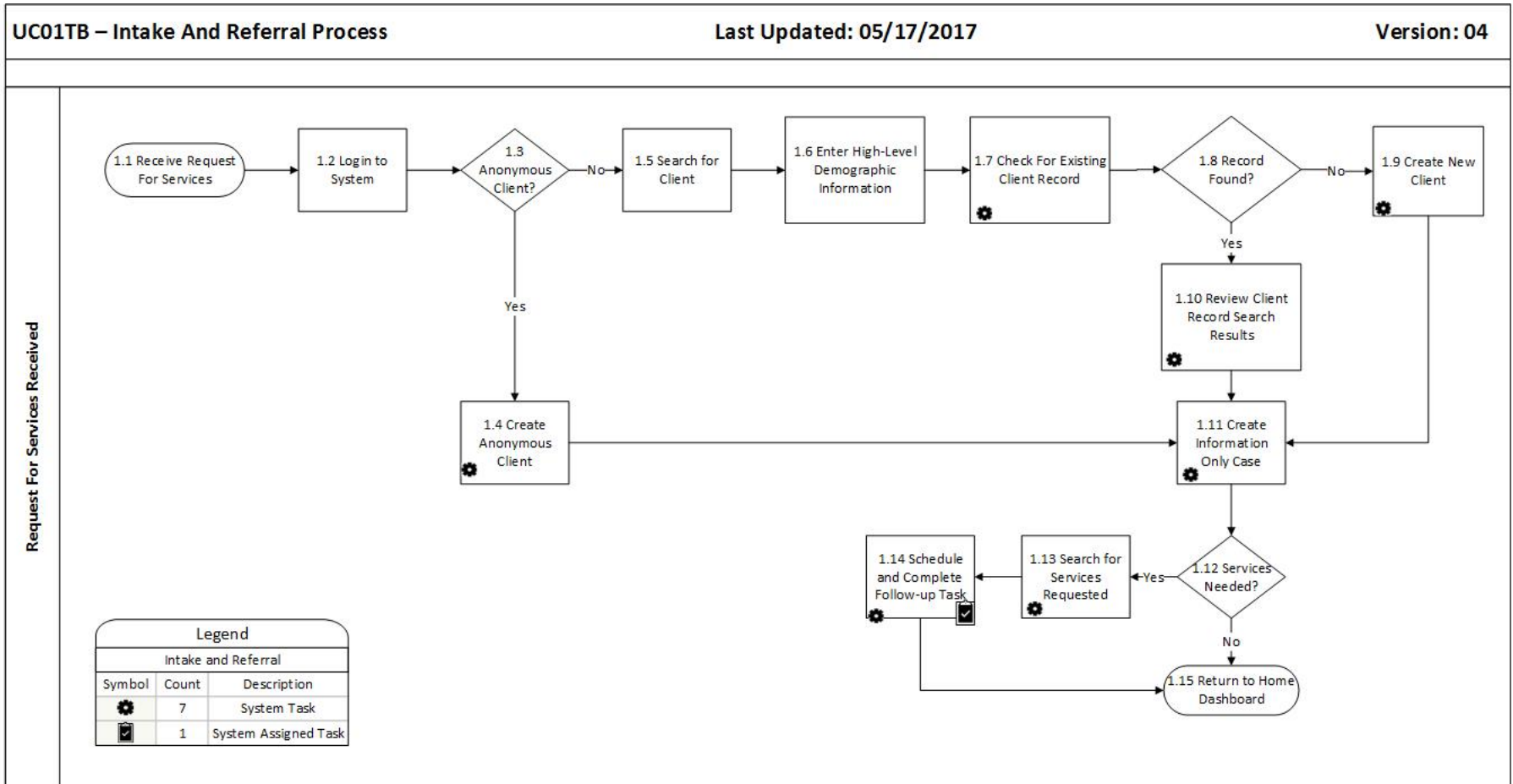
The following use cases are used to illustrate the To-Be process flows in the following subsections.

Use Case	Process Flow Description
UC01TB	CARES Intake and ADRC Information & Referral Process
UC02TB	CARES Assessment Process
UC03TB	ADRC Screening Process
UC04TB	Lead Agency Assessment and Care Plan Process
UC05TB	Service Billing Process
UC06TB	CARES LOC, Recommended Placement and Staffing Process
UC07TB	CARES Follow-up Process
UC08TB	Monitoring Process
UC09TB	Complaint Process
UC10TB	Provider and Contract Management Process
UC11TB	Account Registration Process
UC12TB	CARES Case Record Review Tool (CRRT)
UC13TB	PASRR Level I Process

**Table 3.3 – To-Be Process Flows**

3.4. To-Be (TB) Process Flows

3.4.1. UC01TB – CARES Intake and ADRC Information and Referral To-Be Application Process



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Process Step #	Process Step	Process Summary Table – UC01TB – CARES Intake and ADRC I&R Process Process Step Description	Responsibility	Change Implication
	<b>Request for Services Received</b>			
1.1	Receive Request for Services	<ul style="list-style-type: none"> <li>• The Intake process begins with a request for services received by an ADRC or CARES office through one the following channels:                             <ul style="list-style-type: none"> <li>○ Phone Call (including the Elder Helpline);</li> <li>○ U.S. Postal Mail;</li> <li>○ Email;</li> <li>○ Fax; or</li> <li>○ Hand Delivery.</li> </ul> </li> </ul>	ADRC I&R/ CARES Staff Assistant	Communication
1.2	Login to System	<ul style="list-style-type: none"> <li>• The user logs into the system.</li> <li>• The system displays the users Home Dashboard.</li> </ul>	ADRC I&R/ CARES Staff Assistant	Communication
1.3	<b>Decision:</b> Anonymous Client?	<p>An anonymous client is as a contact, or client, who refuses to provide their name, phone number or any identifying information</p> <ul style="list-style-type: none"> <li>• If yes, proceed to process step 1.4.</li> <li>• If No, proceed to process step 1.5.</li> </ul>		
1.4	Create Anonymous Client	<ul style="list-style-type: none"> <li>• If the client requests to remain anonymous, the user selects <i>Add New Client</i> from the Home Dashboard, and selects the <i>Anonymous</i> checkbox.</li> <li>• The system disables the demographic fields shown on the Search screen.</li> <li>• The system displays the client demographic screen.</li> <li>• Proceed to process step 1.11.</li> </ul>	ADRC I&R	Business/ Operations, Training
1.5	Search for Client	<ul style="list-style-type: none"> <li>• The User selects the link to Search for a client.</li> <li>• The system displays the Search Screen.</li> </ul>	ADRC I&R/ CARES Staff Assistant	Communication

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Process Step #	Process Step	Process Summary Table – UC01TB – CARES Intake and ADRC I&R Process Process Step Description	Responsibility	Change Implication
1.6	Enter High-Level Demographic Information	<ul style="list-style-type: none"> <li>• Any of the following demographic information for the client requesting services is entered into the search screen:                             <ul style="list-style-type: none"> <li>○ First Name.</li> <li>○ Last Name.</li> <li>○ Date of Birth.</li> <li>○ SSN.</li> <li>○ Medicaid ID Number.</li> </ul> </li> <li>• User selects <i>Search</i>.</li> </ul>	ADRC I&R/ CARES Staff Assistant	Business/ Operations
1.7	Check for Existing Client Record	<ul style="list-style-type: none"> <li>• The system searches the client record database for one or multiple matching records in priority order:                             <ul style="list-style-type: none"> <li>○ SSN (if supplied).</li> <li>○ First Name, Last Name and Date of Birth.</li> </ul> </li> <li>• Possible matching results will display:                             <ul style="list-style-type: none"> <li>○ Exact matches on SSN.</li> <li>○ Predetermined percentage of matches on SSN.</li> <li>○ Exact matches on First Name, Last Name, and Date of Birth.</li> <li>○ Predetermined percentage of matches on First Name, Last Name, and Date of Birth.</li> </ul> </li> <li>• The system displays a search in progress indicator until the search results are presented to the user.</li> </ul>	System	Business/ Operations
1.8	<b>Decision:</b> Record Found?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.10.</li> <li>• If the system displays “No records found,” proceed to process step 1.9.</li> </ul>	System	None
1.9	Create New Client	<ul style="list-style-type: none"> <li>• The user selects <i>Create a New Client</i> from the Search Results screen.</li> <li>• The search criteria entered in process step 1.6 will prepopulate the required fields for the new client record.</li> </ul>	ADRC I&R/ CARES Staff Assistant	Business/ Operations

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Process Step #	Process Step	Process Summary Table – UC01TB – CARES Intake and ADRC I&R Process Process Step Description	Responsibility	Change Implication
		<ul style="list-style-type: none"> <li>• The user completes any additional required information and selects <i>Save</i>.</li> <li>• The system displays the Client screen.</li> </ul>		
1.10	Review Client Search Results	<ul style="list-style-type: none"> <li>• A list of records in the Search Results screen will be displayed to the user.                             <ul style="list-style-type: none"> <li>○ If the user determines none of the clients in the list match their client, the user will proceed to process step 1.9 to create a new client.</li> </ul> </li> <li>• The user selects a client from the list and opens the client demographics screen in view only mode.</li> <li>• The user selects <i>Edit</i>, and inputs or updates the additional information into the demographics screen, and selects <i>Save</i>.</li> <li>• The system displays the Client screen in view only mode.</li> </ul>	ADRC I&R/ CARES Staff Assistant, and System	Business/ Operations
1.11	Create Information Only Case	<ul style="list-style-type: none"> <li>• User selects <i>Create Case</i> from Client Screen.</li> <li>• The system defaults the case type to Information Only (The user can update the case type as appropriate during the CARES Intake and ADRC I&amp;R process).</li> <li>• The system defaults the case owner to the user.</li> <li>• The user enters notes as appropriate.</li> <li>• The user may update the case owner by selecting <i>Assign</i> and choosing a person, or queue, from the drop-down list and select <i>Save</i>.                             <ul style="list-style-type: none"> <li>○ The system will update the case owner and place an alert on the new case owners Home Dashboard.</li> <li>○ The system will return the user to the Client Screen.</li> </ul> </li> <li>• User selects <i>Save</i> and is returned to the Case Screen.</li> </ul>	ADRC I&R/ CARES Staff Assistant, and System	Business/ Operations, Training, Communications
1.12	<b>Decision:</b> Services Needed?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.13.</li> <li>• If No, proceed to process step 1.15.</li> </ul>	ADRC I&R	None

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Process Step #	Process Step	Process Summary Table – UC01TB – CARES Intake and ADRC I&R Process Process Step Description	Responsibility	Change Implication
1.13	Search for Services Requested	The user may refer the client for services available in their area. <ul style="list-style-type: none"> <li>• The user selects <i>Services</i> from the Case Screen.</li> <li>• The system displays a Search for Services Screen.</li> <li>• The user performs a search for services requested by the client based on their geographic location and the system returns search results.</li> <li>• The user adds the service(s) referred to the client.</li> <li>• The system will return to the Search for Services Screen.                             <ul style="list-style-type: none"> <li>○ If the client needs additional services referred, the user will continue searching for services until all services have been referred.</li> </ul> </li> <li>• The user enters contact history notes for the services provided to the client.</li> <li>• The user may update the case owner by selecting <i>Assign</i> and choosing a person, or queue, from the drop-down list and select <i>Save</i>.                             <ul style="list-style-type: none"> <li>○ The system will update the case owner and place an alert on the new case owners Home Dashboard.</li> <li>○ The system will return the user to the Client Screen.</li> </ul> </li> <li>• User selects <i>Save</i> and is returned to the Case Screen.</li> <li>• The system saves the information, updates the case type to Referral and the case status is set to In Progress.</li> </ul>	ADRC I&R, System	Business/ Operations, Training, Communications
1.14	Schedule and Complete Follow-Up Task	Referral cases require a follow-up to be scheduled and completed defined by business rules. <ul style="list-style-type: none"> <li>• The system schedules a follow-up task as defined by business rules and creates an alert for the assigned case owner on their Home Dashboard.</li> </ul>	System	Business/ Operations, Training, Communications
1.15	Return to Home Dashboard	<ul style="list-style-type: none"> <li>• The user selects <i>Close</i> from the Case Screen.</li> <li>• The system displays the users Home Dashboard.</li> </ul>	ADRC I&R/	Business/ Operations

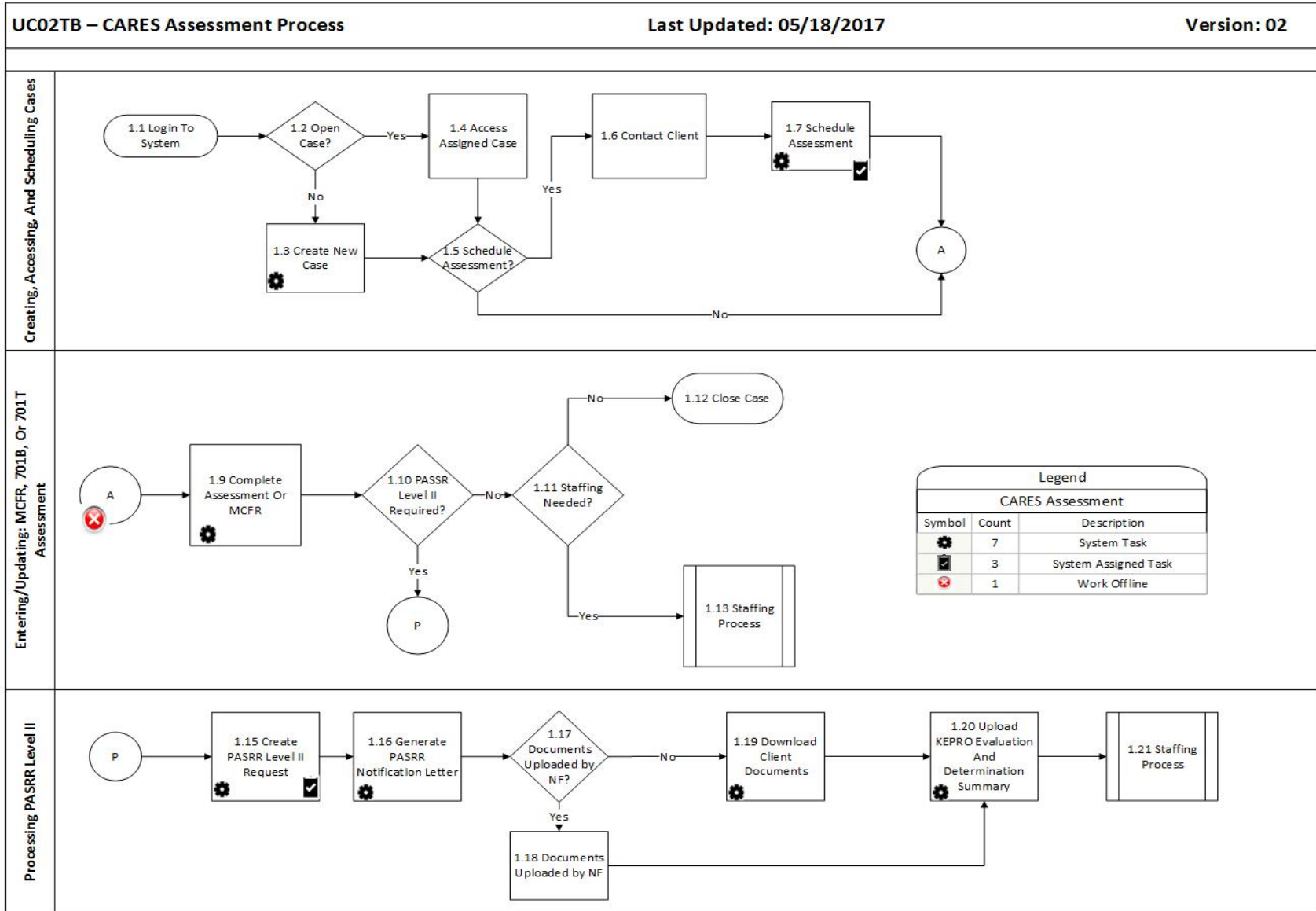
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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC01TB – CARES Intake and ADRC I&amp;R Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implication</i>
			CARES Staff Assistant	



3.4.2. UC02TB – CARES Assessment Process



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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC02TB – CARES Assessment Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implication</i>
	<b>Receiving Cases</b>			
1.1	Login to System	<ul style="list-style-type: none"> <li>User logs into the system.</li> <li>The system displays their Home Dashboard.</li> </ul>	CARES Assessor/ RNS, CARES Staff Assistant	Business/ Operations
1.2	<b>Decision:</b> Open Case?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.4</li> <li>If No, proceed to process step 1.3</li> </ul>	CARES Assessor/ RNS, CARES Staff Assistant	None
1.3	Create New Case	<p>A case must be opened for an Assessment to be completed.</p> <ul style="list-style-type: none"> <li>The user selects <i>Search Client</i> from their Home Dashboard and the system displays the Search Screen.</li> <li>The user enters the required information and selects <i>Search</i>.</li> <li>The system displays the search results.</li> <li>The user selects the client from the list of search results and the system displays the Client Screen.</li> <li>The user selects <i>Create Case</i> from the Client Screen, the system will assign the case by default to the user and the system displays the Case Screen with the case type defaulted to Information Only.</li> <li>The user selects the Case Type from the following drop-down list: <ul style="list-style-type: none"> <li>Initial</li> <li>Annual Assessment</li> <li>Reassessment</li> <li>Transfer Assessment</li> </ul> </li> <li>The user may update the case owner by selecting <i>Assign</i> and choosing a person, or queue, from the drop-down list and select <i>Save</i>. <ul style="list-style-type: none"> <li>The system will update the case owner and place an alert on the new case owners Home Dashboard.</li> <li>The system will return the user to the Case Screen.</li> </ul> </li> </ul>	CARES Assessor/ RNS, CARES Staff Assistant	Business/ Operations, Training

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC02TB – CARES Assessment Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
		<ul style="list-style-type: none"> <li>Proceed to process step 1.5</li> </ul>		
1.4	Access Assigned Case	<p>The user receives an assigned case through the Intake and Referral Process.</p> <ul style="list-style-type: none"> <li>The user selects the assigned case from their Home Dashboard.</li> <li>The system displays the Case Screen.</li> </ul>	CARES Assessor/ RNS, CARES Staff Assistant	Business/ Operations
1.5	<b>Decision:</b> Schedule Assessment?	<p>All assessments except MCFR must be scheduled.</p> <ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.6.</li> <li>If No, proceed to process step 1.9.</li> </ul>	CARES Assessor/ RNS, CARES Staff Assistant	None
1.6	Contact Client	<ul style="list-style-type: none"> <li>The user selects <i>Log Contact</i> from the Case Screen.</li> <li>The system displays the Contact form and populates the Preferred Communication Method as defined by business rules.</li> <li>The user attempts to contact the client and enters the appropriate notes.</li> <li>The user selects the <i>Contact Outcome</i> from the following drop-down list: <ul style="list-style-type: none"> <li>Successful.</li> <li>Unsuccessful.</li> </ul> </li> <li>The user selects <i>Save</i> the system saves the information and returns the user to the Case Screen.</li> </ul>	CARES Assessor/ RNS, CARES Staff Assistant	Business/ Operations
1.7	Schedule Assessment	<ul style="list-style-type: none"> <li>The user selects <i>Schedule Assessment</i> from the Case Screen.</li> <li>The system displays the case owner’s calendar.</li> <li>The user selects the date and time of the assessment and selects <i>Save</i>.</li> <li>The system places an assessment task on the case owner’s calendar and if the client has email, sends a calendar appointment to their email address.</li> </ul>	CARES Assessor/ RNS, CARES Staff Assistant	Business/ Operations, Training

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC02TB – CARES Assessment Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
		<ul style="list-style-type: none"> <li>• The system will generate an alert on the case owner’s Home Dashboard notifying the Assessor to check for Required Medical Documentation prior to scheduled assessment.</li> <li>• Proceed to process step 1.9.</li> </ul>		
1.8	A	<ul style="list-style-type: none"> <li>• Proceed to process step 1.9.</li> </ul>		
	<b>Entering/Updating: MCFR, 701B or 701T Assessment</b>	<ul style="list-style-type: none"> <li>• The MCFR and Assessment forms can be completed remotely by a mobile device when wireless or cellular service is not available, and when the user reconnects to the system, the data collected will synchronize with the client record.</li> </ul>		
1.9	Complete Assessment or MCFR	<ul style="list-style-type: none"> <li>• The user selects the client’s case from their Home Dashboard and the system displays the Case screen.</li> <li>• The user selects <i>Conduct Assessment</i> from the Case Screen.</li> <li>• The user selects <i>Assessment Type</i> from the following drop-down list: <ul style="list-style-type: none"> <li>○ 701B – Comprehensive Assessment Form.</li> <li>○ 701T – Mini Assessment Form – used for NF.</li> <li>○ MCFR - Medical Case File Review.</li> </ul> </li> <li>• If a previous 701B or 701T assessment exists, a message is displayed: “Copy Previous Assessment dated: mm/dd/yyyy?”</li> <li>• If the user selects <i>Yes</i>, assessment data from the previous assessment is populated to the current assessment form.</li> <li>• If the user selects <i>No</i>, a blank assessment form is displayed.</li> <li>• The user updates or completes the assessment form.</li> <li>• The user selects <i>Complete</i>, the system computes the Priority and Rank Score and updates the Assessment Task to Complete.</li> <li>• The system will validate the client’s demographic information against the FLORIDA and FMMIS databases.</li> <li>• The system displays the Case Screen.</li> </ul>	CARES Assessor, System	Business/ Operations, Training

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC02TB – CARES Assessment Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
		<b>Note:</b> If a user exits the Assessment before the assessment is marked complete, the system will provide the option to save the assessment. When the user accesses the case, the system will return the user to the assessment at the point where the user previously exited.		
1.10	<b>Decision:</b> PASRR Level II Required?	A PASRR Level II may be required if the client is requesting NF placement and is suspected to have a SMI or ID. <ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.15.</li> <li>• If No, proceed to process step 1.11.</li> </ul>	CARES Assessor/ RNS	Business/ Operations, Training
1.11	<b>Decision:</b> Staffing Needed?	Staffing is required to recommend a LOC and Placement for the client. <ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.13.</li> <li>• If No, proceed to process step 1.12.</li> </ul>	CARES Assessor, RNS	None
1.12	Close Case	<ul style="list-style-type: none"> <li>• The user selects <i>Close Case</i>.</li> <li>• If tasks linked to the case are open, the system displays a pop-up message: “The case cannot be closed until the following tasks are completed [system displays list of open tasks with an option to close the tasks].”</li> <li>• Once all tasks associated with the case are closed, the user enters a case note, selects the <i>Close Reason</i> from the drop-down and selects <i>Close</i>.</li> <li>• The system updates the case status to Closed and displays the user’s Home Dashboard.</li> </ul>	CARES Assessor, RNS	Business/ Operations, Training
1.13	Staffing Process	<ul style="list-style-type: none"> <li>• Proceed to the <b>UC04TB – Staffing Process</b>.</li> </ul>	CARES Assessor, RNS	Business/ Operations, Training
1.14	P	<ul style="list-style-type: none"> <li>• Proceed to process step 1.15.</li> </ul>		
	<b>Processing PASRR Level II</b>			

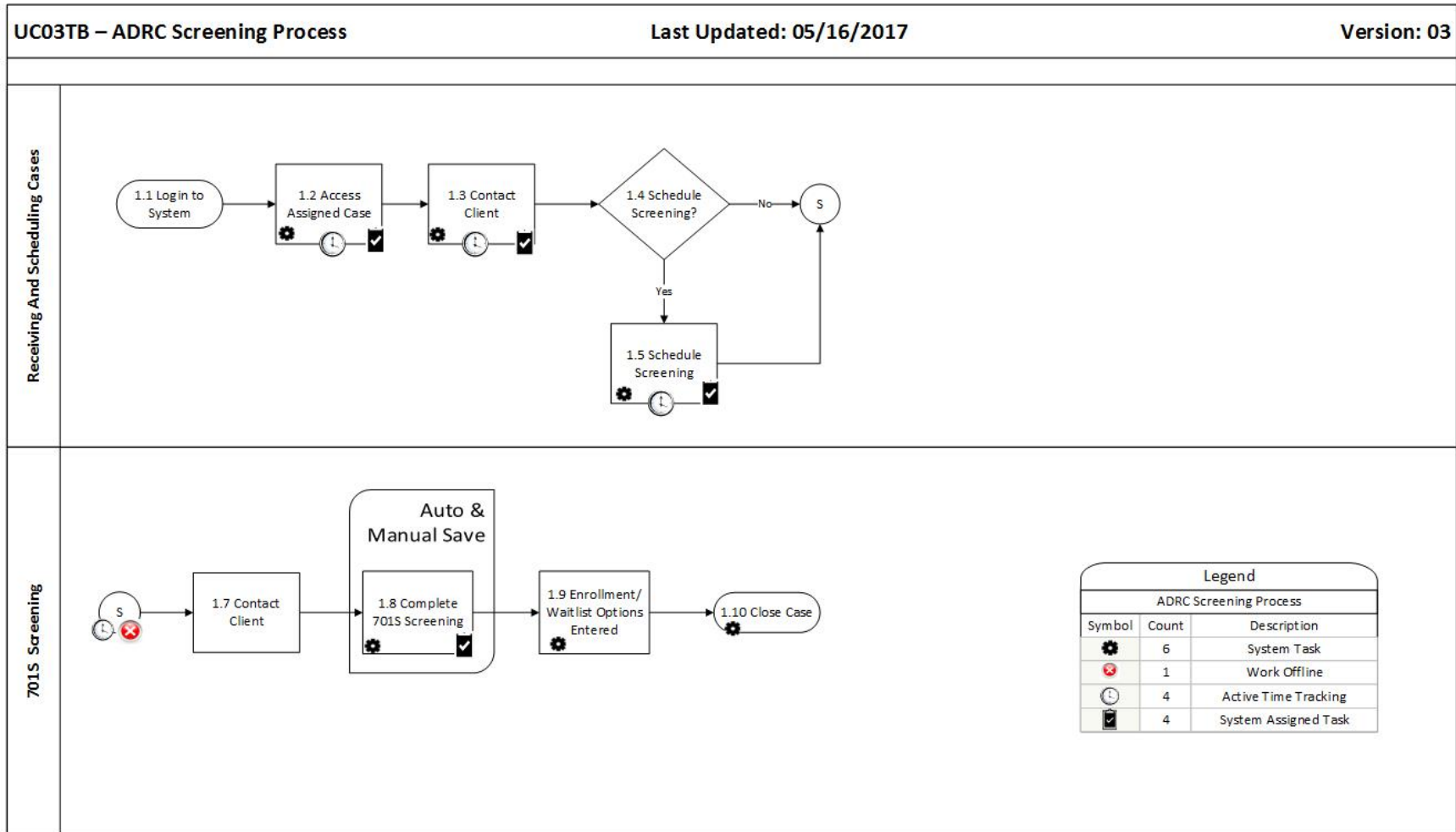
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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC02TB – CARES Assessment Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implication</i>
1.15	Create PASRR Level II Request	<ul style="list-style-type: none"> <li>The user selects <i>Create PASRR Level II Request</i> from the Case Screen.</li> <li>The system creates a task for a PASRR Level II request and displays the Task window with the user as the default assignee.</li> <li>The user may update the assignee by selecting <i>Assign</i> and choosing a person, or queue, from the drop-down list and select <i>Save</i>.                             <ul style="list-style-type: none"> <li>The system updates the assignee and places an alert on the new assignee’s Home Dashboard.</li> </ul> </li> <li>The system returns the user to the Client Screen.</li> </ul>	CARES Assessor, RNS, System	Business/ Operations, Training
1.16	Generate PASRR Notification Letter	<ul style="list-style-type: none"> <li>The user selects <i>Generate PASRR Notification</i> from the <i>PASRR Level II Request</i> task screen.</li> <li>The system generates a PASRR notification letter using the client, or representative, demographic information, saves it to the client’s record as a PDF file, and displays the PDF to the user.</li> <li>The letter is sent using the clients Preferred Communication Method.</li> <li>The user selects <i>Save</i> and the system displays the Task Screen.</li> </ul>	CARES Assessor, RNS, System	Business/ Operations, Communications
1.17	<b>Decision:</b> Documents Uploaded by NF?	<p>Nursing Facility Staff may upload documentation to the KEPRO Portal on behalf of the client. If a NF has uploaded the client documentation, CARES must approve the documentation for submission to KEPRO.</p> <p>If Yes, proceed to process step 1.19. If No, proceed to process step 1.20.</p>	CARES Assessor, RNS	None
1.18	Documents Uploaded by NF	<ul style="list-style-type: none"> <li>The user logs into KEPRO, reviews the documents sent by the NF.</li> <li>The user determines the PASRR Level II is deemed appropriate and selects <i>Submit</i>.</li> <li>The documentation is sent to KEPRO.</li> <li>Proceed to process step 1.20.</li> </ul>	CARES Assessor, RNS	None

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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC02TB – CARES Assessment Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implication</i>
1.19	Download Client Documents	<p>Client documents are stored electronically on the client record.</p> <ul style="list-style-type: none"> <li>• The user selects <i>Download Client Documents</i> from the Task Screen.</li> <li>• The system displays the documents attached to the client record.</li> <li>• The user selects the documents to download, selects <i>Download</i> and chooses the location to store the documents.</li> <li>• The user selects the hyperlink to the KEPRO document upload web page from the Task Screen (the KEPRO web page will be displayed), submits the selected documents, and closes the KEPRO web page.</li> <li>• The system displays the Task Screen.</li> <li>• The user selects the <i>Date Submitted to KEPRO</i> and selects the date.</li> <li>• The user selects <i>Save</i>, the system creates the PASRR Level II Request Task, assigns the task to the user’s Home Dashboard, and displays the user’s Home Dashboard.</li> </ul>	CARES Assessor, RNS, System	Business/Operations, Training
1.20	Upload KEPRO Evaluation and Determination Summary	<ul style="list-style-type: none"> <li>• The Evaluation and Determination Summary are received from KEPRO and saved to the client record.</li> <li>• The system populates the <i>Date Received from KEPRO</i> in the PASRR Level II Request task and updates the task status to Closed.</li> </ul>	System	Business/Operations, Training
1.21	Staffing Process	<ul style="list-style-type: none"> <li>• Proceed to the <b>UC04TB – Staffing Process</b>.</li> </ul>	CARES Assessor, RNS	None

3.4.3. UC03TB – ADRC Screening Process





Deliverable 2 CIRT Business Process and Definition Document

<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC03TB – ADRC Screening Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
	<b>Creating, Receiving, and Scheduling Cases</b>			
1.1	Login to System	<ul style="list-style-type: none"> <li>User logs into the system.</li> <li>System displays their Home Dashboard.</li> </ul>	ADRC Staff	Business/ Operations
1.2	Access Assigned Case	<p>The user receives an assigned case through the Intake and Referral Process.</p> <ul style="list-style-type: none"> <li>A user selects the assigned case from their Home Dashboard.</li> <li>The system displays the Case Screen.</li> </ul>	ADRC Staff, System	Business/ Operations, Training
1.3	Contact Client	<ul style="list-style-type: none"> <li>The user selects <i>Log Contact Attempt</i> from the Case Screen.</li> <li>The system displays the Contact form and prepopulates the Preferred Communication Method as defined by business rules.</li> <li>The user attempts to contact the client and selects the Contact Outcome from the following drop-down list: <ul style="list-style-type: none"> <li>Successful.</li> <li>Unsuccessful.</li> </ul> </li> <li>The user enters the appropriate notes based on the outcome of the call.</li> <li>The user selects <i>Save</i>, the system saves the information and returns the user to the Case Screen.</li> </ul>	ADRC Staff, System	Business/ Operations, Training
1.4	<b>Decision:</b> Schedule Screening?	<p>If the client is unable to complete the screening when contacted initially by the ADRC Staff, the screening is scheduled for completion.</p> <ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.5.</li> <li>If No, proceed to process step 1.7.</li> </ul>	ADRC Staff	Business/ Operations
1.5	Schedule Screening	<ul style="list-style-type: none"> <li>The user selects <i>Schedule Screening</i> from the Case Screen.</li> <li>The system displays the case owner’s calendar.</li> <li>The user selects the date and time of the screening and selects <i>Save</i>.</li> <li>The system places an assessment task on the user’s calendar and if the client has email, sends a calendar appointment to their email address.</li> </ul>	ADRC Staff, System	Business/ Operations, Training

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC03TB – ADRC Screening Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
1.6	S	<ul style="list-style-type: none"> <li>Proceed to process step 1.7.</li> </ul>		
	<b>701S Screening</b>			
1.7	Contact Client	<ul style="list-style-type: none"> <li>The user selects <i>Log Contact Attempt</i> from the Case Screen.</li> <li>The system displays the Contact form and prepopulates the Preferred Communication Method as defined by business rules.</li> <li>The user attempts to contact the client and selects the Contact Outcome from the following drop-down list:                             <ul style="list-style-type: none"> <li>Successful; or</li> <li>Unsuccessful.</li> </ul> </li> <li>The user enters the appropriate notes based on the outcome of the call.</li> <li>The user selects <i>Save</i>, the system saves the information and returns the user to the Case Screen.</li> </ul>	ADRC Staff, System	Business/ Operations, Training
1.8	Complete 701S Screening	<ul style="list-style-type: none"> <li>The user selects the client’s case from their Home Dashboard and the system displays the Case screen.</li> <li>The user selects <i>Begin Screening</i> from the Case Screen.</li> <li>If a previous screening exists, a message is displayed: “Copy Previous screening dated: mm/dd/yyyy?”</li> <li>If the user selects <i>Yes</i>, data from the previous screening is populated to the current screening form.</li> <li>If the user selects <i>No</i>, a blank screening form is displayed.</li> <li>The user updates the screening form.</li> <li>The user selects <i>Complete</i>, the system computes the Priority and Rank Score, updates the Screening Task to Complete, and displays the Case Screen.</li> </ul> <p><b>Note:</b> If a user exits the assessment before the assessment is marked complete, the system will provide the option to save the assessment. When the user accesses the case, the system will return the user to the assessment at the point where the user previously exited.</p>	ADRC Staff, System	Business/ Operations, and Training

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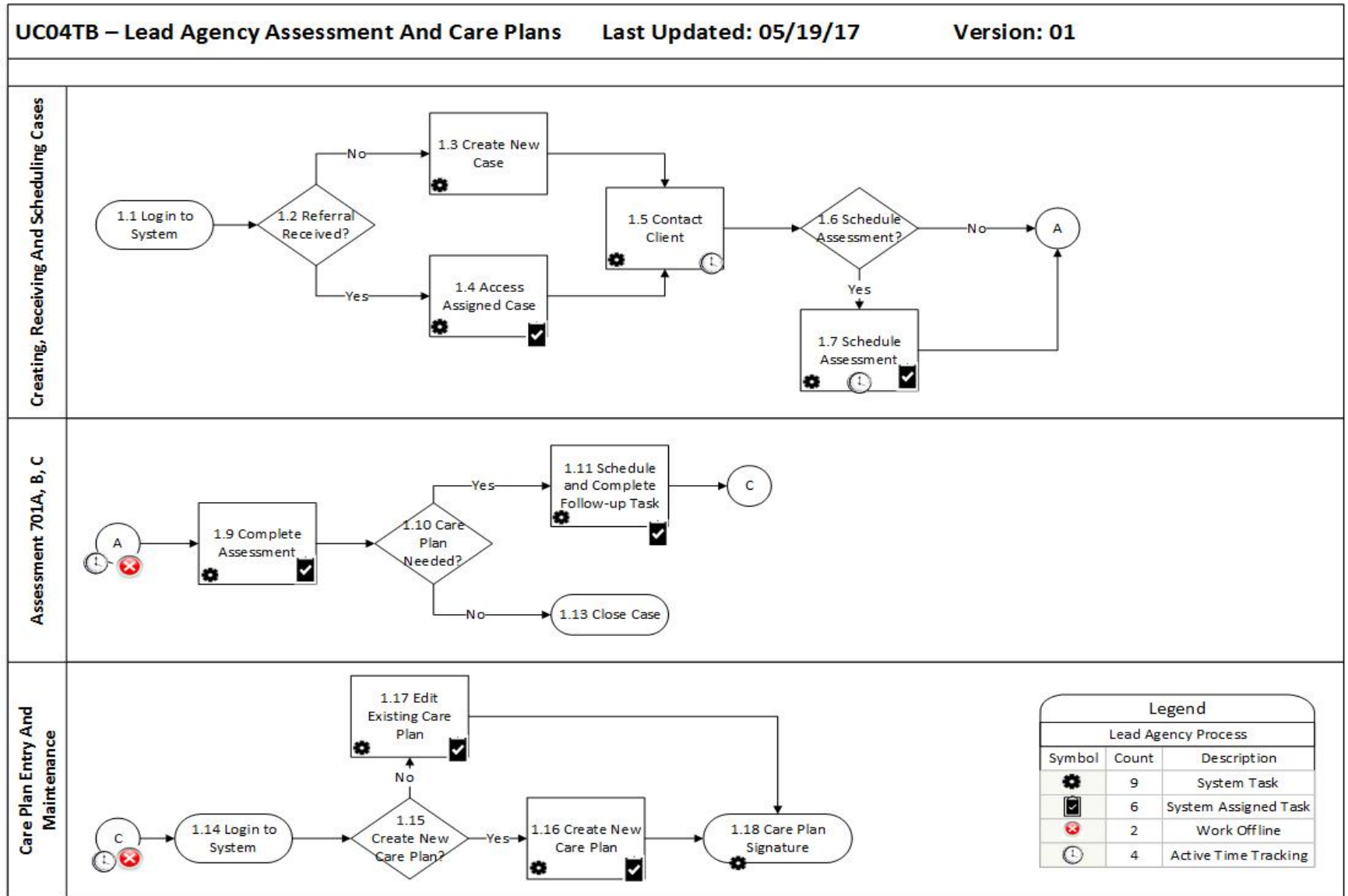
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC03TB – ADRC Screening Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
1.9	Enrollment/Waitlist Options Entered	<p>The waitlist is a program-specific list maintained in the system when immediate enrollment in the SMMC LTC is not available. The waitlist has many programs with each program having many clients associated with it. If a client is determined to need services which are not currently available, they are placed on the waitlist.</p> <ul style="list-style-type: none"> <li>• The user selects <i>waitlist</i> from the Case Screen.</li> <li>• The system displays waitlist Form.</li> <li>• The user selects one, or multiple, programs from a check list and the system adds the client to each appropriate program waitlist.</li> <li>• The user selects <i>Save</i>, the system:               <ul style="list-style-type: none"> <li>○ Validates the client’s demographic information against the FLORIDA and FMMIS databases;</li> <li>○ Evaluates need for Medicaid Eligibility Documents to be sent based on priority and rank score;</li> <li>○ Prepopulates the Medicaid Eligibility Documents with client’s demographic information if priority and rank score are met;</li> <li>○ Sends Medicaid Eligibility Documents electronically, if the client meets priority and rank score range and has elected to receive the documents via email;</li> <li>○ Notifies the user to print and mail Medicaid Eligibility Documents to the client If the client meets priority and rank score range and has not elected to receive the documents electronically; and</li> <li>○ Is returned to the Case Screen.</li> </ul> </li> </ul>	ADRC Staff, System	Business/ Operations, Policy, and Training
1.10	Close Case	<ul style="list-style-type: none"> <li>• The user selects <i>Close Case</i>.               <ul style="list-style-type: none"> <li>○ If tasks linked to the case are open the system displays a message: “All tasks must be closed prior to closing the case.”</li> </ul> </li> <li>• Once all tasks associated with the case are closed, the user enters a case note, selects the Close Reason from the drop-down and selects <i>Close</i>.</li> <li>• The system updates the case status to Closed and displays the user’s Home Dashboard.</li> </ul>	ADRC Staff, System	Business/ Operations

Deliverable 2 CIRTTS Business Process and Definition Document

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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC03TB – ADRC Screening Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implication</i>
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3.4.4. UC04TB – Lead Agency Assessment and Care Plan Process



Deliverable 2 CIRT'S Business Process and Definition Document

Process Step #	Process Step	UC04TB – Lead Agency Assessment and Care Plan Process Process Step Description	Responsibility	Change Implications
	<b>Creating, Receiving and Scheduling Cases</b>			
1.1	Login to System	<ul style="list-style-type: none"> <li>User logs into the system.</li> <li>System displays their Home Dashboard.</li> </ul>	Lead Agency Staff	Business/Operations
1.2	<b>Decision:</b> Referral Case?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.4.</li> <li>If No, proceed to process step 1.3.</li> </ul>	Lead Agency Staff	None
1.3	Create New Case	<p>A case must be opened for an Assessment to be completed.</p> <ul style="list-style-type: none"> <li>The user selects <i>Search Client</i> from their Home Dashboard and the system displays the Search Screen.</li> <li>The user enters the required information and selects <i>Search</i>.</li> <li>The system displays the search results.</li> <li>The user selects the client from the list of search results and the system displays the Client Screen.</li> <li>The user selects <i>Create Case</i> from the Client Screen, the system will assign the case by default to the user and the system displays the Case Screen with the case type defaulted to Information Only.</li> <li>The user selects the Case Type from the following drop-down list: <ul style="list-style-type: none"> <li>Annual Assessment; or</li> <li>Change of Condition</li> </ul> </li> <li>Proceed to process step 1.5.</li> </ul>	Lead Agency Staff	Business/Operations, Training
1.4	Access Assigned Case	<p>The user receives an assigned case through the Intake and Referral Process</p> <ul style="list-style-type: none"> <li>A user selects the assigned case from their Home Dashboard.</li> <li>The system displays the Case Screen.</li> </ul>	Lead Agency Staff	Business/Operations
1.5	Contact Client	<ul style="list-style-type: none"> <li>The user selects <i>Log Contact</i> from the Case Screen.</li> </ul>	Lead Agency Staff, System	Business/Operations

Deliverable 2 CIRTIS Business Process and Definition Document

Process Step #	Process Step	UC04TB – Lead Agency Assessment and Care Plan Process Process Step Description	Responsibility	Change Implications
		<ul style="list-style-type: none"> <li>• The system displays the Contact form and populates the Preferred Communication Method as defined by business rules.</li> <li>• The user attempts to contact the client and selects the Contact Outcome from the following drop-down list:                             <ul style="list-style-type: none"> <li>○ Successful.</li> <li>○ Unsuccessful.</li> </ul> </li> <li>• The user enters the appropriate notes based on the outcome of the call. The user selects <i>Save</i>, the system saves the information and returns the user to the Case Screen.</li> </ul>		
1.6	<b>Decision:</b> Schedule Assessment?	If the client is unable to complete the assessment when contacted initially by the Lead Agency Staff, the assessment is scheduled for completion. <ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.7.</li> <li>• If No, proceed to process step 1.9.</li> </ul>	Lead Agency Staff	None
1.7	Schedule Assessment	<ul style="list-style-type: none"> <li>• The user selects <i>Schedule Assessment</i> from the Case Screen.</li> <li>• The system displays the user’s calendar.</li> <li>• The user selects the date and time of the assessment and selects <i>Save</i>.</li> <li>• The system places an assessment task on the user’s calendar and if the client has email, sends a calendar appointment to their email address.</li> <li>• Proceed to process step 1.9.</li> </ul>	Lead Agency Staff	Business/ Operations
1.8	A	<ul style="list-style-type: none"> <li>• Proceed to process step 1.9.</li> </ul>		
	<b>Lead Agency Performing Assessment: 701A, B, C</b>	<ul style="list-style-type: none"> <li>• Lead agencies can perform assessments such as 701A, B, or C.</li> </ul>		
1.9	Complete Assessment	<ul style="list-style-type: none"> <li>• The user selects the client’s case from their Home Dashboard and the system displays the Case screen.</li> <li>• The user selects <i>Conduct Assessment</i> from the Case Screen.</li> </ul>	Lead Agency Staff	Business/ Operations,

Deliverable 2 CIRT Business Process and Definition Document

Process Step #	Process Step	UC04TB – Lead Agency Assessment and Care Plan Process Process Step Description	Responsibility	Change Implications
		<ul style="list-style-type: none"> <li>• The user selects <i>Assessment Type</i> from the following drop-down list:                             <ul style="list-style-type: none"> <li>○ 701A – Condensed Assessment Form.</li> <li>○ 701B – Comprehensive Assessment Form.</li> <li>○ 701C – Congregate Meals Assessment Form.</li> </ul> </li> <li>• If a previous assessment exists, a message is displayed: “Copy Previous Assessment dated: mm/dd/yyyy?”</li> <li>• If the user selects <i>Yes</i>, assessment data from the previous assessment is populated to the current assessment form.</li> <li>• If the user selects <i>No</i>, a blank assessment form is displayed.</li> <li>• The user updates the assessment form.</li> <li>• The user selects <i>Complete</i>, the system computes the Priority and Rank Score (if required) and updates the Assessment Task to Complete.</li> <li>• The system displays the Case Screen.</li> </ul> <p><b>Note:</b> If a user exits the Assessment before the Assessment is marked complete, the system will provide the option to save the assessment. When the user accesses the case, the system will return the user to the assessment at the point where the user previously exited.</p>		Communications and Training
1.10	<b>Decision:</b> Care Plan Needed?	Completion of a 701A and 701B Assessment requires a Care Plan to be created, or updated, per business rules. <ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.11.</li> <li>• If No, proceed to process step 1.13.</li> </ul>		
1.11	Schedule and Complete Follow-Up Task	Care Plans are required to be completed within 14 days of the assessment being completed. <ul style="list-style-type: none"> <li>• The system schedules a follow-up task as defined by business rules and creates an alert for the assigned case owner on their Home Dashboard.</li> </ul>	System	Business/ Operations, Training, Communications
1.12	C	<ul style="list-style-type: none"> <li>• Proceed to process step 1.14.</li> </ul>		
1.13	Close Case	<ul style="list-style-type: none"> <li>• The user selects <i>Close Case</i>.                             <ul style="list-style-type: none"> <li>○ If tasks linked to the case are open, the system displays a pop-up message: “All tasks must be closed prior to closing the case.”</li> </ul> </li> </ul>	Lead Agency Staff	Business/ Operations



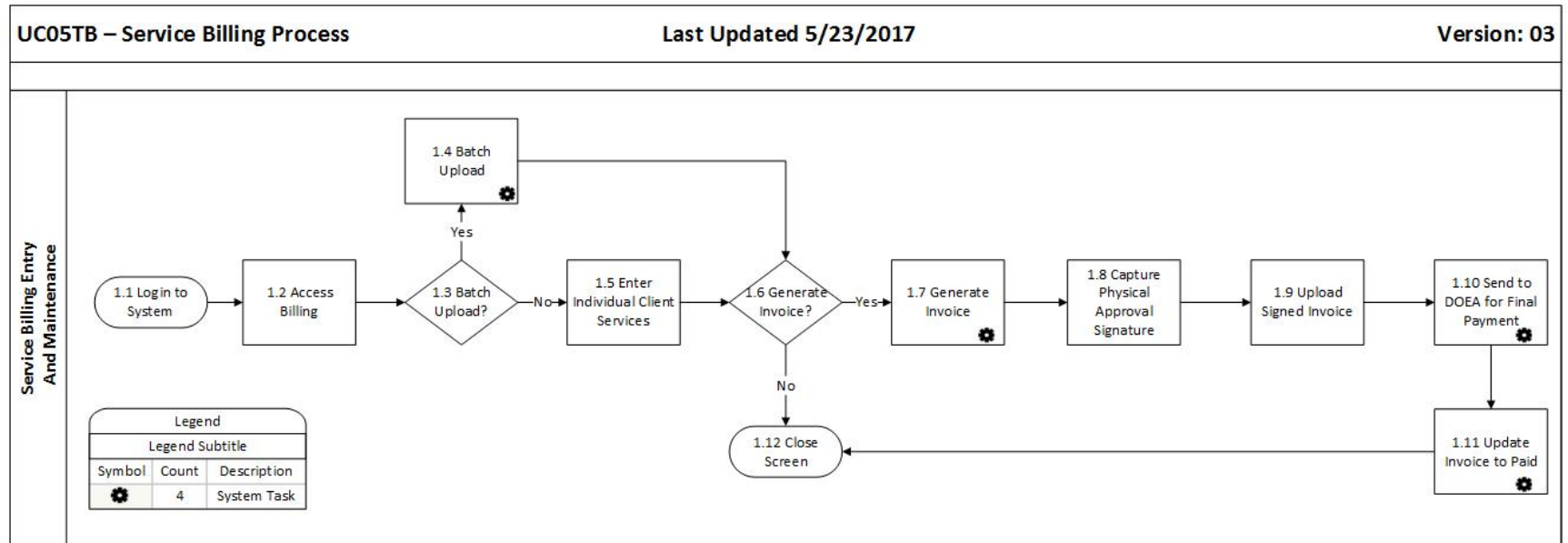
Deliverable 2 CIRTIS Business Process and Definition Document

Process Step #	Process Step	UC04TB – Lead Agency Assessment and Care Plan Process Process Step Description	Responsibility	Change Implications
		<ul style="list-style-type: none"> <li>Once all tasks associated with the case are complete, the user enters a case note, selects the Close Reason from the drop-down and selects <i>Close</i>.</li> <li>The system updates the case status to Closed and displays the user's Home Dashboard.</li> </ul>		
	<b>Care Plan Entry and Maintenance</b>			
1.14	Login to System	<ul style="list-style-type: none"> <li>User logs into the system.</li> <li>System displays their Home Dashboard.</li> </ul>	Lead Agency Staff	None
1.15	<b>Decision:</b> Create New Care Plan?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.16.</li> <li>If No, proceed to process step 1.17.</li> </ul>	Lead Agency Staff	None
1.16	Create New Care Plan	<ul style="list-style-type: none"> <li>The user selects the client's case from their Home Dashboard and the system displays the Case screen.</li> <li>The user selects <i>Create New Care Plan</i> from the Case Screen.</li> <li>If a previous Care Plan exists, a message is displayed: "Copy previous Care Plan dated: mm/dd/yyyy?"</li> <li>If the user selects <i>Yes</i>, data from the previous Care Plan is populated into the current care plan form.</li> <li>If the user selects <i>No</i>, a blank care plan form is displayed.</li> <li>The user updates the care plan form.</li> <li>The user selects <i>Complete</i>.</li> <li>The system saves the Care Plan and displays the Care Plan Screen.</li> </ul>	Lead Agency Staff	Business/ Operations, Policy and Training
1.17	Edit Existing Care Plan	<ul style="list-style-type: none"> <li>The user selects the client's case from their Home Dashboard and the system displays the Case screen.</li> <li>The user selects <i>Care Plan</i> from the Case Screen.</li> <li>The system displays the existing care plan.</li> <li>The user inputs or updates the Care Plan and selects <i>Complete</i>.</li> <li>The system displays Care Plan screen.</li> </ul>	Lead Agency Staff	Business/ Operations, Policy and Training

Deliverable 2 CIRTIS Business Process and Definition Document

<i>Process Step #</i>	<i>Process Step</i>	<b>UC04TB – Lead Agency Assessment and Care Plan Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implications</b>
1.18	Care Plan Signature	<p>DOEA requires the client to sign the completed Care Plan.</p> <ul style="list-style-type: none"> <li>• The system displays a PDF of the Care Plan and three options for obtaining client signature. <ul style="list-style-type: none"> <li>○ The client is in person and wishes to sign. The user presents the client with an on-screen PDF of the Care Plan with an associated signature box for the client to sign electronically.</li> <li>○ The user is remote and has an email on record. The system will automatically send a copy of the Care Plan to the client for signature.</li> <li>○ The user is remote and does not have an email on record. The user will print the PDF file and mail to the client for signature.</li> </ul> </li> <li>• When the Care Plan is signed, it is saved to the client’s record.</li> <li>• The system updates the status of the case to Closed and displays the user’s Home Dashboard.</li> </ul>	System	Business/ Operations, Policy and Training

3.4.5. UC05TB –Service Billing Process



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<i>Process Step #</i>	<i>Process Step</i>	<i>UC05TB – Service Billing Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implications</i>
	<b>Service Billing Entry and Maintenance</b>	<ul style="list-style-type: none"> <li>Providers are required to document the services delivered to the client.</li> <li>Providers must submit invoices for services delivered to the ADRC and DOEA for payment.</li> </ul>		
1.1	Login to System	<ul style="list-style-type: none"> <li>User logs into the system and the system displays the user’s Home Dashboard.</li> </ul>	Provider	Business/ Operations
1.2	Access Billing	<ul style="list-style-type: none"> <li>The user selects <i>Billing</i> from their Home Dashboard and the system displays the Billing Screen.</li> </ul>	Provider	Business/ Operations
1.3	<b>Decision:</b> Batch Upload?	<p>Batch uploading allows the service provider to upload data for multiple clients into the system using a defined, standardized file format.</p> <ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.4.</li> <li>If No, proceed to process step 1.5.</li> </ul>	Provider	None
1.4	Batch Upload	<ul style="list-style-type: none"> <li>The user selects <i>Services Batch Upload</i> from the Billing Screen and the system displays the Batch Upload Screen.</li> <li>The user selects <i>Locate File</i>, the system displays a File Explorer window, the user locates the file and selects <i>Upload</i>.</li> <li>The system parses and validates the data.</li> <li>If the data validation was not successful, a failure report is displayed to the user with the following information: <ul style="list-style-type: none"> <li>Date/time stamp of error;</li> <li>Login of requestor; and</li> <li>Error identifier and error message.</li> </ul> </li> <li>If the system validation is successful, the client’s record is updated with services billed by the provider, and a confirmation report is displayed to the user in the Services Batch Upload screen.</li> <li>The system updates contract tracking totals with the services provided and displays the user’s Home Dashboard.</li> </ul>	Provider, System	Business/ Operations and Training
1.5	Enter Individual Client Services	A provider may elect to update the Billing Screen as services are delivered to the client.	Provider	Business/ Operations and Training

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<i>Process Step #</i>	<i>Process Step</i>	<i>UC05TB – Service Billing Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implications</i>
		<ul style="list-style-type: none"> <li>• The user selects <i>Search Client</i> from their Home Dashboard and the system displays the Search Screen.</li> <li>• The user enters the required information, selects <i>Search</i>, and the system displays the search results.</li> <li>• The user selects the client from the list of search results and the system displays the Client Screen.</li> <li>• The user selects <i>Client Services</i> from the Client Screen, and the system displays the Service Billed Screen.</li> <li>• The user inputs the required fields in the Services Billed Screen by selecting the services from drop-down lists which are populated from the client’s Care Plan.               <ul style="list-style-type: none"> <li>○ If the services are not available in the drop-down list, the user selects <i>Add New Service</i>.</li> <li>○ The user selects the new service to add and selects <i>Update</i>. The system adds the services to the client’s Care Plan and Services Billed Form.</li> </ul> </li> <li>• The user selects <i>Save</i>, the system saves the information, updates contract tracking totals with the services provided, and displays the user’s Home Dashboard.</li> </ul>		
1.6	<b>Decision:</b> Generate Invoice?	<p>The provider is required to bill monthly for services delivered to the client.</p> <ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.7.</li> <li>• If No, proceed to process step 1.12.</li> </ul>	Provider	None
1.7	Generate Invoice	<ul style="list-style-type: none"> <li>• The user selects <i>Billing</i> from the user’s Home Dashboard.</li> <li>• The system displays the Billing Screen.</li> <li>• The user selects <i>Create Invoice</i> from the Billing Screen and the system displays the Invoice Screen.</li> <li>• The user completes the Invoice Form, enters the Invoice Date Range, selects the option to include or exclude a reconciled YTD (year-to-date) total, and selects <i>Generate</i>.</li> </ul>	AAA/ADRC or Lead Agency Fiscal Staff, System	Business/ Operations, Policy, and Training

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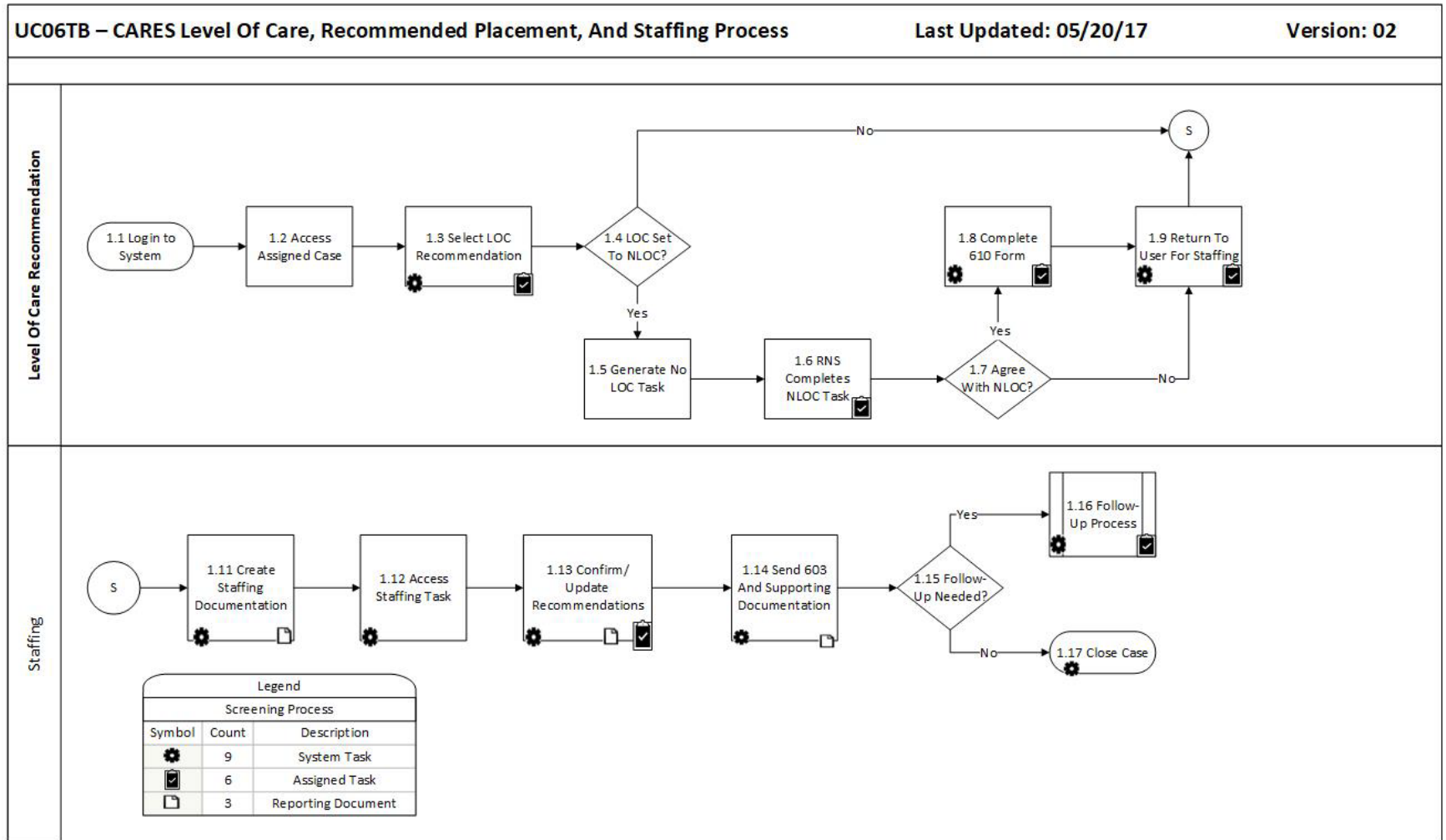
<i>Process Step #</i>	<i>Process Step</i>	<i>UC05TB – Service Billing Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implications</i>
		<ul style="list-style-type: none"> <li>The system assigns a unique invoice identifier, updates each service status to Invoiced, generates an Invoice as a PDF and displays the PDF to the user.</li> </ul>		
1.8	Capture Physical Approval Signature	<ul style="list-style-type: none"> <li>The user selects <i>Print Invoice for Approval</i> and the system displays the Print screen to the user.</li> <li>The user selects <i>Print</i> to print the Invoice, selects <i>Close</i>, and the system displays the user’s Home Dashboard.</li> </ul>	AAA/ADRC or Lead Agency Fiscal Staff	Business/ Operations, Policy, and Training
1.9	Upload Signed Invoice	<ul style="list-style-type: none"> <li>The user logs into the system and the system displays the user’s Home Dashboard.</li> <li>The user selects <i>Billing</i> from their Home Dashboard and the system displays the Billing Screen.</li> <li>The user selects <i>Search</i>, and the system displays the Search Screen.</li> <li>The user enters the Invoice Identifier, selects <i>Search</i>, and the system displays the Invoice Screen.</li> <li>The user selects <i>Upload</i> from the Invoice Screen, the system displays the File Explorer window, the user locates the file and selects <i>Attach</i>.</li> <li>The system attaches the document to the Provider Record and displays the Invoice Screen.</li> </ul>	AAA/ADRC or Lead Agency Fiscal Staff, System	Business/ Operations, Policy, and Training
1.10	Send to DOEA for Final Payment	<p><b>Note:</b> Only AAAs can send final invoices to DOEA.</p> <ul style="list-style-type: none"> <li>The user selects <i>Send for Final Invoice</i>, selects <i>Save</i>, the system batches required data to the ACMS database on pre-defined intervals, and displays the Invoice Screen.</li> <li>The user selects <i>Close</i> to close the Invoice screen and the system displays the user’s Home Dashboard.</li> </ul>	AAA/ADRC Fiscal Staff, System	Business/ Operations, Policy, and Training
1.11	Update Invoice to Paid	Contract totals are updated in ACMS per the received data from the system after an approval process as defined by the Accounting Department’s business rules is completed.	System	Business/ Operations, Policy, and Training

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<i>Process Step #</i>	<i>Process Step</i>	<i>UC05TB – Service Billing Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implications</i>
		<ul style="list-style-type: none"><li>The system receives a batch upload from ACMS with contract totals updated, checks the invoice identifier, updates the services associated with the invoice, and updates the Invoice status as Paid.</li></ul>		
1.12	Close Screen	<ul style="list-style-type: none"><li>The user selects <i>Close</i> and the system displays the user's Home Dashboard.</li></ul>	Fiscal Staff	None

3.4.6. UC06TB – CARES Level of Care (LOC), Recommended Placement and Staffing Process





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Process Step #	Process Step	Process Summary Table – UC06TB – Level of Care, Recommended Placement, and Staffing Process Process Step Description	Responsibility	Change Implication
	<b>Level of Care Recommendation</b>	The Level of Care Recommendation conducted in accordance with Rules 59G-4.180 and 4.290, Florida Administrative Code, to determine if a person meets the medical eligibility for NF and if so what Level of Care is needed and the appropriate placement for specific Medicaid programs. A determination is made based on the eligibility criteria requirements.		
1.1	Login to System	<ul style="list-style-type: none"> <li>The user logs into the system.</li> <li>The system displays their Home Dashboard.</li> </ul>	CARES Assessor/RNS	
1.2	Access Assigned Case	<ul style="list-style-type: none"> <li>The user selects the assigned case from their Home Dashboard.</li> <li>The system displays the Case Screen.</li> </ul>	CARES Assessor/RNS	
1.3	Select LOC Recommendation	<ul style="list-style-type: none"> <li>The user selects the <i>New Level of Care Recommendation</i> from the client Case Screen.</li> <li>System displays the <i>DOEA-CARES Form 603</i> Screen with fields populated from the client’s demographic information.</li> <li>The case owner updates the form as required and selects <i>Complete</i>.</li> <li>The system displays the suggested LOC, Placement and Program Recommendation, and displays the recommendation in edit mode.</li> <li>The case owner updates the recommendations, if needed, enters case notes for the recommendation justification and selects <i>Save</i>.</li> <li>The system saves the information and displays the Case Screen.</li> </ul>	CARES Assessor/RNS, System	Business/ Operations, Policy, and Training
1.4	<b>Decision:</b> LOC set to NLOC?	<p>If the LOC Recommendation is a NLOC, the system will create a NLOC task and assign per business rules.</p> <ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.5.</li> <li>If No, proceed to process step 1.11.</li> </ul>	System	
1.5	Generate NLOC Task	<ul style="list-style-type: none"> <li>The system displays a CARES Individual Review of No Level of Care Recommendation 610 Form Screen, populates the form with data</li> </ul>	System	Business/ Operations

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Process Step #	Process Step	Process Summary Table – UC06TB – Level of Care, Recommended Placement, and Staffing Process Process Step Description	Responsibility	Change Implication
		from the client information, creates a NLOC task, updates the assignee per business rules, and places an alert on the assignee’s Home Dashboard.		
1.6	RNS Completes NLOC Task	<ul style="list-style-type: none"> <li>The assigned CARES RNS logs into the system, selects the NLOC task from their Home Dashboard, and system displays the NLOC Form Screen.</li> <li>The CARES RNS performs a review of the client record, updates the NLOC Form Screen, enters review notes, and selects <i>Complete</i>.</li> <li>The system updates the task assignee as defined by business rules and displays the user’s Home Dashboard.</li> </ul>	CARES RNS	Business/ Operations
1.7	<b>Decision:</b> Agree with NLOC?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.8.</li> <li>If No, proceed to process step 1.9.</li> </ul>	System	None
1.8	Complete 610 Form	<p>If the RNS agrees with the NLOC recommendation the system will reassign the task to the next reviewer as defined by business rules.</p> <ul style="list-style-type: none"> <li>The reviewer logs into the system and selects the NLOC task from their Home Dashboard.</li> <li>The system displays the NLOC Form Screen.</li> <li>The reviewer performs a review of the client record, updates the NLOC Form Screen, enters review notes, and selects <i>Save</i>.</li> <li>The system displays the reviewer’s Home Dashboard.</li> <li>The system reassigns the task as defined by business rules until all required reviewers have reviewed and updated the NLOC Form as appropriate, the system assigns the NLOC task to the case owner.</li> </ul>	CARES CAS, POA, RN Consultant, System	Business/ Operations
1.9	Return to Case Owner for Staffing	<ul style="list-style-type: none"> <li>The case owner logs into the system, selects the NLOC task from their Home Dashboard, and the system displays the NLOC Form Screen.</li> </ul>	CARES Assessor/RNS, System	Business/ Operations and Training

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Process Step #	Process Step	Process Summary Table – UC06TB – Level of Care, Recommended Placement, and Staffing Process Process Step Description	Responsibility	Change Implication
		<ul style="list-style-type: none"> <li>The case owner reviews the justification and selects <i>Close</i>. The system saves the information and displays the Case Screen.</li> <li>If the LOC recommendation remains NLOC, the case owner updates the case note on the Case Screen with a NLOC Recommendation Reason, selects <i>Save</i>, and the system displays the Case Screen.</li> </ul>		
1.10	S	<ul style="list-style-type: none"> <li>Proceed to process step 1.11.</li> </ul>		
	<b>Staffing</b>	<p>After a comprehensive assessment is completed, CARES must determine if an individual meets medical criteria (Level of Care) for nursing facility Medicaid or community-based Medicaid Programs. CARES must also determine if an individual’s needs are met in the community or if nursing facility is the most appropriate placement. These decisions are finalized in an interdisciplinary team meeting called “staffing.” The goal of staffing is to assign the appropriate and correct Level of Care, program recommendation, and placement recommendation.</p>		
1.11	Create Staffing Documentation	<ul style="list-style-type: none"> <li>The user selects <i>Staff Client</i> from the Case Screen and the system displays the Staffing Screen.</li> <li>The user selects <i>Choose Staffing Documents</i> and the system displays the electronic documents for the client record.</li> <li>The user selects the required document(s) for Staffing.</li> <li>The system places a link for each selected document on the Staffing Screen, generates the Summary of Details document from the assessment data and links it to the Staffing Screen.</li> <li>The user selects <i>Save</i>.</li> <li>The system checks to confirm documentation required for Staffing has been selected as defined by business rules. If documentation is missing, a message is displayed to the user with a list of possible missing documentation.</li> </ul>	CARES Assessor/RNS, System	Business/ Operations and Training

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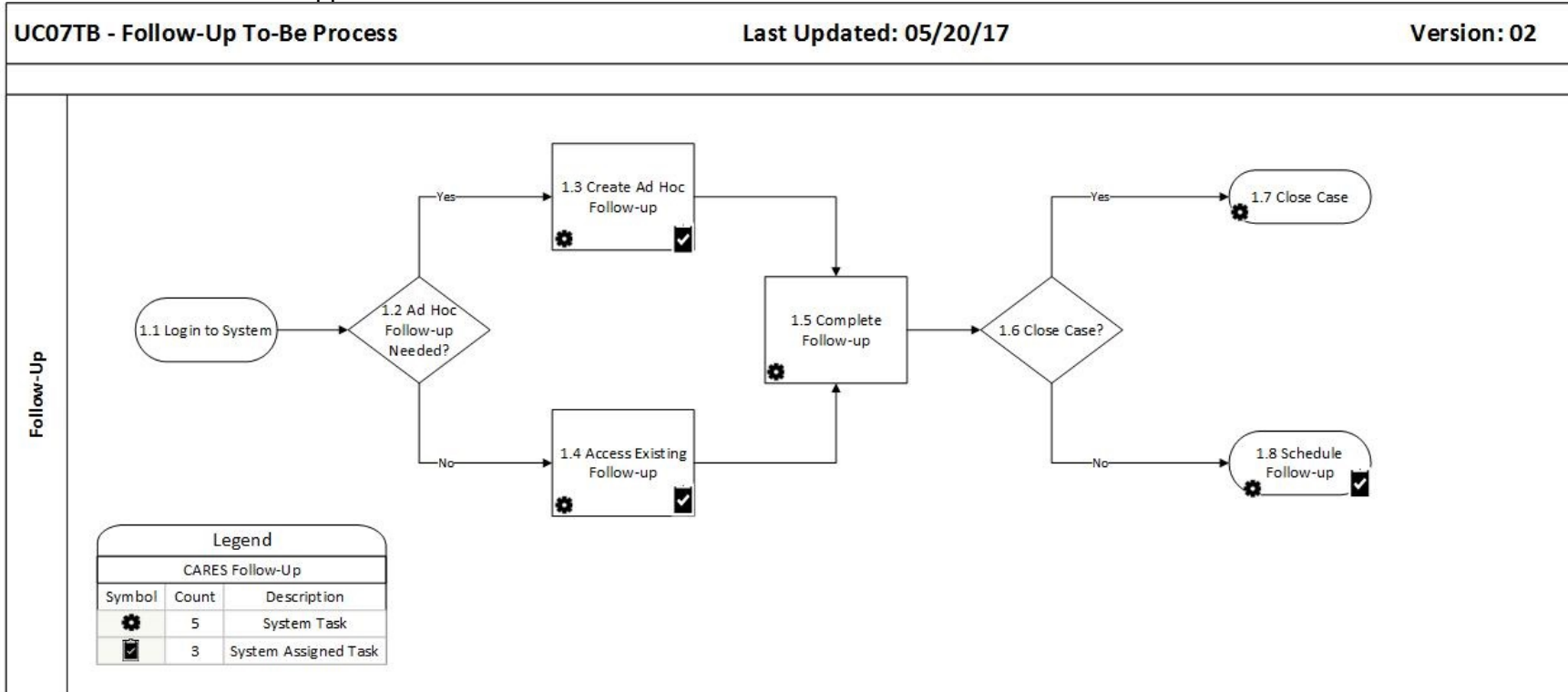
Process Step #	Process Step	Process Summary Table – UC06TB – Level of Care, Recommended Placement, and Staffing Process Process Step Description	Responsibility	Change Implication
		<ul style="list-style-type: none"> <li>The system creates a task, updates the task status to Ready for Staffing, assigns it according to business rules, places the task on the case owner’s calendar, and places an alert on the assignee’s Home Dashboard.</li> </ul>		
1.12	Confirm/Update Recommendations	<ul style="list-style-type: none"> <li>The Physician, or CARES RNS, logs into the system, selects the Staffing task from their Home Dashboard, and the system displays the Staffing Screen.</li> <li>The Consulting Physician, or CARES RNS, reviews the required forms, client documentation, the LOC, and Recommended Placement and Program for the client.</li> <li>If any updates should be made to the LOC, Recommended Placement or Program, the Staffing Manager creates a case note to recommend the changes, and selects <i>Reassign</i>.               <ul style="list-style-type: none"> <li>The Physician, or CARES RNS, selects the case owner from a drop-down list and selects <i>Save</i>.</li> <li>The task is assigned to the selected case owner. The case owner updates the Staffing Form with the needed corrections, assigns the case back to the Physician or CARES RNS to continue with the Staffing process and selects <i>Save</i>.</li> </ul> </li> <li>The Physician, or CARES RNS, selects <i>Confirm</i> from the Staffing screen, the system displays the DOEA-CARES Form 603 with an associated signature box for them to sign electronically or print and sign manually.</li> <li>The system saves the information to the client’s case, reassigns the Staffing task to the case owner, and displays the user’s Home Dashboard.</li> </ul>	Physician or CARES RNS, CARES Assessor, CARES Supervisor, Staffing Manager, System	Business/ Operations and Training
1.13	Send 603 And Supporting Documentation	<ul style="list-style-type: none"> <li>The case owner accesses the Staffing task from their Home Dashboard, and the system displays the Staffing Form Screen.</li> </ul>	CARES Assessor/RNS, System	Business/ Operations

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Process Step #	Process Step	Process Summary Table – UC06TB – Level of Care, Recommended Placement, and Staffing Process Process Step Description	Responsibility	Change Implication
		<ul style="list-style-type: none"> <li>• If the LOC recommendation is a NLOC, the case owner verifies the justification reason and enters a note into the client case indicating the justification for the NLOC.</li> <li>• The user selects <i>Complete</i>.</li> <li>• The system displays a message: “Send Completed LOC?”                             <ul style="list-style-type: none"> <li>○ If the user selects <i>Yes</i>, the system sends the LOC information and additional documents as required by the business rules via email or integrated fax to DCF, Enrollment Broker, and Nursing Facilities (if needed) via a batch process.</li> <li>○ If the user selects <i>No</i>, the user is returned to the Staffing Form and the task remains open.</li> </ul> </li> <li>• The system updates the task to Complete and displays the Case Screen.</li> </ul>		
1.14	<b>Decision:</b> Follow-Up Needed?	The system creates Follow-up tasks based on the Placement and Recommendation. <ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.15.</li> <li>• If No, proceed to process step 1.16.</li> </ul>	System	None
1.15	Follow-Up Process	<ul style="list-style-type: none"> <li>• The system schedules a follow-up task as defined by business rules and creates an alert for the assigned case owner on their Home Dashboard.</li> <li>• Continue to the <b>UC07TB – CARES Follow-Up Process</b>.</li> </ul>	System	Business/Operations
1.16	Close Case	<ul style="list-style-type: none"> <li>• The user selects <i>Close Case</i> from the Case Screen.</li> <li>• The updates the status of the case to Closed and displays the user’s Home Dashboard.</li> </ul>	CARES Assessor/RNS, System	Business/Operations

**3.4.7. UC07TB – CARES Follow-up Process**

The follow-up process includes business rules which should be followed by the system when generating follow-up tasks. These rules can be found in Appendix B of this document.



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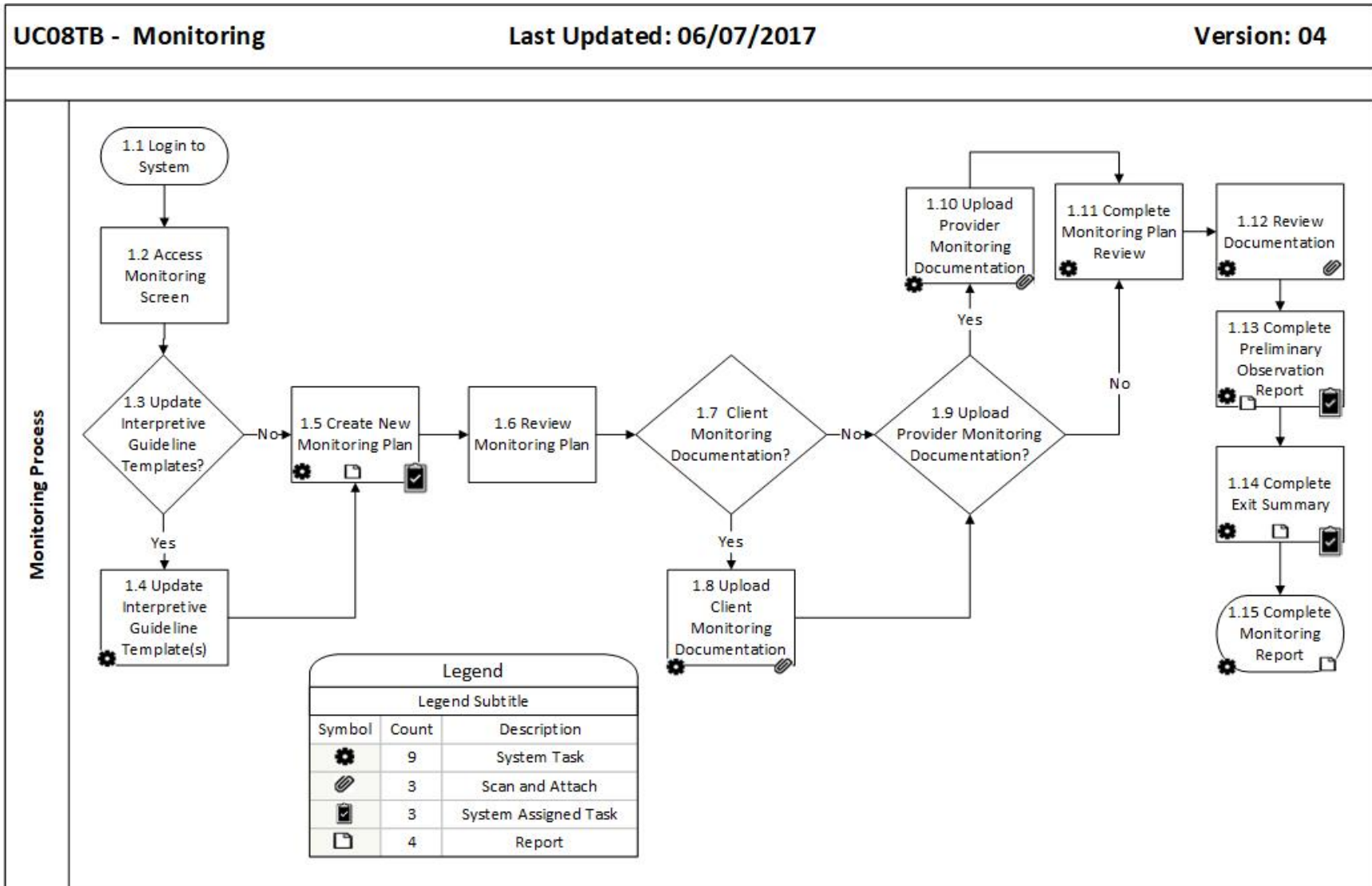
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC07TB – CARES Follow-up Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
	<b>Follow-up</b>	After staffing has occurred, CARES staff is required to follow and update the case status at various intervals as defined by Case Follow-up business rules.		
1.1	Login to System	<ul style="list-style-type: none"> <li>User logs into the system.</li> <li>The system displays the user’s Home Dashboard.</li> </ul>	CARES Assessor/RNS	Business/Operations
1.2	<b>Decision:</b> Ad-Hoc Follow-Up Needed?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.3.</li> <li>If No, proceed to process step 1.4.</li> </ul>	CARES Assessor/RNS	Business/Operations
1.3	Create Ad-Hoc Follow-up	<p>An ad hoc follow-up task may be scheduled when the user determines additional follow-ups are required outside of the pre-defined system tasks.</p> <ul style="list-style-type: none"> <li>The user selects <i>Search Client</i> from their Home Dashboard and the system displays the Search Screen.</li> <li>The user enters the required information, selects <i>Search</i> and the system displays the search results.</li> <li>The user selects the client from the list of search results and the system displays the Client Screen.</li> <li>The user selects <i>Cases</i> and the system displays the open case for the client.</li> <li>The user selects <i>Create Ad Hoc Follow-Up</i> and system displays the Follow-up Form Screen.</li> <li>The user selects the due date and selects <i>Save</i>.</li> <li>The system creates a task categorized as follow-up, assigns the task to the user, and places an alert on the user’s Home Dashboard.</li> </ul>	CARES Assessor/RNS, System	Business/Operations and Training
1.4	Access Existing Follow-up	<ul style="list-style-type: none"> <li>The user selects a follow-up task from their Home Dashboard.</li> <li>The system displays the Follow-Up Form Screen.</li> </ul>	CARES Assessor, RNS	Business/Operations
1.5	Complete Follow-up	<ul style="list-style-type: none"> <li>The user selects <i>Follow-up</i> from their Home Dashboard and the system displays the Follow-up Form Screen.</li> </ul>	CARES Assessor/RNS	Business/Operations and Training

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC07TB – CARES Follow-up Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
		<ul style="list-style-type: none"> <li>The user performs the follow-up, updates the Follow-up Form Screen and enters appropriate case notes.</li> <li>The user selects <i>Save</i> and the system saves the information to the client’s case.</li> <li>The system displays the Follow-Up Form Screen.</li> </ul>		
1.6	<b>Decision:</b> Close Case?	<p>A completed Follow-Up can close the client’s case.</p> <ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.7</li> <li>If No, proceed to process step 1.8</li> </ul>	CARES Assessor/RNS	Business/ Operations
1.7	Close Case	<ul style="list-style-type: none"> <li>The user selects <i>Close Case</i> from the Follow-up Form Screen.</li> <li>If non-follow up tasks are open, the system displays a message: “The case cannot be closed until the following tasks are completed [system displays list of open tasks with an option to close the tasks].”, and the follow-up form Screen is displayed to the user without closing the case.</li> <li>If only follow-up tasks are open for the client case, the system closes existing scheduled or unscheduled follow-up tasks and closes the client’s case.</li> <li>The system displays the user’s Home Dashboard.</li> </ul>	CARES Assessor/RNS, System	Business/ Operations and Training
1.8	Schedule Follow-up	<ul style="list-style-type: none"> <li>The user selects <i>Close Task</i> from the Follow-up Form Screen.</li> <li>The system determines if the current task is a scheduled or unscheduled follow-up.</li> <li>If the task is a scheduled follow-up, the system updates the task status to Closed and schedules a future follow-up task as defined in the business rules.</li> <li>If the task is an ad hoc follow-up, the system updates the task status to Closed.</li> <li>The system displays the user’s Home Dashboard.</li> </ul>	CARES Assessor/RNS, System	Business/ Operations and Training



3.4.8. UC08TB – Monitoring Process



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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC08TB - Monitoring Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
	<b>Monitoring Process</b>	The monitoring process is designed to provide quality assurance for compliance requirements through case review and policy adherence verification.		
1.1	Login to System	<ul style="list-style-type: none"> <li>The Monitor logs into the system and the system displays the user’s Home Dashboard.</li> </ul>	Monitor(s)	Business/ Operations
1.2	Access Monitoring Screen	<ul style="list-style-type: none"> <li>The user selects <i>Monitoring</i> from their Home Dashboard and the system displays the Monitoring Screen.</li> </ul>	Monitor(s)	Business/ Operations
1.3	<b>Decision:</b> Update Interpretive Guideline Templates?	<p>Interpretive Guidelines serve to interpret and clarify compliance requirements of the effectiveness, efficiency, and appropriateness of service delivery by the ADRC, CARES staff, and Lead Agencies.</p> <ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.4.</li> <li>If No, proceed to process step 1.5.</li> </ul>	Monitor(s)	None
1.4	Update Interpretive Guideline Template(s)	<ul style="list-style-type: none"> <li>The user selects <i>Templates</i>.</li> <li>The system displays a list of Templates and the user selects an existing template or <i>Create New Template</i>.</li> <li>The Monitor updates the template, selects <i>Save</i> and the system displays the Monitoring Screen.</li> </ul>	Monitor(s), System	Business/ Operations
1.5	Create New Monitoring Plan	<p>A monitoring plan is the collection of tools such as forms, documents, checklists and randomized client lists required to perform the monitoring process.</p> <ul style="list-style-type: none"> <li>The Monitor selects <i>Create New Monitoring Plan</i> from the Monitoring Screen and the system displays the Monitoring Plan Screen.</li> <li>The Monitor selects the appropriate template(s) from the checklist, <i>Monitoring Recipient(s)</i> from a drop-down list, the Monitoring Date, and selects <i>Generate</i>.</li> <li>The system generates the selected monitoring documentation and attaches the documentation to the Monitoring Plan.</li> <li>The user selects <i>Save</i> and the system:</li> </ul>	System, Monitor(s)	Business/ Operations, Training

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Process Step #	Process Step	Process Summary Table – UC08TB - Monitoring Process Process Step Description	Responsibility	Change Implication
		<ul style="list-style-type: none"> <li>○ Creates a Monitoring Task assigned to the Monitor;</li> <li>○ Places the task with a predefined alert on the Monitor’s calendar;</li> <li>○ Sends an email and calendar appointment to the Monitoring Recipient attaching a link to the Monitoring Plan;</li> <li>○ Places an alert on the Monitoring Recipient’s Home Dashboard; and</li> <li>○ Displays the Monitor’s Home Dashboard.</li> </ul>		
1.6	Review Monitoring Plan	<ul style="list-style-type: none"> <li>● The Monitoring Recipient logs into the system and the system displays the user’s Home Dashboard.</li> <li>● The user selects the Monitoring Task from their Home Dashboard and the system displays the Monitoring Plan.</li> <li>● The user reviews and updates the Monitoring Plan.</li> </ul>	Monitoring Recipient	Business/ Operations, Training
1.7	<b>Decision:</b> Upload Client Monitoring Documentation?	<p>While reviewing the Monitoring Plan, the Monitoring Recipient will review the client documentation and determine if additional documentation should be uploaded to the client’s electronic record.</p> <ul style="list-style-type: none"> <li>● If Yes, proceed to process step 1.8.</li> <li>● If No, proceed to process step 1.9.</li> </ul>	Monitoring Recipient	None
1.8	Upload Client Monitoring Documentation	<ul style="list-style-type: none"> <li>● The user selects a client from the Monitoring Plan Screen and the system displays the Client Screen.</li> <li>● The user selects <i>Upload Documents</i> from the Client Screen, the system displays a File Explorer window, the user selects the file(s), selects <i>Attach</i>, the system uploads the file(s) and displays the Client Screen.</li> <li>● The user selects <i>Close</i> from the client screen and the system displays the Monitoring Plan Screen.</li> </ul>	Monitoring Recipient, System	Business/ Operations, Training

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Process Step #	Process Step	Process Summary Table – UC08TB - Monitoring Process Process Step Description	Responsibility	Change Implication
1.9	<b>Decision:</b> Upload Provider Monitoring Documentation	<p>When reviewing the Monitoring Plan, the Monitoring Recipient will review the provider documentation and determine if additional documentation should be uploaded to the provider’s electronic record.</p> <ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.10.</li> <li>• If No, proceed to process step 1.11.</li> </ul>	Monitoring Recipient	None
1.10	Upload Provider Monitoring Documentation	<ul style="list-style-type: none"> <li>• The user selects <i>Upload</i> from the Monitoring Plan Screen, the system displays a File Explorer window, the user selects the file(s), and selects <i>Attach</i>.</li> <li>• The system uploads the file(s) and displays the Monitoring Plan Screen.</li> </ul>	Monitoring Recipient, System	Business/ Operations, Training
1.11	Complete Monitoring Plan Review	<ul style="list-style-type: none"> <li>• The Monitoring Recipient selects <i>Review Complete</i> from the Monitoring Plan Screen.</li> <li>• The system: <ul style="list-style-type: none"> <li>○ Updates the task status to Pending Document Review;</li> <li>○ Assigns the task to the Monitor;</li> <li>○ Sends an email to the Monitor of the change in status; Places an alert on the Monitor’s Home Dashboard; and</li> <li>○ Displays the Monitoring Recipient’s Home Dashboard.</li> </ul> </li> </ul>	Monitoring Recipient, System	Business/ Operations, Training
1.12	Review Documentation	<ul style="list-style-type: none"> <li>• The Monitor logs into the system and the system displays the Monitor’s Home Dashboard.</li> <li>• The Monitor selects the Monitoring Task from their Home Dashboard and the system displays the Monitoring Plan Screen.</li> <li>• The Monitor performs a desk review of the documentation for completeness and accuracy.</li> <li>• The Monitor enters notes in the Monitoring Plan Screen.</li> <li>• If any updates should be made to the documentation the Monitor creates a note and chooses <i>Reassign</i>.</li> </ul>	System, Monitor(s), Monitoring Recipient	Business/ Operations, Training

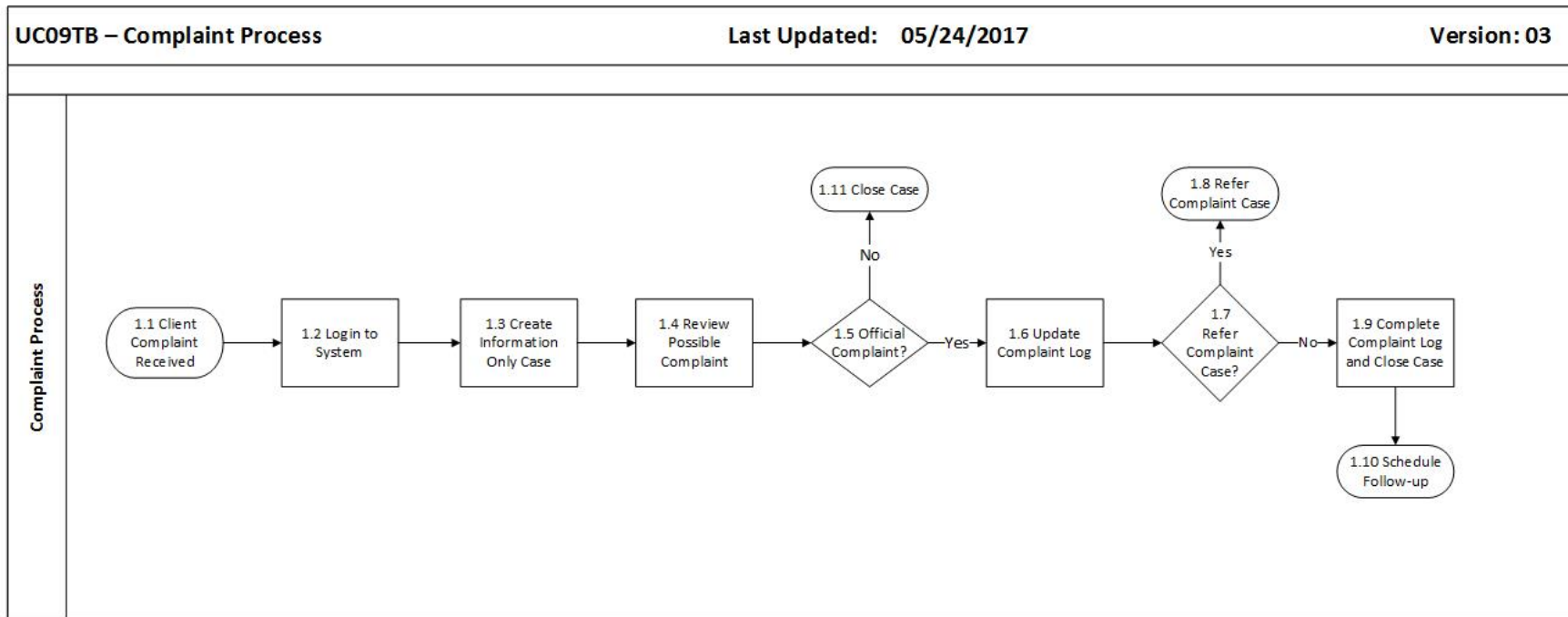
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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC08TB - Monitoring Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
		<ul style="list-style-type: none"> <li>○ The Monitor selects the Monitoring Recipient(s) from the drop-down list and selects <i>Save</i>.</li> <li>○ The task is assigned to the Monitoring Recipient(s). The Monitoring Recipient updates the Monitoring Plan Screen with the needed information, assigns the Monitoring Plan back to the Monitor to continue with the Monitoring process.</li> </ul>		
1.13	Complete Preliminary Observation Report	<ul style="list-style-type: none"> <li>● The Monitor selects <i>Create Preliminary Observation Report</i> from the Monitoring Plan Screen.</li> <li>● The Monitor enters the required information, selects <i>Complete</i>, the system:                             <ul style="list-style-type: none"> <li>○ Saves the information;</li> <li>○ Sends an email to the Monitoring Recipient(s) with a link to the report;</li> <li>○ Updates the task status to Preliminary Sent; and</li> <li>○ Displays the Monitor’s Home Dashboard.</li> </ul> </li> </ul>	Monitor(s), System	Business/ Operations
1.14	Complete Exit Summary	<p>After completing the Preliminary Observation Report, the Monitor goes on-site to the Providers location and completes the Monitoring process. Prior to leaving the on-site monitoring location, an exit summary is completed for requested follow-up activities.</p> <ul style="list-style-type: none"> <li>● The Monitor logs into the system and the system displays the Monitor’s Home Dashboard.</li> <li>● The Monitor selects the Monitoring task from their Home Dashboard and the system displays the Monitoring Plan Screen.</li> <li>● The Monitor selects <i>Create Exit Summary</i> and the system displays the Exit Summary Screen.</li> <li>● The Monitor updates and completes the Exit Summary Screen, selects the <i>Due Date</i>, and selects <i>Send</i>.</li> </ul> <p>The system:</p>	Monitor(s), System	Business/ Operations

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC08TB - Monitoring Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
		<ul style="list-style-type: none"> <li>○ Saves the information;</li> <li>○ Emails the Monitoring Recipient(s) a link to the Exit Summary;</li> <li>○ Updates the task status to Exit Complete;</li> <li>○ Creates an alert on the Monitoring Recipient(s) home dashboard;</li> <li>○ Creates calendar follow-up appointments for the Monitor and Monitoring Recipient(s); and</li> <li>○ Displays the Monitor’s Home Dashboard.</li> </ul>		
1.15	Complete Monitoring Report	<ul style="list-style-type: none"> <li>● The Monitor logs into the system and the system displays the Monitor’s Home Dashboard.</li> <li>● The Monitor selects the Monitoring Task from their Home Dashboard and the system displays the Monitoring Plan Screen.</li> <li>● The Monitor selects <i>Monitoring Report</i> from the Monitoring Plan Screen and the system displays the Monitoring Report Screen.</li> <li>● The Monitor completes the report and selects <i>Complete</i>.</li> <li>● The system:               <ul style="list-style-type: none"> <li>○ Emails the Monitoring Recipient(s) a link to the Monitoring Report;</li> <li>○ Sets the Monitoring Plan task status to Completed; and</li> <li>○ Displays the Monitor’s Home Dashboard.</li> </ul> </li> </ul>	Monitor(s), System	Business/ Operations

3.4.9. UC09TB – Complaint Process



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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC09TB –Complaint Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implication</i>
	<b>Complaint Received</b>	A complaint is received from a client or client’s authorized representative regarding services provided.		
1.1	Client Complaint Received	<ul style="list-style-type: none"> <li>• A client or client’s authorized representative may submit a complaint to the ADRC, CARES, or DOEA offices through one of the following channels:                             <ul style="list-style-type: none"> <li>○ Phone Call (including the Elder Helpline);</li> <li>○ U.S. Postal Mail;</li> <li>○ Email;</li> <li>○ Fax; or</li> <li>○ Hand Delivery.</li> </ul> </li> </ul>	ADRC, CARES, DOEA, and Lead Agency Staff	None
1.2	Login to System	<ul style="list-style-type: none"> <li>• The recipient of the complaint logs into the system.</li> <li>• The system displays the user’s Home Dashboard.</li> </ul>	ADRC, CARES, DOEA, and Lead Agency Staff	Business/ Operations and Training
1.3	Create Information Only Case	<p>A case must be opened for a complaint to be documented.</p> <ul style="list-style-type: none"> <li>• The user selects <i>Search Client</i> from their Home Dashboard and the system displays the Search Screen.</li> <li>• The user enters the required information, selects <i>Search</i>, and the system displays the search results.</li> <li>• The user selects the correct client from the list of search results and the system displays the Client Screen.</li> <li>• The user selects <i>Create Case</i> from the Client Screen.</li> <li>• The system defaults the case type to Information Only and the case owner to the current user.</li> <li>• The user enters notes as appropriate, updates the case type to Possible Complaint, and selects <i>Save</i>.</li> <li>• The system saves the information, assigns the case to the Complaint Reviewer, and returns the user to their Home Dashboard.</li> </ul>	ADRC, CARES, DOEA, Lead Agency Staff, and System	Business/ Operations and Training



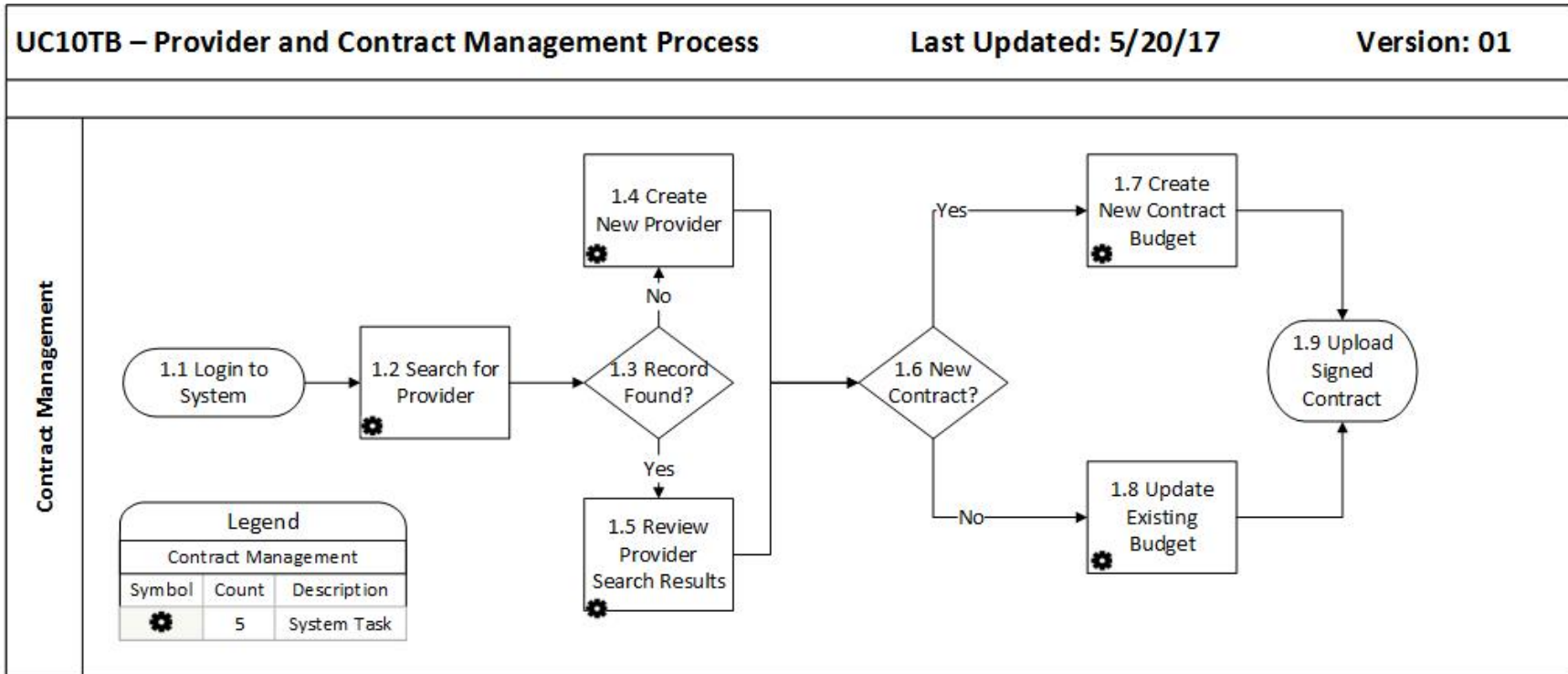
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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC09TB –Complaint Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
1.4	Review Possible Complaint	<ul style="list-style-type: none"> <li>• The Complaint Reviewer logs into the system, selects the assigned case from their Home Dashboard, and the system displays the Complaint Screen.</li> <li>• The Complaint Reviewer researches the case information and contacts the client for possible case resolution.</li> </ul>	Complaint Reviewer	Business/ Operations and Training
1.5	<b>Decision:</b> Official Complaint?	<p>The Complaint Reviewer determines if the Complaint is valid.</p> <ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.6.</li> <li>• If No, proceed to process step 1.11.</li> </ul>	Complaint Reviewer	Business/ Operations and Training
1.6	Update Complaint Log	<ul style="list-style-type: none"> <li>• The Complaint Reviewer updates the case type to Official Complaint from the Case Screen.</li> <li>• The system displays the Complaint Log Screen.</li> <li>• The user updates the Complaint Log Screen.</li> </ul> <p><b>Note:</b> If a Complaint Reviewer exits the Complaint Log Screen before the case is marked Complete, the system will provide the option to save the Complaint Log. When the user accesses the case, the system will return the user to the Complaint Log at the point where the user previously exited.</p>	Complaint Reviewer and System	Business/ Operations and Training
1.7	<b>Decision:</b> Refer Complaint Case?	<p>Complaints may be referred to the ADRC Group, DOEA Group, Lead Agency Group, or CARES Group for review.</p> <ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.8.</li> <li>• If No, proceed to process step 1.9.</li> </ul>	Complaint Reviewer and System	None
1.8	Refer Complaint Case	<ul style="list-style-type: none"> <li>• The Complaint Reviewer selects the <i>Referral Group</i> from the following drop-down list: <ul style="list-style-type: none"> <li>○ ADRC;</li> <li>○ CARES;</li> <li>○ DOEA; or</li> <li>○ Lead Agency.</li> </ul> </li> </ul>	Complaint Reviewer	Business/ Operations, Policy and Training

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC09TB –Complaint Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
		<ul style="list-style-type: none"> <li>The Complaint Reviewer selects <i>Save</i> and the system creates a follow-up task on the Complaint Reviewer’s calendar, updates the assigned case owner per business rules, places an alert for the assigned case owner’s Home Dashboard, updates the case status to Pending, and displays the user’s Home Dashboard.</li> </ul>		
1.9	Complete Complaint Log and Close Case	<ul style="list-style-type: none"> <li>The Complaint Reviewer enters case notes and selects a <i>Close Reason</i> from the following drop-down list:                             <ul style="list-style-type: none"> <li>Issue Resolved;</li> <li>Referred to AHCA; or</li> <li>Referred to MCO.</li> </ul> </li> <li>The Complaint Reviewer selects <i>Save</i>.</li> <li>The system updates the case status to Closed and displays the Complaint Reviewer’s Home Dashboard.</li> </ul>	Complaint Reviewer	Business/ Operations and Training
1.10	Schedule Follow-up	<p>After an official complaint has been filed, a follow-up is required to ensure the resolution provided was sufficient and the client is satisfied.</p> <ul style="list-style-type: none"> <li>The system schedules a follow-up task as defined by business rules and creates an alert for the assigned case reviewer on their Home Dashboard.</li> </ul>	System	Business/ Operations and Training
1.11	Close Case	<ul style="list-style-type: none"> <li>The Complaint Reviewer updates the case type to Information Only, enters notes, and selects <i>Close Case</i>.</li> <li>The system saves the information, updates the case status to Closed and displays the Complaint Reviewer’s Home Dashboard.</li> </ul>	Complaint Reviewer and System	Business/ Operations and Training

3.4.10. UC10TB – Provider and Contract Management Process



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<i>Process Step #</i>	<i>Process Step</i>	<b>UC010TB –Contract Management Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implications</b>
	<b>Contract Budget Entry</b>	Providers must be registered in the system and have their associated signed contracts maintained in the system.		
1.1	Login to System	<ul style="list-style-type: none"> <li>The user logs into the system and the user’s Home Dashboard is displayed.</li> </ul>	AAA/ADRC Fiscal Staff	None
1.2	Search for Provider	<ul style="list-style-type: none"> <li>The user selects <i>Provider Search</i> from their Home Dashboard and the system displays the Provider Search Screen.</li> <li>The user enters the provider search information and selects <i>Search</i>.</li> </ul>	AAA/ADRC Fiscal Staff	None
1.3	<b>Decision:</b> Record Found?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.5.</li> <li>If No, proceed to process step 1.4.</li> </ul>	AAA/ADRC Fiscal Staff	None
1.4	Create New Provider	<ul style="list-style-type: none"> <li>The user selects <i>Create New Provider</i> from the Search Results Screen.</li> <li>The search criteria entered in process step 1.2 pre-populates the required fields for the new provider record.</li> <li>The user completes any additional required information selects <i>Save</i> and the system displays the Provider Screen.</li> <li>Proceed to process step 1.6.</li> </ul>	AAA/ADRC Fiscal Staff	None
1.5	Review Provider Search Results	<ul style="list-style-type: none"> <li>A list of records in the Search Results screen is displayed to the user. <ul style="list-style-type: none"> <li>If the user determines none of the providers in the list match their provider, the user proceeds to process step 1.4 to create a new provider.</li> </ul> </li> <li>The user selects the provider from the list and the system displays the Provider Screen.</li> </ul>	AAA/ADRC Fiscal Staff	None
1.6	<b>Decision:</b> New Contract?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.7.</li> <li>If No, proceed to process step 1.8.</li> </ul>	AAA/ADRC Fiscal Staff	None
1.7	Create New Contract Budget	<ul style="list-style-type: none"> <li>User selects <i>Create New Contract Budget</i> from the Provider Screen and the system displays the New Contract Screen.</li> <li>If the provider has a previous Contract Budget on record, the system displays a dialog to the user: “Copy previous year’s Contract Budget?”</li> </ul>	AAA/ADRC Fiscal Staff	Business/ Operations and Training

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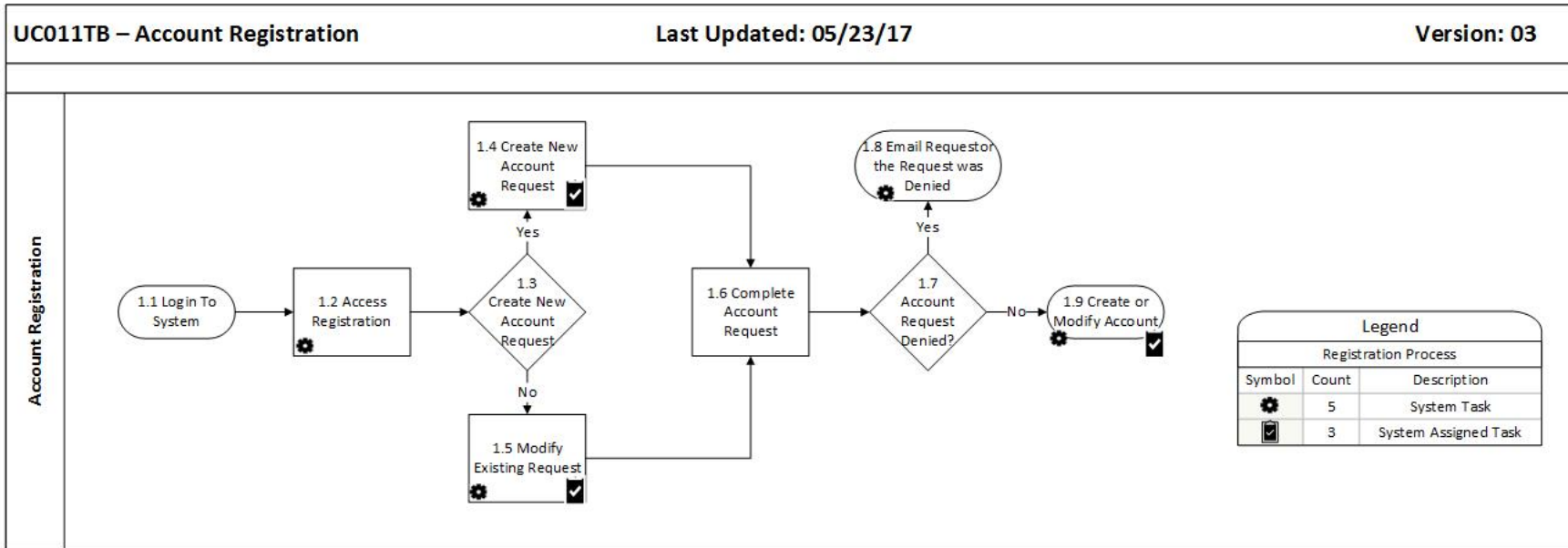
Process Step #	Process Step	UC010TB –Contract Management Process Process Step Description	Responsibility	Change Implications
		<ul style="list-style-type: none"> <li>• If the user selects <i>Yes</i>, data from previous year’s Contract Budget is populated into the current Contract Screen.</li> <li>• If the user selects <i>No</i>, the system creates a new blank Contract Screen for the current year.</li> <li>• The user completes the Contract Screen and selects <i>Complete</i>.</li> <li>• The system updates the Provider Approved Services on the provider record with the Contract Screen data.</li> <li>• The user selects <i>Generate Contract</i> on the Contract Screen, the system creates the Contract PDF, and displays the PDF to the user.</li> <li>• The user selects <i>Print</i> or <i>Email the Contract</i> for signature, selects <i>Close</i>, and the system displays the user’s Home Dashboard.</li> </ul>		
1.8	Update Existing Contract Budget	<ul style="list-style-type: none"> <li>• User selects <i>Contract Budget</i> from the Provider Screen and the system displays the existing Contract Budget in view-only mode.</li> <li>• The user selects <i>Edit</i>, updates the Contract Form Screen, and selects <i>Complete</i>.</li> <li>• The system updates the Provider Approved Services on the provider record with the Contract Screen data.</li> <li>• The user selects <i>Generate Amended Contract Budget</i> on the Contract Screen, the system creates the Amended Contract Budget PDF and displays the PDF to the user.</li> <li>• The user selects <i>Print</i> or <i>Email the Amended Contract</i> for signature, selects <i>Close</i>, and the system displays the user’s Home Dashboard.</li> </ul>	AAA/ADRC Fiscal Staff	Business/ Operations and Training
1.9	Upload Signed Contract	<ul style="list-style-type: none"> <li>• When the signed Contract Budget is received from the provider it must be uploaded to the provider record.</li> <li>• The user selects <i>Provider Search</i> from their Home Dashboard and the system displays the Provider Search Screen.</li> <li>• The user enters the required information, selects <i>Search</i>, and the system displays the Search Results.</li> <li>• The user selects the Provider from the list of Search Results and the system displays the Provider Screen.</li> </ul>	AAA/ADRC Fiscal Staff	Business/ Operations and Training

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<b>Process Step #</b>	<b>Process Step</b>	<b>UC010TB –Contract Management Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implications</b>
		<ul style="list-style-type: none"><li>• The user selects <i>Upload Documentation</i> from the Provider Screen, the system displays the File Explorer window, the user locates the file, and selects <i>Attach</i>.</li><li>• The system attaches the documents to the provider record and displays the Provider Screen.</li><li>• The user selects <i>Close</i> and the system displays the user's Home Dashboard.</li></ul>		

3.4.11. UC11TB – Account Registration Process



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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC11TB –Account Registration Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
	<b>Account Registration</b>	Request for an approved user account to be provisioned with the requested roles and security access assuming the required network access has already been provided.		
1.1	Login to System	<ul style="list-style-type: none"> <li>The Account Requester logs into the system.</li> <li>The system displays the Account Requestor’s Home Page.</li> </ul>	Account Requestor	
1.2	Access Registration	<ul style="list-style-type: none"> <li>The Account Requestor selects <i>Account Registration</i> from their Home Dashboard.</li> <li>The system displays the Account Registration Screen.</li> </ul>	Account Requestor, System	Business/ Operations, Training and Policy
1.3	<b>Decision:</b> Create New Account Request?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.4.</li> <li>If No, proceed to process step 1.5.</li> </ul>	Account Requestor	None
1.4	Create New Account Request	<ul style="list-style-type: none"> <li>The Account Requestor selects <i>New Account Request</i> from the Account Registration Screen and the system displays the Account Request Screen.</li> <li>The user completes the Account Request Screen and selects <i>Save</i>.</li> <li>The system saves the account request information, assigns a unique request identification number (ID), creates a Request task and sets the status to Pending Approval, updates the Request task assignee to the Account Approver as defined by business rules, places an alert on the Account Approver’s Home Dashboard, and displays the Account Requestor’s Home Dashboard.</li> <li>Proceed to process step 1.6.</li> </ul>	Account Requestor, System	Business/ Operations, Training and Policy
1.5	Modify Existing Account Request	<ul style="list-style-type: none"> <li>The Account Requestor selects <i>Account Registration</i> from their Home Dashboard and the system displays the Account Registration Screen.</li> <li>The user selects <i>Search</i> from the Account Registration Screen and the system displays the Search Screen.</li> </ul>	Account Requestor, System	Business/ Operations, Training and Policy



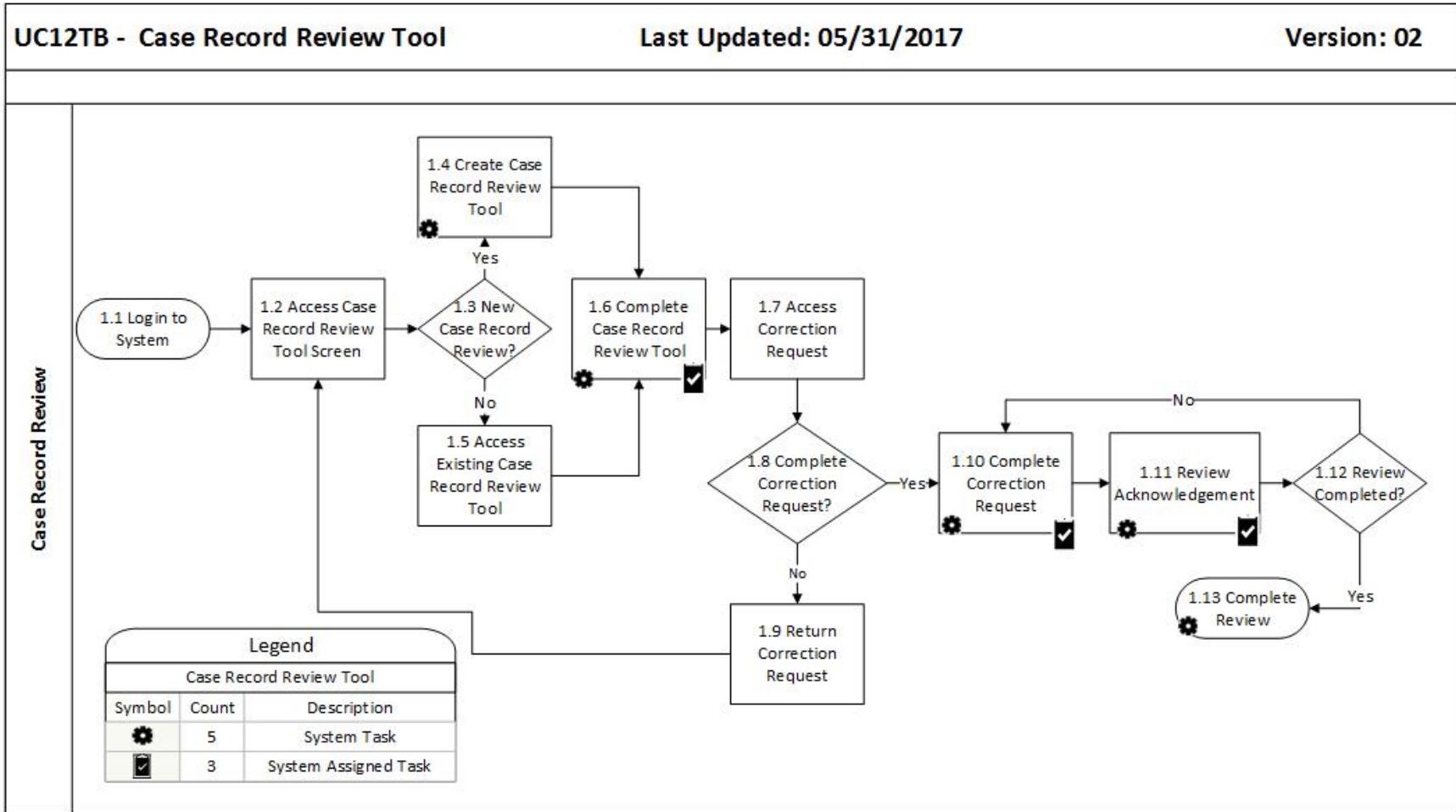
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Process Step #	Process Step	Process Summary Table – UC11TB –Account Registration Process Process Step Description	Responsibility	Change Implication
		<ul style="list-style-type: none"> <li>• The user enters the required search criteria, selects <i>Search</i>, and the system displays the Search Results Screen.</li> <li>• The user selects the Account Request from the list of search results and the system displays the Account Request Screen.</li> <li>• The user updates the Account Request as required and selects <i>Save</i>.</li> <li>• The system saves the Account Request information, updates the Request Task status to Pending Approval, updates the assignee to the Account Approver per business rules, places an alert on the Account Approver’s Home Dashboard, and displays the Account Requestor’s Home Dashboard.</li> </ul>		
1.6	Complete Account Request	<ul style="list-style-type: none"> <li>• The Account Approver logs into the system, accesses the Request task from their Home Dashboard, and the system displays the Account Request Screen.</li> <li>• The user updates the form and selects the <i>Request Status</i> from the following drop-down list:                             <ul style="list-style-type: none"> <li>○ Approve; or</li> <li>○ Deny.</li> </ul> </li> <li>• The Account Approver selects <i>Save</i>.</li> </ul>	Account Approver	Business/ Operations, Training and Policy
1.7	<b>Decision:</b> Account Request Denied?	<ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.8.</li> <li>• If No, proceed to process step 1.9.</li> </ul>		
1.8	Email Requestor the Request Was Denied	<ul style="list-style-type: none"> <li>• The system updates the Request status to Denied, reassigns the Request task to the Account Requestor, generates a standard email stating the status of the request with the reason for denial, and displays the Account Approver’s Home Dashboard.</li> <li>• The system places an alert on the Account Requestor’s Home Dashboard and sends an email to the employee’s Supervisor.</li> <li>• The Account Request status is updated to Closed if not resubmitted and approved within 10 business days.</li> </ul>	System	Business/ Operations

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC11TB –Account Registration Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
1.9	Create or Modify Account	<ul style="list-style-type: none"> <li>• The system updates the Request Status to Approved and reassigns the Request task to the Account Administrator to create the account.</li> <li>• The Account Administrator logs into the system and accesses the Request task from their Home Dashboard.</li> <li>• The system displays the Account Request Screen, the Account Administrator selects <i>Manage User Accounts</i> and the Manage User Accounts Screen is Displayed.</li> <li>• The Account Administrator creates or modifies the account with the approved security roles and permissions.</li> <li>• The system saves the information, updates the Request Status to Activated, sends an email to the new user with their login information and instructions for login, sends an email to the Account Requestor and Account Approver notifying them of account activation, and displays the user’s Home Dashboard.</li> </ul>	Account Administrator, System	Business/ Operations and Policy

3.4.12. UC12TB – CARES Case Record Review Tool (CRRT)



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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC12TB – Case Record Review Tool Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
	<b>Case Record Review</b>	The case review process is designed to provide quality assurance and performance reviews for Assessors and Staff Assistants.		
1.1	Login to System	<ul style="list-style-type: none"> <li>The user logs into the system and the system displays the user's Home Dashboard.</li> </ul>	Reviewer	Training
1.2	Access Case Record Review Tool Screen	<ul style="list-style-type: none"> <li>The user selects <i>Case Record Review</i> from the user's Home Dashboard and the system displays the Case Record Review Tool screen.</li> </ul>	Reviewer	Business/Operations, Training
1.3	<b>Decision:</b> New Case Record Review?	<ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.4.</li> <li>If No, proceed to process step 1.5.</li> </ul>	Reviewer	None
1.4	Create Case Record Review Tool	<ul style="list-style-type: none"> <li>The user selects <i>Create New CRRT</i> from the Case Record Review Tool Screen and the system displays the Search screen.</li> <li>The user enters the search criteria, a date range in which cases were opened, selects <i>Search</i>, and system displays the search results.</li> <li>The user selects the case to review, selects <i>Begin Review</i>, updates the screen with information from the selected case, and displays the Case Record Review Tool Screen.</li> <li>Proceed to process step 1.6.</li> </ul>	Reviewer, System	Business/Operations, Training
1.5	Access Existing Case Record Review Tool	<ul style="list-style-type: none"> <li>The user selects <i>Search</i> from the Case Record Review Tool Screen and the system displays the Search screen.</li> <li>The user enters the required information, selects <i>Search</i>, and the system displays the Search Results Screen.</li> <li>The user selects <i>Case Record Review</i> and the system displays the Case Record Review Tool Screen.</li> </ul>	Reviewer	Business/Operations, Training
1.6	Complete Case Record Review Tool	<ul style="list-style-type: none"> <li>The user enters required information in the Case Record Review Tool screen, selects a Due Date, and selects <i>Complete</i>.</li> <li>The system calculates the Review Score and displays the Case Record Review Tool Screen.</li> </ul>	Reviewer, System	Business/Operations, Training

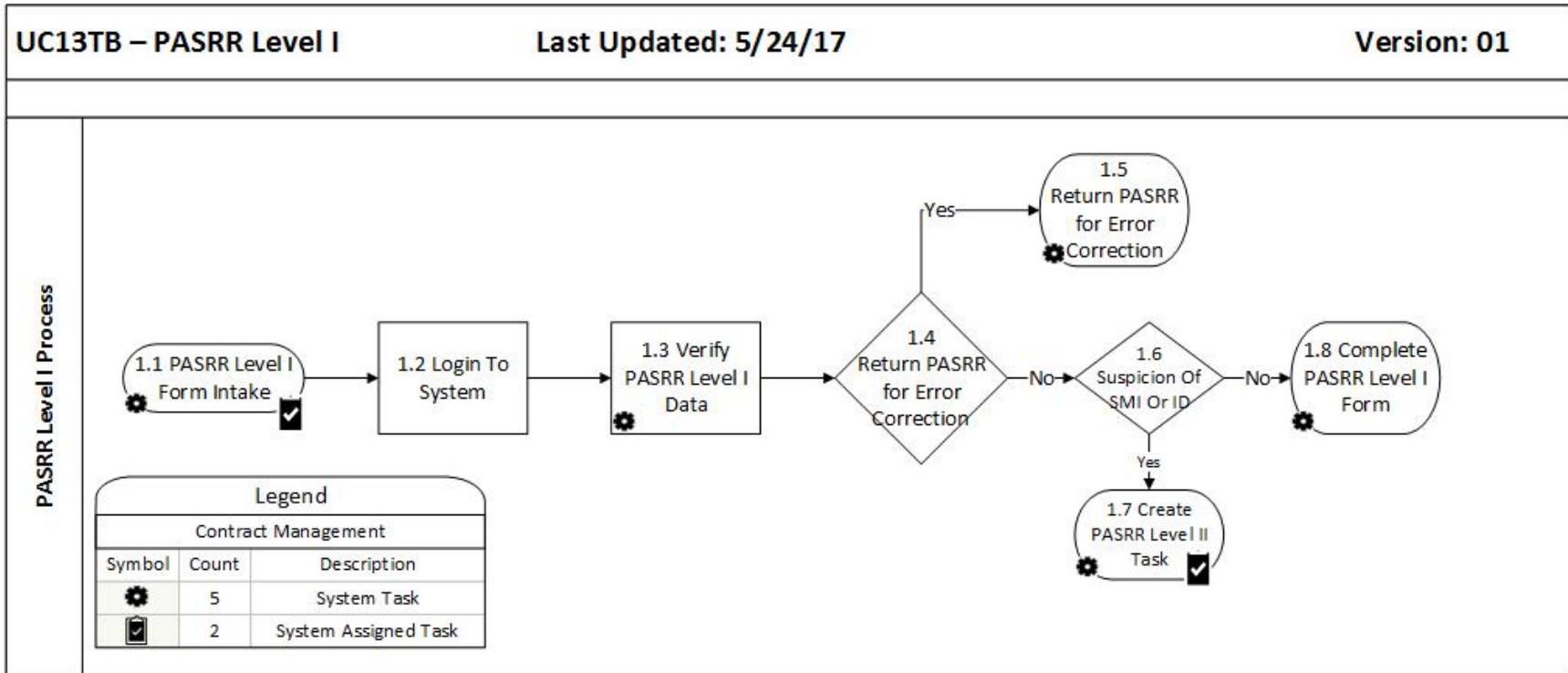
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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC12TB – Case Record Review Tool Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
		<ul style="list-style-type: none"> <li>• The user selects <i>Sign Review</i> and the system displays a box for electronic signature.</li> <li>• The user signs the document electronically and selects <i>Save</i>.</li> <li>• The system:               <ul style="list-style-type: none"> <li>○ Creates a CRRT Task;</li> <li>○ Assigns the task, an alert, and a calendar appointment to the Assessor and/or Staff Assistant as defined by business rules; and</li> <li>○ Displays the reviewer’s Home Dashboard.</li> </ul> </li> </ul>		
1.7	Access Correction Request	<ul style="list-style-type: none"> <li>• The Assessor or Staff Assistant logs into the system and the system displays the user’s Home Dashboard.</li> <li>• The user selects the CRRT task from the user’s Home Dashboard and the system displays the Case Record Review Tool Screen.</li> <li>• The user reviews the CRRT for errors prior to completing the request. If an error is found, the request is returned to the Reviewer.</li> </ul>	Assessor, Staff Assistant	Business/ Operations, Training
1.8	<b>Decision:</b> Complete Correction Request?	<p>The Assessor or Staff Assistant determines if the correction request can be completed.</p> <ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.10.</li> <li>• If No, proceed to process step 1.9.</li> </ul>	Assessor, Staff Assistant	Business/ Operations, Training
1.9	Return Correction Request	<ul style="list-style-type: none"> <li>• The Assessor or Staff Assistant updates the Case Record Review Tool noting the errors.</li> <li>• The Assessor or Staff Assistant selects the reviewer from drop-down list on the Case Record Review Tool Screen and selects <i>Assign</i>.</li> <li>• The system saves the information, assigns the task to the Reviewer, places an alert on the Reviewer’s Home Dashboard and displays the user’s Home Dashboard.</li> <li>• Proceed to process step 1.2.</li> </ul>	Assessor, Staff Assistant, System	Business/ Operations, Training

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<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC12TB – Case Record Review Tool Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
1.10	Complete Correction Request	<ul style="list-style-type: none"> <li>• The user selects the case from the Case Record Review Tool Screen and the system displays the Case Screen.</li> <li>• The user updates the case as needed, selects <i>Close</i>, and the system displays the Case Record Review Tool Screen.</li> <li>• The user selects <i>Sign Review</i> and the system displays a box for electronic signature.</li> <li>• The user signs the document electronically and selects <i>Correction Completed</i>.</li> <li>• The system saves the information, assigns the task to the Reviewer, places an alert on the Reviewer’s Home Dashboard, and displays the user’s Home Dashboard.</li> </ul>	Assessor, Staff Assistant, System	Business/ Operations, Training
1.11	Review Acknowledgement	<ul style="list-style-type: none"> <li>• The Reviewer logs into the system and the system displays the user’s Home Dashboard.</li> <li>• The user selects the CRRT task from the user’s Home Dashboard and the system displays the Case Record Review Tool screen.</li> <li>• The user reviews the corrections, enters comments, and selects Completion Status from the following drop-down list: <ul style="list-style-type: none"> <li>○ Completed; or</li> <li>○ Returned for Corrections.</li> </ul> </li> </ul>	Reviewer, System	Business/ Operations, Training
1.12	<b>Decision:</b> Review Completed?	<p>The case reviewer determines if the corrections made by the Assessor or Staff Assistant completes the Case Record Review Tool.</p> <ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.10.</li> <li>• If No, proceed to process step 1.6.</li> </ul>	Reviewer	None
1.13	Complete Review	<ul style="list-style-type: none"> <li>• The system sets the Case Record Review Tool status to Complete, updates the task status to complete, and sends an email as defined by business rules.</li> </ul>	System	None

3.4.13. UC13TB – PASRR Level I Process



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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC13TB – PASRR Level I Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implication</i>
	<b>PASRR Level I Process</b>	A PASRR Level I screen is completed on individuals seeking admission to a Medicaid-certified NF to determine whether the individual has, or is suspected of having, an SMI and/or ID or related condition.		
1.1	PASRR Level I Form Intake	<ul style="list-style-type: none"> <li>• A PASRR Level I form can be delivered to the system by electronic fax or Optical Character Recognition (OCR) scanned upload.</li> <li>• The system: <ul style="list-style-type: none"> <li>○ Creates a new client record with client demographic information if no client record is found;</li> <li>○ Populates the PASRR Level I data to the database for viewing from the PASRR Level I screen;</li> <li>○ Marks the record for verification required; and</li> <li>○ Attaches the PASRR Level I Form to the client’s record.</li> </ul> </li> </ul>	System	Business/ Operations, Training
1.2	Login to System	<ul style="list-style-type: none"> <li>• The user logs into the system and the system displays the user’s Home Dashboard.</li> </ul>	CARES Staff	Business/ Operations, Training
1.3	Verify PASRR Level I Data	<ul style="list-style-type: none"> <li>• The user selects <i>PASRR Level I Review Queue</i> from their Home Dashboard and the system displays the Queue Screen.</li> <li>• The user selects a client from the Queue screen and the system displays the PASRR Level I screen.</li> <li>• The user reviews the information for accuracy and completeness of Fax OCR output or scanned information. If the output or scanned information does not import correctly, the user can make corrections in the system or request a resend.</li> </ul>	CARES Staff	Business/ Operations, Training
1.4	<b>Decision:</b> Return PASRR for Error Correction?	<p>The user determines if the PASRR Level I should be returned to the sender after reviewing the information.</p> <ul style="list-style-type: none"> <li>• If Yes, proceed to process step 1.5.</li> <li>• If No, proceed to process step 1.6.</li> </ul>	CARES Staff	None



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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC13TB – PASRR Level I Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implication</i>
1.5	Return PASRR for Error Correction	<ul style="list-style-type: none"> <li>The user selects <i>Return for Error Correction</i> on the PASRR Level I screen and the system displays PASRR Level I Return Screen.</li> <li>The user enters required information, selects <i>Send</i>, the system sends the form through an integrated fax, and displays the PASRR Level I Screen.</li> </ul>	CARES Staff, System	Business/ Operations, Training
1.6	<b>Decision:</b> Suspicion of SMI or ID?	<p>If a suspicion of SMI or ID is displayed on the PASRR Level I form, additional review for a potential PASRR Level II is required.</p> <ul style="list-style-type: none"> <li>If Yes, proceed to process step 1.7.</li> <li>If No, proceed to process step 1.8.</li> </ul>	System	None
1.7	Create PASRR Level II Task	<ul style="list-style-type: none"> <li>The user selects <i>Save</i>.</li> <li>The system:                             <ul style="list-style-type: none"> <li>Removes the Verification Required flag from the client record;</li> <li>Creates a PASRR Level II Task;</li> <li>Assigns the PASRR Level II Task according to business rules; and</li> <li>Displays the Search Screen.</li> </ul> </li> </ul>	CARES Staff, System	Business/ Operations, Training
1.8	Complete PASRR Level I Form	<ul style="list-style-type: none"> <li>The user selects <i>Save</i>, the system removes the Verification Required flag from the client record, and displays the Search Results Screen.</li> </ul>	CARES Staff, System	Business/ Operations, Training

## Appendix A – Placement, Program & Level of Care Considerations

The following table shows how the system should display the Program Recommendation and available LOC/Waivers based on the Placement Recommendation and the Programs Considered. This is to be used by the system for the staffing processes.

Placement Rec.	Program Considered	Program Recommendation	Level of Care/Waiver
AFCH=Adult Family Care Home	ACFW, BSCW, NONE, OTHR, PACE, PACW, LTCC	ACFW, BSCW, PACE, PACW, LTCC	INO, INT, ROH, RON, SKD
		CCDA, HSPC, NONE, OTHR	DNM, INO, INT, SKD, WHL
ALFE=ALF with Extended Cong. Care	BSCW, CCDA, HSPC, NONE, OTHR, PACE, PACW, LTCC, ELDC	BSCW, PACE, PACW, LTCC, CHAN, ELDC	INO, INT, ROH, RON, SKD
		CCDA, HSPC, NONE, OTHR	DNM, INO, INT, SKD, WHL
ALFM=ALF with Limited MH Services	BSCW, CCDA, HSPC, NONE, OTHR, PACE, PACW, LTCC, ELDC	BSCW, PACE, PACW, LTCC, CHAN, ELDC	INO, INT, ROH, RON, SKD
		CCDA, HSPC, NONE, OTHR	DNM, INO, INT, SKD, WHL
ALFN=ALF with Limited Nurs. Services	BSCW, CCDA, HSPC, NONE, OTHR, PACE, PACW, LTCC, ELDC	BSCW, PACE, PACW, LTCC, CHAN, ELDC	INO, INT, ROH, RON, SKD
		CCDA, HSPC, NONE, OTHR	DNM, INO, INT, SKD, WHL
ALFS=Assisted Living Facility	BSCW, CCDA, HSPC, NONE, OTHR, PACE, PACW, LTCC, ELDC	BSCW, PACE, PACW, LTCC, CHAN, ELDC	INO, INT, ROH, RON, SKD
		CCDA, HSPC, NONE, OTHR	DNM, INO, INT, SKD, WHL
GRHO=Group Home	DEVS, NONE, OTHR	DEVS, NONE, OTHR	DNM, INO, INT, SKD, WHL
HOSP=Hospital	HSPC, NONE, SBHO, SNUH	HSPC, NONE	DNM, INO, INT, SKD, WHL
		SNUH	SKD
		SBHO	INO, INT, SKD
MRDD=MR/DD Fac.	NONE	NONE	DNM, INO, INT, SKD, WHL
NHTP=Temporary NH	ACFW, BSCW, CCDA, CCFE, CDCW, DEVS, ELDC, FDMW, HSPC, NHSS, NONE, OMDW, OTHR, PACE, PACW, LTCN	LTCP	INO, INT, SKD
		HSPC, NHSS, NONE, LTCN	INO, INT, SKD

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NUHO=Nursing Home	ACFW, BSCW, CCDA, CCFE, CDCW, DEVS, ELDC, FDMW, HSPC, NHSS, NONE, OMDW, OTHR, PACE, PACW, LTCN	HSPC, NHSS, NONE, LTCN	INO, INT, SKD
OTHR=Other	NONE, OTHR	NONE, OTHR	DNM, INO, INT, SKD, WHL
PRNH=Prison NH	NONE	NONE	NONE
PRRE=Private Residence	ACFW, BSCW, CCDA, CCFE, CDCW, ELDC, FDMW, HSPC, NONE, OMDW, OTHR, PACE, PACW, LTCC	ACFW, ALZW, BSCW, CDCW, CHAN, FDMW, OMDW, PACE, PACW, LTCC	INO, INT, ROH, RON, SKD
		CCDA, CCFE, ELDC, HSPC, NONE, OTHR	INO, INT, SKD, DNM, WHL
PSYF= Psychiatric Fac.	NONE	NONE	DNM, INO, INT, SKD, WHL
REHB= Rehab Hospital	NONE	NONE	DNM, INO, INT, SKD, WHL
SHNH=State Mental Hosp. NH Unit	NONE	NONE	INO, INT, SKD
SMHO=State Mental Hosp.	NONE	NONE	DNM, INO, INT, SKD, WHL, MEN

*This chart identifies the available program and level of care codes for each placement recommendation.*

## Appendix B – Follow-up Schedule

The first follow-up will be based on the staffing date. All other follow-ups will be based on the previous follow-up date. For example, the first follow-up will be one month from the staffing date, the 90-day follow-up will be two months from the 30-day follow-up, the 180-day follow-up will be three months from the 90-day follow-up, and the Annual follow-up will be six months from the 180-day follow-up. Unscheduled follow-ups are scheduled at any time for an open case and will not interfere with the regular follow-up schedule. If the case is reassessed and staffed, the follow-up schedule will start over and will be based on the staffing date.

Schedule Follow Up	Living Arrangement	Placement Recommendation	Program Recommendation	Follow Up Schedule	Case Termination Reasons
Nursing Home	Not Equal NUHO, SHNH	Equal NUHO, SHNH	Equal HSPC, NONE, LTCN	Every 30 days until Living Arrangement=NUHO or SHNH then Auto Close (or manually closed)	<ol style="list-style-type: none"> <li>1. If placed <b>IN</b>=In Nursing Home</li> <li>2. Manual Close</li> </ol>
Community		Not Equal NHTP, NUHO, SHNH	Equal ACFW, BSCW, FDMW, NONE, OTHR, PACE, PACW	<b>Assessor=CAR</b> 30, 90, 180, Annual, Auto Close (or manually closed) <b>Assessor Does Not=CAR &amp; Program Recommendation=Waiver</b> Case will automatically close at staffing <b>Assessor Does Not=CAR &amp; Program Recommendation Does Not=Waiver</b> 30, 90, 180, Annual, Auto Close (or manually closed)	<ol style="list-style-type: none"> <li>1. If Annual <b>CA</b>=Close Annual</li> <li>2. If Waiver/CARES not Assessor <b>NN</b>=No Longer Needed</li> <li>3. Manual Close</li> </ol>
			LTCC	<b>Initial: Assessor=CAR</b> 30, 90, 180, Annual, Auto Close (or manually closed) until Case Manager does not=CAR, then Auto Close	<ol style="list-style-type: none"> <li>1. If Annual <b>CA</b>=Close Annual</li> <li>2. If CARES not Case Manager <b>CP</b>=Closed/In Plan</li> <li>3. Manual Close</li> </ol>

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Schedule Follow Up	Living Arrangement	Placement Recommendation	Program Recommendation	Follow Up Schedule	Case Termination Reasons
				<b>Annual: Assessor Does Not=CAR</b> Case will automatically close at staffing <b>Assessor Does Not=CAR &amp; Case Manager Does Not=CAR at Follow Up</b> Auto Close	1. CP=Closed/In Plan
Swing Bed/SNUH		Equal HOSP	Equal SBHO, SNUH	30, 90, 180, Annual & Ongoing Annual (or manually closed)	1. Manual Close
Needs Specialized Services		Equal NHTP, NUHO	Equal NHSS	30, 90, 180, Annual & Ongoing Annual (or manually closed)	1. Manual Close
Temporary Nursing Home		Equal NHTP	Equal NONE, LTCN	30, 90, 180, Annual, Auto Close (or manually closed)	1. If Annual CA=Closed Annual
				Every 30 days until Case Manager does not = CARES and then 90, 180, Annual, Auto Close (or manually closed)	2. Manual Close

## Appendix C – PASRR, Resident Review, and Level I Return Cover Sheet Naming Conventions

When saving PASRR Level I, PASRR Level II, Resident Review and Level I Return Cover Sheets into a document management system, the following naming conventions are required.

<b>Naming Convention Type</b>	<b>Naming Convention</b>	<b>Example</b>
Complete/Correct PASRR Level I	SSN-date Received by CARES (yymmdd)	123456789-151112
Incomplete/Incorrect PASRR Level I	SSN-I-date received by CARES (capital I)	123456789-I-151112
PASRR Level II	SSN-L2-date received by CARES (yymmdd)	123456789-L2-151112
Resident Review Request	SSN-RR-date received by CARES (yymmdd)	123456789-RR-151112 *If received in parts add -1, -2, -3 after date
PASRR Level I-RR Return Cover sheets	SSN-CS-date returned (yymmdd)	123456789-CS-151112
RR not Required Letters	SSN-NRL-date sent (yymmdd)	123456789-NRL-151112
PASRR Level II Notice Letters	SSN-PNL-date sent (yymmdd)	123456789-PNL-151112
Sent eFax Confirmations	SSN-EC-date returned (yymmdd)	123456789-EC-151112

## Appendix D – Forms Used by DOEA, CARES and ADRC Staff and Processes

Below is a table of forms used within the processes outlined in this document. Links are provided as a convenience. It is important to note that some forms are provided by external sources and cannot be changed by new processes.

Form	Form Description	Form Type	Source	Notes
<a href="#">PASRR Level I Screen Form</a>	Preadmission Screening and Resident Review Level I Screen Form (form only)	PASRR	AHCA	This is the current PASRR Level I Screen Form.
<a href="#">PASRR Level I With Instructions</a>	Preadmission Screening and Resident Review Level I Screen Form with Instructions	PASRR	AHCA	This is the current PASRR Level I form with instructions.
<a href="#">PASRR Level II Request Form</a>	Request for Level II PASRR Evaluation	PASRR	DOEA	
<a href="#">PASRR Resident Review Eval Request with Instructions</a>	PASRR Resident Review Evaluation Request Form with Instructions	PASRR	AHCA	This is the current PASRR Resident Review Request Form.
<a href="#">PASRR Resident Review Eval Request</a>	PASRR Resident Review Eval Request (form only)	PASRR	AHCA	This is the current PASRR Resident Review Evaluation Request Form (without instructions).
<a href="#">2040</a>	Informed Consent	General	AHCA	
<a href="#">2040-Creole</a>	Informed Consent (Creole)	General	AHCA	
<a href="#">2040-Spanish</a>	Informed Consent (Spanish)	General	AHCA	
<a href="#">2506 DCF</a>	Client Discharge/Change Notice	General	DCF	

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<b>Form</b>	<b>Form Description</b>	<b>Form Type</b>	<b>Source</b>	<b>Notes</b>
<a href="#">2506A DCF</a>	Client Referral / Change Form	General	DCF	Client Referral / Change Form
<a href="#">2506A Instruction DCF</a>	Instructions for 2506A-client Referral/Change Form	General	DCF	
<a href="#">2515 DCF</a>	Certification of Enrollment Status for Home and Community Based Services	General	DCF	
<a href="#">2515 Instructions DCF</a>	Instructions for 2015-Certification of Enrollment Status for Home and Community Based Services	General	DCF	
<a href="#">3007 DCF</a>	ACCESS - CARES Communication Form	General	DCF	
<a href="#">3008</a>	Medical Certification for Medicaid Long-term Care Services and Patient Transfer Form	Level of Care	AHCA	AHCA Form 5000-3008, revised June 2016
<a href="#">3008 Instructions</a>	Instructions for Completing the Medical Certification for Medicaid Long-term Care Services and Patient Transfer Form	Level of Care	AHCA	Instructions for AHCA Form 5000-3008, revised June 2016



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Form	Form Description	Form Type	Source	Notes
<a href="#">3008 Jun 2016 Referral Cover Sheet</a>	AHCA 5000-3008 Referral Cover Sheet	Level of Care	DOEA	
<a href="#">3008 Return Cover Sheet</a>	AHCA 5000-3008 Return FAX Cover Sheet	Level of Care	DOEA	
<a href="#">603</a>	Notification of Level of Care	Level of Care	DOEA	
<a href="#">603-FF</a>	Notification of Level of Care (fillable form)	Level of Care	DOEA	
<a href="#">607</a>	Project AIDS Care Physician Referral & Request for LOC Determination	Level of Care	DOEA	See the AHCA Project AIDS Care Waiver Services Coverage & Limitations Handbook for additional information: <a href="http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_06_051201_Waiver_PAC_ver1_1.pdf">http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_06_051201_Waiver_PAC_ver1_1.pdf</a>
<a href="#">610</a>	CARES Individual Review of No Level of Care Recommendation	Level of Care	DOEA	
<a href="#">611</a>	CARES Intake Form	General	DOEA	
<a href="#">612</a>	CARES Contact Letter	General	DOEA	Complete fields as indicated. HIDE ALL MARKUPS BEFORE PRINTING! (Settings -> Print All Pages -> uncheck Print Markup)
<a href="#">612 FF</a>	CARES Contact Letter (fillable form)	General	DOEA	
<a href="#">613</a>	CARES 3008 Letter	General	DOEA	Complete fields as indicated. HIDE ALL MARKUPS BEFORE PRINTING! (Settings -> Print All Pages -> uncheck Print Markup)
<a href="#">617</a>	Request for Additional Medical Information for LOC Determination	Level of Care	DOEA	
<a href="#">701A</a>	Condensed Assessment	Assessment	DOEA	

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<b>Form</b>	<b>Form Description</b>	<b>Form Type</b>	<b>Source</b>	<b>Notes</b>
<a href="#">701B</a>	Comprehensive Assessment	Assessment	DOEA	
<a href="#">701C</a>	Congregate Meals Assessment	Assessment	DOEA	
<a href="#">701D</a>	Instructions for Completing the 701B Comprehensive Assessment	Assessment	DOEA	
<a href="#">701S</a>	Screening Form	Assessment	DOEA	
<a href="#">701T</a>	Non-Community Placement Assessment	Assessment	DOEA	
<a href="#">DOEA CARES Letterhead - Editable Address</a>	DOEA Letterhead with editable office address.	Administrative	DOEA	Edit the footer with the appropriate CARES office address, telephone, and fax number; do not alter the font.
<a href="#">Level 1 PASRR Return</a>	Level 1 PASRR Return	PASRR	DOEA	This form is used to return an incomplete or incorrect PASRR Level I form to the screening entity.
<a href="#">Notice of Privacy Practices</a>	Notice of Privacy Practices	Administrative	DOEA	
<a href="#">Notification to Nursing Facility</a>	Notification to NF - PASRR Required (fillable form)	PASRR	DOEA	Use this letter to inform the NF that a Level I PASRR is required for a recent admission.
<a href="#">PAC Waiver Annual Update Info Sheet</a>	PAC Waiver Annual Update Info Sheet	Level of Care	DOEA	
<a href="#">PAC Waiver Annual Update Info Sheet</a>	PAC Waiver Annual Update Info Sheet	Level of Care	DOEA	
<a href="#">PAC Waiver Referral Form</a>	PAC Waiver Referral Form	Level of Care	DOEA	
<a href="#">PAC Waiver Referral Form</a>	PAC Waiver Referral Form	Level of Care	DOEA	
<a href="#">PASRR eFax Cover</a>	PASRR eFax Cover	PASRR	DOEA	A cover sheet for sending PASRRs (Level I, Level II, or Resident Review) to the CARES office using FAX-to-Email.

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<b>Form</b>	<b>Form Description</b>	<b>Form Type</b>	<b>Source</b>	<b>Notes</b>
<a href="#">PASRR Level II Not Required Letter</a>	Resident Review Not Required Letter	PASRR	DOEA	
<a href="#">PASRR Notice Letter</a>	PASRR Notice Letter	PASRR	DOEA	This is the notification of the required PASRR screening upon admission to a NF.
<a href="#">PASRR Resident Review Evaluation Request Return - Fax Cover</a>	Fax cover for returning incomplete or incorrect resident review request	PASRR	DOEA	
<a href="#">PASRR fax</a>	PASRR Level I Facsimile Sheet	PASRR	DOEA	
<a href="#">SS Request Notice</a>	SS Request Notice	Administrative	DOEA	
<a href="#">TAV-FF</a>	Technical Assistance Formal Site Visit Checklist (fillable form)	Administrative	DOEA	

## Signature and Acceptance Page

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We have reviewed the 2.A – DOEA Business Process Reengineering Document and agree that the content of the document is accurate as of this point in the project and clearly delineates the work to be completed for the project. This document serves as the source of project information and will be updated as required.

\_\_\_\_\_  
Steve Grantham, Project Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jenny Rojas, Contract Manager

\_\_\_\_\_  
Date

## Signature and Acceptance Page

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We have reviewed the 2.A – DOEA Business Process Reengineering Document and agree that the content of the document is accurate as of this point in the project and clearly delineates the work to be completed for the project. This document serves as the source of project information and will be updated as required.

  
\_\_\_\_\_  
Steve Grantham, Project Manager

6-8-2017  
Date

  
\_\_\_\_\_  
Jenny Rojas, Contract Manager

6/8/17  
Date



Fields to be completed after vendor responses are received.

Last Updated Cycle																	06/11/2018				
																	2.6				
Req ID	Req Type	Business Process Area	Other Business Process Areas Affected	Category	Subcategory	Requirement	Req Priority	Status Code	Source Category	Source	Date Avail	Support	Related Policy	Related Rule	Related Statute	Specifications and Metrics	Requirement Met	How Met	Cost of Customization	Change Log	
1	Business	Account Registration		Security		The system shall have the ability to display an assessment or screening based on the current user's role.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>		430.2053						
2	Business	ADRC Intake/Screening		Database Architecture		The system shall allow for Enrollment Management System (EMS) Waitlist tracking.	Priority 1	Proposed						<a href="#">Chapter 74-2, F.A.C.</a>	59G-4.180, 59G-4.290	409.985					
3	Business	All Processes		Business Rules Engine		The system shall allow the ADRC to place a LOC request for a client with categories: EMS, APS, SIXT.	Priority 1	Proposed													
4	Business	CARES Assessment	CARES Follow-Up, CARES Staffing, ADRC Referral and Screening, CARES Follow-Up, CARES Staffing, ADRC Referral and Screening	Workflow		The system shall allow for a client case to be returned to an ADRC queue in the case a client cannot be reached for a LOC request follow-up in the allotted time.	Priority 2	Proposed													
5	Business	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment	Workflow		The system shall provide the capability to route case or workflow action to the appropriate business entity (or multiple business entities) determinant on client responses to predetermined verbal indicators.	Priority 2	Proposed													
6	Business	CARES LOC, Rec Placement, Staffing	Document Upload	Correspondence & Forms		The system shall allow for the attachment of the client's Department of Children and Families (DCF) 2515 and 603 forms for completion once LOC is completed.	Priority 1	Proposed													
7	Business	CARES LOC, Rec Placement, Staffing		Workflow		The system shall allow for automated notification to appropriate ADRC staff of completion of an LOC for a client if it originated from the ADRC via a Waitlist release.	Priority 1	Proposed													
9	Functional	Account Registration	ADRC Intake/Screening, CARES Assessment, Service Billing Process, Lead Agency Assessment & Care Plan	Mobility		The system shall provide a mechanism for authorized users to securely access needed system functionality offsite to support work events away from the office.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>							
10	Functional	Account Registration		Account Management		The system shall provide the ability to associate accounts with specific permissions granted by the "parent" entity.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>							
11	Functional	Account Registration		Account Management		The system shall provide the ability to maintain an administrator-defined list of required fields a user must complete to request an account (e.g., name, address) by business rules.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>							
12	Functional	Account Registration		Account Management		The system shall provide the ability for a user to securely reset the password for their account.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>							
13	Functional	Account Registration		Account Management		The system shall provide the ability for an authorized user to create an account and associate roles to the account.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>							
14	Functional	Account Registration		Account Management		The system shall provide the ability to define functionality applicable to role-based categories of users.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>							
15	Functional	Account Registration		Account Management		The system shall enable authorized users to manage users assigned to a role.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>							
16	Functional	Account Registration		Account Management		The system shall enable authorized users to create, activate, modify, or deactivate users for an unlimited number of roles.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>							
17	Functional	Account Registration		Account Management		The system shall enable authorized users to identify and report inactive user accounts.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>							
18	Functional	Account Registration		Account Management		The system shall provide authorized users with an Account Registration screen displaying pending registration requests and allowing the user to add new registrations or modify a denied or pending registration.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>							

Req ID	Req Type	Business Process Area	Other Business Process Areas Affected	Category	Subcategory	Requirement	Req Priority	Status Code	Source Category	Source	Date Avail	Support	Related Policy	Related Rule	Related Statute	Specifications and Metrics	Requirement Met	How Met	Cost of Customization	Change Log
19	Functional	Account Registration		Account Management		The system shall provide the ability to search for pending or denied account registration requests.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
20	Functional	Account Registration		Account Management		The system shall provide administrators with an Account Management screen to add, modify and disable system user accounts and roles associated with them.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
21	Functional	Account Registration		Database Architecture		The system shall enable authorized users to add case types and attributes via configuration tables without a requirement to update programming code or compiling any software.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
22	Functional	Account Registration		Development And Support Services		The system shall enable authorized users to administer users, logs, reports and configurations.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
23	Functional	Account Registration		Security		The system shall enable restricting access to selected features by user identity and user role.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
24	Functional	Account Registration		Security		The system shall provide a single sign on which will seamlessly authenticate the authorized user into each module within the system based on the user's assigned security role(s).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
25	Functional	Account Registration		Security		The system shall enable authorized users to assign multiple individuals to a role.	Priority 3	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
26	Functional	Account Registration		Workflow		The system shall allow administrators to create workflow processes for account registration and approvals with associated roles and status' for the request.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
27	Functional	ADRC Intake/Screening	ADRC Intake/Screening, CARES Assessment, CARES Follow-Up, CARES LOC, Rec Placement, Staffing, Lead Agency Assessment & Care Plan, Monitoring	Events And Scheduling		The system shall provide the ability to modify existing scheduled events (e.g., begin date, end date, frequency, and business process-specific information).	Priority 1	Proposed												
28	Functional	ADRC Intake/Screening	CARES Assessment, CARES Follow-Up, CARES Intake and ADRC I&R, CARES LOC, Rec Placement, Staffing, Lead Agency Assessment & Care Plan, Monitoring	Events And Scheduling		The system shall provide the ability to notify the user of a scheduled event based on user-defined criteria or business rules within a workflow (e.g., reminder time, delivery mechanism).	Priority 1	Proposed												
29	Functional	ADRC Intake/Screening	CARES Assessment, CARES Intake and ADRC I&R, CARES LOC, Rec Placement, Staffing, CARES Follow-Up, Lead Agency Assessment & Care Plan, Monitoring	Events And Scheduling		The system shall provide the ability to link documentation to a scheduled appointment task or event.	Priority 1	Proposed												
30	Functional	ADRC Intake/Screening	CARES Assessment, Lead Agency Assessment & Care Plan	Business Rules Engine		The system shall allow authorized users to set threshold parameters on the results provided by the priority and rank scoring algorithm for use by the system to automatically initiate workflow actions without further intervention from the user.	Priority 1	Proposed							430.2053					
31	Functional	ADRC Intake/Screening	CARES Assessment, Lead Agency Assessment & Care Plan	Database Architecture		The system shall provide the ability to create, modify and deploy a ranking and priority algorithm at the database level and initiated according to workflow actions and associated business rules.	Priority 1	Proposed							409.979, 430.2053					
32	Functional	ADRC Intake/Screening	CARES Assessment, Lead Agency Assessment & Care Plan	Database Architecture		The system shall provide authorized users the ability to add, modify, or remove medications list entries in a database through a graphical interface.	Priority 1	Proposed												
33	Functional	ADRC Intake/Screening	CARES Intake and ADRC I&R	Business Rules Engine		The system shall provide the ability to set the status code for a client released to receive SMMC ALF services to APS.	Priority 2	Proposed												
34	Functional	ADRC Intake/Screening	CARES Intake and ADRC I&R	Workflow		The system shall update a client's MedWaiver pipeline checklist when a completed 3008 form is received and the client's status indicates an active pipeline status code.	Priority 1	Proposed							409.979, 430.2053					
35	Functional	ADRC Intake/Screening	CARES Intake and ADRC I&R	Workflow		The system shall provide the ability to move a client currently in the MedWaiver APPL and APCL from one PSA to different PSA without disenrollment from their current MedWaiver APPL status. The system shall provide a notification of the action to the receiving PSA as defined by business rules.	Priority 1	Proposed							409.979, 430.2053					

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36	Functional	ADRC Intake/Screening	CARES Intake and ADRC I&R	Workflow		The system shall allow for a client return to the MedWaiver pipeline without requiring a waitlist release after termination if requirements are met according to business rules. Examples of requirements for the conditional return to the Pipeline can be found on page 28 of the SMMC LTC EMS Procedures.doc.	Priority 1	Proposed							409.979, 430.2053					
37	Functional	ADRC Intake/Screening	CARES Intake and ADRC I&R, CARES Assessment, CARES Follow-Up, CARES LOC, Rec Placement, Staffing, Lead Agency Assessment, & Care Plan	Events And Scheduling		The system shall provide the ability to utilize business rules to associate a scheduled event with the appropriate system records (e.g., case record to an appointment).	Priority 1	Proposed												
38	Functional	ADRC Intake/Screening		Application Functionality		The system shall provide users with a 701S Screening screen allowing authorized users to enter data as an telephonic screening is being conducted. This form contains a subset of fields available on the 701B Comprehensive Assessment. An example of the 701S Screening screen fields in the current CIRT5 system is shown on page(s) 75 - 81 of the <a href="#">CIRT5 User Guide for CARES 701S.pdf</a> .	Priority 1	Proposed							430.2053					
39	Functional	ADRC Intake/Screening		Business Rules Engine		The system shall provide Medicaid Waiver Waitlist termination codes to track a client within the EMS enrollment span. An example of the report fields in the current CIRT5 system is shown on page 53 of the SMMC LTC EMS Procedures.doc.	Priority 1	Proposed												
40	Functional	ADRC Intake/Screening		Business Rules Engine		The system shall provide the ability to create, modify and delete EMS Waitlist Release Eligibility categories with correspondence codes and category descriptions. An example of the categories in the current CIRT5 system is shown on page 14 of the SMMC LTC EMS Procedures.doc.	Priority 1	Proposed							409.979					
41	Functional	ADRC Intake/Screening		Business Rules Engine		The system shall allow the ability to configure MedWaiver enrollment status allowed for concurrent enrollment based on type of enrollment and business rules. (e.g., it is not permitted to have a SIXT status at the same time as an APCL or APPL, it is not permitted to be in the PACE program and SMMC LTC at the same time).	Priority 1	Proposed							409.979					
42	Functional	ADRC Intake/Screening		CRM		The system shall provide the capability to track, modify and create MedWaiver Application Timeline entry for a client.	Priority 1	Proposed							409.979					
43	Functional	ADRC Intake/Screening		CRM		The system shall have the ability to track a client's enrollment on a waiver or general revenue program waitlist.	Priority 1	Proposed							409.979					
44	Functional	ADRC Intake/Screening		CRM		The system shall have the ability to track a start and end date of each client's enrollment on a waiver, OAA Program, or general revenue program.	Priority 1	Proposed							409.979					
45	Functional	ADRC Intake/Screening		CRM		Client screen should display the client's current MedWaiver status.	Priority 1	Proposed							409.979					
46	Functional	ADRC Intake/Screening		CRM		The system shall have the ability to automatically end the enrollment on individual program waitlists when the they have been moved to the MedWaiver Pipeline for SMMC LTC programs.	Priority 1	Proposed												
47	Functional	ADRC Intake/Screening		CRM		The system shall update a client's progress through a MedWaiver Pipeline as required milestones are met according to the workflow and associated business rules.	Priority 1	Proposed												
48	Functional	ADRC Intake/Screening		Database Architecture		The system shall allow for the ability to complete an Eligibility Research checklist when a client is released from the Enrollment Management System (EMS) Waitlist.	Priority 1	Proposed												
49	Functional	ADRC Intake/Screening		Database Architecture		The system shall provide the ability for an authorized user to create an EMS Waitlist Release checklist to be verified by the user prior to the release process. An example of the verification checklist is shown on page 14 of the SMMC LTC EMS Procedures.doc.	Priority 1	Proposed							409.979, 430.2053					
50	Functional	ADRC Intake/Screening		Workflow		The system shall not allow a client EMS Release Status to reflect an active pipeline status code until the client demographic information such as SSN, First Name, Last Name and Date of Birth has been matched to FMMIS.	Priority 2	Proposed												
51	Functional	ADRC Intake/Screening		Workflow		The system shall automatically set pipeline termination status' and close the current client case associated with the MedWaiver timeline according to business rules of pipeline termination.	Priority 2	Proposed							409.979, 430.2053					















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192	Functional	All Processes		Search And Navigation		The system shall provide the ability to execute advanced search functionality from any area within the system.	Priority 2	Proposed												
193	Functional	All Processes		Search And Navigation		The system shall require at least one search criteria is populated prior to executing a search.	Priority 1	Proposed												
194	Functional	All Processes		Search And Navigation		The system shall provide the ability to group, sort and filter search results.	Priority 1	Proposed												
195	Functional	All Processes		Search And Navigation		The system shall provide the ability to navigate to the appropriate record selected (within the context of the search).	Priority 1	Proposed												
196	Functional	All Processes		Search And Navigation		The system shall provide the ability to combine multiple search criteria using logical 'AND', 'OR' and 'BETWEEN' operators.	Priority 2	Proposed												
197	Functional	All Processes		Search And Navigation		The system shall provide the ability to search and retrieve records (or logical groups of records) matching compound search criteria.	Priority 2	Proposed												
198	Functional	All Processes		Search And Navigation		The system shall allow users to save search criteria and results with user-defined names.	Priority 3	Proposed												
199	Functional	All Processes		Search And Navigation		The system shall provide the ability to include unstructured data in query results (e.g., Microsoft Word documents, Adobe Acrobat PDF files).	Priority 3	Proposed												
200	Functional	All Processes		Search And Navigation		The system shall provide large result sets in a paged manner and shall indicate either the page number viewed of the total number of pages or range of listed records of the total number of records returned.	Priority 1	Proposed												
201	Functional	All Processes		Search And Navigation		The system shall provide query searching capabilities that can be used to search within a result set.	Priority 2	Proposed												
202	Functional	All Processes		Search And Navigation		The system shall provide the ability to perform advanced searches based on configurable criteria.	Priority 1	Proposed												
203	Functional	All Processes		Search And Navigation		The system shall provide the ability to prompt the user to save work in progress prior to navigating to a new business function.	Priority 1	Proposed												
204	Functional	All Processes		Search And Navigation		The system shall allow for the user to access the Search Screen from the user's Home Dashboard.	Priority 1	Proposed												
205	Functional	All Processes		Search And Navigation		The system shall provide users search screens displaying fields in relation to where the user is within the system. (e.g., if the user is on the Services Screen, the search fields relevant to searching for services and referrals should be displayed to the user)	Priority 1	Proposed												
206	Functional	All Processes		Search And Navigation		The system shall provide the ability to view the list of cases categorized as referrals from the Client Screen. At a minimum the result set of the query should display when the case was opened, reason, referral source, payment type, status, close date, reason for closure and PSA.	Priority 1	Proposed												
207	Functional	All Processes		Search And Navigation		The system shall provide the ability for authorized users to perform batch uploading from key navigation points within the system using a native Windows Browse and Select screen.	Priority 1	Proposed												
208	Functional	All Processes		Search And Navigation		The system shall provide the ability to specify the limit of the maximum number of records retrieved by a single page query.	Priority 1	Proposed												
209	Functional	All Processes		Security		The system shall enable viewing of retrieved correspondence based on user-defined business rules and user roles.	Priority 1	Proposed												
210	Functional	All Processes		Security		The system shall provide the ability to filter the search results based on the user's role.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
211	Functional	All Processes		Security		The system shall provide access to data and functionality at the most granular level available (i.e., field level for data and screen access, document type for documents, and individual menu item for functionality).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
212	Functional	All Processes		Security		The system shall provide varying levels of permission to access data and functionality (e.g., no access, read-only access, create access, modify access, and delete access).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
213	Functional	All Processes		Security		The system shall provide a capability to redact information (e.g., Social Security numbers, names, addresses, etc.) on correspondence and printed reports based on business rules.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
214	Functional	All Processes		Security		The system shall provide authorized users to add, modify, remove case note categories.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						

















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363	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, CARES Follow-Up, CARES LOC, Rec Placement, Staffing, Lead Agency Assessment & Care Plan, Monitoring	Events And Scheduling		The system shall allow for the scheduling of appointments, events and tasks.	Priority 1	Proposed												
364	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, CARES Follow-Up, Lead Agency Assessment & Care Plan	Correspondence & Forms		The system shall enable authorized users to update client contact information.	Priority 1	Proposed												
365	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, CARES Follow-Up, Monitoring	Events And Scheduling		The system shall provide the ability to associate comments with the scheduled events.	Priority 1	Proposed												
366	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, CARES LOC, Rec Placement, Staffing, Document Upload	Integrated Imaging		The system shall provide the ability to manually associate correspondence to the appropriate case, client, or provider file.	Priority 1	Proposed												
367	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, Lead Agency Assessment & Care Plan	Business Rules Engine		The system shall enable an authorized user to create case types, case process workflows, and modify existing case types to reflect business rules.	Priority 1	Proposed												
368	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, Lead Agency Assessment & Care Plan	Business Rules Engine		The system shall enable an authorized user to configure the process for each case type per business rules.	Priority 1	Proposed												
369	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, Lead Agency Assessment & Care Plan	Business Rules Engine		The system shall allow the user to edit, modify, change data within a data entry screen until the completion has been indicated by the user or by established business rules.	Priority 1	Proposed												
370	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, Lead Agency Assessment & Care Plan	Correspondence & Forms		The system shall allow the ability to record if an attempted contact with a client was successful or unsuccessful and store in contact history.	Priority 1	Proposed												
371	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, Lead Agency Assessment & Care Plan, CARES Follow-Up	Business Rules Engine		The system shall allow the user to set the priority status of a case, task or calendar event as high or low independent of the automated process workflow.	Priority 1	Proposed												
372	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, Lead Agency Assessment & Care Plan, CARES Follow-Up, Monitoring	Development And Support Services		The system shall provide the option to configure notifications to users upon appointment changes in the system.	Priority 1	Proposed												
373	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, Lead Agency Assessment & Care Plan, CARES Follow-Up, Monitoring, CARES LOC, Rec Placement, Staffing	Events And Scheduling		The system shall allow for authorized users to schedule appointments on their own calendar as well as other users' calendars as defined by their role.	Priority 1	Proposed												
374	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, Lead Agency Assessment & Care Plan, CARES LOC, Rec Placement, Staffing, Monitoring	Database Architecture		The system shall enable users to perform spell check on free form text fields against a custom dictionary.	Priority 1	Proposed												
375	Functional	CARES Intake and ADRC I&R	ADRC Intake/Screening, CARES Assessment, Reporting	Search And Navigation		The system shall provide the user with the total number of records found and total number of unduplicated records found matching the user's query.	Priority 2	Proposed												
376	Functional	CARES Intake and ADRC I&R	CARES Assessment, ADRC Intake/Screening, CARES Follow-Up, CARES LOC, Rec Placement, Staffing	CRM		The Client Screen should display a link to documents related to the client record (e.g., 3008, 701A, LOC, etc.).	Priority 1	Proposed												
377	Functional	CARES Intake and ADRC I&R	CARES Assessment, ADRC Intake/Screening, CARES Follow-Up, CARES LOC, Rec Placement, Staffing	Record Management And Audit		The system shall provide the ability to update client demographic data based on defined roles within the system.	Priority 1	Proposed												
378	Functional	CARES Intake and ADRC I&R	CARES Assessment, ADRC Intake/Screening, CARES Follow-Up, CARES LOC, Rec Placement, Staffing, Complaint Process	Correspondence & Forms		The system shall allow for contact history to be captured as a contact history note with a status set for successful and unsuccessful client contact attempts.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						





























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639	Non-Functional	All Processes		Database Architecture		The system shall perform validation on all input fields based on preconfigured parameters.	Priority 1	Proposed												
640	Non-Functional	All Processes		Database Architecture		The system shall provide database error checking, displaying database error descriptive warnings, and error messages to the user.	Priority 1	Proposed												
641	Non-Functional	All Processes		Database Architecture		The system shall record database errors, warnings, and any processing result status.	Priority 1	Proposed												
642	Non-Functional	All Processes		Database Architecture		The system shall not dynamically create, drop, or alter tables, except 'temporary' tables.	Priority 1	Proposed												
643	Non-Functional	All Processes		Database Architecture		Installation and upgrades shall be provided through a managed installation process or scripts containing Data Definition Language (DDL) commands to create, alter, or drop database objects.	Priority 1	Proposed												
644	Non-Functional	All Processes		Database Architecture		The system shall be able to uniquely identify each user.	Priority 1	Proposed												
645	Non-Functional	All Processes		Database Architecture		Database access shall be managed by roles.	Priority 1	Proposed												
646	Non-Functional	All Processes		Database Architecture		Modified records shall have the before record stored to a history table.	Priority 1	Proposed												
647	Non-Functional	All Processes		Development And Support Services		The system graphical user interface (GUI) shall support at a minimum the current versions of the browsers listed using HTTPS protocol (port 443): Microsoft Internet Explorer and Edge; Google Chrome; Firefox; and Apple Safari.	Priority 1	Proposed												
648	Non-Functional	All Processes		Development And Support Services		The system shall be capable of supporting the current versions of the following computer and smartphone operating systems: Microsoft Windows; Apple iOS; and Google Android.	Priority 1	Proposed												
649	Non-Functional	All Processes		Development And Support Services		The system shall provide the ability to present an error list for failed data imports and exports.	Priority 1	Proposed												
650	Non-Functional	All Processes		Events And Scheduling		The system shall provide the ability to maintain master copies of historical information related to scheduled events.	Priority 1	Proposed												
651	Non-Functional	All Processes		Interfaces And Interoperability		The system shall be compliant with de facto open standards such as MAPI, SMTP, and SFTP.	Priority 1	Proposed												
652	Non-Functional	All Processes		Interfaces And Interoperability		The system shall provide for remote synchronization with a central database over Wi-Fi or cellular data connection.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
653	Non-Functional	All Processes		Mobility		The system shall be compatible with currently supported mobile device platforms (Apple iOS, Google Android, and Microsoft Windows).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
654	Non-Functional	All Processes		Record Management And Audit		The system shall not permit the deletion of records. Records should be marked as deleted, stamped with date and user, and then stored in history tables in accordance with records management retention policies.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
655	Non-Functional	All Processes		Record Management And Audit		The system shall not permit records to be physically deleted or altered except as part of a system administration archival process.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
656	Non-Functional	All Processes		Record Management And Audit		The system shall record the user name, date, and time of configuration changes made to the system.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
657	Non-Functional	All Processes		Record Management And Audit		The system shall maintain a complete history of all batch jobs.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
658	Non-Functional	All Processes		Record Management And Audit		The system shall delete or archive case information, by type, on the configured date.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
659	Non-Functional	All Processes		Record Management And Audit		The system shall have an audit trail on all fields.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
660	Non-Functional	All Processes		Record Management And Audit		The system shall provide an audit trail for all merges of duplicate entity data.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
661	Non-Functional	All Processes		Record Management And Audit		The system shall maintain an audit trail of transaction review and approval that occurs during an automated workflow.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy"</a>	<a href="#">Chapter 74-2, F.A.C.</a>						





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699	Non-Functional	Reporting		Database Architecture		The system shall be able to synchronize live databases with external reporting databases for near-real-time reporting capability.	Priority 1	Proposed												
700	Non-Functional	Reporting		Record Management And Audit		The system shall log system transactions to provide an audit trail of system access and activity.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>							
701	Non-Functional	Reporting		Reporting & Dashboard		The ad hoc query and report generation capability shall not impact the performance of the transaction processing system.	Priority 1	Proposed												
702	Non-Functional	Reporting		Reporting & Dashboard		The system shall provide an executive dashboard to display high-level, program-critical information.	Priority 1	Proposed												
703	Non-Functional	Reporting		Reporting & Dashboard		The system shall support portrait and landscape page orientation for reports.	Priority 1	Proposed												
704	Non-Functional	Reporting		Reporting & Dashboard		The system shall provide the ability to upgrade to the automated NAPIS interface such that future NAPIS SRT redesign changes does not create the need for custom coding in order to comply with Federal NAPIS Reporting requirements.	Priority 1	Proposed												
705	Non-Functional	Service Billing Process	Provider and Contract Management	Database Architecture		The system shall calculate year-to-date reconciled totals for provider services billed as determined by business rules and provide the ability for the user to include a year-to-date reconciled total on the invoice.	Priority 1	Proposed												
706	Non-Functional	Service Billing Process	Provider and Contract Management	Database Architecture		The system shall provide unique identifiers for services billed.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
707	Non-Functional	Service Billing Process	Provider and Contract Management	Database Architecture		The system shall utilize business rules to provide unique identifiers for system generated invoices.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
708	Non-Functional	Service Billing Process	Provider and Contract Management	Database Architecture		The system shall set a flag in the database for services invoiced and provide a reference link to the invoice including the service for billing.	Priority 1	Proposed						<a href="#">Chapter 74-2, F.A.C.</a>						
709	Non-Functional	System Administration	Account Registration	Security		The system shall provide the ability to establish standard "user profiles" consisting of one or more roles from which individual users may inherit access privileges.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
710	Non-Functional	System Administration	Account Registration	Security		The system shall provide the ability for an administrator to modify the roles of a single user or group of users without modifying the original profile or role.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
711	Non-Functional	System Administration	Account Registration	Security		The system shall provide the ability to assign role(s) to users effective for a specified date range.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
712	Non-Functional	System Administration	Account Registration	Security		The system shall not display a password in clear text.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
713	Non-Functional	System Administration	Account Registration	Security		The system shall provide the ability for the user to reset their password prior to exceeding the limit of unsuccessful login attempts.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
714	Non-Functional	System Administration	Account Registration	Security		The system shall provide for a warning of password expiration an administrator-configurable number of days prior to actual expiration.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
715	Non-Functional	System Administration	Account Registration	Security		The system shall provide the user with a final warning to change their password prior to password expiration.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
716	Non-Functional	System Administration	Account Registration	Security		The system shall display an approved system notification message before granting access to the system.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
717	Non-Functional	System Administration	Account Registration	Security		The system shall prevent further access to the system by initiating a session lock after an administrator-configurable period of inactivity or receiving a request from an authorized user.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
718	Non-Functional	System Administration	Account Registration	Security		The system shall provide a readily observable logout capability on all screens/pages.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						
719	Non-Functional	System Administration	Account Registration	Security		The system shall provide the capability for an administrator to create/modify user accounts.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOEA General Information Systems Access Policy</a>	<a href="#">Chapter 74-2, F.A.C.</a>						

Req ID	Req Type	Business Process Area	Other Business Process Areas Affected	Category	Subcategory	Requirement	Req Priority	Status Code	Source Category	Source	Date Avail	Support	Related Policy	Related Rule	Related Statute	Specifications and Metrics	Requirement Met	How Met	Cost of Customization	Change Log
720	Non-Functional	System Administration	Account Registration	Security		The system shall provide the ability to associate a user to a specific business entity or entities within and external to the organization.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
721	Non-Functional	System Administration	Account Registration	Security		The system shall provide the capability for an administrator to reset a user's password without knowing the original password.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
722	Non-Functional	System Administration	Account Registration	Security		The system shall provide the capability for an administrator to require a user to reset their password on the next successful login.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
723	Non-Functional	System Administration	Account Registration	Security		The system shall prevent the creation of duplicate user accounts.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
724	Non-Functional	System Administration	Account Registration	Security		The system shall provide the ability to enforce administrator-configurable security parameters (e.g., password strength, expiring passwords, lockout attempts, inactivity timeframes, etc.).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
725	Non-Functional	System Administration	Document Upload, External System Support	Security		The system shall scan all external file transfers for viruses before accepting them into the data repository.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
726	Non-Functional	System Administration	Reporting	Security		The system shall provide the ability to log security events (e.g., failed/successful logon attempts, amendment of user rights, deletion of users).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
727	Non-Functional	System Administration	Reporting	Security		The system shall provide the ability to generate automatic notification of locked user accounts to a security administrator.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
728	Non-Functional	System Administration	Reporting	Security		The system shall provide the ability to report on user information (e.g., account status, assigned roles/permissions, user activity history, history of security profile changes for a user).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
729	Non-Functional	System Administration	Reporting	Security		The system shall provide the ability to track and report inactive user accounts for specified time periods.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
730	Non-Functional	System Administration		Disaster Recovery		The system shall provide full and incremental data backup and recovery capabilities.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
731	Non-Functional	System Administration		Disaster Recovery		The system shall include recovery procedures for all backups taken.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
732	Non-Functional	System Administration		Disaster Recovery		The system shall support, when recovery from the backup is being performed, restoration of data and services on a priority basis such that priority data is accessible while the recovery is completed.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
733	Non-Functional	System Administration		Disaster Recovery		The system shall be accompanied by a Disaster Recovery Plan that defines the activities that are to take place to manage the service in the event of a disaster leading to loss or potential loss of service.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
734	Non-Functional	System Administration		Disaster Recovery		The system shall be accompanied by supporting processes and procedures for bringing the service back to normal operation following a catastrophic event (e.g., clearing message backlogs or resuming long-running queries).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
735	Non-Functional	System Administration		Disaster Recovery		The system shall ensure minimal data loss through the service.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
736	Non-Functional	System Administration		Disaster Recovery		The system shall include tools for system backups and restores (e.g., data backup, system configuration backup).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
737	Non-Functional	System Administration		Disaster Recovery		The system shall include tools to allow a full system recovery in the event of a critical system failure.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
738	Non-Functional	System Administration		Disaster Recovery		The system shall fail securely (e.g., fail-safe) in the event of an operational failure of a boundary protection device.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						



Req ID	Req Type	Business Process Area	Other Business Process Areas Affected	Category	Subcategory	Requirement	Req Priority	Status Code	Source Category	Source	Date Avail	Support	Related Policy	Related Rule	Related Statute	Specifications and Metrics	Requirement Met	How Met	Cost of Customization	Change Log
739	Non-Functional	System Administration		Security		The system shall provide the ability to limit user log-on to one workstation at a time.	Priority 3	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
740	Non-Functional	System Administration		Security		The system shall enable data encryption at the data field level in accordance with FIPS 140-2.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
741	Non-Functional	System Administration		Security		Either session-based encryption or message-based encryption shall be used to encrypt the data.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
742	Non-Functional	System Administration		Security		The system shall ensure data is vetted as secure by including buffer overflow checks, input validation, SQL injection, and cross-site scripting (XSS) checks.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
743	Non-Functional	System Administration		Security		The system shall generate alerts when security controls are violated.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
744	Non-Functional	System Administration		Security		The system shall enforce display, entry, modification, deletion, and exchange of information using the principle of Least Privilege.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
745	Non-Functional	System Administration		Security		The system shall provide access to appropriate data and functionality within the system based on administrator-configurable role(s) assigned to the user (e.g., access to data, documents, audit trail information, program information, and financial data).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
746	Non-Functional	System Administration		Security		The system shall automatically disable the user account when the administrator-configurable number of unsuccessful attempts is exceeded.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
747	Non-Functional	System Administration		Security		The system shall provide the capability to limit the number of concurrent sessions for each user account to an administrator-configurable number.	Priority 2	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
748	Non-Functional	System Administration		Security		The system shall generate a unique session identifier for each session and recognize only session identifiers that are system-generated.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
749	Non-Functional	System Administration		Security		The system shall have the capability for an administrator to revoke user access for an individual user or group of users.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
750	Non-Functional	System Administration		Security		The system shall have the capability for an administrator to suspend user access for an individual user or group of users.	Priority 3	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
751	Non-Functional	System Administration		Security		The system shall have the capability for an administrator to force logout for an individual user or group of users.	Priority 3	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
752	Non-Functional	System Administration		Security		The system shall provide the ability to deactivate user accounts after an administrator-configurable defined time of inactivity.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
753	Non-Functional	System Administration		Security		The system shall provide the ability to administer user security based on roles.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
754	Non-Functional	System Administration		Security		The system shall support Secure Sockets Layer (SSL) or, preferably, Transport Layer Security (TLS).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
755	Non-Functional	System Administration		Security		The system shall support encryption using either Triple Data Encryption Standard (3DES) or, preferably, Advanced Encryption Standard (AES).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
756	Non-Functional	System Administration		Security		The system shall encrypt data transmission information (e.g., URLs, query strings, connection strings).	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						
757	Non-Functional	System Administration		Security		The system shall encrypt data at the data layer in transit and at rest.	Priority 1	Proposed					<a href="#">HIPAA Privacy Policies and Procedures DOE General Information Systems Access Policy</a>	Chapter 74-2, F.A.C.						











Date of Change	Cycle	Description
02/06/17	1.0	Original Template
05/09/17	2.0	Major template update and requirements import
05/10/17	2.1	Updated requirements
05/27/17	2.2	Updated requirements for internal review
05/28/17	2.4	Updated requirements for internal review
6/1/2017	2.5	Internal review finalization
6/14/2017	2.6	Updated requirements based on stakeholder feedback

<b>Cycle X.0</b>	<b><i>Represents major changes (significant language modification, new requirement, deletions, etc.) to requirements</i></b>
<b>Cycle X.1, .2, .3, etc.</b>	<b><i>Represents minor revisions (clean-up, spell-checking, terminology) to requirements</i></b>



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# **Glossary of Terms and Abbreviations**

6/07/2017

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Deliverable 2 Glossary of Terms and Abbreviations

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**Document Information**

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<b>Document Author(s)</b>	Shawna Flager and Deanna Settergren
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6/8/2017	1.1	Deanna Settergren	Updated with definitions from PM Plan for Phase II



# 1. Glossary of Terms / Abbreviations

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Term or Abbreviation	Definition
AAA	Area Agency on Aging. See definition for ADRC.
ACCESS	Automated Community Connection to Economic Self-Sufficiency: A program administered by the Department of Children and Families (DCF) that allows clients to apply for public assistance benefits online. ACCESS staff determine financial eligibility for Medicaid long-term care services. See Social Security Income (SSI)-Related (public assistance for the aged, blind, and disabled) Programs Factsheet: <a href="http://www.dcf.state.fl.us/programs/access/docs/ssifactsheet.pdf">http://www.dcf.state.fl.us/programs/access/docs/ssifactsheet.pdf</a> .
Action Items	Action items are independent tasks which require follow up, but are not part of deliverables, risk, issues, or decisions, and are not in the project schedule. Typically, action items are recorded when there is an activity which has a due date greater than a week out, or will require coordination between multiple individuals.
ADRC	Aging and Disability Resource Center: A single, coordinated system for information and access to services for all Floridians seeking long-term care resources. The ADRCs provide information and assistance about state and federal benefits, as well as available local programs and services. This system also offers the public access to a statewide database of local community resources, available on the internet or by calling the Elder Helpline toll-free at 1-800-96 ELDER (1-800- 963-5337). The ADRCs are operated by the 11 Area Agencies on Aging.
ADLs	Activities of Daily Living: The functions and tasks for self-care, including ambulation, bathing, dressing, eating, grooming, toileting, transferring, and other similar tasks.
AHCA	Agency for Health Care Administration: The single state agency that is responsible for administering the Medicaid program. AHCA is responsible for enforcing federal Medicaid policies and procedures and developing state Medicaid policies and procedures. They are also responsible for licensure and regulation of Florida's health facilities. Medicaid program handbooks can be accessed at – <a href="http://portal.flmmis.com/FLPublic/Provider ProviderServices/Provider ProviderSupport/Provider ProviderSupport ProviderHandbooks/tabId/53/Default.aspx">http://portal.flmmis.com/FLPublic/Provider ProviderServices/Provider ProviderSupport/Provider ProviderSupport ProviderHandbooks/tabId/53/Default.aspx</a>
APD	Agency for Persons with Disabilities: The agency that provides critical services and supports for persons with developmental disabilities to allow them to reach their full potential in the home and community. The agency also performs PASRR Level II screenings for suspected intellectual disabilities. The agency serves people with autism, cerebral palsy, Spina Bifida, intellectual disabilities, Down syndrome, Prader-Willi syndrome, Phelan McDermid syndrome, and children age 3-5 who are at a high risk of a developmental disability.
APS	Adult Protective Services
AST	Agency for State Technology
Authorized User	Any person(s) who has permission to use Department and/or various functions pertaining to their specific job requirements.
BPR	Business process reengineering
Business Day	Days in which the department conducts routine business. This is typically Monday through Friday from 8 a.m. to 5 p.m. local time, excluding evenings, weekends and department observed holidays. Any reference to day(s) is defined as a business day unless otherwise specified.

<b>Term or Abbreviation</b>	<b>Definition</b>
Care Plan	An individualized written plan of care that identifies the assessed needs of a client and how the needs will be met with the provision of services. The care plan includes the services, duration, frequency, and provider of the services.
CARES	Comprehensive Assessment and Review for Long Term-Care Services: A program operated by the Department of Elder Affairs through an interagency agreement with Agency for Health Care Administration (AHCA) that is Florida's federally mandated pre-admission screening program for long-term care services. CARES is responsible for assessing and evaluating long-term care needs, establishing level of care (medical eligibility) and providing information regarding available options for receiving long-term care services for all individuals applying for the Medicaid Institutional Care Program and Medicaid waivers.
CAS	CARES Assessor Supervisor: A position in the CARES field offices that assists the Program Operations Administrator (POA) in supervising, assigning and monitoring the activities of Senior Assessor(s), Assessors, and administrative support staff.
CF	Adult Cystic Fibrosis Waiver
CIRTS	Client Information Registration and Tracking System: The data system developed to assist CARES staff and the aging network staff in the management of clients. The system is designed to track clients over time, in addition to providing statewide and unit-specific statistical reports.
Contract	The written, signed agreement resulting from, and inclusion of, this ITN, any subsequent amendments thereto and the proposer's proposal.
Contract Amendment	Any written alteration in the specifications, delivery point, rate of delivery, Contract period, price, quantity, or other Contract provisions of any existing Contract, whether accomplished by unilateral action in accordance with a Contract provision, or by mutual action of the parties to the Contract; it shall include bilateral actions, such as administrative changes, notices of termination, and notices of the exercise of a Contract option.
Contract Manager	The person who shall be responsible for enforcing performance of the contract terms and conditions and serve as a liaison with the contractor as required by Section 287.057(15), F.S.
Contractor	A firm that the state contracts with to provide services defined in the ITN.
COTS	Commercial-Off-The-Shelf, a term for software or hardware, generally technology or computer products, that are ready-made and available for sale, lease, or license to the general public.
CRRT	Case Record Review Tool: used during monitoring of the CARES PSAs.
Customer	The person(s) or organization(s) that will pay for the project's product, service or result. Customers can be internal or external to the performing organization.
Days	Calendar days unless specified as otherwise
DCF	Department of Children and Families: The primary state agency responsible for protection of vulnerable populations such as children, the elderly, and the mentally ill, from abuse, neglect and exploitation. DCF is also responsible for financial eligibility determinations for Medicaid applicants.

<b>Term or Abbreviation</b>	<b>Definition</b>
DDI	Design, Development and Implementation
DED	Deliverable Expectations Document
Defect	A failure of a configuration, modification, and/or customization of the software to operate in accordance with the Acceptance Criteria or ITN functional or technical requirements or a failure of the Software to operate in accordance with the Software program documentation.
Deliverable	Any document deliverable, software deliverable, or service that the contractor is required to provide the state under the Contract.
Department	The Department of Elder Affairs (DOEA, or Department).
Diagnosis (Dx)	The identification of the nature of an illness or other problem by examination of the symptoms.
Disaster Recovery Plan	A plan to ensure continued business processing through adequate alternative facilities, equipment, back-up files, documentation, and procedures if the primary processing site is lost to the contractor.
DMS	Department of Management Services
Documentation	Refers to various types of document that must be prepared by the contractor and provided to the department in a form and format specified by the state. Types of documentation include, but are not limited to, pre and post meeting documentation, system documentation, technical documentation, training documents, etc.
DOEA	Department of Elder Affairs: <a href="http://www.elderaffairs.state.fl.us/">http://www.elderaffairs.state.fl.us/</a> – The primary state agency responsible for administering human services programs for the elderly. The mission of DOEA is to help Florida’s elders remain healthy, safe, and independent.
Eligibility Specialist	A member of the DCF ACCESS staff responsible for determining eligibility for the Medicaid Institutional Care Program (ICP) and other programs administered by DCF.
EMS	Enrollment Management System
External User	Person that has authority to use an application or system.
F.A.C.	Florida Administrative Code
FD	Familial Dysautonomia Waiver
Fees	Costs or payments related to licensing (e.g., application fees, license/permit fees, renewal fees, education fees, and processing fees).
FLORIDA System	DCF uses the Florida Online Recipient Integrated Data Access system to determine eligibility for Medicaid, Food Assistance Programs, and Cash Assistance programs. For DCF regulated eligibility categories such as Medicaid Waiver or Institutional Care Program (ICP), FLORIDA is the “source” for eligibility determinations. Nightly, for each work day, the FLORIDA system transmits an eligibility file containing transactions for any file additions, updates or closures regarding eligibility processed by DCF staff throughout the day to Medicaid’s system, FMMIS. This can include eligibility changes or demographic changes on open individuals in FLORIDA.
FMMIS	The Florida Medicaid Management Information System is the system that contains information about an individual’s Medicaid eligibility, processes claim, makes payments to providers, and issues recipient Medicaid identification cards. Medicaid eligibility must be reflected on FMMIS in order for an individual to be enrolled in Medicaid managed care and/or for a provider to receive reimbursement. The system is maintained by AHCA’s contracted fiscal agent.

<b>Term or Abbreviation</b>	<b>Definition</b>
Follow-up	A contact either on-site, electronically, in writing, or by telephone, with an individual assessed by the ADRC, CARES, his/her representative, or Lead Agency case manager, in order to determine the individual's current functional status, living arrangement, and type and frequency of services received. Follow-up is conducted also by the Lead Agency case manager or case aide within 14 business days of ordering services to determine client satisfaction with services and quality of services. Contacts, made on behalf of the client are documented in the case narrative as follow up activity. Follow-up is further defined in the context of the referral service provided by the Information and Referral (I&R) specialist.
F.S.	Florida Statutes
FFP	Firm Fixed Price
Final Acceptance	The point in the lifecycle at which the System Implementation is complete for all phases of the system and the department agrees that the production system has performed for a pre-defined period (Software Production Verification) per all Acceptance Criteria and System Requirements in the production environment.
Fiscal Year	DOEA operates on a fiscal year from July 1 through June 30.
Historical Information	Prior details about an event, item, or activity
HIPAA	Health Insurance Portability and Accountability Act
Hospital-Based Skilled Nursing Facility	A distinct part of an acute care hospital that provides skilled nursing care and related services for patients who require medical or nursing care or rehabilitation for injured, disabled or sick patients. Medicaid funding is available for 30 days, with one 15-day extension if pre-approved by CARES for hospital-based nursing facility recuperative care beds. The hospital must be enrolled as a Medicaid provider for these services, and the individual must be certified by CARES as meeting a skilled level of care (LOC).
ICP	Institutional Care Program
ID	Intellectual Disability
Identified Risks	The project team considers information on identified risks when producing estimates of activity durations, since risks can have a significant influence on duration. The project team considers the extent to which the effect of risks is included in the baseline duration estimate for each activity.
Information System(s)	A combination of computing and telecommunications hardware and software that is used in: (a) the capture, storage, manipulation, movement, control, display, interchange and/or transmission of information, i.e., structured data (which may include digitized audio and video) and documents as well as non-digitalized audio and video; and/or (b) the processing and/or calculating of information and non-digitalized audio and video for the purposes of enabling and/or facilitating a business process or related transaction.
Information Technology (IT)	Any equipment, or interconnected system(s) or subsystem(s) or equipment, that is used in the automatic acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of data or information by the department. IT includes computers, ancillary equipment, software, computer code, and similar procedures, services (including support services), and related resources.

<b>Term or Abbreviation</b>	<b>Definition</b>
Informed Consent Form	An AHCA form that must be signed at an assessment for long-term care services. The form explains the nature of the assessment, assures the individual or representative of confidentiality, and permits access to medical records.
Initial Assessment	The first time an individual is assessed by CARES or the ADRC.
Intake	The method in which CARES processes referrals, including the sources from which cases are received and the requirements for accepting cases. Intake is also conducted by the ADRC through the administration of the standard screening form to gather information about an applicant for services. Intake is also conducted by AAA contracted OAA providers.
Interface Testing	Test that verifies the integration of the components. Progressively larger groups should be tested until the software works as a system. These test results should be available to the department if requested.
Internal User	Person that has authority to use an application or system.
Invoice	Contractor's itemized document stating prices and quantities of goods and/or services delivered and sent to the buyer for verification and payment.
ITN	Invitation to Negotiate
IV&V	Independent Verification and Validation
IVR	Interactive Voice Response
Lessons Learned	Lessons Learned are any useful information or experience gained through the course of the project that can be applied to a later phase or project activity. Currently, only lessons learned which have a significant impact on the track are captured.
LOC	Level of Care: The type of care required by an applicant or recipient based on his/her medical needs. The criteria for Intermediate LOC is described in Chapter 59G-4.180, Florida Administrative Code, or <a href="https://www.flrules.org/gateway/ruleno.asp?id=59G-4.180&amp;Section=0">https://www.flrules.org/gateway/ruleno.asp?id=59G-4.180&amp;Section=0</a> . The criteria for Skilled LOC is described in 59G-4.290, Florida Administrative Code, or <a href="https://www.flrules.org/gateway/ruleno.asp?id=59G-4.290&amp;Section=0">https://www.flrules.org/gateway/ruleno.asp?id=59G-4.290&amp;Section=0</a> .
LOE	Level of Effort activities are support tasks that do not directly tie to project deliverables but still require the efforts of project resource. These ongoing activities do not add time to the project. Examples of these activities include but are not limited to sending email and updating timesheets.
LRPP	Long Range Program Plan
LTC	Long-Term Care
JAD/JRM	Joint application design or joint requirements management sessions. These sessions are where the as-is and to-be processes flows, as well as requirements for the future state will be defined.

<b>Term or Abbreviation</b>	<b>Definition</b>
Mandatory Requirements	Requirements that the Respondent must meet to be eligible for contract award.
Materially Deficient	Significant deficiency or combination of deficiencies in the deliverable that does not meet minimal acceptable standards as defined in the Deliverable Expectation Document (DED).
MCFR	Medical Case File Review: Also, known as a Desk Review – The examination of medical records by the CARES Assessor, Registered Nurse Specialist, and/or physician consultant in the process of determining LOC when face-to-face client contact is not required.
MedServ 3008 Form	An AHCA Medical Certification for Medicaid Long-Term Care Services and Patient Transfer Form (AHCA 5000-3008).
Milestone	The measuring point used to review and approve progress, to authorize continuation of work, and, depending on the terms of the Contract, to pay for work completed.
Mobile Device	A computing platform that not meant to be stationary. Examples include but are not limited to laptops, tablets, iPhones, iPads, and Android devices.
MPS	Master Project Schedule
NLOC	No Level of Care: The term used by CARES when an individual does not meet LOC criteria as defined in Rule 59G-4.180 or 59G-4.290, Florida Administrative Code.
NF	Nursing Facility: Nursing and rehabilitative facilities that are certified under Medicare/Medicaid to provide nursing services as defined in Rule 59G-4.180 or 59G- 4.290, Florida Administrative Code.
OCM	Organizational Change Management
Online	Interaction between a user operating a personal computer or point of service (POS) device to send and receive information on a video display via a telecommunications network to a central processing unit (CPU).
On-Site Assessment	A comprehensive face-to-face evaluation by CARES staff, or Lead Agency case manager of an individual’s medical, functional, mental, social, financial, and environmental status for the purpose of determining the individual’s need for long-term care services.
OSV	On-Site Visit: A visit to the location where a client is currently residing (home, hospital, nursing facility, etc.) to obtain client assessment or follow-up information. To be considered an on-site visit the client must be interviewed or seen at time of assessment or follow-up
Owner	The individual who is the final authority and decision maker in determining how data and resources are used in DOEA business and what level of access will be granted to them.
PAC	Project Aids Care
PACE	Program of All-Inclusive Care for the Elderly
PASRR	Preadmission Screening and Resident Review
PAS	PASRR button in CIRTS.
PCR	Project Change Request
Performance Testing	Tests a completely integrated system to verify it meets requirements. This test should validate that the system is working as expected, that it doesn’t destroy or partially corrupt its operating environment, and that it doesn’t cause other processes to become inoperable. The goal of the capacity testing is to identify the right amount of resources required to meet the

<b>Term or Abbreviation</b>	<b>Definition</b>
	service demands now and in the future. These results shall be communicated to the department.
Permit	Permits are generally issued to individuals or business. The individual holder of the permit is responsible for renewal of a permit prior to the expiration of that permit and the permit is the sole property of such individual holder. There is no grace period for an expiring permit.
PMBOK®	A Guide to the Project Management Body of Knowledge; A library of project management skills, tools and standards used by the Project Management Institute to measure and certify Project Management Professionals.
PMI	Project Management Institute
PMO	Project Management Office
PMP	Project Management Plan
PoA	Power of Attorney
POA	Program Operations Administrator: Supervises, coordinates, and monitors the activities of the CAS(s) (if applicable), Senior Assessors, Assessors, RNSs, and administrative support staff.
Policies and Procedures	The manual to provide guidance for internal regulations and procedures for department employees.
Private Pay Applicants	Applicants for nursing facility admission who expect to use private funds or assets, rather than Medicaid, to pay for nursing facility care.
Project	The CIRTS Project
Project Management Institute (PMI)	A body that certifies Project Management Professionals.
PSA	Planning and Service Area
Purchasing Director	DOEA Procurement lead resource
Reassessment	The process used to assess an individual who has previously been assessed utilizing an assessment instrument. Under certain circumstances, if approved by the CARES supervisor, a medical case file review reassessment may be done. Reassessment may be completed also by Lead Agency case manager.
Referral	The verbal or written submission of demographic, medical, nursing, or psychosocial information that initiates the CARES process. For the ADRC, a referral is one-to-one interaction by the I&R specialist to help assess an inquirer's need(s) and links the individual to the resource(s) capable of meeting the need.
Rescreening	The process used to screen an individual who has previously been screen utilizing an assessment instrument.
RNS	Registered Nurse Specialist: Coordinates and conducts comprehensive assessments of applicants for nursing facility placement and home and community-based services as well as

<b>Term or Abbreviation</b>	<b>Definition</b>
	evaluates the LOC and recommends the most appropriate placement. provides information regarding available options for receiving long-term care services.
RPS	Regional Program Supervisor: Managerial staff responsible for providing technical support and supervision to the CARES PSA offices within an assigned region.
Resource Capabilities	The duration of most activities will be influenced by the capabilities of the human and material resources assigned to them.
Resource Requirements	A description of the types of resources needed and in what quantities for each element at the lowest level of the WBS. Resource requirements for higher-levels within the WBS can be calculated based on the lower-level values. If additional resources are added, projects can experience communication overload, which reduces productivity and causes production to improve proportionally less than the increase in resource.
Schedule IV-B	Schedule IV-B is a manually prepared schedule submitted annually to support Florida Legislative Budget Requests (LBR) for Information Technology Projects in the State of Florida.
SDLC	System Development Life Cycle
SI	Systems Integrator
SMI	Serious Mental Illness.
Significant Change	The change in an individual's health status after an accident or illness, an actual or anticipated change in the individual's living situation, a change in the caregiver relationship, loss of or damage to the individual's home or deterioration of his or her home environment, or loss of the individual's spouse or caregiver. F.S. 409.962(17)
SLA	Service Level Agreement
SMMC LTC	Statewide Medicaid Managed Care Long-Term Care Program
SOW	Statement of Work
Specialized Services	Services that are not covered in the NF per diem and are required for appropriate placement in the NF setting for individuals with ID or SMI whose needs are such that continuous supervision, treatment and training by qualified mental health or ID personnel is necessary.
SME	Subject Matter Expert: A person who has knowledge in a particular area or topic.
SSN	Social Security Number
Staffing Process	An interdisciplinary team meeting of CARES professional staff, Program Operations Administrator, CARES Physician Consultant, and/or Registered Nurse Specialist to review medical documentation and assessment information for CARES clients. The purpose of staffing is to determine appropriate and correct LOC, Program Recommendation, and Placement Recommendation.
Stakeholders	Anyone affected in any way by the project being conducted, or the outcome of the project.
State	State of Florida
Status	The state of a department record [license/permit/education] at a time to be defined by business rules.
Swing Beds	A program that provides Medicaid funding for rural hospital beds that can "swing" to nursing facility beds when a patient needs nursing care rather than acute care services. CARES must certify the individual as being eligible for skilled or intermediate nursing care services under Medicaid.
System Documentation	Documents that contain the technical description of the configuration, components, and operation of the CIRTS.



<b>Term or Abbreviation</b>	<b>Definition</b>
System Implementation	The period in the project management lifecycle where the system is moved from a test environment to the live production environment and the system starts to be used for real business transactions
System Requirement	A defined business function that is a required component of the new system, specified in the ITN and Appendix 6 Functional and Technical Requirements, as well as any detailed requirements established during the Business Process Reengineering and System Design phase of this project.
System Testing	Test that verify the functionality of a specific section of code, at the function level. As documented above this is the Contractors responsibility and shall ensure that the building blocks of the software work independently from each other and should increase quality of overall development.
Task Assumptions	1.1.1 A set of expectations about project tasks.
Task Constraints	Factors that limit or constrict how, when, or if a task is performed.
TBD	To be determined
TBSCIP	Traumatic Brain and Spinal Cord Injury Program
Temporary Placement	An individual in need of a temporary stay in a nursing facility or rehabilitation center who has potential for returning to the community. A client in a temporary placement who returns to the community is considered in an alternative placement at the time of return to the community.
Transaction	Any activity carried out, performed, managed or conducted by a user of the system.
UAT	User Acceptance Test
UI	User Interface
User	Anyone who employs the services provided by the system. The user can be an individual visitor to the DOEA website, an applicant or licensee, a licensing department staff member, or recipient of content from the system. See also Authorized User.
User Acceptance Test (UAT)	Testing performed by department/state and acts as a final verification of the required business functionality and proper functioning of the system. It emulates real world usage conditions.
Virtual Private Network (VPN)	VPN extends a private network across a public network, such as the Internet. It enables a computer or wireless enabled device to send and receive data across shared or public networks as if it were directly connected to the private network, while benefiting from the functionality, security, and management policies of the private network.
Work Breakdown Structure (WBS)	A graphical representation of the hierarchy of project deliverables and their associated tasks. As opposed to a project Schedule that is calendar-based, a WBS is deliverable-based and written in business terms.

<b>Term or Abbreviation</b>	<b>Definition</b>
Workflow	Sequence of tasks. A workflow describes the order of a set of tasks performed to complete a given procedure within an organization.

# CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM (CIRTS) PROJECT MARKET ANALYSIS REPORT

Date: 6/23/2017  
Version: 1.0

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## REVISION HISTORY

DATE	AUTHOR	VERSION	CHANGE REFERENCE
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6/23/17	Mark Ervin/John Collins	1.0	Final Draft to DOEA

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## **SECTION 1 PURPOSE AND BACKGROUND**

### **1.1 PURPOSE OF ANALYSIS**

The Department of Elder Affairs (DOEA) selected Strategic IT Alignment Group (Team) to complete a Market Analysis of DOEA's options for a modern enterprise client registration and tracking solution to replace the current Client Information and Registration Tracking System (CIRTS), and address the increased demand from constituents, with an increasingly smaller workforce.

It is important to note, as a result of this analysis, the next step in the process is for DOEA to submit a Schedule IV-B to the Legislature. A Schedule IV-B is required to be submitted with any Legislative Budget Request (LBR) for any Governor's Agency IT project with a total lifecycle cost more than \$1 million.

### **1.2 DOEA BACKGROUND**

DOEA was created in 1991 through the enactment of the "Department of Elderly Affairs Act" (Chapter 430, Florida Statutes). Since 1992, DOEA mission has been successfully serving and advocating for elder Floridians serving as the primary state agency for administering human services programs for elders and developing policy recommendations for long-term care.

Florida is home to nearly 5.2 million residents age 60 and older and currently ranks first in the nation for the population of 65 years or older. As the senior population continues to increase, Florida's future is linked to the financial, health, and physical security of the elder population.

DOEA provides services through its Division of Statewide Community-Based Services, which works through the state's eleven Area Agencies on Aging (AAAs)/Aging and Disability Resource Centers (ADRCs) (AAA/ADRC), Lead Agencies, and local service providers. DOEA also administers a wide range of programs, ranging from the Long-Term Care Ombudsman Program (LTCOP), Office of Public and Professional Guardians, Communities for a Lifetime, SHINE (Serving Health Insurance Needs of Elders), and CARES (Comprehensive Assessment and Review for Long-Term Care Services).

DOEA recognizes individuals age differently; therefore, the state's residents do not each need the same kind of care or services as others of similar age. Some individuals may suffer from chronic conditions beginning long before they reach age 60, while others may be able to live their entire lives without ever needing long-term medical or social services. One of DOEA's highest priorities is reducing the need for many elders to be placed in nursing homes and other long-term care facilities.

Ultimately, the goal is to use DOEA resources efficiently and effectively to help ensure the greatest possible number of elders and persons with disabilities get to spend their golden years living healthy, active, and fulfilling lives in their communities.

The following Offices, Divisions, and Bureaus residing under the Office of the Secretary comprise DOEA resources required to carry out this directive:

OFFICES/DIVISIONS	BUREAUS
Division of Financial and Support Services	Accounting and Contract Payment Budget Office Bureau of Information Systems Contract Administration and Purchasing Unit General Services Unit Monitoring and Quality Assurance (MQA) Unit Office of Supplier Diversity Revenue Management Unit
Division of Statewide Community-Based Services	Bureau of Comprehensive Assessment and Review for Long-Term Care Services (CARES) Bureau of Long-Term Care and Support Bureau of Community and Support Services
Division of Internal and External Affairs	Office of Communications Office of Legislative Affairs
Office of Strategic Initiatives	Bureau of Planning and Evaluation
Office of the General Counsel	N/A
Office of the Inspector General	N/A

**Exhibit 1: DOEA Offices, Divisions, and Bureaus**

**1.3 DOEA’S PRIMARY RESPONSIBILITIES**

Per Section 430.04, Florida Statutes, DOEA’s primary responsibilities and functions include:

1. Administering human services and long-term care programs, including programs funded under the federal Older Americans Act of 1965, as amended, and other programs that are assigned to DOEA by law.
2. Ensuring each AAA/ADRC operates in a manner that provides Florida elders with the best services possible.
3. Serving as an information clearinghouse at the state level and assisting local-level information and referral resources as a repository and means for the dissemination of information regarding all federal, state, and local resources for assistance to the elderly in the areas of, but not limited to, health, social welfare, long-term care, protective services, consumer protection, education and training, housing, employment, recreation, transportation, insurance, and retirement.
4. Recommending guidelines for the development of roles for state agencies that provide services for the aging, reviewing plans of agencies that provide such services, and relaying the plans to the Governor and the Legislature.



5. Recommending to the Governor and the Legislature an organizational Framework for the planning, coordination, implementation, and evaluation of programs related to aging, with the purpose of expanding and improving programs and opportunities available to the state's elderly population and enhancing a continuum of long-term care.
6. Advising the Governor and the Legislature regarding the need for and location of programs related to aging.
7. Reviewing and coordinating aging research plans of all state agencies to ensure research objectives address issues and needs of the state's elderly population. This effort includes contracts with academic institutions, development of educational and training curricula, Alzheimer's disease and other medical research, studies of long-term care and other personal assistance needs, and design of adaptive or modified living environments.
8. Reviewing budget requests for programs related to aging to ensure the most cost-effective use of state funding for the state's elderly population before submission to the Governor and the Legislature.
9. Requesting administering programs affecting the state's elderly population to amend their plans, rules, policies, and research objectives as necessary to ensure that programs and other initiatives are coordinated and maximize the state's efforts to address the needs of the elderly.
10. Holding public meetings regularly throughout the state to receive information and maximize the visibility of important issues relating to aging and the elderly.
11. Conducting policy analysis and program evaluation studies assigned by the Legislature.
12. Assisting the Governor, each Cabinet member, and members of the Legislature in conducting their responsibilities as they consider appropriate.
13. Calling upon appropriate agencies of state government for such assistance as is needed in the discharge of its duties.
14. Responsible for establishing and administering the Adult Care Food Program.

## **SECTION 2 STRATEGIC GOALS, OBJECTIVES, AND PRIORITIES**

### **2.1 DOEA TOP PRIORITIES FIVE-YEAR OUTLOOK**

DOEA understands the value of strategic insight into the trends, conditions, and challenges that may impact DOEA in the future. The DOEA priorities for the next five years are outlined in the bullets below:

- Provide home and community-based services for elders and their caregivers to ensure elders can choose to remain safely in their homes and communities;
- Increase awareness of the positive impact elders have on Florida's economy and communities;
- Ensure federal and state funds are used to serve elders' needs effectively and efficiently;
- Prepare for future elder needs through planning, collaboration, and policy development;
- Provide information empowering elders, adults with disabilities, caregivers, and their families to make informed decisions about long-term care options;
- Empower elders to stay active and healthy and improve their physical and mental health;
- Advocate for the protection of elder rights through education and collaboration;
- Strengthen the state's ability to prevent elder abuse, neglect, and exploitation;

- Work with the aging network and state agencies to plan for, respond to, and educate elders about hurricanes and other disasters; and
- Expand workforce development options to improve employee retention.

These priorities are critical to the continued success of DOEA and, as a result, there is now an ever-present need for increased efficiencies across all the Divisions by leveraging new technologies to further improve DOEA's service functions to better serve its clients. To address and support these priorities, DOEA must optimize its processes across all its Divisions, Offices, and Bureaus to gain necessary efficiencies via the implementation of an enterprise Client Information and Registration Tracking System (CIRTS).

## 2.2 DOEA ORGANIZATIONAL STRATEGIC GOALS AND OBJECTIVES

DOEA drafted its Long-Range Program Plan in September 2016 outlining its priorities by setting the goals and objectives needed to fulfill DOEA's mission. These initiatives include:

### **Goals:**

- **Goal 1:** Enable older Floridians, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health, as well as long-term and end-of-life care;
- **Goal 2:** Provide home and community-based services to enable individuals to maintain the highest level of independence for as long as possible, including supports for family caregivers;
- **Goal 3:** Empower older people, individuals with disabilities, and their caregivers to live active, healthy lives to improve their overall health status;
- **Goal 4:** Ensure the legal rights of older Floridians are protected and prevent their abuse, neglect, and exploitation;
- **Goal 5:** Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population; and
- **Goal 6:** Maintain effective and responsive management.

### **Objectives:**

- **Objective 1.1:** Increase streamlined access to health and long-term care options;
- **Objective 2.1:** Identify and serve target populations in need of home and community-based services;
- **Objective 2.2:** Address unmet needs while serving as many clients as possible using all available resources;
- **Objective 2.3:** Improve caregiver supports and services;
- **Objective 3.1:** Promote good nutrition and physical activity to encourage or maintain healthy lifestyles and mitigate negative health outcomes;
- **Objective 4.1:** Increase the accountability and oversight of individuals serving as professional guardians;
- **Objective 4.2:** Increase the advocacy for residents of long-term care facilities through the Long-Term Care Ombudsman Program;

- **Objective 5.1:** Promote safe and affordable communities for elders that will benefit people of all ages; and
- **Objective 6.1:** Maximize the effective and efficient use of federal and state funds.

## 2.3 SOLUTION GOALS

In addition to discussions with DOEA Offices, Divisions, Bureau of Information Systems, AAAs, ADRCs, as well as meetings with key executive staff, a list of solution goals were defined to support DOEA's priorities, goals, and objectives. A summary of these solution goals is described below:

1. Enhance overall DOEA staff efficiency and effectiveness with applicable technology tools.
2. Optimize and standardize key business processes to improve operational efficiencies.
3. Reduce manual tasks for DOEA, AAA, ADRC and Lead Agency staff resulting in greater efficiency and faster response to client needs.
4. Enhance intra and interdepartmental workflow functionality allowing DOEA staff to provide services faster with greater efficiency.
5. Increase data integrity, standardization, and security toward improved accuracy, operational efficiency, monitoring, reporting, and analytics.
6. Use technology to increase communication channels and collaboration between DOEA CARES AAAs, ADRCs, and Lead Agencies which increases the efficiency of the intake and referral, assessment, staffing, monitoring, and compliance processes across DOEA.
7. Enhance mobile capabilities including remote data capture, scheduling, and GPS route planning support.
8. Improve analytical and reporting capabilities providing DOEA leadership the tools to plan resource allotments and operational efficiencies tactically and strategically across DOEA thereby increasing efficiencies and reducing operational costs.

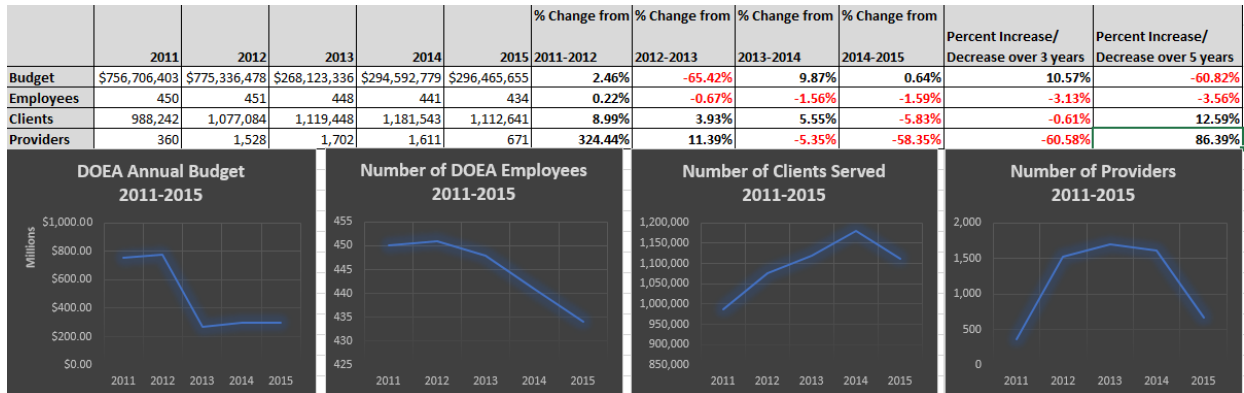
## 2.4 CHALLENGES TO MEETING GOALS AND OBJECTIVES

Impeding DOEA's ability to meet a significant portion of their goals and objectives are the current realities of a reliance on a preponderance of manual processes as well as antiquated technologies, design methodologies, and interfaces. In addition, there are differing processes and associated data sets unique to Divisions, AAAs/ADRCs, and Lead Agencies operating without centralized, enterprise standardization. This environment produces non-uniform, inefficient processes resulting in redundant, non-standard data across the Divisions, creating a challenging environment to effectively collaborate and communicate information throughout DOEA.

Overlying these current systems issues, DOEA has also identified four key strategic challenges:

1. The proliferation of inefficient and redundant processes (manual and automated), along with the disparate supporting systems, databases, and spreadsheets, exposes DOEA to operational challenges which increases administrative and support costs, while decreasing its operational efficiency and effectiveness.
2. The existing systems are lacking efficient functionality available in current technologies and are not meeting the changing needs and demands of staff and clients. This is primarily due to outdated, unsupported, and difficult to modify, enhance, and maintain technologies.

3. From an external perspective, legislative changes (State and Federal) require DOEA to make frequent operational course corrections. It is difficult for DOEA to be agile enough to address these changes with outdated, inflexible, and expensive to modify technologies.
4. The reality is DOEA must do more with less. The Exhibit below shows there has been a marked 60.82% decrease in DOEA's Budget, 3.56% decrease in DOEA employees, while at the same time there has been a 12.59% increase in the number of clients served and an 86.39% increase in the number of providers from 2011-2015.



**Exhibit 2: Comparison of DOEA's Budget and FTE Year-to-Year Percent Change (2011-2015)**

The cost of remaining status quo will remain high due to the current systems and processes continuing to operate inefficiently and in siloed environments, placing the realization of DOEA's goals and objectives in jeopardy. In addition, there will be a continuation of inefficient communication and workflow between DOEA, AAAs/ADRCs, and Lead Agencies. Finally, DOEA will likely forgo any cost savings without the implementation of modern technologies as continuing to build on the current, outdated technologies will prove more expensive and less efficient.

### SECTION 3 STRATEGIC BUSINESS NEED

The team received and reviewed relevant Department documentation and other related material in collecting and cross-referencing salient data points across the organization. In addition to reviewing documentation, the team conducted data-gathering sessions with select Divisions and several remote Offices within DOEA. These sessions helped to provide further insight into the current environment, defined as-is and to-be process flows, requirements, issues, barriers, opportunities, and the potential roles within the business processes. The information collected from the documents, process flows, and requirements, as well as strategy and data gathering sessions, helped validate the strategic business need of DOEA for a project to implement an enterprise client management system.

This research identified the need for greater efficiency, workflow, better risk management, and executive decision support via more robust reporting and analytics. For DOEA to effectively manage and leverage data pertaining to clients, services, and providers, it must be classified,

summarized, and tailored for staff, office managers, and executive decision-makers. In addition, DOEA wants to provide a much more functionally robust, efficient, reliable, and user-friendly method of serving their clients.

### 3.3 IMPROVED CLIENT SERVICE

DOEA's goal of improving client service could be enhanced with a solution providing the following capabilities:

- Easy and intuitive access to Department information, services, and programs;
- Consolidated client central record providing a holistic view of client activity and interaction; and
- Increased reporting and analytics capability allowing DOEA leadership to monitor client trends and plan strategically to meet their changing needs.

Because of the improvements and enhancements described above, the new system will allow DOEA to provide easier access to client services and to be more responsive to client requests which should translate into increased overall client satisfaction.

### 3.2 INCREASED STAFF EFFICIENCY

DOEA is faced with meeting the needs of a growing client population with fewer resources. To effectively address this reality, staff efficiency will need to increase by eliminating manual processes where possible and implementing reengineered business processes designed for optimal productivity. Increased staff efficiency could be realized with a solution providing the following capabilities:

- Consolidated central client record for managing all client-related information, documentation, and contacts (case notes, medical information, caregiver contact information, etc.).
- Efficient system interface providing a staff-specific work queue dashboard displaying current assignments, alerts, calendaring, workflow and automated communication, and collaboration tools.
- Enhanced workflow eliminating manual processes and increasing staff collaboration and efficiency.
- Better management capabilities via a staff management dashboard allowing supervisors to monitor staff work queues, assign tasks, and access productivity analytics and reports.
- Enhanced mobile capability allowing staff to:
  - Seamlessly complete work assignments remotely via Wi-Fi or cellular; or
  - Work offline with automatic system synchronization when back in network range.

- Enhanced and automated scheduling capabilities:
  - Automated scheduling based on staff-defined business rules; and
  - Appointment reminders and route mapping optimization for assessors who travel to client locations.

These technology tools will save valuable staff time through proactive notifications of assigned work and case statuses, reduction of redundant data entry, and prevention of errors and repeat work.

### **3.3 ENHANCED DATA MANAGEMENT, ANALYTICS, AND REPORTING**

Effective and efficient management of client-centric data will enhance the capture, accuracy, integrity, security, and reporting of data tied to critical Department functions through the following:

- Improved data capture, accuracy, and integrity through:
  - Standardized entry screens and forms;
  - Field- and screen-level validation ensuring required data is entered and validated; and
  - Pre-defined drop-down list values that significantly reduce or eliminate data entry errors.
- Standardized and automated client intake processing.
- Automated correspondence generation, reducing manual entry errors.
- Enhanced data security through:
  - Encryption of all data in transit and at rest;
  - Role-based access controls to restrict access to Health Insurance Portability and Accountability Act (HIPAA) Protected Health Information (PHI) and other confidential data to only those with a business need to know; and
  - Increased data availability using enhanced load balancing, fault tolerance, and disaster recovery capabilities.
- Improved data reporting and analytics via more advanced reporting capabilities including ad hoc and customizable reports as well as trend analysis using bar graphs, charts, heat maps, and other advanced reporting features.

### **3.4 INCREASED EFFICIENCY AND EFFECTIVENESS OF INFORMATION TECHNOLOGY RESOURCES**

Operation and maintenance of the current antiquated CIRTS system is resource-intensive, inflexible, and costly. As with other areas, the DOEA Bureau of Information Systems is being asked

to do more with fewer resources. Choosing the right technology solution as well as an appropriate operations and maintenance strategy that augments IT's strengths and reduces demands would provide the following benefits:

- Optimization of IT resources by:
  - Reducing the operation and maintenance support demands on IT staff;
  - Reducing the need to recruit and retain resources with arcane and costly skill sets; and
  - Enabling key resources to provide timely configuration and customizations to address internal and external stakeholder requirements.
- Enhanced system availability and reliability through:
  - Increasing the reliability and security of remote system access by mobile users;
  - Improving system performance using multiple highly-available, redundant, load-balanced web servers; and
  - Ensuring all data is continually and reliably backed up by the vendor.

## SECTION 4 BASELINE ANALYSIS

A baseline analysis helped to establish an initial understanding of DOEA's current business processes, stakeholder groups, and functions managed. This baseline analysis included a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis as well as identification of basic assumptions and constraints.

### 4.1 CURRENT BUSINESS PROCESSES

The Exhibit below illustrates the functions and systems/tools managed by DOEA and partner organizations. A detailed list of DOEA applications and their platforms, development language(s), reports, interfaces, and monthly maintenance cost can be found in the list of DOEA applications described in the Microsoft Excel spreadsheet titled "DOEA 2017 Application Inventory List.xlsx" embedded below.



DOEA 2017  
Application Invento

ENTITY	FUNCTION	SYSTEMS/TOOLS
DOEA	DOEA provides direct services through its Division of Statewide Community-Based Services, which works through the state’s eleven Area Agencies on Aging and local service providers to deliver essential services to the elder population of Florida.	Adult Care Food Program Automated Contract Management System Adult Protective Services Referral Tracking Tool CIRTS DOEA Reporting Systems DOEA Tracking Systems Microsoft Access Microsoft Excel Microsoft Outlook Ombudsman Management Information System, LTCOP ReferNET User Management System
AAAs/ADRCs	<p>AAAs respond to the needs of Americans 60 and over in every local community by providing a range of options allowing older adults and adults with disabilities to choose home and community-based services and living arrangements.</p> <p>ADRCs provide information and referrals to elders, disabled persons, and adults age 18 and older who have a serious mental illness (such as bipolar disorder, schizophrenia, or clinical depression) or intellectual disability.</p>	CIRTS Google Calendar Microsoft Access Microsoft Excel Microsoft Outlook ReferNET Square 9 SmartSearch TimeTap
Community Care for the Elderly Lead Agencies and Other provider agencies	Lead Agencies assist functionally impaired elderly persons to live dignified and reasonably independent lives in their own homes, homes of relatives or caregiver’s home.	CIRTS Google Calendar Microsoft Access Microsoft Excel Microsoft Outlook ReferNET Square 9 SmartSearch TimeTap

**Exhibit 3: CIRTS Entities, Functions, and Systems**

In evaluating the elder services functions and processes, DOEA’s seventeen CARES offices and eleven AAAs/ADRCs conduct similar processes but execute those processes quite differently. Moreover, the composition of their portfolio includes custom-developed applications, Microsoft Access databases, commercial-off-the-shelf (COTS) solutions, and Microsoft Excel spreadsheets. This environment, lacking centralized enterprise oversight and standardization, has created



inconsistency across data elements and has been a root cause for data redundancy. Within DOEA, the lack of direct communication channels, workflows, and access points further exacerbate these duplications and inconsistencies. There is an unmet need within DOEA to standardize processes and more efficiently access and share information and data.

## 4.2 SWOT ANALYSIS

As a component of the baseline analysis, an in-depth Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis based upon research, data gathering sessions, and internal strategy sessions, reveals there are several threats and weaknesses within DOEA’s current business processes and environment that a new client management system implementation would successfully address.

The SWOT of the current DOEA business process and environment are depicted in the Exhibit below. Many of the weaknesses displayed can be solved via the opportunities identified which are features of a client management system implementation.

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• DOEA’s experience administering a variety of innovative home and community-based programs in designing the processes and system necessary for efficient execution of program processes.</li> <li>• A substantial amount of historical client data available when migrating to a new and improved system.</li> <li>• Well-documented Department policies, procedures, business processes, and requirements.</li> <li>• Skilled and experienced staff available to assist with process efficiency redesign, requirements definition, and ultimately system selection.</li> <li>• A mature Bureau of Information Systems with experienced leadership as well as defined processes and governance.</li> </ul>	<ul style="list-style-type: none"> <li>• Current statewide client information data system used by the aging network lacks functionality that would improve service delivery and staff accountability.</li> <li>• Non-standardized business processes.</li> <li>• Manual data collection and entry.</li> <li>• Disparate systems and data sets.</li> <li>• Integrity, accuracy, and security of data.</li> <li>• Lack of centralized client record via enterprise case management.</li> <li>• Limited or ineffective workflow.</li> <li>• Lack of enterprise content management.</li> <li>• Limited mobile capabilities.</li> <li>• Antiquated and inflexible technology.</li> </ul>

<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Elimination of time-consuming manual processes.</li> <li>• Business processes reengineering to increase staff efficiency and effectiveness.</li> <li>• Selection of a leading-edge technology solution aligned with DOEA process improvement efficiencies.</li> <li>• Providing staff with the necessary technology tools to manage more efficiently and timely support DOEA client needs.</li> <li>• Providing leadership with the reporting and analytical tools necessary for strategic planning and reporting.</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing trends in the number of DOEA clients straining funding and staffing levels.</li> <li>• Lack of communication, collaboration, workforce management, document management, and workflow tools among partner agencies providing services.</li> <li>• Antiquated, inflexible, and difficult to maintain technology resulting in the inability to adapt to necessary program process improvement objectives.</li> <li>• Funding approval from the Florida State Legislature and Federal Social Security Administration.</li> </ul>

**Exhibit 4: SWOT Analysis of DOEA Processes and Environment**

**4.3 ASSUMPTIONS AND CONSTRAINTS**

For awareness and consideration in moving forward with the CIRTSS project, several assumptions and constraints were documented during discussions with DOEA CARES offices, AAAs/ADRCs, and Lead Agencies.

<b>ASSUMPTIONS</b>	<b>CONSTRAINTS</b>
All Divisions, Bureaus, Offices, AAAs, ADRCs, and Lead Agencies will be included in the CIRTSS project.	The system will focus on a central client data management system and not outside functionality (e.g., accounting systems and human resource systems).
The CIRTSS project has the necessary executive and business sponsorship.	DOEA attempted to replace ReferNET in 2015 and was unsuccessful; therefore, some areas of DOEA may be resistant to undergo another implementation effort.
All Divisions, Bureaus, Offices, AAAs, ADRCs, and Lead Agencies will support standardization of business processes.	The effort to replace CIRTSS would extend over several years with potential for leadership changes during that time.
The requested funding for the enterprise CIRTSS project will be available in line with project expectations.	Funding for the enterprise CIRTSS project is subject to legislative approval.
The entire Department’s elder services processes fall into the standardized application framework.	Obtaining matching Federal funds for the enterprise CIRTSS project is subject to Social Security Administration approval.
DOEA will operate at full capacity - 52 Weeks Per Year; 40 Hours Per Week.	Staff availability for project related work will be limited, introducing a matrixed project team.

**Exhibit 5: Assumptions and Constraints**

## SECTION 5 BUSINESS PROCESS REENGINEERING AND REQUIREMENTS

This section will help to establish a basis for understanding the business process requirements the proposed solution must meet. It will also outline the criteria the project will use in selecting an appropriate solution.

As part of the data and information gathering sessions, the team met with several DOEA Divisions, AAAs/ADRCs, and Lead Agencies to identify and analyze the current state of the client management applications across DOEA and discuss their desired future state functionality. Over the course of the discussions with each Division, there were several overarching processes shared across each entity. The heat map in the Exhibit below depicts the intersection of those shared processes.

Process	DOEA/CARES	AAA/ADRC	Lead Agency
INFORMATION AND REFERRAL		✓	
INTAKE	✓	✓	
ASSESSMENT	✓		✓
MEDICAL CASE FILE REVIEW	✓		
STAFFING AND LOC	✓		
PASRR	✓		
RECOMMENDED PLACEMENT	✓		
FOLLOW-UP	✓	✓	✓
SCREENING		✓	
CARE PLANS			✓
MONITORING	✓	✓	
GRIEVANCE		✓	
CONTRACTS/BILLING		✓	✓

**Exhibit 6: DOEA Core Processes Heat Map**

A list and associated descriptions of the functionality of DOEA’s Core Processes are listed in [Appendix II](#) of this document.

### 5.1 PROPOSED BUSINESS PROCESS MAPS

The to-be business processes and associated requirements will provide the lens through which potential solution options are evaluated and ultimately how DOEA will select the solution proposal that most aligns with DOEA’s needs.

In support of DOEA’s business process reengineering effort, the team worked with DOEA SMEs to define and document their as-is and to-be process flows.

The detailed Business Process Reengineering (BPR) Document is available upon request.

## 5.2 PROPOSED FUNCTIONAL REQUIREMENTS

The team worked with DOEA subject matter experts (SMEs) to define the proposed future state functional requirements necessary to support core DOEA program processes. The following table provides a high-level list of the proposed solution functional requirements.

A list of the detailed functional requirements is defined in the Requirements Traceability Matrix and is available upon request.

AREA	HIGH-LEVEL FUNCTIONAL REQUIREMENTS
<i>Client Management</i>	<ul style="list-style-type: none"> <li>▪ Client Central Record</li> <li>▪ Case Management</li> <li>▪ Lifecycle Management</li> <li>▪ Workflow Management</li> <li>▪ Complaint Management</li> <li>▪ Case Prioritization</li> <li>▪ System-Generated Correspondence</li> <li>▪ Calendaring and Scheduling</li> <li>▪ Electronic Signatures</li> </ul>
<i>Financial</i>	<ul style="list-style-type: none"> <li>▪ Claims Management and Financial Reporting</li> <li>▪ Provider Claims Adjudication</li> <li>▪ Reconciliation</li> </ul>
<i>Workforce Management</i>	<ul style="list-style-type: none"> <li>▪ Resource Utilization</li> <li>▪ Task Assignment</li> <li>▪ Performance Evaluation</li> <li>▪ Work Prioritization</li> </ul>
<i>Mobile Work Force</i>	<ul style="list-style-type: none"> <li>▪ Mobile Device Support (laptop, tablet, or smartphone)</li> <li>▪ Mobile Assessments (Wi-Fi and Cellular)</li> <li>▪ Offline Work Capabilities and Subsequent Data Synchronization</li> <li>▪ Route Management (automated GPS route planning and directions)</li> </ul>
<i>Intake and Referral</i>	<ul style="list-style-type: none"> <li>▪ Application</li> <li>▪ Workflow</li> </ul>

AREA	HIGH-LEVEL FUNCTIONAL REQUIREMENTS
<i>Enterprise Content Management</i>	<ul style="list-style-type: none"> <li>▪ OCR Scan Capabilities</li> <li>▪ Custom Document Type Configuration</li> <li>▪ Document Upload (standard document types)</li> </ul>
<i>Business Intelligence</i>	<ul style="list-style-type: none"> <li>▪ Advanced Reporting</li> <li>▪ Data Analytics</li> <li>▪ Data Mining</li> <li>▪ Executive Dashboards</li> </ul>
<i>Public Portal for Clients and Caregivers</i>	<ul style="list-style-type: none"> <li>▪ Easy access to client information, application statuses, and services availability</li> </ul>

**Exhibit 7: Proposed Functional Requirements**

### 5.3 PROPOSED TECHNICAL REQUIREMENTS

The team worked with DOEA SMEs to define the proposed future state technical requirements necessary to support core DOEA program processes. The following table provides a high-level list of the proposed solution technical requirements.

A list of the detailed technical requirements is defined in the Requirements Traceability Matrix and can be found at the following link: [CIRTS RTM](#)

AREA	HIGH-LEVEL TECHNICAL REQUIREMENTS
<i>Infrastructure</i>	<ul style="list-style-type: none"> <li>▪ The enterprise client management system infrastructure should be cost-effective, flexible, and scalable.</li> <li>▪ The solution should utilize the existing Department hardware, software, storage, and network to the extent possible to maximize the prior investment in technology.</li> <li>▪ System should provide integration between State Data Centers and data hosted in the cloud, where applicable.</li> <li>▪ System should adhere to applicable Department and State of Florida information technology security standards, policies, and procedures.</li> <li>▪ System should provide access to the Divisions' Application Programming Interface (API) to better share and view important information and data.</li> <li>▪ The overall System should be able to be make minor customizations and configuration changes by Department personnel after the deployment period and a reasonable period of knowledge transfer.</li> <li>▪ System should support integration with mobile device technology currently available in the market.</li> <li>▪ System should provide data analytics and data mining capabilities in a manner that does not degrade system operations or performance.</li> </ul>
<i>User Access Management</i>	<ul style="list-style-type: none"> <li>▪ System should provide the ability to define users' role-based access.</li> <li>▪ System should provide the capability for administrators and authorized business users to configure access management.</li> </ul>
<i>Maintenance</i>	<ul style="list-style-type: none"> <li>▪ System should allow maintenance activities that do not invalidate the upgrade path.</li> <li>▪ System should allow Department personnel to coordinate planned maintenance activities.</li> </ul>
<i>Data</i>	<ul style="list-style-type: none"> <li>▪ System should provide data segregation for Divisions and Offices defined by DOEA.</li> <li>▪ System should provide in-transit and at-rest data encryption capabilities for the database for Divisions and Offices defined by DOEA.</li> <li>▪ System should provide extract, transform, and load (ETL) capabilities for the implementation.</li> <li>▪ The solution must provide an enterprise data model.</li> </ul>
<i>Disaster Recovery</i>	<ul style="list-style-type: none"> <li>▪ System must provide Disaster Recovery capabilities with negotiated Service Level Agreements (SLAs) within agreed upon timeframes (Recovery Point Objective and Recovery Time Objective) to return to full operations.</li> <li>▪ System must provide Data Backups with frequency and retention period defined by DOEA.</li> </ul>
<i>Technology Roadmap</i>	<ul style="list-style-type: none"> <li>▪ System should provide foundational releases that do not impact any existing customizations.</li> <li>▪ The Vendor should provide annual and quarterly advance communication for upcoming products and enhancements.</li> </ul>

**Exhibit 8: Proposed Technical Requirements**

## SECTION 6 MARKET TRENDS, PUBLIC SECTOR TRENDS, AND SOLUTION OPTIONS

To provide context to the assessment of the enterprise options for DOEA, the team reviewed viable market technology solutions and how comparable states agencies addressed similar challenges. The team researched these trends and considered them as a component of the solution recommendation.

Over the past decade, elder services agencies have placed a higher importance on streamlining their management processes to better serve their growing constituents with fewer resources while maintaining the ability to adapt to changing operational needs. Such needs include faster processing times, expanded client access to information, expanded mobile outreach, improved operational efficiency, more effective workflow, enhanced workforce management, enterprise content management, and better reporting and analytics.

The team conducted information-gathering sessions with multiple solution providers, systems integrators, and related elder services agencies for further analysis of the current client management systems market. A more detailed description of the approach and technology solutions utilized by these states and technology solutions proposed by vendors are available in [Appendix I – Public Sector Tactics and Market Technology Vendors](#).

These sources included:

- Discussions with the following state agencies to discuss their solution strategies:
  - Alabama Department of Senior Services;
  - Arizona Department of Health Services, Arizona Health Aging;
  - California Department of Aging;
  - Georgia Department of Human Services, Division of Aging Services;
  - New York State Office for the Aging; and
  - Pennsylvania Department of Aging.
- With guidance from DOEA Chief Information Officer, Steve Grantham, demonstrations from and interviews with representatives from leading public sector systems software providers including:
  - Computer Aid, Inc. (CAI);
  - CareDirector;
  - Intact Partners;
  - Knowledge Services;
  - Oracle;

- Mediware;
  - PeerPlace;
  - Salesforce;
  - Stratöge Partners; and
  - Therap.
- Interviews with leading public sector system integrators including BIAS Corporation and Deloitte.
  - Research and analysis of Customer Relationship Management (CRM) and Enterprise Content Management (ECM) market solutions from Gartner, Inc.

## 6.1 KEY THEMES, SALIENT POINTS, AND LESSONS LEARNED

From the above research, demonstrations, and interviews the following key themes, findings and lessons learned emerged:

THEME	SALIENT POINTS AND LESSONS LEARNED
<i>Adoption of Centralized Client Management Solutions in Elder Care Organizations</i>	<ul style="list-style-type: none"> <li>▪ State agencies are adopting and implementing leading edge client management technology solutions to administer their elder services programs for their constituents more efficiently and effectively.</li> <li>▪ Several of the most recent state-wide elder services management systems implementations were with some of the vendors interviewed for the market analysis.</li> <li>▪ There is a recent movement to cloud technologies as faster data, process, and information delivery times are being demanded and this trend is gaining support within the health and human services community.</li> <li>▪ There is a big push for environmental awareness in implementing technology solutions that reduce operations and maintenance overhead for resource-strapped IT organizations.</li> </ul>
<i>Strong Executive Sponsorship and Project Governance</i>	<ul style="list-style-type: none"> <li>▪ States who have successfully implemented new enterprise client management systems all had strong executive sponsorship and clearly identified project governance structures to define the decision-making processes prior to selecting the appropriate solution and throughout the initiative.</li> <li>▪ Successful projects delineate responsibilities for oversight of the roll-out of certain phases.</li> </ul>



THEME	SALIENT POINTS AND LESSONS LEARNED
<i>Business Process Reengineering and Standardization</i>	<ul style="list-style-type: none"> <li>▪ To avoid excess customization in the new system and achieve benefits sooner, many public sector entities enter a period of business process reengineering prior to the implementation phase. Entities not performing business process reengineering tend to have large volumes of customizations and generally must wait until they perform the reengineering post-implementation to achieve expected project results.</li> <li>▪ Overall support and maintenance costs are lower due to thorough business process reengineering and standardization effort.</li> <li>▪ Data cleanup, mapping, migration, and conversion are better executed if business process engineers are familiar with the data and map out the system’s functionalities and processes prior to implementation.</li> <li>▪ Health and human services agencies are often too quick to select the solution first and then don’t follow through with their business transformation given the functionalities of the vendor system.</li> </ul>
<i>Limit System Customizations</i>	<ul style="list-style-type: none"> <li>▪ Limiting customizations reduces the implementation and maintenance cost of a packaged system and enables the agency to take advantage of new functionality via standard vendor upgrades.</li> <li>▪ Limiting excess customizations to functionality can be accomplished by aligning improved processes with new system functionally.</li> </ul>
<i>Selection of System Integrator</i>	<ul style="list-style-type: none"> <li>▪ While procurement strategies can vary widely, there is consensus that the selection of the right System Integrator (SI) can be just as important as the selection of the right software package.</li> <li>▪ The SI was critical to the success of each of the interviewed parties’ client management system projects in providing expertise during system design, configuration or development, data conversion, testing, end user training, organizational change management, and post-implementation warranty and support.</li> </ul>
<i>Phased Implementation Approach</i>	<ul style="list-style-type: none"> <li>▪ Using an “early success” and a “crawl, walk, run” phased approach allows an organization to break down the initiative in smaller, more manageable pieces to reduce risks and realize benefits sooner.</li> <li>▪ Lessons learned in each phase can be applied to subsequent phases for continuous process improvement on the lifecycle of the project.</li> </ul>
<i>Reporting and Analytics</i>	<ul style="list-style-type: none"> <li>▪ There is a need for leadership to have predictive analysis capabilities and forward-looking strategic planning to proactively address increasing client populations and changing environments.</li> </ul>
<i>Organizational Change Management (OCM)</i>	<ul style="list-style-type: none"> <li>▪ Attaining buy-in from every individual within the organization, especially from those at higher levels, leads to an easier transition, more successful implementation, and better adoption of change.</li> <li>▪ Key components within OCM include organization transformation, internal communication, job training, system training, and external (public) communication.</li> </ul>

**Exhibit 9: Key Themes, Salient Points, and Lessons Learned**

**6.2 SOLUTION OPTIONS (CONSIDERATIONS)**

During the market analysis and interviews with State agencies, a few topics arose that should be considered and evaluated at the outset of the solution selection process. Each of these items is

defined in this section and assessed with respect to the objectives of the analysis using a combination of industry research, comparison with client management environments of similar state agencies, and the professional experience of the team. The topics in this section are:

- Comparison of Custom Development, Framework, and Commercial-off-the-Shelf (COTS) solutions;
- Outsourcing or internal operations and maintenance support;
- Software Licensing Models; and
- Technology Solution Cost Drivers.

### 6.3 CUSTOM DEVELOPMENT, FRAMEWORK, OR COTS SOFTWARE

The following provides a brief description of each approach to software implementations:

- **Custom Development:** Software that is specially designed and developed from scratch to accommodate a customer's precise preferences and expectations.
- **Framework:** A software Framework is a universal, reusable environment that provides particular functionality as part of a larger platform to facilitate and develop or customize applications, products and solutions.
- **COTS:** Commercial Off-The-Shelf (COTS) is a term that references non-developmental items sold in the marketplace. A COTS system is typically designed for a unique purpose (e.g., client management) and generally does not require custom development before installation.

The first fundamental topic to consider is whether DOEA should develop its client management software internally, implement a COTS solution, or a Framework software solution. The following Exhibit displays the factors of scalability, stability, cost, and ease of implementation of Custom Development versus the purchase of a COTS or Framework client management software solution.

FACTOR	CUSTOM	FRAMEWORK	COTS
SCALABILITY	Custom solutions are generally designed for precise needs not readily available in a COTS or Framework solution and require additional development to address scalability.	Framework providers offer a reusable environment. As such, Framework products inherently support scalability when aligned with the platform available.	COTS providers often build their solutions to support the common requirements of many organizations that differ in size and complexity. COTS products inherently support both future customizations and scalability when aligned with their product road map timeline.

FACTOR	CUSTOM	FRAMEWORK	COTS
<b>STABILITY</b>	<p>Custom Development solutions are typically very stable as they are tailored to an organization's exact business requirements and those requirements do not change.</p> <p>Changes in requirements may likely require reprogramming to the Custom Development instead of minor configuration.</p>	<p>Unless heavily customized, Framework software is typically very stable as it has been thoroughly tested and proven by a large user base.</p> <p>Framework software vendors typically provide support, patches, and upgrades/enhancements to maintain the base technology as part of an annual maintenance contract.</p>	<p>Unless heavily customized, COTS software is typically very stable as it has been thoroughly tested and proven by a large user base.</p> <p>COTS software vendors typically provide support, patches, and upgrades/enhancements to maintain their core product as part of an annual maintenance contract.</p>
<b>COST</b>	<p>Initial development and implementation costs of custom software is typically high as it generally takes significantly longer to implement than COTS or Framework</p> <p>Long term maintenance costs are generally higher for Custom Development solutions as organizations that Custom Development software must maintain deep software development skills post-implementation to support updates and modifications to the product.</p>	<p>For large-scale, complex applications, it is typically less expensive to buy Framework software than Custom Development. A Framework solution can reduce development costs by providing a solid foundation of standard functionality along with the tools needed to further customize the software to meet requirements.</p> <p>When maintaining a Framework system, there are ongoing subscription fees. However, this is typically offset with less technical and development staff to address the operations and management of the system.</p>	<p>For applications with a common feature set and mature adoption, it is typically less expensive to buy a COTS solution than Custom Development. A COTS solution can reduce development costs by providing a significant majority of the required functionality along with the ability to further configure the software to meet requirements.</p> <p>When maintaining a COTS system, there are ongoing subscription fees. However, this is typically offset with less technical and development staff to address the operations and management of the system.</p>

FACTOR	CUSTOM	FRAMEWORK	COTS
<b>EASE OF IMPLEMENTATION</b>	Where business processes are standardized and detailed requirements clearly defined, Custom Development solutions can be created to precisely match the business process, which can be a significant benefit. However, Custom Development solutions generally take significantly longer to implement than COTS or Framework alternatives since many resources are needed to design, develop, and test every system requirement.	Framework solutions typically take less time to implement than Custom Development as it includes base functionality but can take longer to implement than a COTS solution if significant customization (development) is required.	COTS solutions typically take least time to implement compared to Custom Development and Framework solutions as most functionality is inherent in the software, requiring primarily configuration and limited customization.

**Exhibit 10: Custom vs. Framework vs. COTS Software**

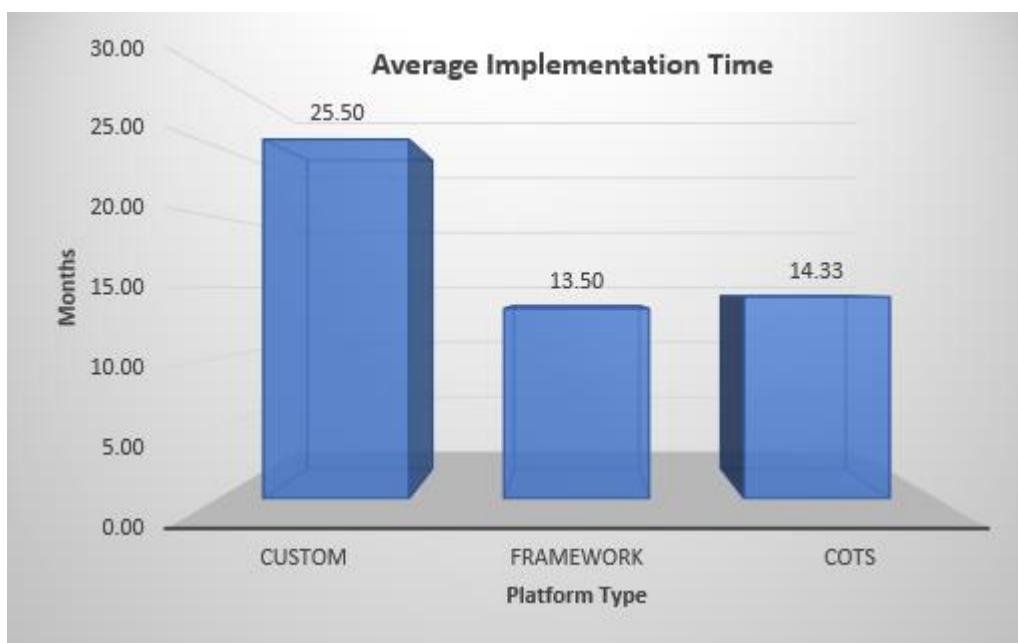
Each of the implementation options offer advantages and disadvantages which are summarized in the Exhibit below.

ALTERNATIVES	ADVANTAGES	DISADVANTAGES
Option 1 – Custom Development	<ul style="list-style-type: none"> <li>▪ System design and functionality can be developed to meet exact needs</li> <li>▪ Internal knowledge of the system</li> </ul>	<ul style="list-style-type: none"> <li>▪ Locked into technology that becomes outdated quickly</li> <li>▪ History of previous custom development failures</li> <li>▪ Longer time to implement</li> <li>▪ Higher risk</li> <li>▪ Typically higher cost</li> </ul>

ALTERNATIVES	ADVANTAGES	DISADVANTAGES
Option 2 – Framework Platform	<ul style="list-style-type: none"> <li>▪ Extended custom development tools</li> <li>▪ Product updates provided by vendor</li> <li>▪ Research and development provided by the vendor</li> <li>▪ Drives standardization</li> <li>▪ Extends flexibility</li> </ul>	<ul style="list-style-type: none"> <li>▪ Customizations may impact upgradability</li> <li>▪ Longer implementation than COTS</li> </ul>
Option 3 – COTS Platform	<ul style="list-style-type: none"> <li>▪ Pre-built solution</li> <li>▪ Industry leading best practices</li> <li>▪ Product updates provided by vendor</li> <li>▪ Research and Design (R&amp;D) provided by the vendor</li> <li>▪ Drives standardization</li> <li>▪ Shorter implementation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limits flexibility</li> <li>▪ Requires specialized resources</li> <li>▪ Potentially significant Operational Change Management (OCM) impact</li> </ul>

**Exhibit 11: Alternatives, Advantages, and Disadvantages**

Each of the implementation options have different implementation time frames which are summarized in the Exhibit below.



**Exhibit 12: Custom vs. Framework vs. COTS Average Implementation Time Frame**

## 6.4 OUTSOURCING OR INTERNAL MANAGEMENT OF TECHNOLOGY SUPPORT

The second topic to be addressed is whether to outsource all, some, or none of the operations and maintenance of the client management system.

Outsourcing support for an enterprise client management system generally includes the following options:

- **Infrastructure as a Service (IaaS):** IaaS is a form of cloud computing providing virtualized computing resources over the Internet including:
  - System maintenance, upgrades, backup, resiliency, and disaster recovery;
  - Scalability, on-demand or dynamically;
  - Automation of administrative tasks;
  - Automatic patches and updates;
  - Policy-based services; and
  - Predictable budgeting versus internally managed solutions.
- **Software as a Service (SaaS):** SaaS is a form of cloud computing in which a third-party provider hosts applications and makes them available to customers typically via a subscription-based software licensing. SaaS is a fully hosted solution including:
  - High scalability of services, functionality, usage, etc.;
  - Automatic patches and defined functional road map updates;
  - System maintenance, upgrades, backup, resiliency, and disaster recovery;
  - High accessibility and persistence; and
  - Predictable budgeting versus internally managed solutions.
- **Platform as a Service (PaaS):** is a category of cloud computing services providing a platform allowing customers to develop, run, and manage applications without the complexity of building and maintaining the infrastructure typically associated with developing and launching an application. PaaS has the following attributes:
  - High scalability of services, functionality, usage, etc.;
  - Automatic patches and updates to base application;
  - System maintenance, upgrades, backup, resiliency, and disaster recovery;
  - High accessibility and persistence;
  - Reduces time to release new applications; and
  - Predictable budgeting versus internally managed solutions.

The Exhibit below identifies relevant differences between outsourcing and internally managing operations and maintenance system support.

FACTOR	OUTSOURCED	INTERNALLY MANAGED
<b>SCALABILITY</b>	An outsourced solution is highly scalable as the responsibility for managing the resources required to meet service level expectations lies with the contracted provider, thus minimizing the responsibility of the client to grow the solution to meet business needs.	The client is responsible for managing the resources required to meet service level expectations. This can be very challenging to meet dynamic business needs in a state environment where resource allocation can be an arduous and lengthy process.
<b>STABILITY</b>	An outsourced solution is highly stable as the outsourced vendor is responsible for maintaining and upgrading the environment (infrastructure and applications) in line with agreed upon service level expectations. They have deeply skilled resources to manage and maintain their supported environments as well as mature and processes and procedures for upgrading and managing the environment.	The availability of internal resources (staff, funding, etc.) as well as the maturity of the organizations governance and processes will greatly determine the stability of the supported environment.
<b>COST</b>	Taking into consideration the total cost of ownership, outsourced solutions can be comparable or cost less than that of an internally managed environment. This is primarily due to taking advantage of economies of scale regarding resources. It also allows for predictable budgeting which better aligns with state funding cycles.	Internally managing a solution requires ownership of every solution component and seldom includes discounted pricing unless purchased through a state term contract. Predictable budgeting can be a challenge in state funding cycles.

<b>FACTOR</b>	<b>OUTSOURCED</b>	<b>INTERNALLY MANAGED</b>
<b>TRANSITION AND EFFECTIVENESS</b>	<p>Outsourced application support is a mature industry making the transition to a third-party managed services provider a relatively straight-forward process.</p> <p>If an experienced, mature, and proven services provider is chosen, the effectiveness of this approach is quite high.</p>	<p>Because most state organizations are using an internally managed providing or at best a hybrid approach, there is no concern with transition.</p> <p>However, it is a significant challenge for states to provide the necessary ongoing internal management and support of the systems environment aligned with an appropriately skilled support organization. This is primarily a result of funding and limited agility afforded in the funding process.</p>

**Exhibit 13: Outsourced vs. Internally Managed Application Support**

## 6.5 SOFTWARE LICENSING MODELS

There are two types of licensing/subscription models for COTS and Framework solutions. The first is a per-user license model, and the second is an enterprise, or “site,” license model. Under a per-user license agreement, the software provider will charge an incremental cost for each user of the system. These costs can be further refined depending on the role and function of the user. An enterprise, or “site,” license model requires an organization to pay a fixed amount for the software regardless of the volume or number of users accessing the system.

The Exhibit below lists a comparison between the per-user and enterprise software licensing models. While this analysis is presented to inform the overall analysis, it is important to note the chosen software vendor will propose their precise license pricing model.

<b>FACTOR</b>	<b>PER USER</b>	<b>ENTERPRISE</b>
<b>SCALABILITY</b>	Cost and usage of the software is directly relational to the number of system users; there is an incremental cost for each additional system user. Clients can increase licensing to support additional users.	Software cost is fixed and does not change with the number of users, volume, or resource needs. In some instances, enterprise licenses may be capped at certain level of users.
<b>COST</b>	The licensing model cost will need to be addressed as part of the procurement process, as one option may end up being more beneficial over the other depending on the number of users, how the vendor sets up the system cost (enterprise wide, by function, number of records, etc.), and the actual cost for each model.	



FACTOR	PER USER	ENTERPRISE
<b>IMPLEMENTATION</b>	If there are high costs to operate the system, users with lesser roles may be kept out of the system, leading to more offline or manual processes.	Because of no incremental cost, all employees can use the system for any purpose applicable to their job function.

### Exhibit 14: Licensing Model Summary

## 6.6 TECHNOLOGY SOLUTION COST DRIVERS

Based on the solution chosen, there will be additional cost drivers affecting the overall cost of the project. Typically, these individual cost factors are combined into the following three categories as listed below:

- **Required Ancillary Purchases:** These are upfront items may need to be purchased to enhance, upgrade, or deploy a new system. Such costs include additional software licensing, computer hardware (PCs, laptops, mobile devices, etc.), augmentation data center facilities, and any supporting infrastructure technology systems.
- **Implementation:** These are the in-house and contracted labor costs required to support the deployment a new system. Such costs include business process reengineering, requirements development, project oversight, software installation and configuration, software development, system integration, report development, data conversion, data testing, quality assurance, organization change management (OCM), project team training, and end user training.
- **Operations and Maintenance:** These are all the labor and materials costs needed to support the system throughout its full lifecycle. Such costs include software maintenance, production support, training, software development, upgrades, process improvements, change management, infrastructure support, system administration, ongoing hardware, data center facilities, and other equipment maintenance costs.

## SECTION 7 RECOMMENDATION REPORT

### 7.1 RECOMMENDATION APPROACH

When considering a recommended approach to address DOEA's technology needs today and into the future, the team did so with the following in mind:

- The mission of DOEA and governing statutes, rules, policies, and procedures;
- The limitations and inefficiencies of the current processes and antiquated technology systems;
- DOEA's guiding priorities, goals, and objectives for a technology solution; and

- The knowledge gained into how comparable state government elder care agencies and the technology market have successfully responded to the challenges of implementing an enterprise client management system.

Building on the solutions options presented in Section 6.2, the recommendation methodology is structured around the following four elements:

- Alignment to Vision and Goals;
- Cost of Ownership Comparison;
- Benefits Comparison; and
- Risk Analysis and Mitigation.

To properly evaluate the solutions available to DOEA to replace their existing system, a minimum set of criteria is critical to ensure all options are compared to a common standard. That common base identified in the sections below will allow solution options to be compared in a consistent manner.

## 7.2 RECOMMENDATION METHODOLOGY

### 7.2.1 ALIGNMENT TO VISION AND GOALS

The following project vision statement was developed in collaboration with DOEA:

*Implement an enterprise client management system that assists staff efficiency, enables client access to services, and positions DOEA to plan for and be responsive to changing environmental and operational demands.*

The following solution goals were identified to support the project vision:

- **Goal 1:** Enhance overall DOEA staff efficiency and effectiveness with applicable technology tools.
- **Goal 2:** Optimize and standardize key business processes to improve operational efficiencies.
- **Goal 3:** Reduce manual tasks for DOEA, AAA, ADRC and Lead Agency staff resulting in greater efficiency and faster response to client needs.
- **Goal 4:** Enhance intra and interdepartmental workflow functionality allowing DOEA staff to provide services faster with greater efficiency.
- **Goal 5:** Increase data integrity, standardization, and security toward improved accuracy, operational efficiency, monitoring, reporting, and analytics.
- **Goal 6:** Increase communication channels and collaboration between DOEA CARES AAAs, ADRCs, and Lead Agencies which increases the efficiency of the intake and referral, assessment, staffing, monitoring, and compliance processes across DOEA.

- **Goal 7:** Enhance mobile capabilities including remote data capture, scheduling, and GPS route planning support.
- **Goal 8:** Improve analytical and reporting capabilities providing DOEA leadership the tools to plan resource allotments and operational efficiencies tactically and strategically across DOEA thereby increasing efficiencies and reducing operational costs.

As part of the analysis, each option was assessed against the vision statement and solutions goals. This assessment was qualitative with the alignment presented for each option relative to the other options. Each option was given a score of High (3 points), Medium (2 points), or Low (1 point) for how well the option aligned to the vision and solution goal. The average score for each option was then calculated. The Exhibit below reflects the output of this qualitative assessment:

EVALUATION OF QUALITATIVE CRITERIA	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
<b>Vision:</b> Implement an enterprise client management system that assists staff efficiency, enables client access to services, and positions DOEA to plan for and be responsive to changing environmental and operational demands.	Medium	High	High
<b>Goal 1:</b> Enhance overall DOEA staff efficiency and effectiveness with applicable technology tools.	Low	High	High
<b>Goal 2:</b> Optimize and standardize key business processes to improve operational efficiencies.	Low	High	Medium
<b>Goal 3:</b> Reduce manual tasks for DOEA, AAA, ADRC and Lead Agency staff resulting in greater efficiency and faster response to client needs.	Low	Medium	High
<b>Goal 4:</b> Enhance intra and interdepartmental workflow functionality allowing DOEA staff to provide services faster with greater efficiency.	Low	Medium	High
<b>Goal 5:</b> Increase data integrity, standardization, and security toward improved accuracy, operational efficiency, monitoring, reporting, and analytics.	Medium	High	High
<b>Goal 6:</b> Use technology to increase communication channels and collaboration between DOEA CARES AAAs, ADRCs, and Lead Agencies which increases the efficiency of the intake and referral, assessment, staffing, monitoring, and compliance processes across DOEA.	Low	High	High
<b>Goal 7:</b> Enhance mobile capabilities including remote data capture, scheduling, and GPS route planning support.	Low	High	High

EVALUATION OF QUALITATIVE CRITERIA	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
<b>Goal 8:</b> Improve analytical and reporting capabilities providing DOEA leadership the tools to plan resource allotments and operational efficiencies tactically and strategically across DOEA thereby increasing efficiencies and reducing operational costs.	Medium	Medium	High
<b>Average Score</b>	1.3	2.6	2.8

### Exhibit 15: Alignment to Vision and Solution Goals

#### 7.2.2 ESTIMATED COST OF OWNERSHIP

Below is an overview of the results of the cost modeling exercise. For each option, the team modeled costs over a 5-year window starting in July 2018 (FY 18-22). This period was selected for several reasons, including:

- In all options analyzed, the required minimum capabilities can be achieved during a 5-year window. Benefits are related to implementation of the minimum capabilities and should also begin within this window.
- In each case, a 5-year window provides visibility into not only the costs of implementation but also support costs for the system once it reaches steady state.

It is important to note the selection of a 5-year window is not in any way indicative of the lifespan of the new client management system. In all cases, it should far outlive the timelines built into the cost models.

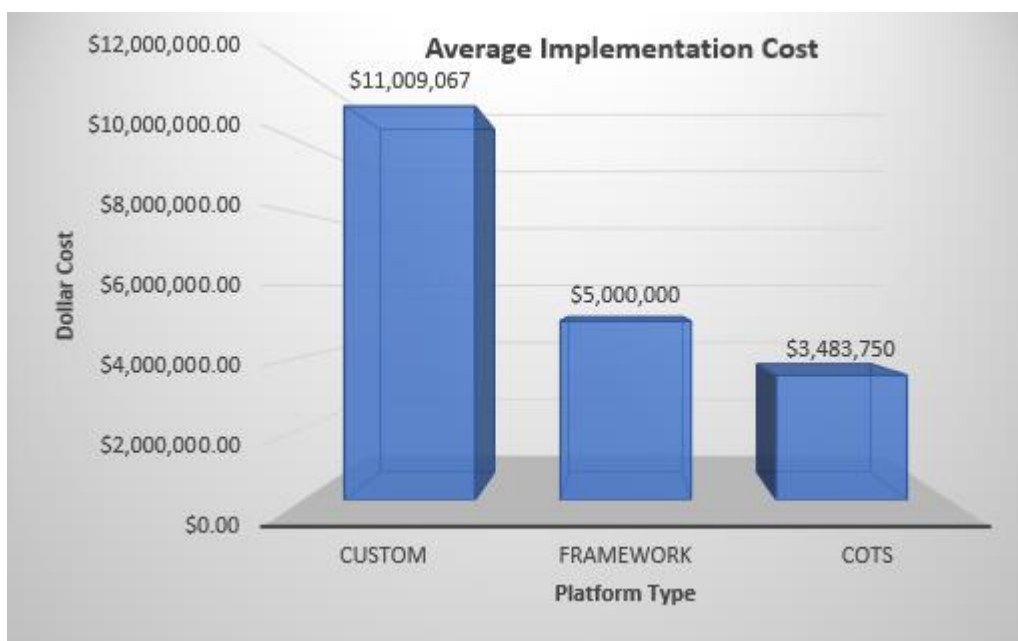
The Exhibit below summarizes expected total cost of ownership for each option over a 5-year period starting in July 2017 (FY 18-22). The total cost of ownership is the sum of the following components:

- **Average Implementation Cost:** Internal (employee count and time) and external (contractors and purchases) expenditures required to design and implement the solution.
- **Average Annual Support Cost:** Annual expenses associated with supporting the proposed system type.
- **Average Total Cost of Ownership over 5 Years:** Expenses associated with supporting a solution during and after its implementation over a 5-year period.

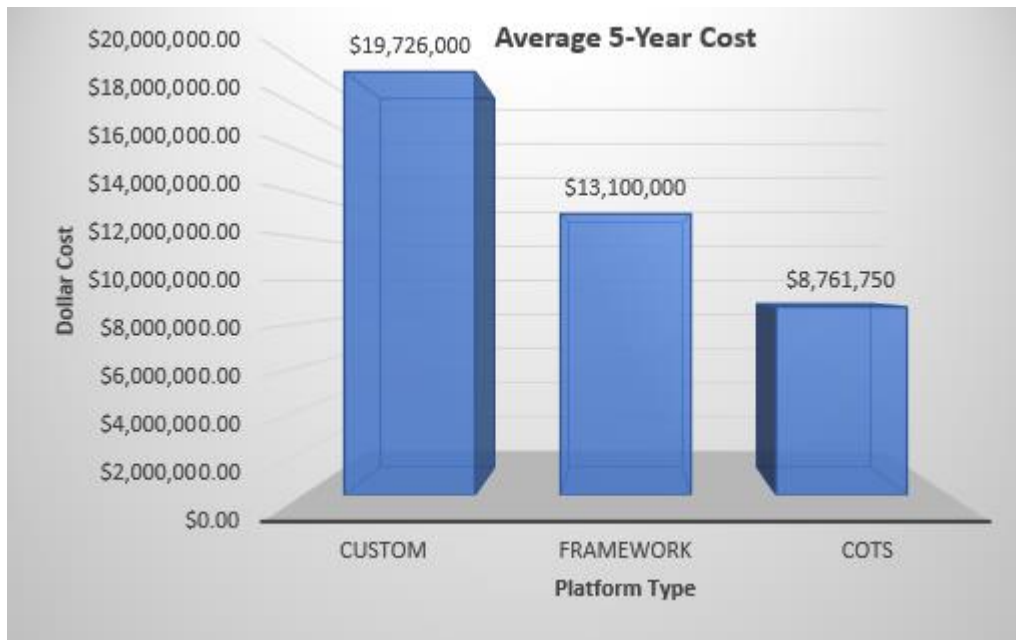
For scoring purposes, more than \$15 Million = 1 point, more than \$10 Million = 2 points, and more than \$5 Million = 3 points.

COST CATEGORIES (MILLIONS)	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
Average Implementation Cost	\$11,009,067	\$5,000,000	\$3,483,750
Average Annual Support Cost	\$3,302,720	\$2,700,000	\$1,508,000
Average Total Cost of Ownership over 5 Years	\$19,726,000	\$13,100,000	\$8,761,750
Average Cost Score	1	2	3

**Exhibit 16: Cost Comparison**



**Exhibit 17: Custom vs. Framework vs. COTS Average Implementation Cost Comparison**



**Exhibit 18: Custom vs. Framework vs. COTS Average 5-Year Cost Comparison**

### 7.2.3 BENEFITS COMPARISON

All three options were evaluated for benefits that could be realized with the implementation of an enterprise client management system. Each option was given a score of High (3 points), Medium (2 points), or Low (1 point) for how likely or how soon the option would realize each benefit. The average score for each option was then calculated.

BENEFIT	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
Increased efficiency via automation of manual tasks and optimization of processes.	Medium	High	High
Drives process standardization.	Low	Medium	High
Enhanced Customer Experience and response.	Medium	High	High
Enhanced Mobile capabilities and functionality.	Low	High	High
Enhanced workflow and workforce management.	Low	High	High
Flexible solution with the agility to quickly address, procedural, or statutorily mandated changes as well as environmental and operational needs.	Low	High	Low
Easy scalable and extensible solution to address increased environmental and operational demands.	Low	High	High
Minimizes support and operations and maintenance responsibilities.	Low	Medium	High
Increases data integrity, standardization, and security.	Medium	High	High

BENEFIT	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
Improvers analytical and dashboard/reporting capabilities.	Medium	High	High
<b>Average Score</b>	<b>1.4</b>	<b>2.5</b>	<b>2.8</b>

**Exhibit 19: Benefit Comparison**

### 7.2.4 RISK ANALYSIS AND MITIGATION

All three options being evaluated are complex and challenging. Implementation timelines are in years (not weeks or months) and require significant resources invested to achieve successful completion. The Exhibit below highlights common risks which may be encountered during the implementation regardless of the selected option along with the likelihood. Each option was given a score of High (3 points), Medium (2 points), or Low (1 point) for each risk based on the likelihood of occurrence. The average points for each option are then calculated.

RISK	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
Ineffective or loss of governance.	High	Low	Medium
Loss of political/executive sponsorship.	High	Low	Low
Loss of funding or failure to obtain federal matching funds.	Medium	Low	Low
Lengthy implementation timeframe.	High	Medium	Low
Limited technology resources skillsets and availability for implementation and support.	High	Medium	Medium
CIRTS users unable or unwilling to adapt to new system and processes.	Medium	Medium	Medium
DOEA may not have the skills, experience, or number of resources to design, develop, test, and roll out the solution	High	Low	Low
Poor alignment to future state requirements.	Low	Medium	High
Business processes not standardized.	High	Medium	Low
Limited flexibility to configure as operational and environmental needs change.	High	Low	Medium
Staff availability due to cross matrixed project.	High	Medium	Medium
<b>Average Risk Score</b>	<b>2.6</b>	<b>1.5</b>	<b>1.6</b>

**Exhibit 20: Risk Analysis**

## 7.5 RECOMMENDED SOLUTION

The Exhibit below provides a comparison of the three options across each of the key elements of alignment to goals, cost, benefits, and risk. However, it would be beneficial to DOEAs to include both options in a future procurement and let the market determine the best value to DOEAs. For scoring purposes High = 3 points, Medium = 2 points, and Low = 1 point. The average points for each option are then calculated.

REVIEW CATEGORIES	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
Alignment to Vision and Goals	Low	High	High
Lower Cost of Ownership	Medium	Medium	High
Achievement of Benefits	Medium	High	Medium
Minimizes Risk	Low	High	High
<b>Average Score</b>	<b>1.5</b>	<b>2.75</b>	<b>2.75</b>

**Exhibit 21: Summary Analysis**

Based on the overall analysis, the closing salient points addressing DOEAs solution options are offered below:

- **Option 1:** While Custom Development solutions can be designed to meet exact program requirements there are several notable data points listed below that make this option less desirable than Framework or COTS.
  - › Custom development solutions typically take considerably more time and resources to design develop and implement than COTS or Framework solutions;
  - › Custom development solutions provide fewer benefits and are less likely to achieve project goals than COTS or Framework solutions;
  - › Custom development solutions are expensive to implement as well as operate and maintain due to the need to retain IT professionals with the deep and often arcane skills required to support and enhance the system;
  - › Enhancements, patches, and updates to the solution (infrastructure and application) would be the responsibility of DOEAs; and
  - › Custom development solutions are inherently riskier primarily for the reasons listed above.
- **Option 2:** A Framework solution provides a solid base upon which the solution can be further customized and configured. The notable data points for utilizing Framework as a solution option to meet DOEAs' needs are listed below:
  - › The flexibility of a Framework solution provides a good balance between highly customizable Custom Development solutions and more difficult/costly to customize COTS solutions;



- › Framework solutions provide greater benefits and are more likely to achieve project goals than Custom Development solutions;
  - › Framework solutions are typically implemented more quickly than Custom Development but not as fast as COTS;
  - › Enhancements, patches, and updates to the base application platform would be the responsibility of the provider;
  - › The overall costs of a Framework solution are typically less to implement and maintain than Custom Development solutions but more expensive than COTS; and
  - › There is less risk with Framework solutions compared to Custom Development as you are starting with a base platform rather than building from scratch.
- **Option 3:** Although a COTS solution may not address all DOEA's program customizations, the available COTS solutions reviewed offered feature rich capabilities that would address most of the business needs. The notable data points for including COTS as a solution option to meet DOEAs needs are listed below:
    - › There is less flexibility to customize with a COTS solution than with Custom Development or Framework;
    - › COTS solutions provide greater benefits and are more likely to achieve project goals than Custom Development solutions;
    - › A COTS solution can usually be implemented more rapidly than a Custom Development or Framework solution meeting most of the business needs;
    - › Enhancements, patches, and updates to the application would be the responsibility of the provider;
    - › The overall costs of a COTS solution is typically less than Custom Development and Framework solutions; and
    - › There is less risk with COTS as re starting with an established solution rather than building from scratch or customizing a Framework.

The final recommendation is that it would be beneficial to DOEA to tailor the future ITN procurement toward a COTS or Framework solution but keep an open mind and let the market offer solutions that would provide the best value to DOEA.

## 7.5 RECOMMENDED APPROACH AND IMPLEMENTATION TIMELINE

### 7.5.1 IMPLEMENTATION APPROACH

To be cognizant of the additional resource requirements this project will place on DOEA staff and to lower the risk inherent in IT transformation projects, the team is recommending a phased implementation approach. This approach will provide DOEA with the necessary time to properly plan, obtain funding (state and federal), procure, and execute the project. It will also provide DOEA the bandwidth to plan and execute the organizational transformation this

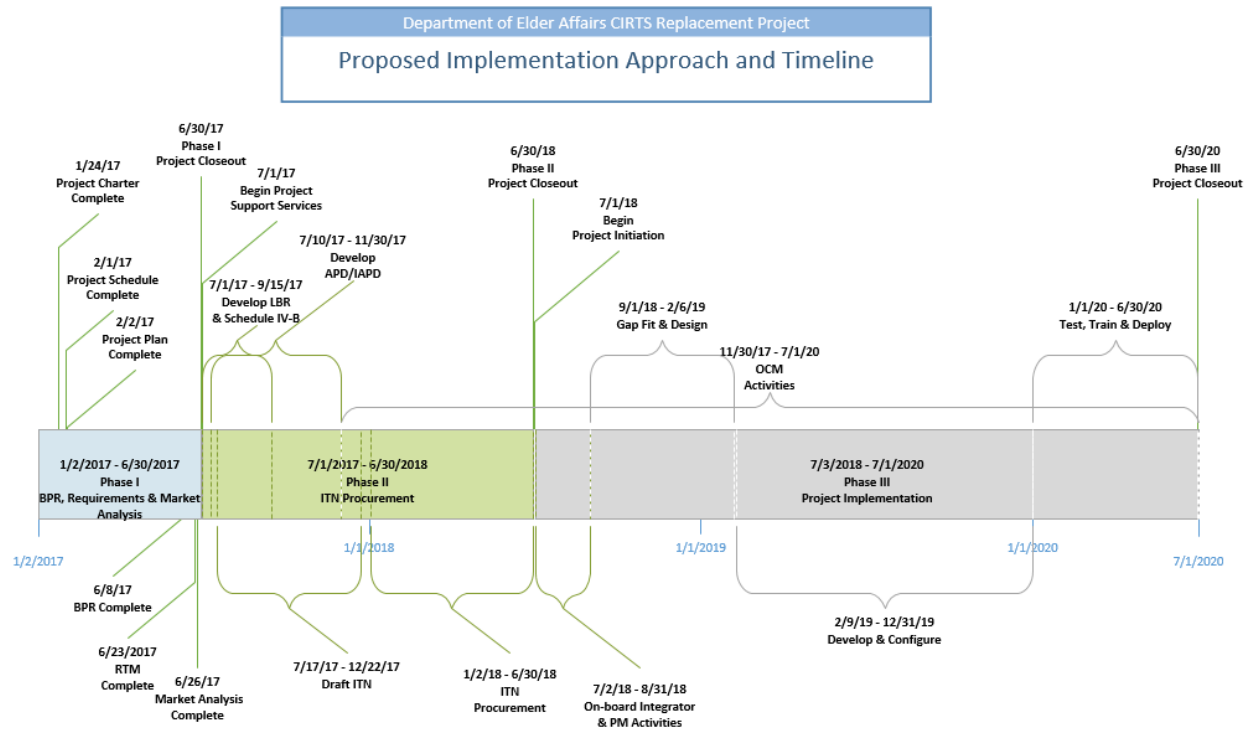
project will bring about. The recommended phases and a brief description of the milestones in each phase are listed below.

- **Phase I:** Phase one includes those milestone activities required to perform business process reengineering, requirements definitions and a market analysis of solution options. The Phase one milestones are detailed below.
  - › Define DOEA as-is process flows and design proposed future state processes (to-be);
  - › Define system requirements in the form of a requirements traceability matrix based proposed future state processes (to-be); and
  - › Perform a market analysis and develop a corresponding report detailing comparable state systems, proposed vendor solution options, estimated costs, risks, implementation approach, estimated timeframes, and recommendations.
- **Phase II:** Phase two includes those milestone activities necessary to secure funding, execute the procurement and begin the organizational transformation. The Phase two milestones are detailed below:
  - › Develop, submit, and receive approval of the project Legislative Budget Request (LBR) and accompanying Schedule IV-B (required by the Florida State Legislature for any Information Technology projects over \$1,000,000);
  - › Develop, submit, and receive approval for the project Advance Planning Document (APD) and Implementation Plan Document (IPD) to obtain matching funds from the Social Security Administration; and
  - › Develop and execute the Invitation to Negotiate (ITN) to be used to select an appropriate vendor that will provide the best value to the state.
- **Phase III:** Phase three includes those milestone activities necessary on-board the selected vendor and implement the proposed solution. The Phase three milestones are detailed below:
  - › Perform gap-fit analysis updating processes and requirements as appropriate;
  - › Design system;
  - › Develop/configure system, develop interfaces, develop reports, develop correspondence, and convert data;
  - › Test system and train users; and
  - › Deploy system.

### **7.5.2 IMPLEMENTATION TIMEFRAME**

As the potential solution implementation timeframes will vary, it is impossible to know the exact timeframes for implementation until vendor proposals are received. Each vendor will be requested to submit a detailed fully loaded project schedule as a component of their proposal which will allow DOEA to consider and negotiate the final timeline with the vendor. The diagram in the

Exhibit below depicts a proposed phased implementation approach timeline for the enterprise CIRTS replacement project:



**Exhibit 22: Recommended Project Implementation Timeline**

# APPENDIX I – PUBLIC SECTOR TACTICS AND MARKET TECHNOLOGY VENDORS

## 1.1 PUBLIC SECTOR APPROACH SUMMARIES

Given that other states with comparable elder care programs utilize similar client management enterprise-class systems and streamlined business solution processes, there is considerable experience with the required functionality and necessary experience for projects of this size, scope, and complexity.

For each state, the team conducted meetings with executive and director-level personnel responsible for their client management solution. These meetings focused on the topics of:

- Overview of the state agency and their client management system solution;
- Technology solutions chosen and the related selection process;
- Experience implementing client management systems in the public sector;
- Infrastructure (people, technology, and governance) required to successfully implement and maintain system solution;
- Benefits derived from solution;
- Advice for State entities planning to implement similar enterprise client management systems; and
- Key lessons learned and pitfalls to avoid.

Below is a list of comparable state agencies interviewed for this analysis that are using current technology to assist with providing elder care services.

STATE AGENCY	CLIENT MANAGEMENT SYSTEM FEATURES
<p><i>Alabama Department of Senior Services</i></p>	<ul style="list-style-type: none"> <li>▪ The <a href="#">Alabama Department of Senior Services (ADSS)</a> is a cabinet-level agency administering programs for senior citizens and people with disabilities.</li> <li>▪ In 2002, ADSS replaced their outdated client management system with an in-house custom developed, web-based client management solution built on a Microsoft SQL database.</li> <li>▪ In 2014, PeerPlace provided Alabama's Medicaid Universal Intake Form (UIF) for all AAAs in Alabama and completed the ADRC No Wrong Door rollout to all Area Agencies on Aging.</li> </ul>

STATE AGENCY	CLIENT MANAGEMENT SYSTEM FEATURES
<p><i>Arizona Department of Health Services, Arizona Healthy Aging (A-HA)</i></p>	<ul style="list-style-type: none"> <li>▪ In Arizona, the aging network includes the <a href="#">Arizona Department of Economic Security (ADES) Division of Aging and Adult Services (DAAS)</a>, eight Area Agencies on Aging (AAA), and their networks of providers. The Arizona Department of Health Services / <a href="#">Arizona Healthy Aging (A-HA)</a> serves the aging population of Arizona through the Healthy Aging Communication Network (HACN) which is an A-HA initiative to build community partnerships to encourage communication on vital information, educational and evidence-based programs as resources with key partners, health professionals, the public and policy-makers.</li> <li>▪ A-HA utilizes a system on the Arizona Department of Administration (ADOA) Arizona Strategic Enterprise Technology's (ASET) <a href="#">AZNet II</a> to host their client management system which is built on <a href="#">IBM CICS</a> enterprise application servers, <a href="#">BlueZone</a> mainframe emulation for the user interface, and <a href="#">Control-D</a> for online reporting.</li> </ul>
<p><i>California Department of Aging</i></p>	<ul style="list-style-type: none"> <li>▪ The <a href="#">California Department of Aging (CDA)</a> has outsourced their client management data to service providers.</li> <li>▪ CDA receives aggregate data from 33 AAAs using the <a href="#">California Aging Reporting System (CARS)</a> system. CARS (CA-Getcare) is a modified Commercial Off-The-Shelf (COTS) system. The purpose of CARS is to allow CDA to monitor performance data and service targeting based on federal Older Americans Act (OAA) Title III and VII B guidelines. There are 3 modules in CARS: Fiscal (web-based, <i>monthly</i> reporting and approval tool for expenditures and request for funds for existing OAA and Older Californians Act [OCA] Community-Based Services Programs, except Health Insurance Counseling and Advocacy Program [HICAP]), File Upload Manager (<i>quarterly</i> report), and NAPISCare (<i>annual</i> report).</li> <li>▪ HICAP and Title V staff use CARS and the <a href="#">Statewide HICAP Automated Reporting System (SHARPS)</a>, a customized COTS web-based data collection system.</li> <li>▪ CDA uses data in CARS when reporting statewide performance to the Administration on Aging (AoA) in the annual National Aging Program Information System (NAPIS) State Program Report (SPR).</li> <li>▪ In 2015, CDA contracted with PeerPlace for Statewide Health Insurance Counseling and Information Program.</li> <li>▪ ADRCs utilize their own client management systems.</li> <li>▪ For the disabled population, the California Department of Rehabilitation partners with 28 Independent Living Centers (ILC) as grant administrators as part of Disability Rights. The California Department of Vocational Rehabilitation uses the <a href="#">Aware</a> electronic records management system from Alliance Enterprises to manage clients.</li> </ul>

STATE AGENCY	CLIENT MANAGEMENT SYSTEM FEATURES
<p><i>Georgia Department of Human Services, Division of Aging Services</i></p>	<ul style="list-style-type: none"> <li>▪ The <a href="#">Georgia Department of Human Services, Division of Aging Services</a> (DAS) uses the Aging Information Management System (AIMS), a consumer-centered tracking, accountability, and payment system that documents all aging services contracted between DAS, the twelve AAAs, and the network of contract service providers. DAS plans to expand the capability of AIMS to include self-direction and self-management of home and community based services.</li> <li>▪ AIMS is a web-based application using a relational database, maintained on an Oracle platform that provides for centralized data collection regarding planning and contracting, authorizing providers and services, tracking client data, and generating programmatic data that drives reimbursements for AAAs and service providers.</li> <li>▪ AIMS data is utilized to provide State Program Reports (SPR) data for Title III and VII services of the Older Americans Act which is a component of the National Aging Program Information Systems (NAPIS).</li> <li>▪ AIMS is nationally recognized as one of four best practice system models by the National Association of State United for Aging and Disabilities (NASUAD).</li> <li>▪ DAS also uses the Client Health Assessment Tool (CHAT), a standardized software used to identify and prioritize consumer long-term care needs and as a case management tool to assess and care plan for individualized client needs. CHAT is a Microsoft SQL software application designed for use by information and referral agencies that perform health assessments for their clients.</li> </ul>
<p><i>New York State Office for the Aging</i></p>	<ul style="list-style-type: none"> <li>▪ The <a href="#">New York State Office for the Aging</a> (NYSOFA) mission is carried out through a network of 59 local Offices for the Aging and organizations providing home- and community-based programs.</li> <li>▪ NYSOFA is working with CareDirector in partnership with PeerPlace to provide a single, state-wide application to replace multiple independent applications managed by local AAAs for data collection, reporting, assessment, and case management.</li> <li>▪ CareDirector is based on an Oracle platform which replaced and enhanced NYSOFA's vendor-hosted NY Connects website and state-wide NY Connects Long Term Services and Supports Resource Directory (<a href="http://www.nyconnects.ny.gov">http://www.nyconnects.ny.gov</a>). This included the migration of data contained in the current Resource Directory. There are approximately 500 users across the state in 59 regional offices.</li> <li>▪ In 2013, NYSOFA rolled out the PeerPlace NAPIS Client Tracking System to over 2,000 users, 300 providers, and 20 AAAs.</li> <li>▪ In 2014, NYSOFA selected PeerPlace to deliver a statewide Client Tracking and Case Management System, ADRC Resource Directory and Consumer Portal, and Statewide Ombudsman system.</li> <li>▪ The Albany Department of Health selected PeerPlace to deploy a No Wrong Door, single point of entry, automated eligibility screening and referral system.</li> </ul>

STATE AGENCY	CLIENT MANAGEMENT SYSTEM FEATURES
<p><i>Pennsylvania Department of Aging</i></p>	<ul style="list-style-type: none"> <li>▪ In 2002, the <a href="#">Pennsylvania Department of Aging</a> (PDA) began using the Service Access and Management (SAM) system which was originally based on the Microsoft Access database platform. In 2011, SAM was converted from multiple Microsoft Access databases into a single instance of Microsoft SQL.</li> <li>▪ In 2013, SAM data was migrated into Harmony (a subsidiary of Mediware).</li> <li>▪ All PDA and AAA employees use Harmony for case management and the system was configured by PDA staff.</li> <li>▪ Harmony Advanced Reporting (HAR) uses SQL Service Reporting System (SSRS) for creating reports. The system generates over 2,000 reports, 75-125 of which are used routinely and includes NAPIS and NAMRS standard reports.</li> </ul>

## 1.2 TECHNOLOGY VENDORS PROVIDING ELDER CARE CLIENT MANAGEMENT SYSTEMS

Due to the recent increased demand for enterprise-class systems, flexible IT, and streamlined business solution processes by public sector organizations, there is an abundance of software vendors who specialize in the required functionality and have the necessary experience for projects of this size, scope, and complexity. Based upon the interviews and feedback from the DOEA Chief Information Officer Steve Grantham, ten vendor solutions were analyzed to provide a sample of market solutions available.

For each vendor, the project team conducted meetings with executive and director-level personnel responsible for their client management solution. These meetings focused on the topics of:

- Overview of the company and their solution approach;
- Recent experiences implementing client management systems in the public sector, particularly at comparable state agency levels;
- Market trends for client management software, including the company’s product roadmap;
- Overview of capabilities;
- Procurement strategy trends;
- Implementation strategy; and
- Support, operations, and maintenance capabilities.

The vendors listed below interviewed for this analysis are a representative market sample of solutions and services available to meet DOEA needs and requirements. While a list of the vendors’ company names was provided in Section 5 above, the vendor list below does not correspond to the order of the vendor company names listed in Section 5. The intent is to have the vendors remain anonymous.

### 1.2.1 VENDOR 1 (CUSTOM)

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Platform and Hosting</i>	<ul style="list-style-type: none"> <li>▪ Cloud-based custom solution built on <a href="#">Microsoft .NET</a> programming language using <a href="#">Microsoft SQL</a> on the server, and <a href="#">Microsoft SQL Server Express 2012</a> on the client workstation.</li> <li>▪ Hosted by <a href="#">Evolve IP</a> in the <a href="#">Microsoft Azure</a> cloud.</li> <li>▪ Clustered servers are scalable and load balanced for performance.</li> </ul>
<i>Data Conversion and Interfaces</i>	<ul style="list-style-type: none"> <li>▪ Data can be imported from and exported to external data sources.</li> </ul>
<i>Application Features</i>	<ul style="list-style-type: none"> <li>▪ User-configurable dashboard shows risks, tasks, ongoing services, open assessments, recent activities, care and support, personal budget.</li> <li>▪ The application includes a web portal for clients and their caregivers to display summary status information on the client's care.</li> <li>▪ The Vendor can modify the system to incorporate the forms, fields, reports, etc., necessary to support DOEA's workflows; some minor modifications such as modifying fields, editing reports and regulatory information could be done in-house.</li> <li>▪ All field names in the application are configurable, field names can be changed, fields can be added, drop-down menu values can be set, and for security purposes fields can be displayed or hidden based on the user's security role.</li> <li>▪ Conditional pop-up boxes and pre-defined comments can be displayed based on form selections.</li> <li>▪ Data files can be uploaded into each client's record along with associated metadata to describe the file being uploaded.</li> <li>▪ Hyperlinks can be added to any field description.</li> <li>▪ Field data entry has spell check and can use rich text (including formatting such as bold, italic, colors, etc.).</li> <li>▪ Tablet software allows a person to sign a system-generated form electronically on the tablet. Electronic signatures can be saved for later re-use.</li> </ul>
<i>Workflow</i>	<ul style="list-style-type: none"> <li>▪ The application allows for dynamic, automated workflows to be created.</li> <li>▪ Work List view shows the user's current assignments, including in a calendar view.</li> <li>▪ Notifications about scheduled appointments, due dates, and other important events are displayed in the application but are not sent via email or text message.</li> <li>▪ Users can reassign a case to another user.</li> <li>▪ Users can copy data from an existing record, such as an assessment, into a new record.</li> <li>▪ After configuration, the application could notify an assessor which 701x forms are needed before conducting the assessment. A standard 701x PDF form can be automatically generated using field information in the client record.</li> </ul>



ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Mobile</i>	<ul style="list-style-type: none"> <li>Compatible with mobile devices including laptops, tablets, and smartphones (Google Android, Apple iOS and Microsoft Windows).</li> <li>Users can save data locally on the device while disconnected from the Internet and will synchronize the data with the <a href="#">Microsoft SQL server</a> when reconnected.</li> <li>The application allows photos to be taken using a smartphone which can be uploaded into the client record.</li> <li>The application uses Google Maps API to display locations on a map.</li> <li>Synchronization audit history displays data synchronization attempts with the server.</li> </ul>
<i>Security</i>	<ul style="list-style-type: none"> <li>Data is encrypted in transit and at rest.</li> <li>Role-based access control by user or by group.</li> <li>Records an audit entry when records are modified, including modified and deleted fields and the user performing the action.</li> <li>For disaster recovery, a snapshot of the SQL virtual machine (VM) database is taken every 15 minutes.</li> </ul>
<i>Correspondence and Reporting</i>	<ul style="list-style-type: none"> <li>There are several built-in canned reports. Users can create custom reports.</li> <li>Managers can view the status of all staff-assigned cases.</li> <li>Built-in mini-data warehouse shows the current status of all managed cases.</li> <li>Form data captured can be exported as an Excel spreadsheet or a PDF file.</li> </ul>
<i>Billing</i>	<ul style="list-style-type: none"> <li>Not capable of receiving ANSI 837 data.</li> </ul>

### 1.2.2 VENDOR 2 (FRAMEWORK)

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Platform and Hosting</i>	<ul style="list-style-type: none"> <li>Cloud-based Framework solution built on <a href="#">Microsoft Dynamics CRM</a> database platform with a <a href="#">Microsoft SQL Server</a> back end.</li> <li>Can be housed in the cloud, on premise, or a hybrid configuration using a combination of an on premise pass-through server and cloud servers for data storage.</li> <li>Clustered servers are scalable and load balanced for performance.</li> </ul>
<i>Data Conversion and Interfaces</i>	<ul style="list-style-type: none"> <li>Data can be imported from and exported to external data sources.</li> <li>Uses <a href="#">Service Oriented Architecture</a> (SOA) for integration with third-party solutions.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Application Features</i>	<ul style="list-style-type: none"> <li>▪ Supports case management activities including enrollment, assessments, care plans and notes, acuity determination, goal tracking, and outcomes for agency, community, residential and home-based services.</li> <li>▪ Uses existing SharePoint or other document management systems for file storage.</li> <li>▪ Has a consumer portal that can be used to communicate with DOEA staff, apply for eligibility online, create their personal budget, select providers, manage service delivery, and create appointments.</li> <li>▪ Has a provider portal that can be used to communicate and coordinate with providers and a provider management module that includes service authorizations, incident reports, program staff and service areas.</li> <li>▪ Can support a Resource Directory, using <a href="#">AIRS taxonomy</a>, which providers can access to keep their information current.</li> <li>▪ Users are trained on system administration and configuration so they can perform system updates.</li> </ul>
<i>Workflow</i>	<ul style="list-style-type: none"> <li>▪ A user-defined dashboard shows notifications, upcoming or past due assignments, ticklers, open assessments, recent activities, ongoing services, risks.</li> <li>▪ The system can generate emails, appointments and tasks using data in the system through integration with Microsoft Office 365 Outlook.</li> <li>▪ Notification triggers can be configured to alert a user about a field data value being changed.</li> <li>▪ The system can send a notification or automatically assign a task when a client enters demographic information into the system.</li> <li>▪ Non-technical staff can configure workflows to satisfy current and future business processes, data collection, and reporting requirements.</li> <li>▪ Configurable workflows and dialogs guide users through each process step and decisions.</li> <li>▪ Care plans and service authorizations can be copied from last year into the current year and will prompt the user to verify each field is correct.</li> </ul>
<i>Mobile</i>	<ul style="list-style-type: none"> <li>▪ Compatible with mobile devices including laptops, tablets (Google Android and Apple iOS) and smartphones (Google Android and Apple iOS).</li> <li>▪ <i>Electronic</i> signature feature allows a person can sign using their finger on a touchscreen compatible mobile device (laptop, tablet, or smartphone).</li> <li>▪ <i>Digital</i> signature feature is available using the third-party add-on tool <a href="#">Topaz</a>.</li> <li>▪ Users can take advantage of the voice-to-text feature on the phone for dictation transcription.</li> </ul>
<i>Security</i>	<ul style="list-style-type: none"> <li>▪ Data is encrypted in transit and at rest.</li> <li>▪ Role-based access control by user or by group.</li> <li>▪ Audit history captures changes to fields, forms, the user making the change, when they made the change, and the last couple of changes made.</li> <li>▪ Provides disaster recovery, fault tolerance and load balancing, including redundant database instances on multiple servers.</li> </ul>
<i>Correspondence and Reporting</i>	<ul style="list-style-type: none"> <li>▪ Uses <a href="#">SQL Server Reporting Services</a> (SSRS) and <a href="#">Microsoft PowerBI</a> for reporting.</li> <li>▪ Advanced Find feature allows creating custom views and reports.</li> <li>▪ Users must have proper role access to create and run reports.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Billing</i>	<ul style="list-style-type: none"> <li>▪ Financial management module allows documenting and billing for services rendered.</li> <li>▪ Case managers can record service documentation and billing units simultaneously.</li> <li>▪ Can record time by participant, in a group or by program and export to external accounting systems.</li> <li>▪ Supports HIPAA financial transactions, batch ANSI 837 external pairs, creates invoices, generates 5010s, and ANSI 837 electronic billing and configurable paper invoices.</li> </ul>

### 1.2.3 VENDOR 3 (FRAMEWORK)

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Platform and Hosting</i>	<ul style="list-style-type: none"> <li>▪ Proprietary cloud-based Framework solution.</li> <li>▪ Clustered servers are scalable and load balanced for performance.</li> </ul>
<i>Data Conversion and Interfaces</i>	<ul style="list-style-type: none"> <li>▪ Data can be imported from and exported to external data sources.</li> <li>▪ Provides an interface with MMIS systems and enrollment broker systems.</li> <li>▪ Provides an interface with Electronic Health Records (EHR) and Health Information Exchanges (HIE), using <a href="#">HL7 Continuity of Care Document (CCD)</a> formats, allowing client information to be pulled from and shared with providers.</li> </ul>
<i>Application Features</i>	<ul style="list-style-type: none"> <li>▪ Has a “configuration accelerator” feature to reduce or eliminate customization allowing configuration changes by non-IT staff in minutes.</li> <li>▪ A drag-and-drop configuration feature allows changes to forms, fields, and reports.</li> <li>▪ Framework has multiple web services Application Programming Interfaces (API) for custom configuration, including <a href="#">Apex</a>.</li> <li>▪ Files up to 4MB can be uploaded into the client record and access can be limited by user’s security role.</li> <li>▪ Providers can upload files.</li> <li>▪ “Check in” button displays when a service starts and a “check out” for when the service time ends.</li> <li>▪ System uses a <a href="#">Master Data Management</a> model to ensure uniformity, accuracy, consistency, and accountability of data.</li> <li>▪ When creating a scheduled calendar task, the system shows available staff and a GPS map view of the location of assigned clients.</li> <li>▪ An optional community-based Resource Directory is available.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Workflow</i>	<ul style="list-style-type: none"> <li>▪ Workflows for intake and referral, assessments, eligibility and enrollment, individual service plans, scheduling, case management, electronic visit verification, electronic timesheets, program management, and financial management.</li> <li>▪ Users have a dashboard work queue that includes a message center and notification center.</li> <li>▪ Upon login, system returns user to where they were when they last logged in.</li> <li>▪ Notifications can be sent via email or text message.</li> <li>▪ Assignments are color-coded to show which cases needing immediate action, are arranged in chronological order, and can be sorted by due date.</li> <li>▪ Group queues so client cases can be shared with other case managers.</li> <li>▪ User’s dashboard can display client and provider demographic information, current medications, registration, and licensing information.</li> </ul>
<i>Mobile</i>	<ul style="list-style-type: none"> <li>▪ Compatible with mobile devices including laptops, tablets (Google Android and Apple iOS) and smartphones (Google Android and Apple iOS).</li> <li>▪ Users can work offline.</li> <li>▪ User interface has the same appearance and functionality whether being used on a desktop, laptop, tablet, or smartphone.</li> <li>▪ Clients can use an <a href="#">electronic signature</a> to sign system-generated forms.</li> </ul>
<i>Security</i>	<ul style="list-style-type: none"> <li>▪ Data is encrypted in transit and at rest.</li> <li>▪ Role-based access control by user or by group.</li> <li>▪ Audit detail analysis is available through ad hoc queries or reporting.</li> <li>▪ Provides disaster recovery, fault tolerance and load balancing, including redundant database instances on multiple servers. System is <a href="#">FedRAMP certified</a> and <a href="#">DoD Impact Level 4</a>.</li> </ul>
<i>Correspondence and Reporting</i>	<ul style="list-style-type: none"> <li>▪ Field data can be used to generate a Department-standard PDF form file.</li> <li>▪ Based on data entered, the system can notify the user of required forms.</li> <li>▪ Reporting dashboard shows client composition, total number of enrolled clients, increase in clients over time, hospitalizations, number and increase/decrease of complaints filed.</li> <li>▪ In the reporting dashboard, a user can click on values (e.g., client, provider, service area, etc.) and drill-down to subsets of search query results.</li> </ul>
<i>Billing</i>	<ul style="list-style-type: none"> <li>▪ Can submit and validate <a href="#">ANSI 837</a> data and receive an <a href="#">ANSI 835</a> in return.</li> <li>▪ Can interface and exchange data with an enrollment broker.</li> <li>▪ Details about provider rates and units can be saved for later use in a drop-down menu selection.</li> <li>▪ Billing validations are built in; for example, a provider dedicated to one area can’t bill for a different service area.</li> </ul>

### 1.2.4 VENDOR 4 (FRAMEWORK)

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Platform and Hosting</i>	<ul style="list-style-type: none"> <li>▪ Proprietary cloud-based Framework solution built on a Microsoft SQL Server platform.</li> <li>▪ Clustered servers are scalable and load balanced for performance.</li> </ul>
<i>Data Conversion and Interfaces</i>	<ul style="list-style-type: none"> <li>▪ Data can be imported from and exported to external data sources.</li> <li>▪ Can interface with various legacy and external systems.</li> <li>▪ Can interface with Electronic Health Record (EHR) systems.</li> </ul>
<i>Application Features</i>	<ul style="list-style-type: none"> <li>▪ Client demographic screen displays client’s information, map of their location, notes field, and cases open at the client’s location, e.g., a nursing home.</li> <li>▪ Document management leverages existing network drive folders or SharePoint.</li> <li>▪ Provides chat feature.</li> <li>▪ Tracks and manages waiver information and status.</li> <li>▪ Most standard fields can be configured and new fields can be added.</li> <li>▪ Dashboard agenda view displays a list view of assignments, activity view displays icons to indicate type of activity, and color-coded calendar view to display if appointments are overdue.</li> </ul>
<i>Workflow</i>	<ul style="list-style-type: none"> <li>▪ Integrated text messaging and notification system notifies users of project, assignment and schedule information and changes. These notifications appear through both the mobile app and web interface.</li> <li>▪ Dashboard displays a case worker’s current assignments.</li> <li>▪ Email or text notifications and alerts based on triggers (field value changes, status changes, etc.).</li> </ul>
<i>Mobile</i>	<ul style="list-style-type: none"> <li>▪ Compatible with mobile devices including laptops, tablets (Google Android and Apple iPads), and smartphones (Google Android and Apple iOS).</li> <li>▪ Provides GPS location services to optimize travel routes and provide managers the ability to track and report on employee travel.</li> <li>▪ Supports the use of <i>digital</i> signatures and <i>electronic</i> signatures allowing clients or providers to handwrite their signature on a touchscreen device such as a tablet or smartphone.</li> <li>▪ Voice-to-text case notes on mobile devices and annotation of photos.</li> </ul>
<i>Security</i>	<ul style="list-style-type: none"> <li>▪ Data is encrypted in transit and at rest.</li> <li>▪ Role-based access control by user or by group.</li> <li>▪ Audit history of activity to the field level.</li> <li>▪ Provides disaster recovery, including redundant database instances on multiple servers.</li> </ul>
<i>Correspondence and Reporting</i>	<ul style="list-style-type: none"> <li>▪ Predictive analytics feature provides access to real-time data to track and trend activities, spending, compliance, personnel performance and vendor metrics, ensure assignments and projects are achieving desired results and per defined business rules, and measure compliance to established business rules and receive deviation alerts.</li> <li>▪ Provides the ability to generate canned reports via drop-down menu field selections.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Billing</i>	<ul style="list-style-type: none"> <li>Provides the ability to exchange claims data using Medicaid EDI standards, including receiving ANSI 837 data.</li> <li>Provides oversight, process automation and governance in managing service provider, vendor and independent contractor/1099 related services, cases, deliveries and supporting activities.</li> </ul>

### 1.2.5 VENDOR 5 (COTS)

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Platform and Hosting</i>	<ul style="list-style-type: none"> <li>Cloud-based COTS system built on Oracle Application Server 10g and Forms 6i, using Microsoft SQL Server, running on SUSE Linux Enterprise 11 Server.</li> <li>Clustered servers are scalable and load balanced for performance.</li> </ul>
<i>Data Conversion and Interfaces</i>	<ul style="list-style-type: none"> <li>Data can be imported from and exported to external data sources.</li> <li>Vendor has already developed interfaces with several organizations including APD Consumer Directed Care+, AHCA FMMIS, DCF Florida Safe Families Network (FSFN), DEO and DOR employment data, DFS FLAIR financial data, and DOH Office of Vital Statistics data.</li> <li>Provides interfaces with Electronic Health Record (EHR) systems.</li> </ul>
<i>Application Features</i>	<ul style="list-style-type: none"> <li>Can incorporate DOEA's Rule-based algorithm.</li> <li>Assessment Design feature allowing the creation and automation of any Department-standard form.</li> <li>Optional public-facing online AIRS-compliant resource directory and ADRC call center features.</li> <li>Interfaces with MapQuest so appointments can be scheduled in distance order thereby minimizing travel time.</li> </ul>
<i>Workflow</i>	<ul style="list-style-type: none"> <li>Configurable workflow features for intake processes, tracking referrals, and providing outcome documentation.</li> <li>Needs identified during the assessment process can automate the creation of a care plan and recommend services.</li> <li><a href="#">interRAI</a> Instruments assessment and algorithms built into workflows to determine eligibility, assess care needs, and create care plans.</li> <li>Users can create their own time-sensitive tasks and ticklers that will automatically notify users at the appropriate time.</li> </ul>
<i>Mobile</i>	<ul style="list-style-type: none"> <li>Compatible with mobile devices including laptops, tablets (Google Android and Apple iPads), and smartphones (Google Android and Apple iOS).</li> <li>Field office managers can send out communications to all assessors in the field through their mobile device.</li> <li>Mobile GPS data is captured for analysis purposes.</li> </ul>
<i>Security</i>	<ul style="list-style-type: none"> <li>Data is encrypted in transit and at rest.</li> <li>Role-based access control by user or by group.</li> <li>Audit history of activity to the field level using <a href="#">ADAudit Plus</a>.</li> <li>Provides disaster recovery, including redundant database instances on multiple servers.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Correspondence and Reporting</i>	<ul style="list-style-type: none"> <li>Reporting through Oracle Report Builder 6i and uses <a href="#">SQL Server Reporting Services</a> (SSRS) to generate reports including NAPIS and NORS reports.</li> <li>Provides an executive dashboard for overall program performance measures and ad hoc reporting.</li> <li>A series of interactive, visual dashboards can display actionable data sets for key program metrics.</li> <li>Real-time reporting capability of user task performance using graphical dashboards and user task queues.</li> </ul>
<i>Billing</i>	<ul style="list-style-type: none"> <li>Providers can submit ANSI 837 claims data which can be pre-adjudicated based on pre-defined Department business rules.</li> <li>Providers receive instant remittance results upon submitting claims.</li> </ul>

### 1.2.6 VENDOR 6 (CUSTOM)

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Platform and Hosting</i>	<ul style="list-style-type: none"> <li>Cloud-based custom solution built on an Oracle platform.</li> <li>Hosted in Oracle cloud.</li> <li>Clustered servers are scalable and load balanced for performance.</li> </ul>
<i>Data Conversion and Interfaces</i>	<ul style="list-style-type: none"> <li>Data can be imported from and exported to external data sources.</li> <li>Interfaces with common database platform and creates multi-masters so records can be updated in multiple locations.</li> <li>Interfaces with Electronic Health Record (EHR) systems.</li> </ul>
<i>Application Features</i>	<ul style="list-style-type: none"> <li>Document Cloud Service support document management by allowing users to attach files to client records which can then trigger a workflow process.</li> <li>Forms tool to generate Department-standard PDF forms pre-populated with field data.</li> <li>Live chat capability.</li> </ul>
<i>Workflow</i>	<ul style="list-style-type: none"> <li>Case worker dashboard and built-in workflow automation.</li> <li>Standard email responses can be programmed to be automatically sent based on field values or other triggers in the system.</li> <li>Attaching files to client records can trigger a workflow process.</li> </ul>
<i>Mobile</i>	<ul style="list-style-type: none"> <li>Compatible with mobile devices including laptops, tablets (Google Android and Apple iPads), and smartphones (Google Android and Apple iOS).</li> <li>Provides GPS location services to optimize travel routes and provide managers the ability to track and report on employee travel.</li> <li>Supports the use of electronic signatures allowing clients or providers to handwrite their signature on a touchscreen device such as a tablet or smartphone.</li> </ul>
<i>Security</i>	<ul style="list-style-type: none"> <li>Data is encrypted in transit and at rest.</li> <li>Single-Sign On capability that can integrate with Microsoft Office 365.</li> <li>Role-based access control by user or by group.</li> <li>Audit history of activity to the field level.</li> <li>Provides disaster recovery, including redundant database instances on multiple servers.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Correspondence and Reporting</i>	<ul style="list-style-type: none"> <li>Built-in canned reports can be scheduled to run.</li> <li>Advanced analytics, reporting, and charting features.</li> <li>Reports can be exported as PDF, Excel, HTML, and other common file formats.</li> <li>Data visualization tools can report on data from external systems.</li> </ul>
<i>Billing</i>	<ul style="list-style-type: none"> <li>Optional add-on component supports the import, processing, and release of claims.</li> </ul>

### 1.2.7 VENDOR 7 (COTS)

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Platform and Hosting</i>	<ul style="list-style-type: none"> <li>Cloud-based COTS solution built on an IBM DB2 platform using Oracle Java and Java Enterprise Edition.</li> <li>Hosted in the Amazon Web Services (AWS) cloud and uses Microsoft Azure for SQL services and Data Warehouse.</li> <li>Clustered servers are scalable and load balanced for performance.</li> </ul>
<i>Data Conversion and Interfaces</i>	<ul style="list-style-type: none"> <li>Data can be imported from and exported to external data sources.</li> <li>Uses Master Data Management to synchronize identities, de-duplicate data, and perform internal and external data acceptance testing and validation.</li> <li>Interfaces with Electronic Health Record (EHR) systems.</li> </ul>
<i>Application Features</i>	<ul style="list-style-type: none"> <li>Case worker dashboard and workflow automation.</li> <li>Forms tool to generate Department-standard PDF forms pre-populated with field data that can be printed or emailed.</li> <li>Internal messaging system allowing users to set alerts in their home dashboard or send alerts to other users.</li> <li>Check in/Check out feature allows Department-standard forms to be saved securely on the mobile device, completed, and synchronized with the system.</li> <li><a href="#">Senior Rx</a> is used to populate medication drop-down lists in the system and includes medications, doses, frequency, prescriber, and associated diagnosis using <a href="#">SNOMED</a> diagnosis codes.</li> </ul>
<i>Workflow</i>	<ul style="list-style-type: none"> <li>Over 30 configurable workflow components including case management, intake, registration, and information and referral.</li> <li>User portal has notifications, tickler reminders, and push pins for returning to where the user left off before logging out of the system.</li> <li>Upon referral, a user's portal page queue can indicate new referrals or an email notification can be automatically sent.</li> </ul>
<i>Mobile</i>	<ul style="list-style-type: none"> <li>Compatible with mobile devices including laptops, tablets (Google Android and Apple iPads), and smartphones (Google Android and Apple iOS).</li> <li>Mobile apps for meal delivery expected in Summer 2017 and intake and referral expected Fall 2017.</li> <li>System captures Electronic Visit Verification data to assist supervisors with validating work performance.</li> </ul>



<b>ANALYSIS CATEGORY</b>	<b>PRIMARY FEATURES</b>
<i>Security</i>	<ul style="list-style-type: none"> <li>▪ Data is encrypted in transit and at rest.</li> <li>▪ Files can be transferred using dedicated Secure File Transfer Protocol (SFTP) server.</li> <li>▪ When form files are checked out, downloaded, and completed by a user, the record is locked in the system, encrypted after downloading, and can be checked in and uploaded back into the client record.</li> <li>▪ Role-based access control by user or by group.</li> <li>▪ Audit history of activity to the field level.</li> <li>▪ Provides disaster recovery, fault tolerance and load balancing, including redundant database instances on multiple servers.</li> </ul>
<i>Correspondence and Reporting</i>	<ul style="list-style-type: none"> <li>▪ Several canned reports built in.</li> <li>▪ Custom ViewBuilder tool which can be exported to Microsoft Excel spreadsheet format, SQL Server Reporting Services (SSRS), or Microsoft Report Builder.</li> <li>▪ Uses Online Analytical Processing (OLAP) and data mart for reporting.</li> <li>▪ Compliant with Federal and State reporting standards including NAPIS, NAMRS, NORS, SART, SRT and ORT. If reporting laws change, updates are made at no charge.</li> </ul>
<i>Billing</i>	<ul style="list-style-type: none"> <li>▪ Built-in client and provider billing features.</li> <li>▪ System can also manage split funding.</li> <li>▪ Can process ANSI 837 data.</li> <li>▪ Records audit trails and error logs for all EDI transactions.</li> </ul>

### 1.2.8 VENDOR 8 (CUSTOM)

<b>ANALYSIS CATEGORY</b>	<b>PRIMARY FEATURES</b>
<i>Platform and Hosting</i>	<ul style="list-style-type: none"> <li>▪ Cloud-based custom solution built on Microsoft SQL Server and Microsoft .NET core code.</li> <li>▪ Hosted in the Microsoft Azure Government cloud.</li> <li>▪ Clustered servers are scalable and load balanced for performance.</li> </ul>
<i>Data Conversion and Interfaces</i>	<ul style="list-style-type: none"> <li>▪ Data can be imported from and exported to external data sources.</li> <li>▪ Interfaces with Electronic Health Record (EHR) systems.</li> </ul>
<i>Application Features</i>	<ul style="list-style-type: none"> <li>▪ Integrates with Microsoft Office 365 environments using Microsoft Outlook for calendaring and scheduling and SharePoint for document storage.</li> <li>▪ Users can upload multiple files at once and enter metadata about the file contents during upload.</li> <li>▪ Uses Microsoft Outlook to create and send automated notifications.</li> <li>▪ Provides the ability to create a new form, field, or drop-down menu list.</li> <li>▪ An Application Programming Interface (<a href="#">API</a>) is available at the application layer.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Workflow</i>	<ul style="list-style-type: none"> <li>Workflows can be configured by the vendor based on DOEA business rules.</li> <li>The case management module allows a user to transfer their client caseload to another user.</li> <li>Uses Microsoft <a href="#">Flow</a> to create workflow automation.</li> <li>For workflows, <a href="#">C#</a> code is automatically generated which can be further modified by developers.</li> </ul>
<i>Mobile</i>	<ul style="list-style-type: none"> <li>Compatible with mobile devices including laptops, tablets, and smartphones (Google Android, Apple iOS, and Microsoft Windows).</li> <li>Mobile users can work offline.</li> <li>Message store-and-forward allows emails to be sent after reconnecting to the internet.</li> </ul>
<i>Security</i>	<ul style="list-style-type: none"> <li>Data is encrypted in transit and at rest.</li> <li>Uses Microsoft Windows Active Directory for auditing, authentication, and authorization.</li> <li>Role-based access control by user or by group.</li> <li>Audit history of activity to the user, form and field level using JavaScript Object Notation (<a href="#">JSON</a>) and Extensible Markup Language (<a href="#">XML</a>).</li> <li>Provides disaster recovery, fault tolerance and load balancing, including redundant database instances on multiple servers.</li> </ul>
<i>Correspondence and Reporting</i>	<ul style="list-style-type: none"> <li>Uses Microsoft <a href="#">Power BI</a> for business intelligence analytics reporting and <a href="#">Sway</a> to create interactive reports and presentation.</li> <li>Data can be exported in Microsoft Excel format.</li> </ul>
<i>Billing</i>	<ul style="list-style-type: none"> <li>Billing interfaces would need to be developed by the vendor to accommodate DOEA business rules.</li> </ul>

### 1.2.9 VENDOR 9 (CUSTOM)

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Platform and Hosting</i>	<ul style="list-style-type: none"> <li>Cloud-based custom solution built on Microsoft SQL Server.</li> <li>Hosted in the Microsoft Azure cloud.</li> <li>Clustered servers are scalable and load balanced for performance.</li> </ul>
<i>Data Conversion and Interfaces</i>	<ul style="list-style-type: none"> <li>Data can be imported from and exported to external data sources.</li> <li>Application Programming Interface (<a href="#">API</a>) which can integrate and interface with external systems.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Application Features</i>	<ul style="list-style-type: none"> <li>▪ Drop-down list items are easily configurable.</li> <li>▪ Fields can be optional or required, preventing a user from saving a form unless the required fields are filled out.</li> <li>▪ Configuration changes can be deployed into production and users are notified of the new update when they log into the system.</li> <li>▪ Data in the system can be sent to email, FTP site, via HTTP file upload, or Web-Based Distributed Authoring and Versioning (WebDAV).</li> <li>▪ Uploaded files can be stored in <a href="#">Box</a>, <a href="#">Microsoft OneDrive</a> or <a href="#">Microsoft SharePoint</a>. Files can be automatically converted to PDF format and uploaded into SharePoint.</li> <li>▪ For case management, standard case note responses can be configured to be filled in at the click of a button.</li> <li>▪ Users can share any attached files within the system.</li> <li>▪ Visual drag-and-drop web browser interface for creating and editing forms and workflows.</li> </ul>
<i>Workflow</i>	<ul style="list-style-type: none"> <li>▪ The user dashboard includes Forms (available forms based on user role), Inbox (current assigned tasks), Drafts (incomplete items) and Sent (items sent from Inbox) views.</li> <li>▪ Case management views available include: List (of clients), Due Date (when assignments are due), Priority (assignments ranked according to priority), and Map (map with pins showing each client location).</li> <li>▪ Workflow can be configured to take a user to a form they must approve.</li> <li>▪ To reassign a client to a different case worker, user selects client record and types in the new assignee.</li> <li>▪ A sent form can trigger a text alert.</li> </ul>
<i>Mobile</i>	<ul style="list-style-type: none"> <li>▪ Compatible with mobile devices including laptops, tablets, and smartphones (Google Android, Apple iOS and Microsoft Windows).</li> <li>▪ Works on mobile devices when offline.</li> <li>▪ User interface on mobile devices looks and works the same as on a desktop or laptop computer.</li> <li>▪ Mobile application has dispatch capability displaying a daily summary of pre-populated client case information in preparation for a site visit.</li> <li>▪ Assigned Tasks view displays client locations on a GPS map.</li> <li>▪ Photos, including date and time taken, can be taken on a smartphone, edited, cropped, and annotated before saving in the client record.</li> <li>▪ Client case notes can be translated from voice to text using a smartphone.</li> </ul>
<i>Security</i>	<ul style="list-style-type: none"> <li>▪ Data is encrypted in transit and at rest.</li> <li>▪ Role-based access control by user or by group.</li> <li>▪ For audit purposes, the last user activity is maintained for reference but not prior changes.</li> <li>▪ Provides disaster recovery, fault tolerance and load balancing, including redundant database instances on multiple servers.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Correspondence and Reporting</i>	<ul style="list-style-type: none"> <li>Built-in reports are not provided but users can create ad hoc reports using <a href="#">Birst Networked Analytics and Business Intelligence Platform</a>.</li> <li>A user's daily dashboard displays assignments and case status.</li> <li>The reporting interface displays data in the form of graphs, hover-over metadata, lists, outcomes by time period, or other types of dynamic reporting.</li> <li>An email summary of assignments and case status can be routinely sent to supervisors.</li> <li>Data in charts or graphs can be exported to Excel.</li> </ul>
<i>Billing</i>	<ul style="list-style-type: none"> <li>Capable of processing billing but not for Medicare or Medicaid.</li> </ul>

### 1.2.10 VENDOR 10 (COTS)

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Platform and Hosting</i>	<ul style="list-style-type: none"> <li>Proprietary cloud-based COTS solution built on <a href="#">Oracle Real Application Clusters</a> (RAC).</li> <li>Clustered servers are scalable and load balanced for performance.</li> </ul>
<i>Data Conversion and Interfaces</i>	<ul style="list-style-type: none"> <li>Data can be imported from and exported to external data sources.</li> <li>Provides the ability to develop an automated template to facilitate data migration into back end database.</li> </ul>
<i>Application Features</i>	<ul style="list-style-type: none"> <li>Can incorporate DOEA's Rule-based algorithm.</li> <li>Drop-down lists are configurable to fit DOEA standards.</li> <li>Files and photos up to 10MB can be uploaded into a client record.</li> <li>Document storage module that allows a user to include metadata regarding file uploaded.</li> <li>Field data in the system can be used to generate Department-standard PDF forms.</li> <li>Includes a built-in medications database from <a href="#">First DataBank</a> providing data including pharmaceuticals, dosages, administration frequency, allergies, interactions, and photo description.</li> </ul>
<i>Workflow</i>	<ul style="list-style-type: none"> <li>Configurable workflows are based on a user's role allowing the user to submit, review or approve and can route an approval through multiple approvers in a specific order.</li> <li>Notifications can be sent to a user within the system dashboard, or sent via email or text message.</li> <li>Based on the type of service selected, the system can display only those providers that provide the selected service.</li> </ul>
<i>Mobile</i>	<ul style="list-style-type: none"> <li>Compatible with mobile devices including laptops, tablets, and smartphones (Google Android, Apple iOS, and Microsoft Windows).</li> <li>Assessments can be conducted using any mobile device even when offline.</li> <li>Data cannot be stored while offline to prevent HIPAA Protected Health Information (PHI) and other confidential information from being stored on the mobile device unencrypted.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Security</i>	<ul style="list-style-type: none"> <li>▪ Data is encrypted in transit and at rest.</li> <li>▪ Notifications sent to a user within the system dashboard, email or text message are designed to exclude HIPAA Protected Health Information (PHI) as end device may not be encrypted.</li> <li>▪ User can be assigned over 100 different security roles based on their job duties and what they should access.</li> <li>▪ Case managers can share their client caseloads with others as needed.</li> <li>▪ For audit purposes, the last user activity is maintained for reference but not prior changes.</li> <li>▪ Role-based access control by user or by group.</li> <li>▪ User actions in the system are captured in each saved form's audit tracking table showing which user made which change using which IP address and web browser.</li> <li>▪ Provides disaster recovery, fault tolerance and load balancing, including redundant database instances on multiple servers.</li> </ul>
<i>Correspondence and Reporting</i>	<ul style="list-style-type: none"> <li>▪ Correspondence is automatically generated using data in the system.</li> <li>▪ Uses the <a href="#">Oracle Business Intelligence</a> tool to provide built in reports.</li> <li>▪ For optimal system performance, reporting is performed through a separate data warehouse.</li> </ul>
<i>Billing</i>	<ul style="list-style-type: none"> <li>▪ Providers can bill AAA offices directly using Medicaid EDI standard formatting.</li> <li>▪ System can send ANSI 835 forms and receive ANSI 837 forms in return.</li> </ul>

## APPENDIX II – FUNCTIONALITY OF DOEA CORE PROCESSES

The table below list DOEA core processes and provides a brief description of each.

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Intake</i>	<ul style="list-style-type: none"> <li>▪ The method in which CARES processes referrals, including the sources from which cases are received and the requirements for accepting cases. Referrals for ICP assessments are accepted from any source and by any means of transmission – fax, mail, courier, walk-in, email or telephone.</li> </ul>
<i>On-site Assessment</i>	<ul style="list-style-type: none"> <li>▪ A visit to the location where a client is currently residing (home, hospital, nursing facility, etc.) to obtain client assessment or follow-up information. To be considered an on-site visit the client must be interviewed or seen at time of assessment or follow-up.</li> </ul>
<i>Medical Case-file Review for Initial Referrals</i>	<ul style="list-style-type: none"> <li>▪ Also known as a Desk Review – When face-to-face client contact is not required, this file review involves the examination of medical records by a CARES Assessor, Registered Nurse Specialist, and/or Physician Consultant in the process of determining level of care.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>Staffing Process</i>	<ul style="list-style-type: none"> <li>An interdisciplinary team meeting of CARES professional staff, Program Operations Administrator, CARES Physician Consultant and/or Registered Nurse Specialist to review medical documentation and assessment information for CARES' clients. The purpose of staffing is to determine appropriate and correct Level of Care, program recommendation, and placement recommendation.</li> </ul>
<i>Recommended Placement - Community Services</i>	<ul style="list-style-type: none"> <li>Placement recommendations will be based on the client's current living situation, and/or their potential to safely return or remain in the community. CARES staff will recommend placements that are the least restrictive, most appropriate living situation in which the individual can receive needed care and services.</li> </ul>
<i>Recommended Placement - Temporary Nursing Facility Placement</i>	<ul style="list-style-type: none"> <li>An individual in need of a temporary stay in a nursing facility or rehabilitation center who has potential for returning to the community. A client in a temporary placement who returns to the community is considered in an alternative placement at the time of return to the community.</li> </ul>
<i>Recommended Placement - Long Term Nursing Facility Placement</i>	<ul style="list-style-type: none"> <li>A nursing facility, assisted living facility, intermediate care facility for the developmentally disabled or tuberculosis hospital participating in the Medicaid program.</li> </ul>
<i>Follow-Up Schedule - Community Services Recommendation</i>	<ul style="list-style-type: none"> <li>Enrollees residing in a nursing facility who transition into the community with assistance from the LTC Plan will have their eligibility revised from ICP to home and community-based services (HCBS) eligibility.</li> </ul>
<i>Follow-Up Schedule - Temporary Nursing Facility Recommendation</i>	<ul style="list-style-type: none"> <li>Follow-up for nursing facility residents who have Temporary Level of Care recommendations. For Temporary Nursing Facility Placement (code NHTP) recommendations, the follow-up schedule is 30 and 90 days.</li> </ul>
<i>Follow-Up Schedule - Long-Term Care Nursing Facility Recommendation</i>	<ul style="list-style-type: none"> <li>Follow-ups are completed to evaluate the progress of individuals as it relates to Level of Care criteria and community potential. Follow-ups will be completed at 30 and 90 days based on the most recent staffing date.</li> </ul>
<i>Pre-Admission Screening &amp; Resident Review</i>	<ul style="list-style-type: none"> <li>An extensive, individualized in-depth evaluation of the individual to confirm or rule out a suspected diagnosis of SMI, ID or both. The Level II Evaluation is also used to determine whether nursing facility services and specialized services are needed. The Office of Substance Abuse and Mental Health (SAMH) or its designee is responsible for determining the need for specialized services for individuals suspected of having SMI and if nursing facility placement is appropriate. The Agency for Persons with Disabilities (APD) is responsible for determining the need for specialized services for individuals suspected of having ID and if nursing facility placement is appropriate. See 42 CFR 483.112 and 42 CFR 483.130.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<i>New Admission Review</i>	<ul style="list-style-type: none"> <li>▪ Discuss case with the facility staff, determine date of admission, review resident's chart, and obtain copies of pertinent medical or social information related to determining Level of Care.</li> </ul>
<i>Nursing Home Intake</i>	<ul style="list-style-type: none"> <li>▪ The method in which CARES processes referrals, including the sources from which cases are received and the requirements for accepting cases. Referrals for ICP assessments are accepted from any source and by any means of transmission – fax, mail, courier, walk-in, email or telephone.</li> </ul>
<i>Care Plans</i>	<ul style="list-style-type: none"> <li>▪ An individualized written plan of care that identifies the assessed needs of a client and how the needs will be met with the provision of services. The care plan includes the services, duration, frequency, and provider of the services.</li> </ul>

**RFQ 1702**

**ENTERPRISE CLIENT INFORMATION AND  
REGISTRATION TRACKING SYSTEM  
(ECIRTS) ANALYSIS  
PROJECT MANAGEMENT PLAN**

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## **SECTION 1 EXECUTIVE SUMMARY**

### **1.1 DOEA BACKGROUND**

Florida has more than 5.2 million elders age 60 and above which ranks first in the nation in the percentage of its citizens who are elders, and will continue to do so for the near future. Currently, elders make up 24% of the state's population, and this is expected to grow to 35% by 2030. There are more than 1.7 million Floridians age 75 and older, and the population group 100 and older is Florida's fastest growing age group by percentage. Florida has more elders living within its borders than the populations of 17 other states and the District of Columbia combined. Florida's future is linked to the financial, health, and physical security of its elder population.

The Department provides most services through its Division of Statewide Community-Based Services, which works through the state's eleven Area Agencies on Aging and local service providers to deliver essential services to a vital segment of the population. The Department also directly administers a wide range of programs, ranging from the Long-Term Care Ombudsman Program, Office of Public and Professional Guardians, Communities for a Lifetime to SHINE (Serving Health Insurance Needs of Elders), and CARES (Comprehensive Assessment and Review for Long-Term Care Services).

The Department recognizes individuals age differently, and therefore the state's residents do not each need the same kind of care or services as others the same age. Some individuals may suffer from chronic conditions that began long before they reached age 60, while others may be able to live their entire lives without ever needing long-term medical or social services. One of the Department's highest priorities is reducing the need for many elders to be placed in nursing homes and other long-term care facilities.

Ultimately, the goal is to efficiently use resources to ensure that the greatest number of elders possible get to spend their golden years living healthy, active, and fulfilling lives in their communities.

### **1.2 PROJECT OVERVIEW**

The current technology used by DOEA to provide services, including determining medical eligibility of the State's elderly population for cost effective home and community-based services, is the antiquated legacy Client Information and Registration Tracking System (CIRTS). CIRTS is a 25+ year old system using an obsolete and no longer supported technology. This impact of continuing to utilize older technology is reduced stability, dependability, extensibility, and supportability of DOEA's most critical application. Additionally, years of extensive programmatic changes have resulted in conflicting modifications and workarounds in code, creation of additional external databases, and paper-based processes severely convoluting the work flow, data management, and security processes. This has resulted in significant inefficiencies in the system and thereby reduces employee efficiency and productivity.

The overall purpose of the eCIRTS project is to optimize business processes and align the optimized process with the best value technology solution available in the market to support DOEA's drive for increased efficiency.

## **SECTION 2 ABOUT THIS DOCUMENT**

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

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

The Enterprise Client Information and Registration Tracking System (eCIRTS) project teams and project stakeholders involved in the project should use this document for guidance on project procedures and processes.

### **2.2 RELATED DOCUMENTS**

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

- Project Charter
- Project Contract
- Project Statement of Work (SOW)
- Microsoft Project Schedule/Timeline

### **2.3 DISTRIBUTION**

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

### **2.4 ASSUMPTIONS**

The following assumptions are identified:

- There is executive sponsorship and business functional sponsorship as well as commitment from DOEA to apply department resources to meet the goals and objectives of the project;
- The project is the top Information Technology initiative for DOEA;
- The project team members and all Stakeholders recognize time is of the essence and will prioritize their participation accordingly;
- The project stakeholders will coordinate the availability of appropriate staff for consultation during the project, as required;
- The project stakeholders will ensure staff participating in meetings on the divisions and business units' behalf have the requisite knowledge and will be given the authority to make decisions;
- The DOEA Project Manager will coordinate the availability of external stakeholders (other Agencies, oversight groups, etc.) for consultation during the project, as required;
- The DOEA Project Manager will coordinate all meetings with internal and external stakeholders and the Vendor Project Manager as requested and as deemed necessary during the project;
- The DOEA Project Manager will coordinate with the Vendor Project Manager to ensure project goals, deliverables, and requirements are met within timelines established for this project;

- The DOEA Project Manager will inform the Vendor Project Manager in a timely manner of critical linked and adjacent systems and activities that may impact the SOW, project plan, and deliverables;
- The DOEA Project Manager will provide access to all relevant information, documentation, and reports within the scope of analysis;
- The DOEA Project Manager will help facilitate timely access to data and resources as appropriate; and
- The DOEA Project Manager will review project progress reports and deliverables to provide feedback and final approval/disapproval to the vendor per a mutually agreed document review process.

## 2.5 CONSTRAINTS

- There is limited budget for this project; and
- There is limited staff availability for this project as the project is cross matrixed;

## 2.6 TERMS AND ACRONYMS

A list of acronyms and terms referenced throughout the document can be found in the *Project Glossary of Terms and Abbreviations* document, attached as Appendix A.

## SECTION 3 PROJECT GOVERNANCE AND ORGANIZATION

The following table is a description of the project roles and responsibilities:

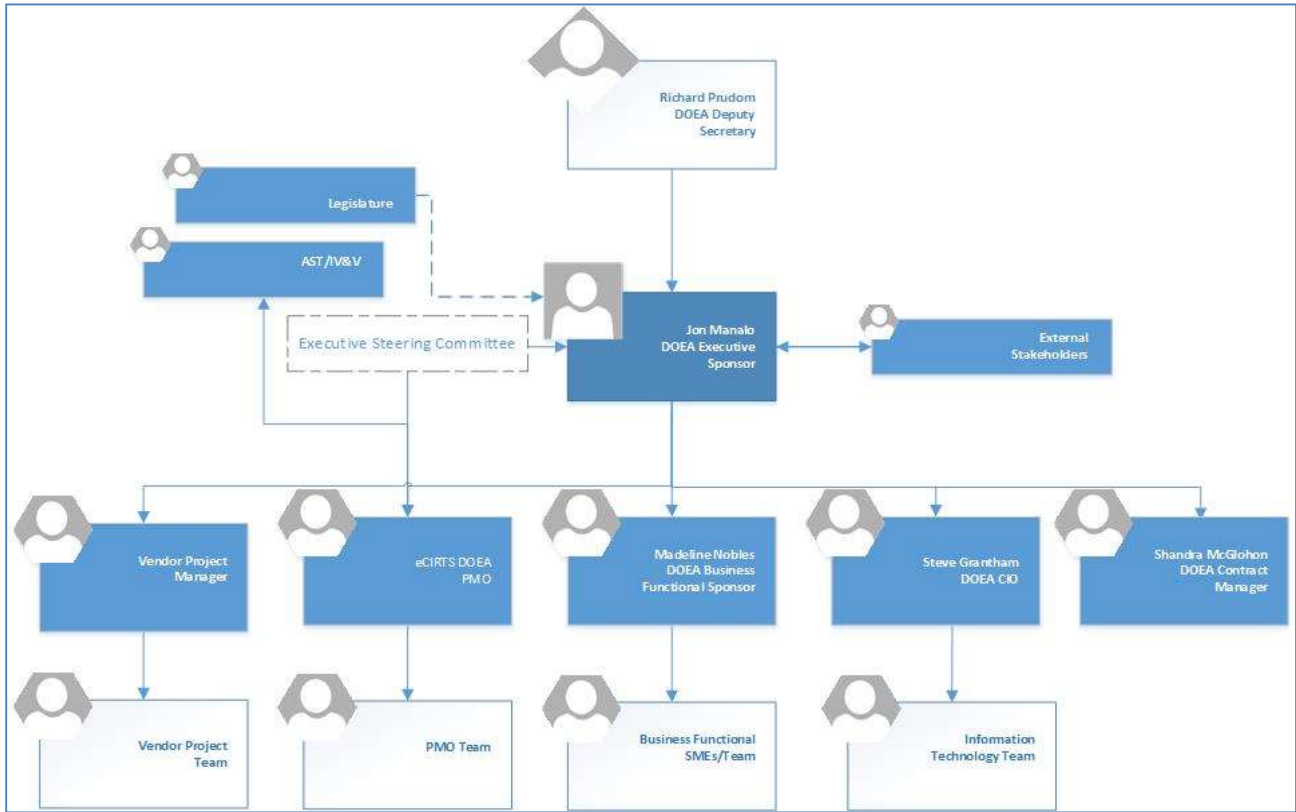
Role Name	Description	Participant(s)
Project Champion	<ul style="list-style-type: none"> <li>▪ Champions the Project;</li> <li>▪ Provides guidance on overall scope and project direction;</li> <li>▪ Assures adequate business resources for project work activities;</li> <li>▪ Is the ultimate decision maker for those items brought before the steering committee; and</li> <li>▪ Facilitates communications with the other Agency management.</li> </ul>	Richard Prudom, Deputy Secretary and Chief of Staff
Project Sponsor	<ul style="list-style-type: none"> <li>▪ Provides guidance on overall scope and project direction;</li> <li>▪ Assures adequate business resources for project work activities;</li> <li>▪ Acts as a member of the Project Steering Committee;</li> <li>▪ Has ultimate responsibility for successful completion of the Project; and</li> <li>▪ Facilitates communications with the other Agency management.</li> </ul>	Jon Manalo, Chief Financial Officer
Business Functional Sponsor	<ul style="list-style-type: none"> <li>▪ Has responsibility for the successful completion of the Project;</li> <li>▪ Has project-related decision-making authority;</li> <li>▪ Oversees the execution of the Project;</li> <li>▪ Acts as a member of the Project Steering Committee;</li> <li>▪ Acts as a point of escalation for project-related issues;</li> <li>▪ Provides adequate business resources for project work activities; and</li> <li>▪ Reports status and issues to the Project Sponsor.</li> </ul>	Madeleine Nobles, Division Director of Statewide Community-Based Services
Business Functional SMEs	<ul style="list-style-type: none"> <li>▪ Reports to the Business Functional Sponsor; and</li> <li>▪ Provides subject matter expertise in support of the execution of the project.</li> </ul>	CARES Staff ADRC Staff
Contract Manager	<ul style="list-style-type: none"> <li>▪ Controls project budget;</li> <li>▪ Acts as a member of the Project Steering Committee;</li> <li>▪ Acts as the primary point of contact for contractual issues with the Vendor;</li> <li>▪ Enforces the performance of the contract; and</li> <li>▪ Mediates contract disputes.</li> </ul>	Shandra McGlohon
eCIRTS DOEA Project Manager	<ul style="list-style-type: none"> <li>▪ Reports to the Project Sponsor;</li> <li>▪ Has day-to-day responsibility for the successful completion of the Project;</li> <li>▪ Oversees the work of the Project Teams;</li> <li>▪ Oversees the work of the Vendor;</li> <li>▪ Acts as a member of the Project Steering Committee;</li> <li>▪ Acts as a liaison with the Project Director; and</li> <li>▪ Acts as a point of escalation for project-related issues.</li> </ul>	TBD
Project Management Office Team	<ul style="list-style-type: none"> <li>▪ Report to the DOEA PMO; and</li> <li>▪ Provide subject matter expertise in support of the execution of the project.</li> </ul>	TBD



Chief Information Officer	<ul style="list-style-type: none"> <li>▪ Reports to the Project Sponsor;</li> <li>▪ Has day-to-day responsibility provide the technical support for the successful completion of the Project;</li> <li>▪ Acts as a member of the Project Steering Committee; and</li> <li>▪ Acts as a point of escalation for project-related issues.</li> </ul>	Steve Grantham
Information Technology Team	<ul style="list-style-type: none"> <li>▪ Report to the DOEA Project Manager; and</li> <li>▪ Provides subject matter expertise in support of the execution of the project.</li> </ul>	Ken Roberts – Application Development Manager Kun Chen – Database Administrator
Vendor Project Manager	<ul style="list-style-type: none"> <li>▪ Has day-to-day responsibility for the successful completion of the Project;</li> <li>▪ Oversees the work of the Project Teams;</li> <li>▪ Acts as a point of escalation for project-related issues for the vendor.</li> </ul>	TBD
Vendor Project Team	<ul style="list-style-type: none"> <li>▪ Responsible for the development of the deliverable(s) in collaboration with the DOEA staff and other key stakeholders.</li> </ul>	TBD
Agency for State Technology (AST)/IV&V	<ul style="list-style-type: none"> <li>▪ Responsible for setting standards for management of the eCIRTS project and for providing oversight of the project.</li> </ul>	TBD
External Stakeholders	<ul style="list-style-type: none"> <li>▪ Provides subject matter expertise in support of the execution of the project.</li> </ul>	TBD
Legislature	<ul style="list-style-type: none"> <li>▪ Provides oversight and budget approval in support of the Project</li> </ul>	TBD

**Table 1: Project Governance – Roles and Responsibilities**

The Exhibit below represents the eCIRTS Project Organization Chart:



**Exhibit 1: eCIRTS Project Organization Chart**

## SECTION 4 STAFFING PLAN

### 4.1 HUMAN RESOURCE/STAFF MANAGEMENT

The Human Resource Management Plan defines how the PMO will plan, develop, and manage the resources staffed to support the Project. The Human Resource Management Plan is used in conjunction with the On-boarding Process).

The eCIRTS Human Resource (HR) Management Plan describes the staffing processes and procedures to be followed during the Project to plan for and control project staffing for the remaining effort of the eCIRTS Project including procurement, planning, design, development, implementation and ongoing operations and maintenance.

Each section below provides managers with key information to make informed staffing decisions.

The HR Management Plan (as part of the PMP) is reviewed and updated prior to the beginning of each release as scheduled in the Master Project Schedule (MPS) during the execution of this project.

## 4.2 ROLES AND RESPONSIBILITIES

The table below describes the resource management roles and associated responsibilities.

ROLE	RESPONSIBILITIES
DOEA Project Manager	<ul style="list-style-type: none"> <li>▪ Manages the staffing process as defined in this document;</li> <li>▪ Defines and request staffing budget;</li> <li>▪ Directs the Project Managers to perform the individual tasks necessary to manage the project staff successfully; and</li> <li>▪ Reviews and approves/rejects staffing requests.</li> </ul>
Project Managers (Department and Vendors)	<ul style="list-style-type: none"> <li>▪ Identifies resource needs;</li> <li>▪ Identifies resource training needs;</li> <li>▪ Obtains resources;</li> <li>▪ Allocates and releases resources; and</li> <li>▪ Complies with laws and department HR policies.</li> </ul>
IT Governance Team	<ul style="list-style-type: none"> <li>▪ Ensures major staffing issues are resolved and major staffing risks are mitigated in a timely fashion.</li> </ul>
eCIRTS PMO	<ul style="list-style-type: none"> <li>▪ On-boards and trains DOEA and vendor project staff;</li> <li>▪ De-commits DOEA and vendor staff;</li> <li>▪ Provides project communications for project staff (department and vendor);</li> <li>▪ Assists in identifying project resource needs;</li> <li>▪ Conducts workshops to assist work stream Leads in assigning resource allocation for schedule tasks, as needed;</li> <li>▪ Provides mentoring and technical support to the Vendor Schedule Coordinators;</li> <li>▪ Reviews Vendor Staffing Reports against resource assignments in Master Project Schedule; and</li> <li>▪ Analyzes resource allocations and identify assignment over-allocations.</li> </ul>

**Table 2: Human Resource Management Roles and Responsibilities**

## 4.3 HUMAN RESOURCE MANAGEMENT PROCESS

The Human Resource Management process provides the direction to coordinate and manage the personnel assigned to perform the work for the Project. Managing Project staff entails Project leadership providing human resources with direction, guidance, and support while the team performs their work with a clear goal of meeting the Project's objectives. Following a defined human resources management strategy provides more effective communications, improved staff performance, increased quality levels in work products, and increased control of schedule and budget performance. This section addresses the components of the Human Resource Management Lifecycle as depicted in the exhibit below including:

- Determining how the team allocates human resources to the project;
- Defining the procedures for on-boarding and de-committing human resources; and
- Providing support for handling resource-related issues, such as team development.



**Exhibit 1: Human Resource Management Lifecycle**

### **4.3.1 PLAN HUMAN RESOURCES**

Planning for human resources is performed by considering the roles and skill sets needed to complete work packages. DOEA, eCIRTS PMO, and Vendor Project Managers use the Work Breakdown Structure (WBS), the Staffing Report (i.e., personnel roster) and the resource requirements to identify the resources and roles required during the project initiation phase as defined during the finalize schedule development process (see Schedule Management Plan for more details).

Each vendor on the Project will provide initial project schedules to perform their scope of work that will be incorporated into the Master Project Schedule. In addition, the vendors and DOEA will provide a Staffing Report that will include personnel assigned to the Project that will serve as the roster for onboarding and roll-off of Project personnel throughout the life of the Project.

The Schedule Management Plan defines the process for creating and updating the MPS for the eCIRTS Project. To create the schedule, the Project Management Team started by creating a detailed WBS. The staffing reports use the WBS and schedule as a foundation to determine the types and parameters of resources needed to complete the Project. Resource requirements were determined from an analysis of project activities and the assumptions made when estimating activity definitions, duration, and cost. The resource requirements include DOEA staff, consulting services, vendors, and any other personnel.

Each task contained in the MPS must have resources assigned. Each task can have multiple resources assigned, depending on the requirements needed to complete the task. Task resource needs are defined in the work streams through the rolling wave process and recorded in the MPS. Additionally, as new tasks are identified, they require resource assignments before being recorded into the MPS.

### **4.3.2 ACQUIRE HUMAN RESOURCES**

It is the responsibility of DOEA and vendors to acquire the appropriate staff to perform the scope of services outlined in the contract(s) to meet the project objectives. The vendors are responsible for hiring and training staff for the project to meet the contractual obligations for all staff to complete the work outlined in their contract scope of services.

The eCIRTS PMO and the Project Managers will work together to identify and acquire an appropriate mix of human resources for the project using the Human Resources Management process; organizational charts; resource availability, experience, and skill level; and job descriptions.

Human resource acquisition will occur throughout the project's lifecycle, with human resources onboarding at various times. A core team will start at the beginning of the project while others will be brought on just prior to the start of work. Additionally, new resources may be brought in to replace existing human resources. Vendor Project Managers must provide resumes and obtain approval for human resource changes with both the eCIRTS PMO and DOEA.

The Staffing Reports submitted monthly to the DOEA eCIRTS Project Manager will contain project resources including staff role, and planned start and roll-off dates. Additional details and a sample Staffing Report can be found in the Schedule Management Plan. The Staffing Report will be maintained on the Project SharePoint site.

Due to the nature of long projects, not all resources will be known, named individuals at the start of the project. A rolling wave process will be used to identify named resources within the six-month period for team or role placeholders that are provided in the MPS. The initial Staffing Report may include roles without named individuals for downstream phases of the Project. Monitoring of the Staffing Report will be conducted monthly to identify any resource issues or risks raised because of variances in the staffing actuals versus forecast for staff.

Each week, the Schedule Coordinators will be providing their status updates to their team's tasks (current and future tasks). The status updates include any resource assignment or utilization changes to be reflected in the MPS. The MPS will be the single repository for all project tasks and assignments containing planned (forecast) and actual information for tasks and resource assignments.

### **4.3.3 MANAGE HUMAN RESOURCES**

The transition of team members from one role to another, into operational and maintenance activities, or out of the Project, may take place throughout the duration of the Project. Team members will work closely with experienced DOEA staff and vendor staff to gain as much practical knowledge as possible. The eCIRTS Project Team must manage transition activities to ensure the proper transfer of responsibility and knowledge.

The appropriate DOEA, or vendor, project manager is responsible for ensuring any pending work from a departing resource is transferred to a remaining staff member to ensure timely transition and completion of the work. If appropriate, the receiving staff may request additional training to support the new responsibilities. An appropriate transition period must be developed for the departing resource.

The Project Schedule Manager will be notified of upcoming departures or arrivals of new resources through the Staffing Report identifying resources (at least by roles) for the Project. Each new resource will be on-boarded and oriented to the Project by the eCIRTS PMO as described in the on-boarding documentation located in the Project SharePoint site. This documentation includes the on-boarding for Vendor Key Named Staff.

## **SECTION 5 ORGANIZATIONAL CHANGE MANAGEMENT PLAN**

Effective Organizational Change Management (OCM) will be integral to the success of this project, and will be a critical success factor for ensuring staff participation in business process improvement, implementation, and user acceptance. Significant organizational change is expected as a result of automating existing manual processes. Throughout the DOEA eCIRTS Implementation Phase, OCM will be effectively implemented through communication, awareness, and training.

DOEA will adhere to the standards of the PMO for Organizational Change Management. An OCM strategy will be identified as detailed Organizational Change Management and Workforce Transition Plans are developed as a part of the FY 17-18 Pre-DDI project.

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

- Description of roles, responsibilities, and communication between vendor and customer;
- To-be process maps including a role-oriented flowchart (swim lane view) of the organization;
- Skill/Role gap analysis between the existing system and the proposed system;
- Training plan including platform (classroom, CBT, etc.), schedule, and curriculum; and
- OCM Communication Plan.

The following key roles will have varying degrees of responsibility for executing the change management plan and delivering a consistent, positive message about change throughout the life of the project:

- Organizational Change Manager (a member of the project management team dedicated to OCM)
- DOEA and Vendor Project Manager
- DOEA Project Sponsor
- DOEA Executive Management

## **SECTION 6 RISK MANAGEMENT PLAN**

### **6.1 RISK OVERVIEW**

A project risk is defined by PMI as an uncertain event or condition that, if it occurs, may have a positive or negative effect on a project’s objectives. Risk management is an ongoing process that is conducted throughout the life of the project. The process begins with identifying, assessing, and developing response plans for significant risks. It continues with regular risk monitoring, ongoing identification of new risks, and timely implementation of mitigation plans.

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

The project team is using a straightforward method that includes the following process steps:

- Identify: Identifying and categorizing project risks;
- Analyze: Assessing and prioritizing the risks;
- Plan: Developing a response strategy and assigning responsibility, so they are manageable;
- Track: Tracking the risks by reviewing them at key project milestones;
- Control: Implementing the defined response strategies as required; and
- Communication: Communicating the risks and strategies on an ongoing basis throughout the life of the project.

Risk management processes address internal risks (those under the control or influence of the project team, such as quality of deliverables, cost, schedule, or technical risks) as well as external risks (those outside the control of the project team such as governmental legislation, weather events, etc.).

### **6.2 ROLES AND RESPONSIBILITIES**

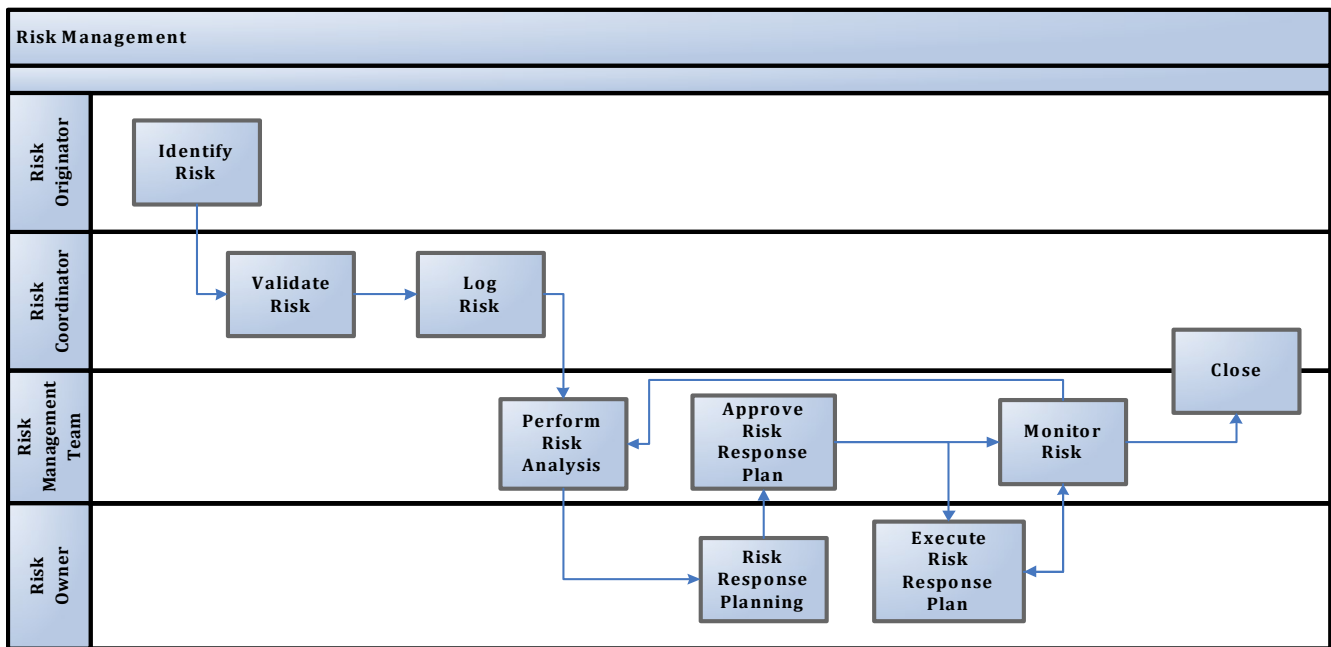
The roles and responsibilities relating to Risk Management are presented in the table below:

Team Role	Team Responsibilities
Risk Originator (anyone)	Identifies risk
Risk Coordinator (PMO)	Validates and registers risk in Risk Log, closes risk
Risk Management Team (RMT) (The DOEA and Vendor Project Management teams or designees)	Performs risk analysis, approves risk response plans, monitors risk and approves closure of risk
Risk Owner (Assigned by Risk Management Team)	Formulates and executes risk response plan

**Table 3: Risk Management Roles and Responsibilities**

### 6.3 RISK PROCESS

The Exhibit below is a graphical representation of the risk management workflow. The exhibit depicts the various processes a risk will proceed through during risk management as well as the identification of the individual or team responsible for the process step.



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

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

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

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

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

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

**Table 4: Risk Management Activities**

## 6.4 RISK IDENTIFICATION

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

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



### 6.4.1 TECHNIQUES FOR RISK IDENTIFICATION

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

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

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

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

### 6.4.2 CATEGORIZING RISKS

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

### 6.4.3 RISK ANALYSIS

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

A qualitative analysis will be performed on each risk. After an initial prioritization, a decision will be made by DOE and vendor PMO teams on whether the risk warrants more detailed analysis using quantitative techniques to further assess the probability and potential impact of the risk event on the project objectives.

A probability value is determined using the likelihood of occurrence, based on analysis by the project management team (PMT). The following table describes the Risk Probability Values.

PROBABILITY	LIKELIHOOD OF OCCURRING
1- Low	Unlikely
3- Medium	Likely
5- High	Very Likely

**Table 5: Risk Probability Values**

An impact value is determined using the guidelines below, based on analysis by the PMT. The table below provides an overview of the Risk Impact Values.

IMPACT	DIMENSIONS TO CONSIDER			
	COST	SCHEDULE	SCOPE	QUALITY
1- Low	Little (<10%) to no impact on Project cost	No or little impact to project schedule	Minor clarification to existing scope	Project quality is not jeopardized
3- Medium	Impact to project costs is less than 20%	Schedule impact is possible	Scope change is noticeable, but not deemed significant	Impact to project quality possible
5- High	Impact to project costs is greater than 20%	Schedule and deliverable due dates will be impacted	Scope change is deemed significant	Impact to project quality very likely

**Table 6: Risk Impact Values**

A Risk Rating is determined by multiplying the probability score by the impact score. The table below provides the products of this exercise for each probability/impact combination:

RISK SCORE		PROBABILITY		
		1- LOW	3- MEDIUM	5- HIGH
IMPACT	1- Low	1	3	5
	3- Medium	3	9	15
	5- High	5	15	25

**Table 7: Risk Rating Scores (Probability x Impact)**

#### 6.4.4 RISK LOG

Project risks are captured using the Risk Log (a component of the RAIDL log) as a collaborative effort between the DOEA and Vendor Project Management teams. The electronic version of this document is maintained by the PMO/Risk Coordinator and is stored in the DOEA SharePoint site. Once the risk is entered into the Log, a unique identifier (Risk item #) is assigned. The Risk Coordinator is responsible for maintaining the Risk Log. Below is a sample of the Risk Log Tab from the Risk, Action Items, Issues, Decisions and Lessons Learned (RAIDL) Log showing the various data elements involved in the process.

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

**Exhibit 4: RAIDL - Risk Log Tab**

Legend:

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

The Risk Log is stored in the eCIRTS SharePoint project repository and access can be made available upon authorized request.

## SECTION 7 ISSUE/ACTION ITEM/DECISION MANAGEMENT PLAN

### 7.1 ISSUE OVERVIEW

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

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

### 7.1.1 ISSUE MANAGEMENT ROLES AND RESPONSIBILITIES

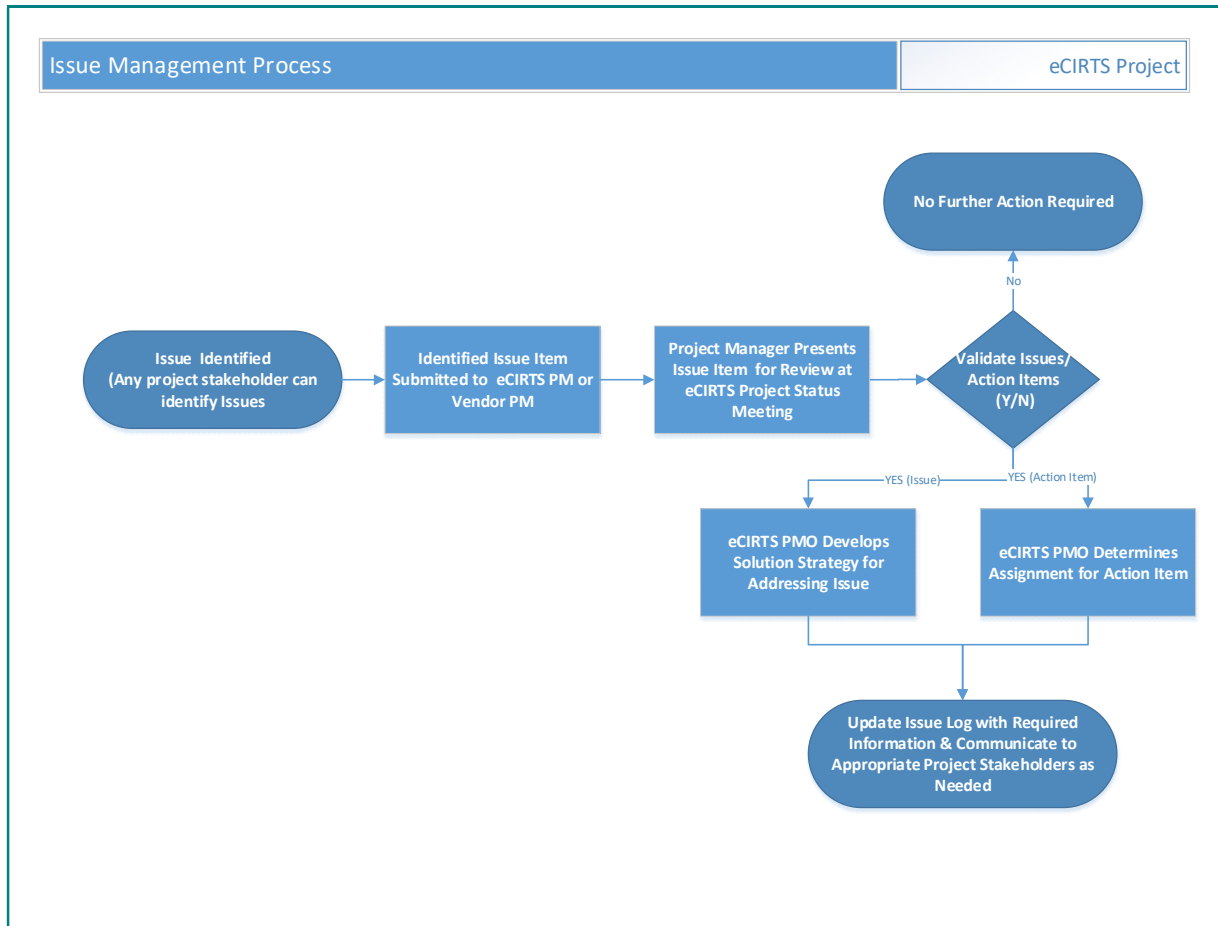
The roles and responsibilities relating to Issues/Action Items Management are presented in the table below:

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

**Table 8: Issue Roles and Responsibilities**

### 7.1.2 ISSUES/ACTION ITEM PROCESS

The first step in creating an effective Issue Management process is defining how the process should work. The Issue high-level workflow process depicted in the Exhibit below shows the various stages of the Issue management process:



**Exhibit 5: Issue Item Management Process**

### 7.1.3 ISSUE ESCALATION PROCESS

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

The five issue escalation levels are shown in the following table:

Level	DOEA Role	Vendor Role
1	Issue Originator	Issue Originator
2	Business Functional Team Lead	Deliverable Team Lead

Level	DOEA Role	Vendor Role
3	Project Manager	Project Manager
4	Project Business Functional Sponsor	Vendor QA
5	Project Sponsor	Vendor Account Manager

**Table 9: Issue Escalation Levels**

#### **7.1.4 IDENTIFY ISSUE**

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

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

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

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

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

#### **7.1.5 PLAN ISSUE**

Once the issue has been documented the Issue will review the Issue and assign responsibility for developing and implementing an Action plan/resolution to an Issue owner. The Issue owner will analyze the Issue and develop an Issue Action plan/resolution describing the activities that must be completed to address the Issue.

#### **7.1.6 MONITORING AND CONTROLLING ISSUES**

This task completes the process and involves implementing the Issue Action plan/resolution, tracking their progress, identifying new Issues, and evaluating the Issue Management process throughout the project life cycle.

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

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

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

### 7.1.7 ISSUE LOG

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

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

**Exhibit 6: RAIDL - Sample Issue Log Tab**

Legend:

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

- **Risk Log Number** – Number assigned in Risk Log
- **Action Log Number** – Number assigned in Action Log
- **Decision Log Number** – Number assigned in Decision Log

The Issue Log is stored in the eCIRTS SharePoint project repository and access can be made available upon authorized request.

## 7.2 ACTION ITEM MANAGEMENT

Disciplined management of Action Items enables a project team to effectively complete Action Items in a timely manner to keep the project on track. A formal Action Item Management process provide the mechanism throughout the life cycle of the project to complete action items in line with project expectations and needs.

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

### 7.2.1 ACTION ITEM LOG

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

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

**Exhibit 7: RAIDL - Sample Action Log Tab**

Legend:

- **Item Number** – Action Item number
- **Action Description** – What is the action item?
- **Priority** – High, Medium, Low
- **Risk Issue Log Number** – Number assigned in Risk Log
- **Date Assigned** – Date Action Item issue was assigned
- **Due date** – Action Item due date
- **Assigned By** – Who is assigning action item?
- **Status** – Open or closed
- **Responsible** – Who is responsible for this Action Item?
- **Accountable** – Who is accountable for this Action Item?
- **Consult** – Who should be consulted with for this Action item?





The Decision Log is stored in the eCIRTS SharePoint project repository and access can be made available upon authorized request.

## **SECTION 8 SCOPE MANAGEMENT PLAN**

### ***8.1 SCOPE MANAGEMENT OVERVIEW***

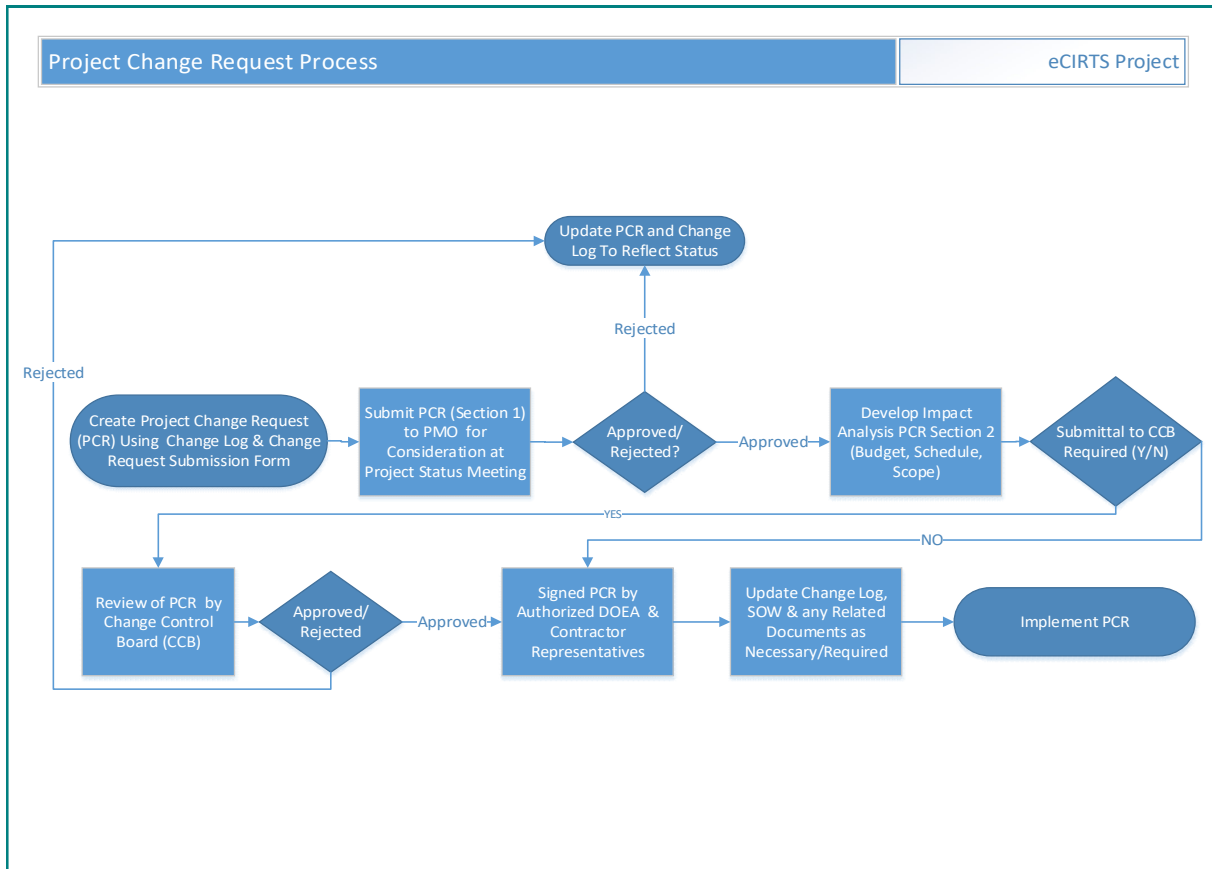
The Scope Management Plan describes how project scope changes are defined, documented, verified, managed, and controlled. During the eCIRTS Project, the scope may change for a variety of reasons. As needs change and as work progresses, additional requirements may emerge such as legislative mandates or changes in rules. It is essential to control and manage these additions and changes effectively and efficiently.

The Scope Management Plan identifies the process used to manage and control the project's scope. The processes needed to manage and control project scope are defined, documented, and communicated to the Project Team so they understand their role in the change control process.

Due to the nature of this project this plan recognizes the need to accommodate maximum flexibility while controlling scope. The DOEA Project Manager will be responsible for notifying the Project Business Functional Sponsor when an assigned task falls outside of the scope defined in the Statement of Work. The DOEA Project Manager will then document the task in the Change Log for historical purposes. The scope of the project will be managed through regular discussions between the management team, the Steering Team Committee, the Change Control Board (CCB) and through the Deliverable Acceptance Criteria (DAC) process. In scope (scope that is considered part of the statement of work) and out of scope (i.e., increase or decrease in the scope of work that is considered outside the statement of work on which a contract is based) will be noted.

### ***8.2 SCOPE CHANGE PROCESS***

The project team must follow a structured process for requesting a change to the scope of the project. The Change Control Board processes used to identify, document, analyze/evaluate, approve/reject, implement, and migrate changes are outlined in the Exhibit below. This process will confirm that changes are appropriately authorized and performed in an orderly and appropriate sequence.



**Exhibit 9: Schedule Management Planning Framework**

### 8.3 CHANGE CONTROL BOARD

The Change Control Board (CCB) refers to the group of individuals within the eCIRTS project team who are responsible for making the ultimate decision as to when and if any changes are to be made regarding work products or schedule events. The process in which the CCB determines when and if a series of changes should be made is twofold. First, the CCB must review and study the impact of the proposed changes on the items in question, and then, after making that evaluation, the CCB can then either approve the changes, reject the changes, or, in some cases, request more information or postpone the decision pending some other occurrences to take place that would factor into their ultimate choice. Significant changes that will in fact affect baselines (Budget, Schedule, Objectives) will go through the CCB for approval.

#### 8.3.1 CCB COMPOSITION

The CCB will be convened as needed to address pending requests. The CCB is comprised of the project team members responsible for reviewing and providing final decisions on submitted change requests. The CCB will consist of the following eCIRTS project team roles.

- Project Sponsor;
- Business Functional Sponsor;
- DOEA Chief Information Officer;
- DOEA Contract Manager;

- DOEA Project Manager;
- Vendor Project Manager;
- Vendor Account Manager and Quality Analyst; and
- Other relevant project team members as needed for subject matter expertise.

### 8.3.2 CCB RESPONSIBILITIES

The CCB responsibilities include:

- Documenting the source of each change and associated requirement as well as the rationale for any change;
- Documenting the requirements in sufficient detail to allow for a clear understanding of the need;
- Maintaining the requirements change history with the rationale for the changes;
- Assigning change requests for further analysis;
- Evaluating the impact of requirements changes from the standpoint of relevant stakeholders;
- Reviewing change requests outcomes and recommendations and providing final decisions on submitted change requests;
- Making the requirements and change data available to the project; and
- Prioritizing submitted change requests.

### 8.4 SCOPE CHANGE LOG

eCIRTS Project Scope changes require a formal change request and all formal change requests must be tracked (see Exhibit below) using the eCIRTS Project Scope Log. Once a change request is identified, it is entered into the Scope Change Log in the eCIRTS project library. Change requests are reviewed as part of the project status report meeting. Minor changes (i.e., no negative impact on cost, critical path, or final quality of solution) can be approved by the PMO and Contract Manager while major changes must be referred to the Executive Sponsor and/or the IT Governance Team. The Scope Change Log is stored in the eCIRTS SharePoint project repository and access can be made upon authorized request.

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

**Exhibit 10: Change Order Log**

Legend:

- **Item #** – a unique sequence number assigned to each Change Item.
- **Change Description** – a narrative of the nature of the request and intended results.
- **Date Identified** – date the change request was submitted to the PM team.
- **Identified by** – name of the team member that originated the request.

- **Priority** – an assessment of the importance or urgency of the change request.
- **Impacts** – a description of all potential and realized impacts of the requested change, including but not limited to schedule impact, cost, resources, contract terms and conditions, and so forth.
- **Status** – an indicator of the stage at which the change request is being handled through the process.

## SECTION 9 PROJECT IMPLEMENTATION PLAN

### 9.1 PROJECT LIFE CYCLE OVERVIEW

The following describes in detail each of the five project management processes – *Initiation, Planning, Execution, Monitoring & Controlling, and Closing* – as they relate to the eCIRTS Project.

#### 9.1.1 INITIATION

The PMO team has developed a project management structure and supporting processes that best fit the goals of the project and aligns with DOEA's culture and practices.

The eCIRTS PMO developed the eCIRTS Project Charter, which was approved by the eCIRTS Executive Project Sponsor. The Project Charter authorizes the project and provides a statement of the project's intended scope, goals, objectives, outcomes, and participants. It provides a preliminary delineation of roles and responsibilities, outlines the project objectives, identifies the main stakeholders, and defines the authority of the project manager.

#### 9.1.2 PLANNING

The Project Management Plan (PMP) and supporting Management Plans add the detail necessary for day-to-day task execution and management efficiency. The eCIRTS PMP was completed by the eCIRTS PMO with input and collaboration from key stakeholders. The team approach helps to ensure a further alignment to the project objectives and buy-in from management and stakeholders. The PMP will be reviewed with the selected DDI vendor at the inception of Phase III and will be updated as necessary.

The following summarizes the detailed activities of Project Planning that will assist in the effective management of the project:

- Project Management Plan and Supporting Management Plans (e.g., Communications Plan)
- Schedule and Resource Planning
- Scope Planning
- Stakeholder Analysis
- Project Governance

#### 9.1.3 PROJECT EXECUTION

Using the approved PMP, the PMO Team will begin execution and management of the project. The Project Execution process and the Project Monitoring and Control process work together iteratively and perpetually until Project Closure. The execution process deals with implementing and managing the project based on the PMP.

Successful project management through execution is a function of a good plan that has been thoroughly developed and vetted and the time-tested experience of the team on similar projects. The experience and

expert judgment of the team, combined with effective project governance, will help ensure the project stays on track and delivers value to the organization.

Effective communication is a key critical success factor for any project. Upward communications from the eCIRTS PMO to key stakeholders and the governance organization are essential for providing up-to-date and accurate project status reports, providing accurate and best-judgment risk and issue assessments, and actively managing expectations. Effective downward communications to the team are essential in building a teamwork culture, communicating expectations, and supporting personnel development.

#### **9.1.4 MONITORING AND CONTROLLING**

Project Monitoring and Controlling includes managing, tracking, and reporting all elements built into the PMP. This process ensures the appropriate consumption of resources (people, costs, and materials) in accordance with the plan. The Project Monitoring and Controlling processes are performed throughout the project until the project is complete and ready to close. Elements of Monitoring and Controlling include:

- Schedule Management
- Variance Analysis
- Schedule Control
- Scope Change Control
- Cost Control
- Resource Management
- Risk Monitoring and Control
- Integrated Change Control
- Status Reporting

#### **9.1.5 CLOSING**

Project Closing includes several important activities to bring the project to an orderly conclusion. This includes reviewing the key deliverables, gaining stakeholder agreement that planned objectives have been met, archiving project documentation and artifacts and conducting a review of the lessons learned (i.e., any useful information or experience gained through the course of the project that can be applied to a later phase or project activity).

Project Closing includes an overall assessment of project performance to evaluate the success of the Project against original objectives and scope including approved change requests. This also includes an assessment of team member performance and the development observed during the project. Finally, since the Project involves change to the organization including business process, technology and people, this final assessment will identify any outstanding issues to ensure total organizational transition to the change.

## **9.2 SYSTEM DEVELOPMENT LIFECYCLE OVERVIEW**

An industry standard system development lifecycle (SDLC) is defined in the following sections and includes, Plan and Assess, Design, Develop, Test, Implement and Post-Implementation phases. Each of these phases are broken down into domains, which define the key activities and project team responsibilities.

**Note:** The final implementation approach will be defined during the procurement process and to a large degree on the chosen solution. The Department will ensure whatever solution is chosen that the system integrator follows an industry standard best practices for implementation.

There are five implementation phases performed for each release lifecycle:

- *Plan and Assess* – planning and preparation to ease design ramp-up;
- *Design* – validate requirements, identify gaps, design processes, and solidify scope;
- *Develop* – build/configure the designed solution;
- *Test* – test the designed solution;
- *Implementation* – end-user education, user acceptance, and migration activities; and
- *Post-Implementation* – transition from project mode into a live, supported production operation.

The tasks in these phases are assigned to five basic domains (project teams).

- *Project Management* – address return on sponsor investment for the project;
- *People* – facilitate effective and efficient transition to the new business model;
- *Process* – address business requirements and benefits;
- *Information* – facilitate data strategy, data governance, and migration strategy; and
- *Technology* – facilitate information quality and integrity, integrate task and solution dependencies; across domains and project phases, and deliver objects that address specifications and coding quality standards and management of appropriate application architecture and technical infrastructure.

### 9.2.1 PLAN AND ASSESS

The Plan and Assess Phase will consist of learning new information and developing a common understanding of DOEA dynamic business environment. Additionally, it is anticipated that scope refinement and consequent recalibration will be required once the process tasks are concluded in the Plan and Assess Phase. This will allow for more informed and effective planning of the work effort required to execute the Develop Phase. Any material change affecting scope, critical milestones, and/or resources will be assessed, documented, and agreed upon using the Change Control Process and will be incorporated into the relevant phase-based detailed plans once agreed by both the vendor and DOEA.

The objective of the Plan and Assess Phase is to provide detailed initial project planning and preparation for the implementation of the eCIRTS project. It is during this phase that detailed planning and scoping is conducted, strategies are defined, and resources are on-boarded. The detailed project schedule will define and clarify vendor and DOEA activities, dependencies, responsibilities, estimated effort.

The table below lists examples of activities and responsibilities for the Plan and Assess Phase. At the beginning of each release, the eCIRTS PMO team (DOEA and vendors) will determine the milestones, deliverables and activities needed – and update the Master Project Schedule accordingly.

CATEGORY	ACTIVITIES	DELIVERABLES
Project Management	<ul style="list-style-type: none"> <li>▪ Finalize Project Milestone Plan for upcoming release</li> <li>▪ Confirm baseline scope from the Statement of Work (SOW) for design (Gap/Fit)</li> <li>▪ Finalize extended project team roles and responsibilities</li> <li>▪ Define project management procedures</li> <li>▪ Resource and operationalize governance for project management procedures</li> <li>▪ Confirm Project Tools Strategy</li> <li>▪ Finalize detailed plan for Design Phase</li> <li>▪ Review Project Charter</li> <li>▪ Update Project Management Plan</li> <li>▪ Update Communication Plan</li> <li>▪ Update project Schedule</li> <li>▪ Update OCM Plan</li> <li>▪ Conduct Project Kickoff</li> <li>▪ Define structures to communicate, manage and escalate issues</li> <li>▪ Risk, mitigation, containment, and contingency planning</li> </ul>	<ul style="list-style-type: none"> <li>▪ High-Level Project Milestone Schedule</li> <li>▪ Scope Baseline Document</li> <li>▪ Project Team Organization Structure</li> <li>▪ Project Management Plan</li> <li>▪ Project Schedule</li> <li>▪ Project Management Governance Structure</li> <li>▪ Tools Strategy</li> <li>▪ Design Phase Project Plan</li> <li>▪ Project Kickoff Presentation</li> <li>▪ Issue Log</li> <li>▪ Risk Log</li> </ul>
People	<ul style="list-style-type: none"> <li>▪ Determine Project Team Training Plan</li> <li>▪ Confirm Organizational Change Strategy</li> <li>▪ Confirm Communication Strategy</li> <li>▪ Confirm End-User Education Strategy including technology requirements</li> <li>▪ Conduct Initial Stakeholder Assessment to confirm Project objectives</li> </ul>	<ul style="list-style-type: none"> <li>▪ Project Team Training Plan</li> <li>▪ Organizational Change Strategy</li> <li>▪ Communication Strategy</li> <li>▪ End-User Education Strategy</li> <li>▪ Stakeholder Assessment (Initial)</li> </ul>
Process	<ul style="list-style-type: none"> <li>▪ Collect and review existing project-related materials</li> </ul>	<ul style="list-style-type: none"> <li>▪ Project Input Documentation</li> </ul>
Information	<ul style="list-style-type: none"> <li>▪ Confirm Data Security and Privacy Plan</li> <li>▪ Confirm Reporting Strategy</li> <li>▪ Confirm Data Migration Strategy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data Security and Privacy Plan</li> <li>▪ Reporting Strategy</li> <li>▪ Data Migration Strategy</li> </ul>
Technology	<ul style="list-style-type: none"> <li>▪ Confirm Project Documentation Standards and Templates</li> <li>▪ Confirm Development Standards and Procedures</li> <li>▪ Confirm Configuration Strategy</li> <li>▪ Confirm Testing Strategy</li> <li>▪ Confirm Technical Infrastructure Strategy (If applicable)</li> <li>▪ Define Legacy System Change Strategy</li> <li>▪ Install Enterprise System Sandbox System (Dev/Test environments)</li> <li>▪ Conduct Plan and Assess Phase Gate Review</li> </ul>	<ul style="list-style-type: none"> <li>▪ Project Documentation Standards and Templates</li> <li>▪ Development Standards and Procedures</li> <li>▪ Configuration Strategy</li> <li>▪ Testing Strategy</li> <li>▪ System Landscape Strategy</li> <li>▪ Legacy System Change Strategy</li> <li>▪ Sandbox System</li> <li>▪ Project Preparation Gate Review Package</li> </ul>

**Table 10: Plan and Assess Phase Activities and Deliverables**



### 9.2.2 DESIGN

The objective of the Design Phase is to create a detailed description of DOEA’s business requirements, to define the technical requirements to enable those business functions within the eCIRTS, and to develop and begin implementing an approach to manage the impacts to the organization. This phase also covers the creation of the system technical design, definition of required development work, and the establishment of a system that is ready for configuration and application development.

The table below includes examples of activities and responsibilities for the Design Phase. The eCIRTS PMO team (DOEA and Vendor) will determine the milestones, deliverables and activities needed – and update the Master Project Schedule accordingly.

CATEGORY	ACTIVITIES	DELIVERABLES
Project Management	<ul style="list-style-type: none"> <li>▪ Finalize scope for realization</li> <li>▪ Manage and escalate issues</li> <li>▪ Define Risks, Mitigations, Containment, or Contingency Plans as each Issue is identified</li> <li>▪ Finalize detailed Project Plan for Implementation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Finalized Scope document</li> <li>▪ Issue Log</li> <li>▪ Risk Log</li> <li>▪ Develop Phase Project Plan</li> </ul>
People	<ul style="list-style-type: none"> <li>▪ Conduct Stakeholder Analysis</li> <li>▪ Define Organizational Design</li> <li>▪ Develop Value Realization Action Plan</li> <li>▪ Define Knowledge Transfer Monitoring Plan</li> <li>▪ Determine user roles</li> <li>▪ Determine jobs</li> <li>▪ Conduct end-user education needs assessment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stakeholder Analysis</li> <li>▪ Communication Plan</li> <li>▪ Organizational Change Management Plan and Risk/Impact Assessment</li> <li>▪ Value Realization Action Plan</li> <li>▪ Knowledge Transfer Monitoring Plan</li> <li>▪ User Roles Definition</li> <li>▪ Job Definition Documents</li> <li>▪ End-User Education Needs Assessment</li> </ul>
Process	<ul style="list-style-type: none"> <li>▪ Create Business Process Master List</li> <li>▪ Prepare design workshop materials</li> <li>▪ Conduct design workshops and gather requirements</li> <li>▪ Develop enterprise system organizational structures</li> <li>▪ Design automated and manual controls</li> <li>▪ Identify functionality gaps</li> <li>▪ Define processes</li> <li>▪ Initialize custom development object definitions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Business Process Hierarchy (BPH)</li> <li>▪ Design Workshop Presentation Materials</li> <li>▪ Requirements Traceability Matrix</li> <li>▪ Configuration Rationale Specification for Enterprise System Organizational Structures</li> <li>▪ Business Controls Document</li> <li>▪ Prioritized Gap Analysis</li> <li>▪ Process Definition Documents</li> <li>▪ Custom Development Definition Documents (Initial)</li> </ul>
Information	<ul style="list-style-type: none"> <li>▪ Document master data requirements</li> </ul>	<ul style="list-style-type: none"> <li>▪ Master Data Requirements</li> </ul>

CATEGORY	ACTIVITIES	DELIVERABLES
Technology	<ul style="list-style-type: none"> <li>▪ Conduct enterprise system hierarchy workshops</li> <li>▪ Document general settings requirements (number ranges, etc.)</li> <li>▪ Oversee project tools installation and training of project team users</li> <li>▪ Install development environment(s)</li> <li>▪ Perform gap analysis</li> <li>▪ Define disaster recovery and high availability requirements</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hierarchy Workshop Presentation Materials</li> <li>▪ Configuration Rationale; Specification for General Settings, such as Number Ranges</li> <li>▪ Installed Tools Ready for Trained Users</li> <li>▪ Development System</li> <li>▪ Gap Analysis</li> <li>▪ Technical Design Document</li> <li>▪ Design Gate Review Package</li> </ul>

**Table 11: Design Phase Activities and Deliverables**

### 9.2.3 DEVELOP

The objectives of the Develop Phase are to build/configure the system, conduct data migrations, and start preparing the organization for the impact of the changes. Building is comprised of configuring the system and creating development objects to address the specifications documented in the Design Phase. In parallel, data conversion cycles are practiced with incremental target increases in volume and accuracy.

Following wave schedule update, the eCIRTS PMO team (DOEA and vendors) will determine the milestones, deliverables and activities needed and update the Master Project Schedule accordingly. The plans for most of the key Develop Phase activities are driven from the strategies that are agreed upon in the Design Phase.

The table below lists examples of activities and responsibilities for the Develop Phase:

CATEGORY	ACTIVITIES	DELIVERABLES
Project Management	<ul style="list-style-type: none"> <li>▪ Define short-term production support strategy</li> <li>▪ Manage and escalate issues</li> <li>▪ Define risks, mitigations, containment, or contingency plans as issues are identified</li> <li>▪ Finalize detailed project plans for final Preparation Phase</li> </ul>	<ul style="list-style-type: none"> <li>▪ Short-Term Production Support Strategy</li> <li>▪ Issue Log</li> <li>▪ Risk Log</li> <li>▪ Final Preparation Phase Project Plan</li> </ul>
People	<ul style="list-style-type: none"> <li>▪ Consolidate user roles</li> <li>▪ Develop end-user education content</li> <li>▪ Define post go-live, ongoing education strategy</li> <li>▪ Update Company Policies and Procedures and create a gap analysis</li> <li>▪ Transfer knowledge</li> </ul>	<ul style="list-style-type: none"> <li>▪ User Role Matrix</li> <li>▪ End-User Education Content</li> <li>▪ Ongoing Education Strategy</li> <li>▪ Updated Company Policies and Procedures</li> <li>▪ Executed Knowledge Transfer Plan</li> </ul>

CATEGORY	ACTIVITIES	DELIVERABLES
Process	<ul style="list-style-type: none"> <li>▪ Finalize detailed custom development definitions</li> <li>▪ Confirm baseline configuration</li> <li>▪ Confirm final configuration</li> <li>▪ Cleanse and prepare legacy data</li> <li>▪ Unit test custom development functionality</li> <li>▪ Create functional unit test plans</li> <li>▪ Document business process procedures</li> <li>▪ Conduct functional unit tests</li> <li>▪ Design automated and manual controls</li> <li>▪ Create user acceptance test plans</li> </ul>	<ul style="list-style-type: none"> <li>▪ Detailed Custom Development Definitions (Final)</li> <li>▪ Configuration Rationale Specification for Baseline Configuration Scope</li> <li>▪ Configuration Rationale Specification for Final Configuration Scope</li> <li>▪ Clean Data</li> <li>▪ Functionally Tested Custom Development Objects</li> <li>▪ Functional Unit Test Plan</li> <li>▪ Business Process Procedures</li> <li>▪ Tested Development System</li> <li>▪ Control Requirements Form</li> <li>▪ User Acceptance Test Plan</li> </ul>
Information	<ul style="list-style-type: none"> <li>▪ Create Data Migration Plans including data cleansing and data validation oversight</li> <li>▪ Execute dry run data migration including data cleansing and data validation oversight</li> </ul>	<ul style="list-style-type: none"> <li>▪ Initial Data Migration Plan</li> <li>▪ Data Migration Plan</li> </ul>
Technology	<ul style="list-style-type: none"> <li>▪ Create custom development Technical Specifications</li> <li>▪ Develop and technically unit test custom development objects</li> <li>▪ Define Authorization Management Procedures and define organizational values and restrictions</li> <li>▪ Create Integration Test Plan</li> <li>▪ Integration test scripting</li> <li>▪ Install quality assurance environment(s)</li> <li>▪ Create Performance Test Plan</li> <li>▪ Conduct Test Readiness Gate Review</li> <li>▪ Install training-related systems including learning management system, training sandbox and document repository</li> <li>▪ Create batch jobs</li> <li>▪ Create Batch Schedule Master</li> <li>▪ Compile the Cutover Plan</li> <li>▪ Conduct systems integration test</li> <li>▪ Install mock cutover environments</li> <li>▪ Deploy site infrastructure</li> <li>▪ Conduct Development Phase gate review</li> </ul>	<ul style="list-style-type: none"> <li>▪ Custom Development Technical Specifications</li> <li>▪ Custom Development Code</li> <li>▪ Authorization Management Procedure</li> <li>▪ Integration Test Plan</li> <li>▪ Integration Test Scripts</li> <li>▪ Quality Assurance System</li> <li>▪ Performance Test Plan</li> <li>▪ Test Readiness Gate Review Package</li> <li>▪ Training-Related Systems</li> <li>▪ Batch Job Form</li> <li>▪ Batch Schedule</li> <li>▪ Cutover Manual Including Cutover Plan</li> <li>▪ Tested Quality Assurance System</li> <li>▪ Production System</li> <li>▪ Site Infrastructure Deployment</li> <li>▪ Develop Phase Gate Review Package</li> </ul>

**Table 12: Develop Phase Activities and Deliverables**

### 9.2.4 TEST

The objective of the Test Phase is to evaluate the system’s technical and functional compliance with specified requirements. The System Integrator will be responsible for developing and executing a Test

Management Plan appropriate for the solution and testing the system per the approved Test Management Plan.

Testing comprises the following general types:

- Unit – Self-contained, component-level functional testing of configuration and development
- Integration – Process oriented testing of end-to-end business functions
- User Acceptance – Process-oriented testing of end-to-end business functions performed by client end users
- User Experience – Non-technical testing designed to assess the system’s usability for client end-users
- System – Technical production system readiness testing
- Security – Security access testing, including negative testing
- Regression – testing to uncover new defects that may be generated due to changes or updates to the system

The testing will include the evaluation of the system and system data to ensure the availability and quality of required functionality and information and to detect any system defects.

The following defines the severity level categorization for testing defects:

SEVERITY LEVEL	DESCRIPTION	EXAMPLE
1	System Failure. No further processing is possible	Complete lack of system availability, results, functionality, performance, or usability
2	Unable to proceed with selected functionality or dependents	System unavailable, key component unavailable, or functionality incorrect and workarounds are not available
3	Restricted functional capability; however, processing can continue	Non-critical component unavailable or functionally incorrect and workaround is available
4	Minor cosmetic change	Usability errors where screen or report errors do not materially affect quality and correctness of function, intended use, or results

**Table 13: Defect Severity Levels**

Once defects are remediated and re-tested, the test is considered complete when no Severity 1 or 2 defects remain and a disposition plan is in place for Severity 3 and 4 defects.

### 9.2.5 IMPLEMENTATION

The objective of the Implementation Phase is to prepare systems, processes, and people for the rollout and subsequent operationalization of the new system. The implementation will include the activities supporting the Go/No-Go decision around system Go-Live as well as operational readiness preparation such as internal and external communications, and training. The overall purpose of implementation is to successfully move the system to production while ensuring that the department and its stakeholders receive the maximum benefits from the eCIRTS Project.

Implementation has been broken into two basic sub-phases: the steps needed to prepare for implementation and the steps needed to perform the implementation (often referred to as Go-Live).

### 9.2.6 IMPLEMENTATION - PREPARATION

The objective of Preparation is to verify readiness for production (Go-Live), including user acceptance, end-user training, site preparation, system project management, and cutover activities. Preparation serves as a last opportunity to address crucial open issues before Go-Live is reached.

The table below lists examples of activities and responsibilities needed to prepare for implementation. At the beginning of each release, the eCIRTS PMO team (DOEA and vendors) will determine the milestones, deliverables and activities needed and update the Master Project Schedule accordingly.

CATEGORY	ACTIVITIES	DELIVERABLES
Project Management	<ul style="list-style-type: none"> <li>▪ Manage and escalate issues</li> <li>▪ Define Risks, Mitigations, Containment, or Contingency Plans</li> <li>▪ Define help desk procedures</li> <li>▪ Create detailed plan for Go-Live and Post-Implementation Phase</li> </ul>	<ul style="list-style-type: none"> <li>▪ Issue Log</li> <li>▪ Risk Log</li> <li>▪ Action Items Log</li> <li>▪ Implementation Checklist for Go-Live</li> <li>▪ Help Desk Procedures</li> <li>▪ Go-Live and Post-Implementation Phase Project Plan</li> </ul>
People	<ul style="list-style-type: none"> <li>▪ Update Value Realization Action Plan</li> <li>▪ Deliver End-User Education</li> <li>▪ Conduct End-User Education Assessments</li> <li>▪ Define Business Continuity Plan</li> <li>▪ Define Go-Live Criteria</li> <li>▪ Obtain approval for cutover</li> </ul>	<ul style="list-style-type: none"> <li>▪ Updated Value Realization Action Plan</li> <li>▪ End-User Training Assessments</li> <li>▪ Business Continuity Plan</li> <li>▪ Go-Live Checklist</li> <li>▪ Approved Go-Live Checklist</li> </ul>
Process	<ul style="list-style-type: none"> <li>▪ Perform data reconciliations and obtain signoffs</li> <li>▪ Conduct user acceptance testing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data Validation Signoff</li> <li>▪ User Acceptance Signoff</li> </ul>
Information	<ul style="list-style-type: none"> <li>▪ Execute and refine data migration plan including data cleansing and data validation oversight</li> </ul>	<ul style="list-style-type: none"> <li>▪ Finalized Data Migration Plan</li> <li>▪ Finalized Go-Live Playbook, documenting a detailed step-by-step process to complete production implementation and the party responsible for each step</li> </ul>
Technology	<ul style="list-style-type: none"> <li>▪ Conduct performance test</li> <li>▪ Tune Enterprise System System(s)</li> <li>▪ Conduct Systems Management tests</li> <li>▪ Execute and refine the Cutover Plan</li> <li>▪ Assess archiving needs</li> <li>▪ Build live production System</li> <li>▪ Rehabilitate or retire Legacy Systems</li> </ul>	<ul style="list-style-type: none"> <li>▪ Performance Tested Systems</li> <li>▪ Tuned Enterprise System System(s)</li> <li>▪ Technical System Test Results</li> <li>▪ Final Frozen Cutover Manual and Cutover Plan</li> <li>▪ Archiving Needs Assessment</li> <li>▪ Production System</li> <li>▪ Modified Legacy Systems</li> </ul>

**Table 14: Implementation - Preparation Activities and Deliverables**

**9.2.7 IMPLEMENTATION - GO-LIVE**

After all the necessary implementation preparation steps have been completed (e.g., user training, data cleansing, etc.), implementation Go-Live tasks are used to transition the user community from the legacy applications to the new enterprise solution. Go-Live is the process of moving from a pre-production environment to a live-production environment, and the beginning of transition of the production application to the support organization.

The table below lists examples of activities and responsibilities for Implementation Go-Live. At the beginning of each release, the eCIRTS PMO team (DOEA and vendors) will determine the milestones, deliverables and activities needed and update the Master Project Schedule accordingly.

CATEGORY	ACTIVITIES	DELIVERABLES
Project Management	<ul style="list-style-type: none"> <li>▪ Provide short-term production support</li> <li>▪ Manage and escalate issues</li> <li>▪ Define Risks, Mitigations, Containment, or Contingency Plans</li> <li>▪ Stabilize the Go-Live and verify live business process results</li> <li>▪ Document Project signoff and closure</li> </ul>	<ul style="list-style-type: none"> <li>▪ Executed Center of Excellence Knowledge Transfer Checklist</li> <li>▪ Issue Log</li> <li>▪ Risk Log</li> <li>▪ Stabilized System</li> <li>▪ Project Closeout Report</li> </ul>
People	<ul style="list-style-type: none"> <li>▪ Develop and track Value Realization Measures</li> <li>▪ Evaluate effectiveness of End-User Education</li> <li>▪ Create ongoing education plan from ongoing education strategy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Value Realization Analysis</li> <li>▪ End-User Education Effectiveness Report</li> <li>▪ Ongoing Training Plan</li> </ul>
Process	<ul style="list-style-type: none"> <li>▪ Execute the Go-Live Playbook</li> </ul>	<ul style="list-style-type: none"> <li>▪ Go-Live Playbook Status Report</li> </ul>
Information	<ul style="list-style-type: none"> <li>▪ Document implementation progress, problems, corrective actions, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Post-Implementation Status Report documenting the success of the implementation activities</li> </ul>
Technology	<ul style="list-style-type: none"> <li>▪ Cutover to Production System</li> <li>▪ Perform a controls and security post implementation assessment</li> <li>▪ Create Upgrade / Enhancement Strategy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Executed Cutover Plan</li> <li>▪ Controls and Security Post Implementation Assessment</li> <li>▪ Upgrade / Enhancement Strategy</li> </ul>

**Table 15: Implementation - Go-Live Activities and Deliverables**

The Systems Integrator will provide production support assistance during Go-Live and sustainment to help facilitate an effective and orderly transition for ongoing production support to the long-term support organization.

The table below lists Systems Integrator activities that will occur in addition to the activities and responsibilities managed under Project Management, People, Process, Information, and Technology during the Implementation Phase.

CATEGORY	ACTIVITIES
Systems Integration	<ul style="list-style-type: none"> <li>▪ Provide heightened production support assistance during the Go-Live support for one month after Go-Live</li> <li>▪ Participate in preparing daily reports on incidents and resolution progress on high-priority issues</li> <li>▪ Transfer incremental knowledge related to the eCIRTS Project to the support organization</li> <li>▪ Act as issue support group for DOEA Support Desk with respect to implementation issues and problems</li> <li>▪ Provide a period of post-implementation support</li> </ul>

**Table 16: Systems Integrator Activities**

### 9.2.8 POST-IMPLEMENTATION

Post-Implementation efforts are necessary to ensure that gains are maintained and adoption is confirmed. Ongoing performance of actions in keeping with the direction agreed to at the end of each event is necessary to form a foundation for future improvements. The Post-Implementation initiative will involve the routine completion of simple audit checklists based on a systematic review of actions completed and a regular walk-through of the processes completed every other month to confirm adherence to the guidelines and goals that govern the project. Activities may include:

- Maintain audit calendar
- Conduct audits
- Prescribe corrective actions

As the system is implemented, the organization will see opportunities for optimizing the implementation of the new system. To take advantage of these process improvements the eCIRTS PMO will develop a plan to implement the following:

- Creating formal documentation
- Training of staff on revised process
- Revising procedures and creating
- Communicating results and benefits to employees in the affected area
- Engaging the Finance function to calculate benefits
- Monitoring gains on local Key Performance Indicators (KPIs)
- Developing audit criteria for future use

### 9.2.9 OVERALL PROJECT ACTIVITIES

Supplementary to the defined release phases and activities, there are additional, overall tasks. These tasks have shared responsibility between the vendor and DOEA that continue throughout the lifecycle of the project. At the beginning of each release, the eCIRTS PMO team (DOEA and vendors) will determine the milestones, deliverables and activities needed and update the Master Project Schedule accordingly. Examples are described in the table below:

CATEGORY	ACTIVITIES
Project Management	<ul style="list-style-type: none"> <li>▪ Overall execution of project</li> <li>▪ Perform project tracking and reporting</li> <li>▪ Secure and manage project resources including extended project resources, stakeholders, impacted and third parties</li> <li>▪ Oversee contractual responsibilities</li> <li>▪ Administer project change control procedures</li> <li>▪ Govern project standards and procedures</li> </ul>
Process	<ul style="list-style-type: none"> <li>▪ Oversee business analysis activities</li> </ul>
People	<ul style="list-style-type: none"> <li>▪ Maintain both internal and external project communications</li> <li>▪ Monitor end-user learning and adoption</li> </ul>
Technology	<ul style="list-style-type: none"> <li>▪ Manage technology and information strategy, analysis, and quality</li> </ul>
Information	<ul style="list-style-type: none"> <li>▪ Monitor and ensure data security, quality, integrity, and availability</li> </ul>

**Table 17: Overall Project Activities**

## SECTION 10 SCHEDULE MANAGEMENT PLAN

### 10.1 SCHEDULE MANAGEMENT OVERVIEW

Schedule management encompasses the policies, procedures, and documentation for planning, developing, managing, executing, and controlling the timely completion of the project.

The Schedule Management Plan:

- Describes the eCIRTS Project's process for preparation and maintenance of the comprehensive Master Project Schedule;
- Incorporates any subordinate or lower-level schedules as required;
- Includes activities performed by the eCIRTS Project personnel team and vendor;
- Identifies processes to monitor actual project progress against the baseline Master Project Schedule; and
- Tracks the schedule against any formal changes to the plan.

The eCIRTS Master Project Schedule (MPS) integrates all tasks and their required attributes from each project team (Department and Vendor). Each project work stream will appoint a schedule coordinator whose schedule management responsibility is to work directly with the PMO (PMO Schedule Manager) to facilitate the bidirectional communications and any collaboration required for maintaining the MPS and keeping the project completion on time.

The following section outlines the high-level critical tasks of the Project's schedule management approach and the key metrics that will be used to measure the Project's schedule performance.

The exhibit below lists the Schedule Management Processes as defined in PMBOK®:





## **Exhibit 11: Schedule Management Processes**

### ***10.2 WORK BREAKDOWN STRUCTURE***

Project schedule development begins with the definition of the products and services, or “deliverables” that make up the project. This is accomplished through a Work Breakdown Structure (WBS). The WBS is a hierarchical view of the products and services (including Project Management and oversight work) that are included in the Project. The WBS allows for the accumulation and summarization of schedule data necessary to track project progress and provides a view into the project showing what work the project encompasses which helps to communicate the work and processes simply and straightforwardly required to successfully execute the project.

The WBS currently reflects work products/deliverables slated for development through June 30, 2018 as this represents the second phase of a multi-phased project and the Project Management Office will use the rolling wave planning concept throughout the course of the project. With rolling wave planning, the WBS will be iteratively developed and further extended as key milestones are reached and phases are completed.

### ***10.3 MASTER PROJECT SCHEDULE DEVELOPMENT***

The project schedule decomposes the project’s WBS into distinct activities. These activities are sequenced and assigned resources, durations, and dependencies to reflect known constraints as of the issue date of this document. The schedule will be progressively elaborated, refining, and expanding as appropriate as future priorities and dependencies become clear.

Schedule development for a longer-term effort such as the eCIRTS Project can be complex as there are many unknowns when working within an extended time horizon. Therefore, the schedule will be iteratively developed leveraging rolling wave planning techniques in managing the schedule throughout the project’s lifecycle. Specifically, we will progressively elaborate the schedule, refining, and expanding as appropriate when future priorities and dependencies become clear. The schedule’s progressive elaboration is dependent on the refinement and expansion of the WBS discussed above.

To manage both the initial and future schedule iterations, the PMO will continuously monitor and track any changes to the schedule. Should any variances be identified, a root cause analysis will be performed to determine the reason for the variance and corrective actions developed to increase the likelihood that the project remains on track.

A detailed project schedule has been developed using Microsoft Project that defines all the major activities, milestones, resources and resulting work products associated with the project. The initial schedule takes into consideration business drivers, priorities and dependencies that impact milestone dates. The baselined master project schedule is included as an attachment to this document (see eCIRTS Master Project Schedule). The master project schedule will be used to report on project progress and prioritize efforts. Should there be any changes to scope, or significant changes to planned dates, The PMO will coordinate with the DOEA Contract Manager to determine root cause and perform a schedule re-baseline as appropriate.

## 10.4 SCHEDULE MANAGEMENT

Project Schedule Management for the eCIRTS project involves identifying the work stream activities to be included in the Project. The products and services to be provided by work stream leads are:

- Developing activity schedules;
- Assigning resources for these projects;
- Integrating the schedules into the RMPS; and
- Executing and managing these work streams per the Schedule Management Plan.

This plan identifies the approach and guidelines for defining work breakdown structures, activities, and resource requirements that are common among all eCIRTS work streams. By sharing the same approach and, tools, the ability to coordinate and exchange information between work streams is greatly improved.

The sub-sections below review the key scheduling components and how they are being implemented on the eCIRTS Project. They establish a framework for how eCIRTS Schedule Coordinators will interact with each other and the eCIRTS Schedule Coordinator/eCIRTS PMO to ensure schedules are developed and maintained as consistently as possible.

The schedule management approach is based on the PMBOK® project planning framework. The following exhibit provides an overview of the Schedule Management Planning processes:



**Exhibit 12: Schedule Management Planning Framework**

## 10.5 KEY ACTIVITIES

The following table lists the activities required as part of Schedule Management Plan. To achieve the results expected from this plan, the project team must implement each of these activities into their regular (daily, weekly, monthly, etc.) processes. Each process will be evaluated at regular intervals for compliance.

RECURRING SCHEDULE ACTIVITIES	FREQUENCY	ROLE RESPONSIBLE
Schedule updates for project status meetings	Weekly	Schedule Coordinators and/or Work Stream Leads
Task status reporting	Weekly	Schedule Coordinators and/or Work Stream Leads
Project Schedule updates	Weekly	Schedule Coordinator/PMO
Generate schedule related reports for input to project status report	Weekly	Schedule Coordinator/PMO

RECURRING SCHEDULE ACTIVITIES	FREQUENCY	ROLE RESPONSIBLE
Schedule updates for IT Governance Team meetings	Monthly (3 <sup>rd</sup> week of each month)	<ul style="list-style-type: none"> <li>▪ Project Managers</li> <li>▪ IT Governance Team</li> </ul>
Rolling wave schedule planning	Quarterly	<ul style="list-style-type: none"> <li>▪ Project Managers</li> <li>▪ Schedule Coordinator</li> <li>▪ PMO Work Stream Leads</li> </ul>
Evaluate the effectiveness of the Schedule Management Plan	Ongoing	<ul style="list-style-type: none"> <li>▪ Schedule Management Plan Owner</li> </ul>

**Table 18: Recurring Schedule Activities**

### 10.6 ROLES AND RESPONSIBILITIES

The eCIRTS Project uses Microsoft Project version 2010 or higher to provide the integrated eCIRTS Master Project Schedule (MPS) as its primary schedule planning tool. The roles and responsibilities of the key players are addressed in the table below:

ROLE	RESPONSIBILITY
Schedule Coordinator	<ul style="list-style-type: none"> <li>▪ This role is assigned by the DOEA Project Manager and will be the responsibility of the DOEA PMO.</li> <li>▪ Coordinate the consolidation of work stream activities into the MPS.</li> <li>▪ Coordinate with the Work stream Schedule Coordinators on tasks, resources, and dates as needed.</li> <li>▪ Manage and oversee resource assignments and allocations.</li> <li>▪ Escalate issues with incomplete schedule activities.</li> <li>▪ Manage the baseline schedule.</li> <li>▪ Monitor schedule against schedule evaluation metrics.</li> <li>▪ Review updates from work stream activities in the Master Project Schedule and update the MPS weekly.</li> <li>▪ Coordinate resolution of problems and schedule conflicts across sections.</li> <li>▪ Generate status reports: Critical Path, Late Tasks, Detail Summary Status Report, and Resource Allocation.</li> </ul>
Work stream Schedule Coordinators	<ul style="list-style-type: none"> <li>▪ These roles are assigned by the Project Managers and will be the responsibility of the work stream leads unless otherwise designated.</li> <li>▪ Determine the status of assigned activities for their section(s) and provide updates on a weekly basis.</li> <li>▪ Track their assigned activities to completion.</li> <li>▪ Work with other Schedule Coordinators to identify and negotiate inter-project dependencies.</li> <li>▪ Analyze impacts of schedule and resource changes, document any risks.</li> <li>▪ Manage and/or complete tasks as assigned in the project schedules.</li> </ul>

ROLE	RESPONSIBILITY
Project Managers	<ul style="list-style-type: none"> <li>Allocate resources.</li> <li>Ensure that eCIRTS team members comply with the schedule management processes.</li> </ul>
Work stream Leads	<ul style="list-style-type: none"> <li>Ensure team members comply with the schedule management processes.</li> </ul>
IT Governance Team	<ul style="list-style-type: none"> <li>Review schedule status and major schedule risks and issues monthly.</li> <li>Ensure major schedule issues are resolved and major schedule risks are mitigated in a timely fashion.</li> <li>Review and approve any material changes to project schedule.</li> </ul>
Project Management Office (PMO)	<ul style="list-style-type: none"> <li>Conduct schedule reviews to ensure the Schedule Management Plan is being followed.</li> <li>Provide mentoring and technical support to the eCIRTS Project Manager.</li> <li>Responsible for developing quarterly rolling wave reports.</li> </ul>

**Table 19: Schedule Management Roles and Responsibilities**

## SECTION 11 DELIVERABLE MANAGEMENT PLAN

### 11.1 DELIVERABLE MANAGEMENT OVERVIEW

The Deliverables Management Plan outlines the procedures for managing the planning, development, submission, review and acceptance of project deliverables, work products and artifacts, hereto referred to as deliverables. These procedures provide a comprehensive picture of the way in which deliverables will be planned for, developed, delivered, and tracked from inception through acceptance.

The eCIRTS Project contracts and statements of work identify the deliverables to be completed. The way in which each deliverable is to be developed will vary depending on the type of deliverable to be completed. Deliverables will be developed using the tools and techniques appropriate to their form. This will include the use of Microsoft Office software (for written or other hard-copy deliverables), COTS, framework, or custom software (for application software deliverables), or other tools. Each deliverable will be created using a standard template including agreed upon acceptance criteria that is approved during the Deliverable Expectations process.

### 11.2 ROLES AND RESPONSIBILITIES

The table below describes the deliverable submission and review roles and responsibilities for implementing the Deliverable Management Plan.

Role	Responsibility
Work stream Lead	<ul style="list-style-type: none"> <li>Creates and submits the Deliverable Expectations Document.</li> <li>Updates deliverable if comments are returned as a result of the review process.</li> <li>Creates meeting minutes from Deliverable Expectations meeting(s).</li> </ul>

Role	Responsibility
	<ul style="list-style-type: none"> <li>▪ Develops the Deliverable Expectations Document (DED) based on the discussions in the Deliverable Expectations meeting(s).</li> <li>▪ Submits plan for logical break up of large deliverables in the DED (if needed)</li> <li>▪ Develops Deliverable.</li> <li>▪ Submits deliverable for review and acceptance.</li> <li>▪ Submits deliverable sections for acceptance per the agreed upon plan, if the deliverable has been identified as a large deliverable.</li> <li>▪ Conducts walkthrough (if requested by Deliverable Lead).</li> <li>▪ Publishes walkthrough minutes.</li> <li>▪ Works with Deliverable Lead to resolve issues.</li> <li>▪ Incorporates review changes to the deliverables.</li> <li>▪ Submits revised deliverable for acceptance.</li> <li>▪ Participates in presentation to IT Governance Team (if requested).</li> </ul>
eCIRTS DOEA Project Manager	<ul style="list-style-type: none"> <li>▪ Record deliverables in the Deliverables Log.</li> <li>▪ Update the Deliverables Log on a continual basis to accurately track deliverables.</li> <li>▪ Perform preliminary review of deliverables to ensure they meet contract requirements and basic quality standards.</li> <li>▪ Facilitate the review process.</li> <li>▪ Distribute deliverable feedback forms as necessary.</li> <li>▪ Provide written deliverable comments from reviewers as received to the Deliverable Developer.</li> <li>▪ Send comments and a deliverable recommendation to the Contract Manager.</li> <li>▪ Store final deliverable and comment review sheets and other related documentation in the eCIRTS Project document repository.</li> <li>▪ Select Deliverable Review Team with the Contract Manager and review team assigned roles.</li> <li>▪ Identify Deliverable stakeholders.</li> <li>▪ Facilitate Deliverable Expectations meeting.</li> <li>▪ Review and approve the Deliverable Expectations and Deliverable Acceptance Criteria documents.</li> <li>▪ Identify large deliverables which may need to be broken up into manageable sections.</li> <li>▪ Distribute deliverable to Deliverable Review Team (and Deliverable Review Workstream Leads for larger deliverables)</li> <li>▪ Manage the Deliverable Review and Acceptance Process with the Deliverable Review Team.</li> <li>▪ Synthesize deliverable review comments to ensure consistency, completeness, quality, and accuracy of comments.</li> <li>▪ Act as Point of Contact (POC) for the Deliverable Owner/Developer.</li> <li>▪ Facilitate communication among Deliverable stakeholders.</li> <li>▪ Participate in comment resolution process.</li> <li>▪ Escalate irresolvable issues to the Contract Manager</li> <li>▪ Manage presentation of deliverable to the IT Governance Team (if required).</li> <li>▪ Request deliverable walk-through from Deliverable Owner/Developer.</li> <li>▪ Make a formal recommendation to the Contract Manager on acceptance or rejection of the deliverable.</li> </ul>

Role	Responsibility
	<ul style="list-style-type: none"> <li>▪ Facilitates the payment and invoicing for approved deliverable with the Contract Management.</li> </ul>
Deliverable Review Team (or Sub-Teams for larger deliverables)	<ul style="list-style-type: none"> <li>▪ Participate in Deliverable Expectations Meeting(s).</li> <li>▪ Participate in deliverable development as a source of information for the Developer. Review Team members are not permitted to perform any formal development. If they do, they must not review any of their own work.</li> <li>▪ Review deliverable per assigned role.</li> <li>▪ Identify and record revision comments in required format and within the established review period.</li> <li>▪ Participate in comment resolution.</li> <li>▪ Review updates after the Developer has made changes to the draft deliverable ensuring the final deliverable is a quality product meeting the requirements defined in the Deliverable Expectations Document.</li> </ul>
Deliverable Review Sub-Team Lead	<ul style="list-style-type: none"> <li>▪ This role exists for deliverables of large size. The larger deliverable is split into smaller portions and a Review Sub-Team is created for each portion. The Deliverable Review Sub-Team Lead reports to the Deliverable Lead, but manages the sub-team with the following responsibilities:</li> <li>▪ Serve as part of a Deliverable Review Team.</li> <li>▪ Select a Sub-Team of Reviewers with the Deliverable Lead with approval from the DOEA Project Manager.</li> <li>▪ Assist in the review team responsibilities.</li> <li>▪ Distribute Deliverable to Deliverable Review Sub-Team Members.</li> <li>▪ Manage the review and acceptance process within the Deliverable Review Sub-Team.</li> <li>▪ Consolidate Comments for the Deliverable Review Sub-Team.</li> <li>▪ Participate in comment resolution.</li> <li>▪ Manage communications between the Review Sub-Team, the Deliverable Review Team, and the Deliverable Lead.</li> <li>▪ Escalate unresolved issues to the Deliverable Lead</li> </ul>
Contracts Manager	<ul style="list-style-type: none"> <li>▪ Review comments and recommendations for the deliverables from the Deliverable Lead.</li> <li>▪ Coordinates with Executive Sponsor on formal acceptance of deliverable when needed.</li> <li>▪ Use appropriate escalation processes as needed for deliverable content issues</li> <li>▪ Final signoff on all deliverables.</li> <li>▪ Accept or Reject the deliverable and communicate the disposition to the Vendor Project Manager and Deliverable Developer.</li> <li>▪ Notify appropriate parties of acceptance/rejection of deliverable</li> <li>▪ Submit status reports in accordance with eCIRTS Project Status and Schedule Management processes.</li> <li>▪ Prepare Deliverable Review and Acceptance documentation for submission of payment invoice.</li> <li>▪ Coordinate with the department Contract Management Office and Department of Financial Services to facilitate the payment of the Vendor invoice in compliance with Florida Statutes.</li> </ul>

**Table 20: Deliverable Management Roles and Responsibilities**

### 11.3 DELIVERABLE REVIEW TEAM SELECTION

The Deliverable Review Team consists of individuals assigned to reviewer roles. Role assignment guidelines are provided in the Deliverable Review Team Assignment Definitions table below. The Deliverable Lead may be assigned to one of these roles. The PMO will have the authority to adjust these guidelines based on the size, type, and complexity of the deliverable.

Once the members of the Deliverable Review Team have been approved, the Deliverable Lead reviews responsibilities for the planned activities for the Deliverable planning, development, review, and acceptance activities with each member. This will include a discussion of the role and responsibilities for each member. The following table describes the roles and responsibilities of the Deliverable Review Team.

Role	Responsibility
Technical Expert	<ul style="list-style-type: none"><li>The individual in this role must have knowledge of the technical requirements of the deliverable and be qualified to review the deliverable for correctness, completeness, and appropriate level of detail.</li></ul>
Deliverable Expectations Reviewer	<ul style="list-style-type: none"><li>The individual in this role must be qualified to determine if the deliverable meets its contractual requirements, including the expectations, acceptance criteria, and scope set forth by the Deliverable Stakeholders. This individual will work with the other reviewers to ensure the details of the requirements are correct.</li></ul>
Subject Matter Experts	<ul style="list-style-type: none"><li>The individuals in this role must be qualified to review the deliverable based on their subject matter expertise in the business area to which the deliverable pertains.</li></ul>
Administrative Reviewer	<ul style="list-style-type: none"><li>The individual in this role must be qualified to review the deliverable for spelling, grammar, and compliance with the DOEA Project Document Management Plan (if applicable).</li></ul>

**Table 21: Deliverable Review Team Assignment Definitions**

### 11.4 DELIVERABLE REVIEW AND ACCEPTANCE PROCESS

This section provides an overview of the deliverable submission and review process to include a definition for each of the deliverable review and acceptance sub-processes illustrated in the exhibit below and described in further detail in the following sub-sections of this document. The term deliverable includes a variety of project work product types (e.g., software resolution, any QA results, and reports, etc.).

The Deliverable Review and Acceptance process is made up of five major sub-processes or phases as shown below.

## Deliverable Review and Acceptance Process



**Exhibit 13: Deliverable Review and Acceptance Process**

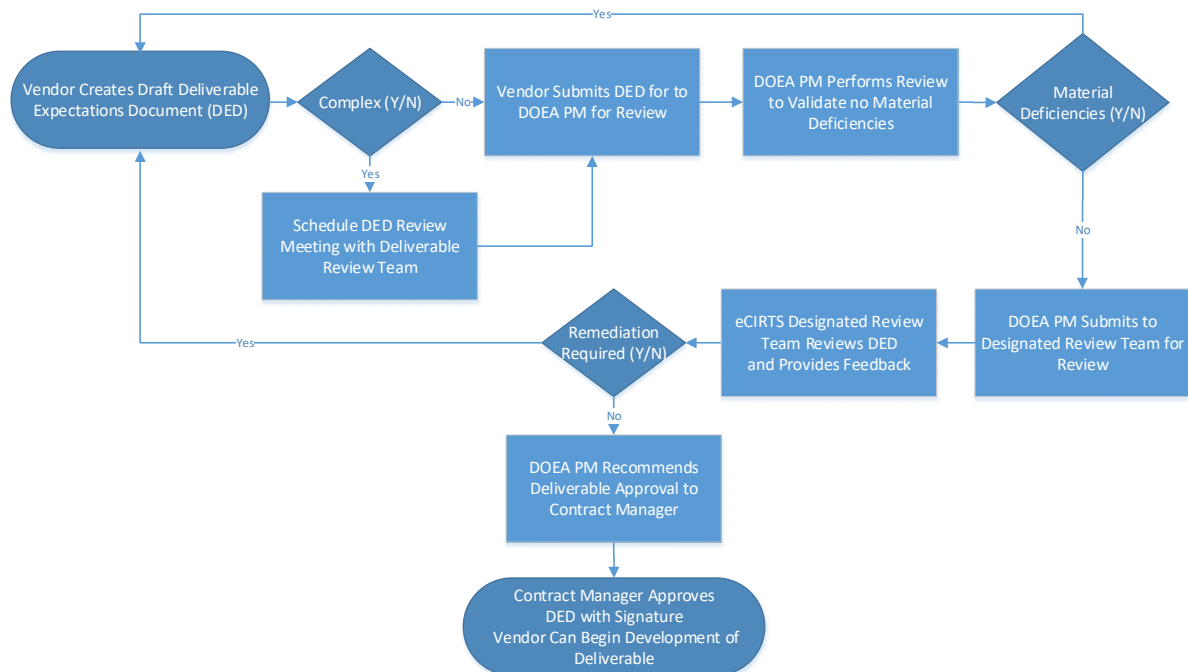
### ***11.5 DELIVERABLE EXPECTATION PROCESS***

The Deliverable Expectations Process defines the following:

- Tasks, responsible actors, and outputs for establishing the contractual acceptance, format, and content expectations for project deliverables.
- Tasks, responsible actors, and outputs for the submission, receipt, and the review and comment feedback of draft deliverables, and the resolution of review feedback for acceptance of a final deliverable draft.
- Tasks, responsible actors, and outputs for the approval and invoice payment of a final deliverable.

The Deliverable Expectations process includes the steps involved in the documentation of expectations and acceptance criteria for a deliverable prior to its development. The process includes holding expectations meetings, documenting expectations, and acceptance criteria, and resolving any issues between the Deliverable Review Team and the Deliverable Developer prior to beginning development. The output of the process is an approved Deliverable Expectations Document (DED). The diagram below outlines the deliverable expectations development and approval process:





### Exhibit 14: Deliverable Expectations Document (DED) Process

#### 11.5.1.1 DELIVERABLE EXPECTATIONS DOCUMENT

The Deliverable Expectations Document (DED) is used to define deliverable requirements and the developer’s approach to meeting the deliverable requirements through the development of the deliverable.

In addition, the Deliverable Acceptance Criteria is recorded in the DED and includes all applicable acceptance criteria for each of the deliverable expectations. Each of the requirements defined must have corresponding criteria defining how that expectation will be measured. Since these acceptance criteria will be the definition of what is required for a deliverable to be considered complete and approved, it is critical to remove as much subjectivity and ambiguity as possible. The acceptance criteria must be clearly defined, quantifiable and measurable. Recorded in the document are the specifics of how the criteria will be measured, and any comments pertinent to further clarifying the criteria or assessment.

The DOEA eCIRTS Project Manager will schedule one or more expectations meetings with the Vendor Project Manager, Workstream Lead, key eCIRTS Project personnel and the Deliverable Review Team members as part of the DED development process. The expectations meeting(s) are intended to formally establish expectations for the development of the deliverable. Expectations will focus on identifying and agreeing upon the “who”, “what”, “why”, “where”, “when”, and “how” for the development of the deliverable, and must include the acceptance criteria for the deliverable under development. It is important the Deliverable Lead schedule the expectations meetings allowing for the appropriate time to define, draft,

approve and baseline the Deliverable Expectations Document in advance of the date development is scheduled to begin on the deliverable. If a due date has not been set for a deliverable (either contractually or in the eCIRTS Project master project schedule) a date will be established during the DED development process and agreed to Deliverable Stakeholders.

The DOEA eCIRTS Project Manager will work with the Vendor Project Manager and the Workstream Lead to schedule the Deliverable Expectations meetings. The DOEA Project Manager is responsible for ensuring key stakeholders are invited to the expectations meeting and remain involved throughout the deliverable development process. All Deliverable Developers and Deliverable Review Team members must be adequately prepared for the Expectations meeting(s) by completing the following:

- Review any background information distributed by the DOEA eCIRTS Project Manager,
- In the case of vendor deliverables, study the procurement document giving special attention to the deliverable expectations, acceptance criteria, and the vendor proposal; discuss expectations with the vendor and key staff knowledgeable of issues inhibiting mutual understanding of the expectations of the deliverable, and
- Review of the Draft DED, developed by the Deliverable Developer, informed by preliminary meetings in the identification of the deliverable based on the final version of the vendor's contract and any subsequent amendments or modifications.

Following the Expectations meeting(s), the DOEA eCIRTS Project Manager will:

- Review and approve remediation required;
- Distribute the remediation required to the Deliverable Lead and Vendor Project Manager;
- Coordinate any updates to the Deliverable Expectations Document; and
- Schedule follow-up expectations meetings if applicable (resolve issues/action items, finalize deliverable expectations and acceptance criteria)

Once agreement is reached on the expectations and acceptance criteria, the Deliverable Developer updates the draft based on the outcomes of the Deliverable Expectations meeting(s) and submits the DED to the DOEA Project Manager who then distributes it to the Deliverable Lead for approval. The Deliverable Lead reviews and approves the document, or if at that time, agreement cannot be reached, escalates the concerns as project issues. Once finalized and approved, the Deliverable Lead sends it to all stakeholders who attended the expectations meeting to ensure understanding of the document by key deliverable stakeholders. Additionally, the expectations meeting minutes and the deliverable expectations and acceptance criteria document are entered into the eCIRTS Project document repository by the DOEA Project Manager.

All Vendors with contracted eCIRTS project deliverables are required to use the DOEA eCIRTS DED template. The DED Template can be found on the eCIRTS Project SharePoint Site.

The table below outlines the Deliverable Expectations Document process:

TASK	DESCRIPTION	ROLES
Develop Draft DED and Meeting Materials	<ul style="list-style-type: none"> <li>▪ The Workstream Lead develops the initial draft of the DED, the meeting agenda, and any supporting materials for the Deliverable Expectations meeting</li> <li>▪ The Vendor Project Manager sends the DOEA eCIRTS Project Manager the draft DED for distribution to the key Deliverable Stakeholders</li> </ul>	DOEA eCIRTS Project Manager, Vendor Project Manager, Workstream Lead, Key Deliverable Stakeholders
Schedule Deliverable Expectations Meeting	<ul style="list-style-type: none"> <li>▪ The DOEA eCIRTS Project Manager schedules the Deliverable Expectations meeting to include all Deliverable Stakeholders (including deliverable developers)</li> <li>▪ Distribute vendor solicitation document and proposal (if applicable) and related information about the deliverable for review prior to the meeting</li> </ul>	DOEA eCIRTS Project Manager
Prepare for Deliverable Expectations Meeting	<ul style="list-style-type: none"> <li>▪ Review information distributed by the Deliverable Lead</li> <li>▪ Review vendor solicitation document and proposal requirements (if applicable)</li> <li>▪ Identify deliverable expectations and prepare to review them with team</li> <li>▪ Identify acceptance criteria and prepare to review them with team</li> <li>▪ Review draft DED and any supporting materials</li> </ul>	DOEA eCIRTS Project Manager, Key Deliverable Stakeholders
Conduct Deliverable Expectations Meeting	<ul style="list-style-type: none"> <li>▪ The DOEA eCIRTS Project Manager will schedule the meeting and distribute meeting artifacts</li> <li>▪ If necessary, the Deliverable Lead will guide participants in establishing the deliverable due date</li> <li>▪ This meeting will include the Vendor Project Manager, Workstream Lead, and representatives of the Deliverable Review Team (at the Vendor Project Manager's discretion)</li> <li>▪ Make initial determination of whether a Deliverable walk-through will be required</li> <li>▪ Schedule and facilitate internal follow up meetings for clarification and consensus of acceptance criteria</li> </ul>	DOEA eCIRTS Project Manager

TASK	DESCRIPTION	ROLES
Document Remediation Required	<ul style="list-style-type: none"> <li>DOEA eCIRTS Project Manager will document any remediation required and insert comments and/or edits into the DED through use of the collaboration tools on the eCIRTS SharePoint site</li> </ul>	DOEA eCIRTS Project Manager
Submit Final Draft DED for Approval	<ul style="list-style-type: none"> <li>The Vendor Project Manager and Workstream Lead document the deliverable expectations and acceptance criteria in the agreed upon format and submits the document to the DOEA eCIRTS Project Manager for review and approval based on the planned date for submission documented in the eCIRTS Project Master Project Schedule</li> <li>Deliverable submission is based upon the planned submission date documented in the eCIRTS Project Master Project Schedule</li> </ul>	Vendor Project Manager, Workstream Leads, DOEA eCIRTS Project Manager
Distribute DED for Review and Approval	<ul style="list-style-type: none"> <li>Vendor PM posts the DED submission to the eCIRTS Project SharePoint site as record of the DED submission</li> <li>DOEA eCIRTS Project Manager distributes the draft DED for Review and Approval</li> </ul>	Vendor Project Manager, DOEA eCIRTS Project Manager
Approve DED	<ul style="list-style-type: none"> <li>Sign off DED and post to SharePoint</li> </ul>	Deliverable Lead

**Table 22: Deliverable Expectations Process Description**

### **11.5.1.2 DED FOR LARGE DELIVERABLES**

Many deliverables are too large for one individual to read in its entirety within the review period. If it is determined at the Deliverable Expectations meeting that this is the case, the Deliverable Developer must identify section breaks or component parts to logically divide a review between several individuals or in the case of very large deliverables, review sub-teams. Deliverable expectations and acceptance criteria will be created, documented, and agreed upon to define the logical section breaks or component parts. During development, the Developer will ensure the deliverable is created to support the division of the document to meet the agreed upon expectations. Upon delivery, the Deliverable Lead will coordinate review effort by assigning the logical smaller sections or component parts to appropriate reviewers or review sub-teams based on expertise in the subject matter. Any deliverables of this nature will require a deliverable walkthrough upon delivery.

If it is determined at the Deliverable Expectations meeting a deliverable is likely to be so large or complex that a single review period is impractical steps will be taken at the meeting to establish a phased delivery plan.

The Deliverable Stakeholders shall review the requirements and expectations established for the deliverable and organize them into logical, manageable sections for submission at established intervals prior to the final deliverable due date. Each section shall include a detailed scope statement in a completed and approved DED that informs reviewers of which requirements and acceptance criteria are addressed in that section. In addition to individual reviews of each section, the Deliverable Lead will manage a review of the deliverable prior to the final deliverable due date. This process will ensure there will be no gaps when the Deliverable Developer combines the parts into a contiguous deliverable.

The phased delivery plan for the large deliverable may include a process for informal reviews, or development reviews of the sections prior to the formal submission of the consolidated deliverable. The goal of an informal review process is to facilitate collaborative development and to ensure expectations are met for detailed deliverable content between the Deliverable Lead and the Deliverable Developer before the formal and final review of the deliverable. The same guidelines and processes defined for the formal review of a deliverable will be employed for the informal review of a deliverable. Variations to the formal review guidelines contained within this document may be examined and considered for an informal review where appropriate and to enable a more streamlined and accurate approach to the informal and collaborative development of the deliverable. An informal review of a deliverable will be conducted with the understanding that approval of the deliverable can only be accomplished after the formal review of the deliverable has been completed.

The informal review process will be documented in the DED. Based on the deliverable development approach defined in the DED, supporting procedures will be developed and distributed to the Deliverable Development and Review Teams to ensure a standardized process for the development and documentation of the deliverable across all Project Stakeholders.

## ***11.6 DELIVERABLE DEVELOPMENT***

The key to the Deliverable Review Process performing at a high level is the involvement of the Deliverable Review Team in the Deliverable Development process. One of the criteria for the selection of the Deliverable Review Team is the opportunity for the individuals to be involved in the development of the deliverable. A Reviewer is not permitted to perform any actual development, but is expected to interact with the Developer by providing input, expertise, decision making, and ongoing review of the deliverable. Following this involvement, the Review Team will be prepared with sufficient background on the deliverable to perform an educated, timely, and thorough review of the deliverable.

During the Deliverable Development process decisions may be agreed upon by the eCIRTS Project Manager and the Vendor Project Manager that impact the DED. When this occurs the Vendor Project Manager is responsible for making the updates to the baselined version of the DED and submitting the revised document to the DOEA eCIRTS Project Manager. The DOEA eCIRTS Project Manager is responsible for managing the DOEA review and approval process for the updated DED.

### ***11.6.1 DELIVERABLE FORMAT AND CONTENT***

All deliverables, word processing documents, spreadsheets, presentations, charts, databases, or other project artifacts will be provided in a format approved by and currently supported by the DOEA eCIRTS Project Team. These formats include:

- Microsoft Office 2013 or higher (Word, Excel, PowerPoint, etc.)

- Microsoft Visio Professional 2013 or higher
- Microsoft Project 2013 or higher

The content and format of the deliverables will be documented in the Deliverable Expectations Document (DED) in accordance with relevant industry standards “best practices” and where appropriate, must follow the DOEA PMO Document Management templates and Standards.

The DOEA eCIRTS Project Manager may reject a deliverable (draft or final) as materially deficient that is missing agreed upon content or has significant spelling, grammatical, punctuation, format, and/or pagination errors. If the deliverable is rejected on this basis, all grammatical, spelling, punctuation, format, and/or pagination errors will be corrected, and another quality control review will be conducted before the deliverable is resubmitted. The DOEA eCIRTS Project review team deliverable review cycle will begin based on the re-submission date and not on the original submission date.

### ***11.6.2 INITIAL QUALITY REVIEW***

All deliverables, upon submission to the PMO will undergo an initial quality review for completeness and for compliance with the project document management standards and the deliverable management processes. The Initial Quality Review will examine the following items:

- Compliance with the DED;
- Compliance with project DOEA Document Management standards and use of approved project templates (where applicable);
- Deliverable review is in-sync with review cycle (e.g., Submission, Draft, Final, etc.);
- All sections in the document appear to contain agreed upon content;
- Formatting complies with contract requirements and appears reasonable;
- The deliverable review schedule is consistent with/matches the review schedule documented in the DED;
- The vendor has performed spelling and grammar quality assurance; and
- Quality checklist accompanies the deliverable document.

If the submitted deliverable is found to be materially deficient, it will be returned to the vendor for corrective action prior to entering the formal review process. If the submitted deliverables pass the initial quality review, the deliverables are then distributed to the eCIRTS Project deliverable review team for deliverable review, comment feedback and or approval. If the submitted deliverables do not pass the initial quality review the eCIRTS Project manager will work with the Review Team, the Vendor Project Manager and the Workstream Lead to document and communicate the remediation requirements of the deliverable submission.

### ***11.7 DELIVERABLE SUBMISSION***

Each deliverable will be submitted in accordance with the approved PMP and Project Schedule for review and acceptance by the DOEA Project Manager and Deliverable Review Team.

When submitting deliverables to DOEA, the deliverable developers will ensure submissions are communicated at a minimum to the following individuals.

- The Business Functional Sponsor;
- CIO;
- The DOEA Project Manager/PMO;
- The eCIRTS Project Deliverable Lead/PMO; and
- IV&V.

For eCIRTS Project deliverables, the complete list of responsible parties receiving the submission emails can be found in the deliverable's corresponding DED.

For deliverables consisting of multiple components, files, documents, etc., the number and type of products to be submitted must be identified in the DED. Additionally, the deliverable will only be considered submitted and the review cycle will only start when all components have been submitted.

Drafts of deliverables may be submitted for DOEA's preliminary review. Depending upon the complexity of the deliverable and at DOEA's discretion, the Workstream Lead submitting the deliverable may conduct a walk-through of the draft content upon submission to assist the review process. The requirement for a Deliverable Walkthrough must be agreed upon in the DED.

The final deliverable review is intended to be a confirmation that any minor corrections required because of the preceding draft reviews have been made and a cursory review or "spot check" of the overall deliverable. As such, to manage expectations and expedite the final deliverable review and approval process, the final deliverable will not differ materially from the preceding draft deliverable submitted for DOEA's review.

As part of this submission, the deliverable owner will submit an email referencing the completed Deliverable Transmittal Form (listed in the exhibit below) upon submission. These documents serve to provide a summary of the deliverable, identify its content, its owner, and to initiate feedback from the reviewers within the agreed upon review period. The deliverable owner and the reviewers will use the eCIRTS SharePoint Project Library for all collaboration related to the storage and review of all document deliverables.

Deliverable DXX	
Deliverable	Acceptance Criteria
<ul style="list-style-type: none"> <li>Name of Deliverable</li> </ul>	<ul style="list-style-type: none"> <li>Reference the Deliverable Expectation Document Name of Deliverable, v1.00, Date</li> </ul>

The undersigned acknowledge and accept delivery of the work completed for this deliverable on behalf of the Department of Elder Affairs. The signatures attest to our agreement that this deliverable has been completed. No further work is required on this deliverable.

DOEA Project  
Manager:

\_\_\_\_\_  
Name Date

Vendor Project  
Manager:

\_\_\_\_\_  
Name Date

### Exhibit 15: Sample Deliverable Transmittal Form

#### 11.7.1 DELIVERABLE ACCEPTANCE OR REJECTION

The key to the Deliverable Review Process performing at a high level is the involvement of the Deliverable Review Team in the Deliverable Development process. One of the criteria for the selection of the Deliverable Review Team is the opportunity for the individuals to be involved in the development of the deliverable. A Reviewer is not permitted to perform any actual development, but is expected to interact with the Developer by providing input, expertise, decision making, and ongoing review of the deliverable. Following this involvement, the Review Team will be prepared with sufficient background on the deliverable to perform an educated, timely, and thorough review of the deliverable.

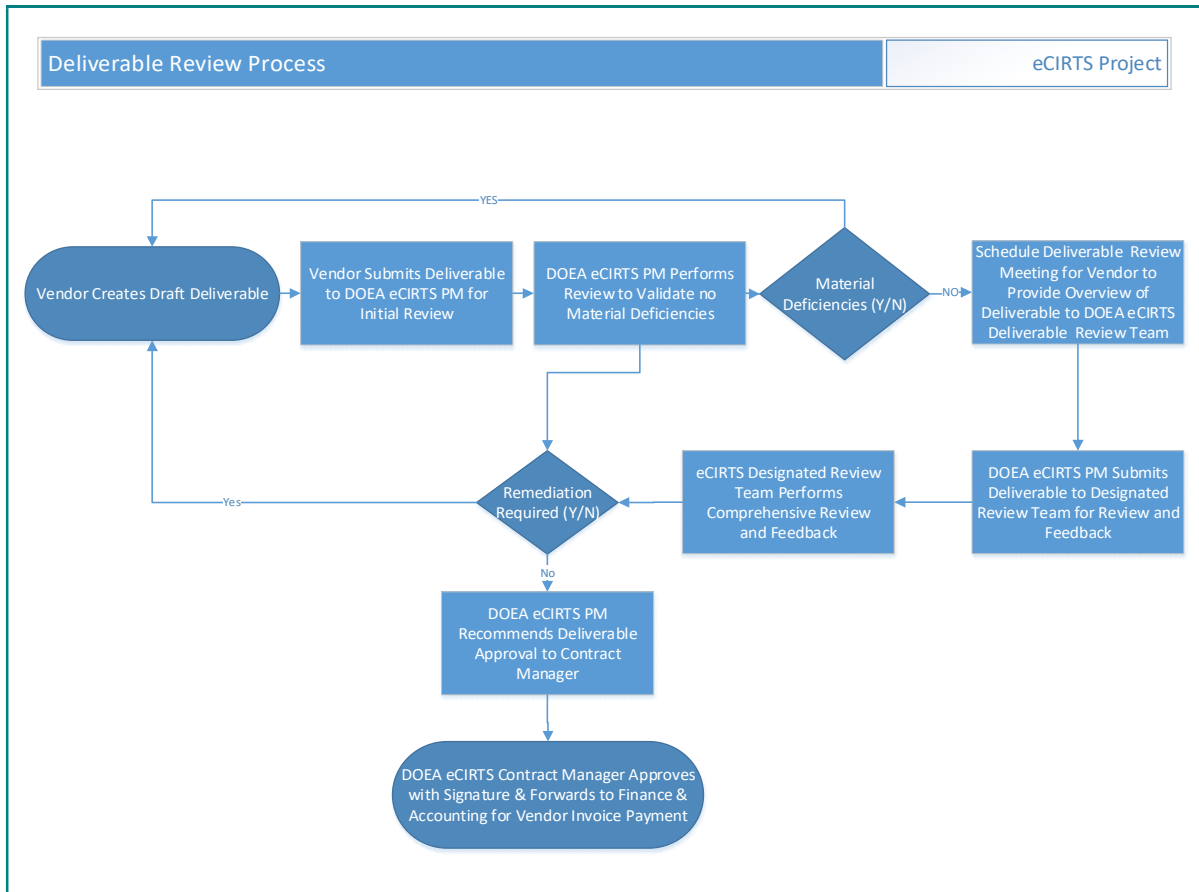
During the Deliverable Development process decisions may be agreed upon by the eCIRTS Project Manager and the Vendor Project Manager that impact the DED. When this occurs the Vendor Project Manager is responsible for making the updates to the baselined version of the DED and submitting the revised document to the DOEA eCIRTS Project Manager. The DOEA eCIRTS Project Manager is responsible for managing the DOEA review and approval process for the updated DED.

#### 11.8 DELIVERABLE REVIEW PROCESS

All CIRTS Project deliverables must be reviewed to confirm the acceptance criteria has been met as outlined in the DED. The Deliverable Review process is initiated when the Vendor Project Manager submits a deliverable for acceptance. The deliverable must be 100% complete and in final format prior to submission. In the case of a phased deliverable, each of the sections will be managed as an individual deliverable. Once the review of each of the sections is complete, a final review will be conducted over the deliverable to ensure there are no gaps between the sections.



The following exhibit is the diagram of the eCIRTS Deliverable Review Process:



**Exhibit 16: Deliverable Review Process**

The table below provides a detailed description of the Deliverable Review Process shown in the previous exhibit:

TASK	DESCRIPTION	RESPONSIBLE ACTOR(S)
Vendor Creates Deliverable	Vendor Creates Draft deliverable.	Vendor Workstream Lead or Project Manager
Vendor Submits Deliverable	Vendor Project Manager submits the deliverable to the DOEA Project Manager for Initial Review.	Vendor Project Manager
DOEA Project Manager (PM) Performs Review to Validate no Material Deficiencies	The DOEA PM performs the initial quality review of the deliverable to validate there are no Material Deficiencies present. If Material Deficiencies are found, the deliverable is returned to the vendor for remediation.	DOEA Project Manager

DOEA eCIRTS PM Schedules Overview of Deliverable by Vendor for DOEA Review Team	The DOEA PM schedules an Overview of the deliverable by the vendor for the DOEA Review Team. These sessions are to allow the DOEA Review Team to ask questions and receive any clarification or additional information needed prior to initiating the review of the deliverable.	DOEA Project Manager DOEA Review Team Workstream Lead Vendor Project Manager
Deliverable Review Team performs review and provides feedback / comments via Online Collaboration or Comment Spreadsheet (where Online not feasible)	<ul style="list-style-type: none"> <li>▪ Deliverable Review Team members review the deliverable in accordance with their assigned role.</li> <li>▪ Deliverable Team will enter comments into deliverable using online collaboration tool or Deliverable Comments Review Sheet (where Online not feasible).</li> </ul>	DOEA Project Manager DOEA Review Team
Vendor Conducts Remediation (if required)	<ul style="list-style-type: none"> <li>▪ Deliverable Review Team comment / feedback is reviewed and all comments given a disposition.</li> <li>▪ The deliverable is modified to reflect the review team's consolidated comments.</li> <li>▪ Deliverable revision history and version number are updated.</li> <li>▪ Questions/Issues/clarification regarding the comments are discussed with the Deliverable Lead and resolved.</li> <li>▪ Return Updated Deliverable, Updated comment spreadsheet (when utilized) and Deliverable Transmittal Form to DOEA Project Manager.</li> <li>▪ Whenever possible, the deliverable will be returned with track changes turned on. This will help clarify what changes were made and speed up the final review process.</li> </ul>	Vendor Project Manager Workstream Lead DOEA Project Manager
Complete DOEA Project Manager Review	Once the Review Team activities and any necessary vendor remediation have been completed, the DOEA Project Manager will review the deliverable and provide any necessary comments or feedback using the online collaboration tool or comment spreadsheet.	DOEA Project Manager
Remediate Issues (if required)	<ul style="list-style-type: none"> <li>▪ DOEA Project Manager comments/feedback is reviewed and all comments given a disposition.</li> <li>▪ The deliverable is modified to reflect the DOEA Project Manager's comments.</li> </ul>	DOEA Project Manager Workstream Lead

	<ul style="list-style-type: none"> <li>▪ Deliverable revision history and version number are updated.</li> <li>▪ Questions/Issues/Clarification regarding the comments are discussed with the Deliverable Lead and resolved.</li> </ul>	
Start the Approval Process	Once the Deliverable Review Process has been completed, the Deliverable will be submitted for Approval to the Contract Manager.	DOEA Project Manager

**Table 23: Deliverable Review Process Description**

### **11.8.1 REVIEW CYCLE OBJECTIVE**

The eCIRTS Project Plan Deliverable Review and Acceptance Process will utilize the shortest review cycle possible that ensures a quality deliverable outcome. This ensures deliverables are reviewed and accepted without unnecessary delay. This concept requires commitment from the Deliverable Review Team as well as a robust quality commitment from the vendor to conduct a thorough and informed review of the deliverable at the time of submission. Subsequent reviews will be focused on ensuring comments documented in the previous reviews were addressed to the team’s satisfaction. The success of this review concept also depends on deliverables being 100% complete prior to submission.

### **11.8.2 DELIVERABLE REVIEW COMMENTS**

Each Deliverable Review Team member will clearly understand the role they have been assigned in the deliverable review process prior to providing comments. Reviewers will be expected to apply their business, technical, or subject matter expertise to identify and suggest constructive solutions to any problems found with the deliverable’s content related to their role and within the specified timeframe. Reviewers will be expected to provide their comments to the Workstream Lead using track changes in the draft deliverable via eCIRTS SharePoint and meet collaboratively to review comments prior to resubmitting to vendor. For Microsoft Word documents where collaboration is available, reviews will use online tracking. Other deliverables, e.g., Microsoft Excel spreadsheets, do not have tracking capabilities; therefore, Deliverable Comment Spreadsheets may be used). Guidelines based on the size of the document and review team are detailed in the table below. Comments must be actionable and not just statements or questions. Comments must reference the appropriate sections of the Deliverable to the greatest extent possible. If there is a global comment that applies to different sections across the deliverable document, the appropriate references will be included across the document for all necessary changes to be made and tracked as opposed to documenting a single global comment.

When the Deliverable Review Team has completed their review, the DOEA eCIRTS Project Manager is responsible for clarifying discrepancies in comment feedback across the deliverable review team. If necessary, the DOEA eCIRTS Project Manager will conduct a comment review meeting during which the Team will discuss their findings. The vendor may be asked to have resources available to answer questions in a “green room” scenario to assist with expediting this process. Where inline comments and track changes are used to provide deliverable review feedback, the DOEA eCIRTS Project Manager is responsible to ensure that the updated deliverable is legible, content insertions are clear and organized, and comments are actionable. Where the comment review spreadsheet is used to provide deliverable review feedback, the DOEA eCIRTS Project Manager will consolidate all comments into one spreadsheet, removing duplicates and clarifying vague language. The DOEA eCIRTS Project Manager will also post the comment spreadsheet in a location where the Deliverable Review Team can view the contents prior to submission. If additional comments are received after the initial submission to the DOEA eCIRTS Project Manager, the Deliverable

Review Team Lead will submit a revised complete set of comments to the Deliverable Lead to alleviate any confusion.

The Deliverable Comment Spreadsheet and or Updated Deliverable Document(s) are then provided to the Deliverable Developer. If at any time during the Deliverable Review Process the Deliverable Lead requires clarification to provide a more actionable comment, then the Deliverable Lead will contact the Deliverable Developer for clarification. If a Deliverable Review Team member requires clarification she or he will notify the Deliverable Lead who in turn will coordinate with the Deliverable Developer for the information. If the Deliverable Lead or a Deliverable Review Team member encounters a critical issue while reviewing a deliverable, that issue must be raised immediately to the PMO and not held for a deliverable review comment.

The DOEA eCIRTS Project Manager will schedule a meeting with the Vendor Project Manager and Workstream Lead on or about the date which the comments are expected to be returned to the Workstream Lead. The DOEA eCIRTS Project Manager, the Deliverable Review Team, the Vendor Project Manager, and the Workstream Lead will review the comments at that time to seek clarification and/or resolution to the deliverable review comments.

For larger deliverables where the comment volume is expected to be high, it is very important to build time into the deliverable review process for deliverable sub-team and review team to perform comment QA and consolidation. The approach to both developing and reviewing a large deliverable will be defined and agreed upon during the Expectations and Acceptance Criteria process and documented in the DED to include examining and modifying the Deliverable Review Comment spreadsheet/template to accommodate the format and vocabulary of the deliverable.

### ***11.8.3 DELIVERABLE REVIEW PERIOD GUIDELINES***

The standard deliverable review period is a guideline and will be evaluated for each deliverable based on type, size, and complexity. In the absence of a contractual obligation, a reasonable review period for a deliverable must be agreed upon by the DOEA eCIRTS Project Manager, and the Vendor Project Manager prior to beginning the review process. When developing the schedule, the Vendor has leeway to determine the length of its internal review if it does not impact the deliverable due date.

The table below summarizes the standard deliverable review period.

<b>DELIVERABLE SUBMISSION PROCESS</b>	<b>TASK DURATION</b>
Conduct DOEA Review	2 days per 50 pages
Remediate Issues from DOEA Review	5 days
DOEA Review of Vendor Remediation	1 day per 50 pages
Final Delivery and Signoff	1 day

**Table 24: Deliverable Review and Approval Timeline**

The table below outlines recommended deliverable review guidelines.

<b>DELIVERABLE TYPE</b>	<b>SIZE</b>	<b>DELIVERABLE REVIEW FORM</b>
Microsoft Word	1-150 pages	SharePoint Collaboration
	150-500 pages	SharePoint Collaboration
	500+	SharePoint Collaboration
Others (Microsoft Project, Microsoft Visio, Microsoft Excel, etc.)	All	SharePoint Collaboration

**Table 25: Sample Deliverable Review Guidelines**

#### **11.8.4 DELIVERABLE REVIEW ISSUE RESOLUTION**

Throughout this process, the DOEA Project Manager will work with the Workstream Lead, the Vendor Project Manager, and the Deliverable Stakeholders to resolve issues as they arise. For example, after the compliance acceptance, if at any time during the deliverable review process, the Deliverable Review Team determines the deliverable does not meet minimum expectations to a level where the deliverable must be rejected, they will communicate their objections to the Deliverable Lead. If the DOEA eCIRTS Project Manager and Vendor Project Manager are unable to come to an agreement, an issue must be created and escalated to the PMO using the PMP Issue Item management process, who may resolve the issue or solicit executive input. For details, refer to the Issue Item Management Process in this document. The DOEA Project Manager is responsible to ensure that the resolution to an issue is communicated to all Deliverable Stakeholders.

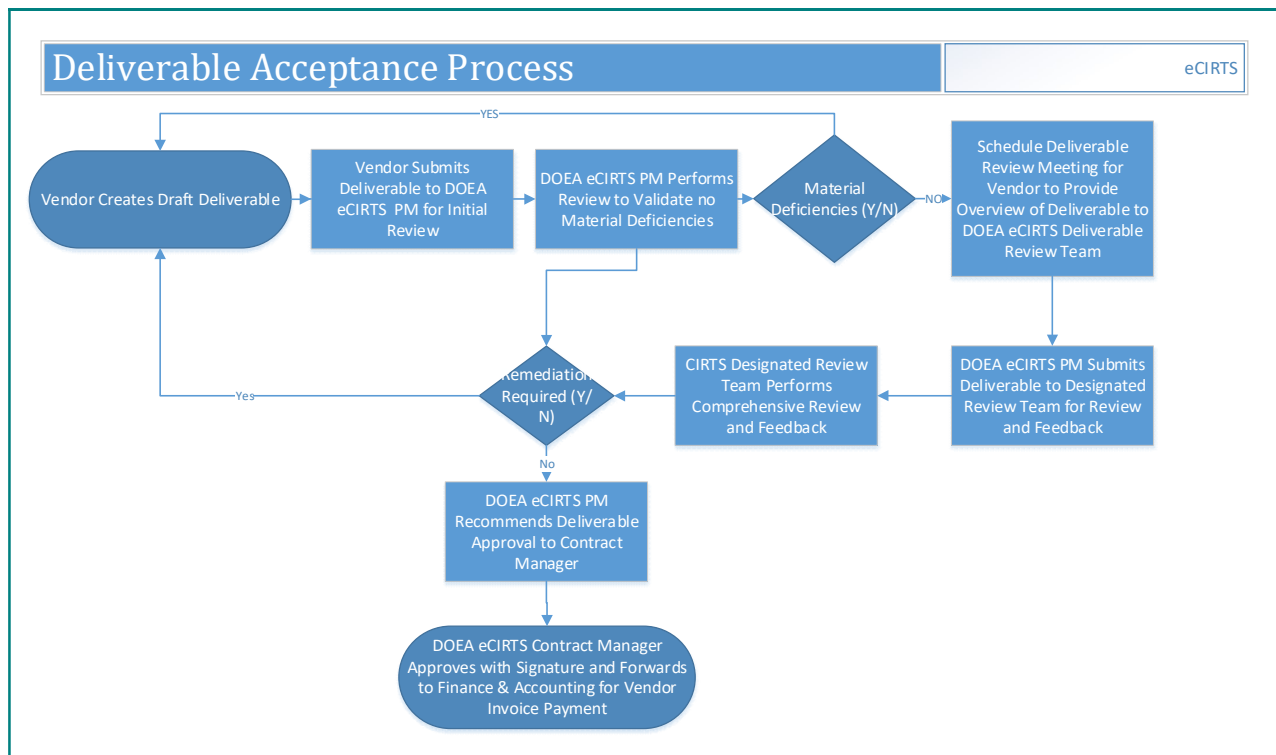
If it is determined a deliverable is materially insufficient and is rejected, the review cycle will end immediately. The DOEA eCIRTS Project Manager will manage a high-level review of the deliverable to find any other fatal flaws then begin the issue process. Part of the issue resolution process will be to determine how to move forward with the deliverable and the effects on the project schedule.

## 11.9 DELIVERABLE ACCEPTANCE PROCESS

The Deliverable Acceptance Process outlines the steps taken to officially accept a deliverable, and if applicable, approve it for payment. Once the deliverable review process is complete, the Deliverable Lead will provide his or her accept/reject recommendation to the Project Manager.

The DOEA eCIRTS Project Manager notifies the Project Manager of acceptance or rejection of the Deliverable. If the DOEA eCIRTS Project Manager recommends acceptance, the Contract Manager approves with signature and forwards the final deliverable with an updated DED indicating department approval to Contract Management for invoice payment. If the DOEA eCIRTS Project Manager does not recommend approval, meetings are conducted with the DOEA Project Manager, the Vendor Project Manager, and where necessary, the Executive Sponsor to remediate any discrepancies. Once the identified discrepancies are corrected and the final deliverable is approved, the DOEA Project Manager forwards the final deliverable with an updated DED indicating department approval for invoice payment. This ends the Deliverable Acceptance process.

The following exhibit is a high-level diagram of the Deliverable Acceptance Process:



**Exhibit 17: Deliverable Acceptance Process**

The table below provides detail about the tasks associated with the Deliverable Acceptance Process.

<b>TASK</b>	<b>DESCRIPTION</b>	<b>RESPONSIBLE ACTOR(S)</b>
Send Deliverable Comments, Approval Recommendation and Completed DED	The DOEA Project Manager sends the completed Deliverable Review Feedback Form, a completed DED and recommendations for approval to the Contract Manager.	DOEA Project Manager
Review Final Deliverable Materials and Recommendations	The DOEA Project Manager reviews the materials and makes an approval determination.	DOEA Project Manager
Determine if a Meeting is Required	The DOEA Project Manager determines if there are any outstanding or unresolved action items or criteria for approval and if so, requires a Deliverable Acceptance Meeting be scheduled. If Yes, advance to "Coordinate Deliverable Acceptance Meeting." If No, advance to "Approve Final Deliverable."	DOEA Project Manager
Coordinate Deliverable Acceptance Meeting	The DOEA Project Manager schedules the Deliverable Acceptance Meeting with the Contract Manager and Vendor Project Manager and any other relevant project stakeholders required to address and resolve outstanding action items.	DOEA Project Manager Contract Manager Vendor Project Manager
Conduct Deliverable Acceptance Meeting	The DOEA Project Manager facilitates the Deliverable Acceptance Meeting to ensure all outstanding action items are addressed.	DOEA Project Manager PMO Manager Vendor Project Manager
Remediate Acceptance Criteria Gaps and Resubmit Final Deliverable	The Workstream Lead updates the Final Deliverable Draft based on the outstanding acceptance criteria and resubmits an updated version of the Final Deliverable.	Workstream Lead
Distribute Resubmission of Final Draft	The DOEA Project Manager PMO Manager Vendor Project Manager redistributes the updated final Deliverable to the designated Deliverable Review Team members.	DOEA Project Manager Contract Manager Vendor Project Manager

<b>TASK</b>	<b>DESCRIPTION</b>	<b>RESPONSIBLE ACTOR(S)</b>
Review Resubmission of Final Draft	The DOEA Project Manager works with the Review Team to facilitate the review the Final Deliverable to ensure that the outstanding acceptance criteria have been addressed.	DOEA Project Manager Deliverable Review Team
Determine if Acceptance Criteria are Met	If Yes, the DOEA Project Manager documents the resolution of the outstanding acceptance criteria and gives recommendation to approve the final deliverable. If No, the DOEA Project Manager works with the Vendor Project Manager to remediate acceptance criteria.	DOEA Project Manager
Determine if Issues Exist	If Yes, and there are issues that prevent the acceptance of the Final Deliverable, go to the Issue Item Management Process to resolve the outstanding issues.	DOEA Project Manager
Send Resubmission Documentation and Approval Recommendation	The DOEA Project Manager sends the updated Deliverable Review Feedback Form, Final Deliverable and DED for approval to the DOEA PMO Manager.	DOEA Project Manager
Approve Final Deliverable	The DOEA PMO Manager approves the Final Deliverable and signs the DED indicating the Acceptance criteria have been met and the Deliverable has been approved. The DOEA PMO Manager sends an email notification to the Deliverable Stakeholders informing them of the approval.	DOEA Contract Manager
Submit Baselined Deliverable for Payment	The Deliverable Developer baselines the approved Final Deliverable based on the Document Management Process and submits the Baselined Deliverable to the DOEA Project Manager.	Vendor Project Manager



TASK	DESCRIPTION	RESPONSIBLE ACTOR(S)
Send Baselined Deliverable, DED to Contract Manager and Archive on eCIRTS SharePoint Site	The DOE Project Manager conducts a quality review check to make sure the Baselined Deliverable complies with the Project Document Management standards. If Yes, the DOE Project Manager sends the Baselined Deliverable and updated and completed DED to the Contract Manager. The DOE Project Manager archives the Baselined Deliverable on the Project SharePoint Electronic Repository.	Vendor Project Manager
Submit Baselined Deliverable and DED to the department's Finance and Accounting office for Payment	The DOE Contract Manager submits the Baselined Deliverable, the signed DED and the Invoice for Payment to the department's Finance and Accounting office.	DOEA Contract Manager

**Table 26: Deliverable Acceptance Process Description**

For larger deliverables, the additional signoff and control forms may be required to track approval of iterative and incremental reviews of smaller components of the deliverable across the Deliverable Review Teams and Sub-Teams. If the Deliverable Reviewers are satisfied the vendor deliverable has met all contractual obligations, the DOE Contract Manager finishes the acceptance process by notifying the Deliverable Developer of deliverable acceptance and beginning the invoicing process.

Should the DOE Contract Manager have questions regarding the recommendation and supporting documentation provided to substantiate the acceptance of the deliverable, a contract review meeting will be held to address any outstanding concerns. The DOE Contract Manager is responsible for notifying the Vendor Project Manager and the DOE Project Manager of the concern. The DOE Project Manager is responsible for coordinating the Contract Review Meeting with the DOE PMO Manager, the Vendor Project Manager, the Workstream Lead, and the Executive Sponsor as appropriate. The DOE Contract Manager and DOE Project Manager are responsible for working with the Vendor Project Manager and the Workstream Lead to resolve any concerns as well as provide the necessary documentation to demonstrate contractual compliance for acceptance and payment of the deliverable.

### **11.9.1 TRACKING CHANGES AND/OR UPDATES TO APPROVED DELIVERABLES**

For those deliverables requiring scheduled updates as part of their standard lifecycle as well as for those deliverables requiring changes based on upstream or downstream modifications to other integrated deliverables in the schedule, it is necessary to track interim changes as they occur in between the scheduled updates to the approved deliverables. How interim changes are tracked will be defined and agreed upon prior to the approval and baselining of a deliverable. Once a deliverable has been approved and baselined, the deliverable is submitted to the DOE Project Manager, posted, and stored in the eCIRTS

Project SharePoint site. The Requirements for subsequent updates and changes to approved and baselined project deliverables as well the responsible party for the change should be defined the DED.

**11.10 eCIRTS PROJECT DELIVERABLE TABLE**

The eCIRTS Project Deliverables listed below are those project deliverables that will likely be used as a starting point in the Invitation to Negotiate (ITN). As more definitive information becomes available during the procurement process the final deliverables will be refined and included as component of the contract.

#	Phase	Deliverables	Contractor/ Subcontractor	Deliverable Cost
1.	Plan Phase	<p><b>Project Management Plan</b>                      The Project Management Plan includes the PM Plan and sub-plans such as the scope management and resource management plans. The contractor shall leverage the enterprise Project Management Plan developed by the eCIRTS Pre-DDI Project’s planning vendor in developing their Project Management Plan.                      Additional plans of the Project Management Plan that shall be updated by the contractor include:</p> <ul style="list-style-type: none"> <li>▪ Project Plan Summary;</li> <li>▪ Project Scope Management Plan;</li> <li>▪ Resource Management Plan;</li> <li>▪ Risk Management Plan;</li> <li>▪ Communication Plan;</li> <li>▪ Organizational Change Management (OCM) Plan;</li> <li>▪ Workforce Transition (WFT) Plan; and</li> <li>▪ Project Change Management Plan.</li> </ul>		
2.	Plan Phase	<p><b>eCIRTS Project Schedule and Work Breakdown Structure (WBS)</b>                      The eCIRTS Project Schedule and WBS deliverable defines the detailed task, milestone, and resource list for the delivery of the project.</p>		
3.	Plan Phase	<p><b>Quality Management Plan</b>                      The Quality Management Plan deliverable defines the approach for the review and assurance of quality delivery of the overall solution.</p>		

#	Phase	Deliverables	Contractor/ Subcontractor	Deliverable Cost
4.	Plan Phase	<p><b>Security Management Plan</b> The Security Management Plan deliverable defines the security protocols, controls, approaches and verifications that will be implemented during the delivery of the project.</p>		
5.	Define Phase	<p><b>Benefits Realization Plan</b> The Benefit Realization Plan documents the quantifiable metrics that are developed and tracked to measure the benefits of the new solution.</p>		
6.	Define Phase	<p><b>Fit Gap Analysis and Requirements Validation</b> The Fit Gap Analysis and Requirements Validation deliverable identifies the gaps between the current and future state requirements of the Department, and then provides a list of the prioritized, validated and approved requirements.</p> <p>Supporting components to the Fit Gap Analysis and Requirements Validation that shall be provided by the contractor include:</p> <ul style="list-style-type: none"> <li>▪ Process Models.</li> </ul>		
7.	Define Phase	<p><b>Requirements Traceability Matrix (RTM)</b> The RTM deliverable defines the system requirements that must be met by the delivered solution. The RTM shall correspond with Use Cases developed by the contractor and provide full traceability of the requirements.</p>		

#	Phase	Deliverables	Contractor/ Subcontractor	Deliverable Cost
8.	Design Phase	<p><b>Systems Design Document</b> The Systems Design Document deliverable describes, conceptually in business language the approach for tailoring the system to meet the requirements as defined in the RTM.</p> <p>Supporting documents to the Systems Design Document that shall be provided by the contractor include:</p> <ul style="list-style-type: none"> <li>▪ Business Design Document;</li> <li>▪ User Interface Control Document;</li> <li>▪ Systems Integration Document;</li> <li>▪ ER Diagram;</li> <li>▪ Data Dictionary;</li> <li>▪ Infrastructure Requirements;</li> <li>▪ Security Requirements;</li> <li>▪ ADA Compliance Requirements;</li> <li>▪ Maintenance Requirements;</li> <li>▪ User Documentation Requirements.</li> </ul>		
9.	Design Phase	<p><b>Report Development Inventory</b> The Reports Development Inventory deliverable contains the confirmed list of reports that will be delivered as part of the solution.</p>		
10.	Design Phase	<p><b>Correspondence Development Inventory</b> The Correspondence Inventory deliverable will contain the confirmed list of correspondence that will be delivered as part of the solution.</p>		
11.	Design Phase	<p><b>Interface Development Inventory</b> The Interface Development Inventory deliverable contains the confirmed list of interfaces that will be delivered as part of the solution.</p>		

#	Phase	Deliverables	Contractor/ Subcontractor	Deliverable Cost
12.	Design Phase	<p><b>Architectural Design Document</b> The contractor shall develop an Architectural Design Document that will include the infrastructure and application topology for the system. This should include network topology, subnets and network inventory, machine interconnects, compute, and storage resources, backup, and Disaster Recovery environment specifications, physical and logical diagrams, and complete bill of materials for the hardware and software to support the complete solution.</p>		
13.	Design Phase	<p><b>Interface Specification Design Document</b> The Interface Specification Design Document deliverable will define for each interface the target system, transformation required, coordination, schedule, etc.</p>		
14.	Develop Phase	<p><b>Development and Unit Test Standards</b> The Development Code and Unit Test Standards deliverable defines the process to which modules will be developed, presented and unit tested prior to release to the testing work stream.</p>		
15.	Develop Phase	<p><b>Module Completion Report</b> The Module Completion Report deliverable is a milestone document that identifies enhancements made and items to be completed (bugs, fixes, etc.) and indicates a defined module or configured component is ready for promotion to the testing work stream.</p> <p>The Module Completion Report is to be completed at the end of:</p> <ul style="list-style-type: none"> <li>▪ Code Unit Testing;</li> <li>▪ Reports Development;</li> <li>▪ Forms and Correspondence Development.</li> </ul>		

#	Phase	Deliverables	Contractor/ Subcontractor	Deliverable Cost
16.	Develop Phase	<p><b>Data Conversion Plan</b></p> <p>The Data Conversion Plan deliverable details the methods and processes to execute the required data conversions from the legacy systems to the eCIRTS system. This should also include:</p> <ul style="list-style-type: none"> <li>▪ Identification of all legacy applications for a Release;</li> <li>▪ Master data elements;</li> <li>▪ Data Element Mapping Crosswalk;</li> <li>▪ Data governance approach; and</li> <li>▪ Iterative Data Conversion Results (per cycle).</li> </ul>		
17.	Develop Phase	<p><b>Final Conversion Report</b></p> <p>The Final Conversion Report deliverable provides the detailed metrics and disposition of data elements from the legacy system to the eCIRTS solution.</p>		
18.	Develop Phase	<p><b>Master Test Plan</b></p> <p>The Master Test Plan deliverable defines the process and approach for all comprehensive levels of testing and the testing work streams, such as system integration, performance, unit, accessibility, regression, and security testing.</p> <p>Supporting plans to the Master Test Plan that shall be provided by the contractor include:</p> <ul style="list-style-type: none"> <li>▪ Unit Test Plan</li> <li>▪ System Test Plan</li> <li>▪ User Acceptance Plan</li> <li>▪ Final Back Out Plan for Controlled Test Environment;</li> <li>▪ Final Test and Validation Plan;</li> <li>▪ Performance Test Plan;</li> <li>▪ Security Test Plan;</li> <li>▪ UAT Training and Support Plan;</li> <li>▪ System Investigation Request Log; and</li> <li>▪ Key Performance Measures Criteria Report.</li> </ul>		

#	Phase	Deliverables	Contractor/ Subcontractor	Deliverable Cost
19.	Test Phase	<p><b>System Integration Test Scripts</b></p> <p>The System Integration Test deliverable defines the scripts aligned to use cases to systematically verify the solution operations.</p>		
20.	Test Phase	<p><b>Develop UAT Scripts</b></p> <p>The UAT Scripts deliverable defines the scripts that will be used to execute UAT.</p>		
21.	Test Phase	<p><b>Infrastructure Management Plan</b></p> <p>The Infrastructure Management Plan deliverable defines the process and approach to tracking and managing infrastructure resources and their support plans and the licensing management. Supporting plans to the Infrastructure Management Plan that shall be provided by the contractor include:</p> <ul style="list-style-type: none"> <li>▪ System Management Plan.</li> </ul>		
22.	Test Phase	<p><b>Security Verification</b></p> <p>The Security Verification deliverable documents the results and successful execution of the security testing procedures documented in the Security Testing Plan.</p>		
23.	Test Phase	<p><b>Test/Analysis Problem Report</b></p> <p>The Test/Analysis Problem Report deliverable defines the outcome of the systems integrations testing.</p>		
24.	Test Phase	<p><b>Application Owner User Acceptance (UAT Completion)</b></p> <p>The UAT Completion deliverable provides the detailed results of the UAT execution and sign-off.</p>		

#	Phase	Deliverables	Contractor/ Subcontractor	Deliverable Cost
25.	Implement Phase	<p><b>Detailed Implementation Plan</b> The Detailed Implementation Plan deliverable outlines the detailed processes and approach to the implementation of the eCIRTS solution. This shall include a Master Training Plan.</p> <p>Supporting plans to the Detailed Implementation Plan that shall be provided by the contractor include:</p> <ul style="list-style-type: none"> <li>▪ Updated Enterprise Schedule;</li> <li>▪ Administrator Training Plan;</li> <li>▪ User Training Plan;</li> <li>▪ Tester Training Plan;</li> <li>▪ Back Out Plan for Production;</li> <li>▪ Final Back Out Plan for Production Environment.</li> </ul>		
26.	Implement Phase	<p><b>Final Training Materials</b> The Final Training Materials deliverable consists of the procedures, interactive courses, schedule, support, curriculum, sample data, etc. needed to train the users of the eCIRTS.</p>		
27.	Implement Phase	<p><b>Final System and User Documentation Document</b> The Final System and User Documentation Document deliverable consolidates the system and user documentation to the Department required for the operation of the overall solution.</p> <p>Supporting documents to the System and User Documentation Document that shall be provided by the contractor include:</p> <ul style="list-style-type: none"> <li>▪ System Administration Manual;</li> <li>▪ User Manual;</li> <li>▪ Final System Administration Manual.</li> </ul>		
28.	Implement Phase	<p><b>Delivered System</b> The Delivered System deliverable defines the completion of the implementation of the system.</p>		



#	Phase	Deliverables	Contractor/ Subcontractor	Deliverable Cost
29.	Implement Phase	<p><b>Post Implementation Security Verification</b></p> <p>The Post Implementation Security Verification deliverable defines the results set from all security testing after the system has been implemented in production.</p>		
30.	Implement Phase	<p><b>Final Disaster Recovery Plan</b></p> <p>The Final Disaster Recovery Plan deliverable defines the approach for the recovery of the solution in the event of a disaster event. It details the roles, responsibilities, recovery point objectives, recovery time objectives and processes to be executed by the recovery team.</p> <p>Supporting plans to the Disaster Recovery Plan that shall be provided by the contractor include:</p> <ul style="list-style-type: none"> <li>▪ Initial Application Restoration Plan.</li> </ul>		
31.	Implement Phase	<p><b>Vendor Triage Daily Report</b></p> <p>The Triage Daily Report deliverable contains the open and resolved defects triaged by the implementation team and their status.</p>		
32.	Implement Phase	<p><b>Vendor Triage Weekly Summary Report</b></p> <p>The Triage Weekly Summary Report deliverable contains the metric summary of defects reported throughout the week on the Triage Daily Report.</p>		
33.	Implement Phase	<p><b>Post Implementation Warranty Evaluation Report</b></p> <p>The Post Implementation Evaluation Report deliverable details the lessons learned from the activities related to the implementation of the eCIRTS solution.</p>		
34.	Implement Phase	<p><b>Deployment Checklist</b></p> <p>The Deployment Checklist deliverable defines the systematic processes and timing that must be adhered to for the successful pre-implementation, implementation, and post-implementation of the eCIRTS solution.</p>		

#	Phase	Deliverables	Contractor/ Subcontractor	Deliverable Cost
35.	Operations and Maintenance	<p><b>Operations and Maintenance (O&amp;M) Plan</b> The Operations and Maintenance Plan describes resource organization, responsibilities, policies, and general procedures.</p>		
36.	Operations and Maintenance	<p><b>Quality Assurance Procedures and Standards Manual</b> The Quality Assurance Procedures and Standards Manual deliverable defines the thresholds and required testing procedures to maintain the quality of subsequent defect releases.</p>		
37.	Operations and Maintenance	<p><b>Vendor Weekly Status Reporting</b> The Vendor Weekly Status Report provides an executive overview of the system execution and detail of items to be released in the Monthly Performance Report.</p>		
38.	Operations and Maintenance	<p><b>Vendor Monthly Performance Report</b> The Vendor Monthly Performance Report deliverable includes the details of defects, enhancements and resolutions released in the solution for the month delivered.</p> <p>Supporting reports to the Monthly Performance Report that shall be provided by the contractor include:</p> <ul style="list-style-type: none"> <li>▪ Key Performance Measures Evaluation Report;</li> <li>▪ Change Log (if applicable).</li> </ul>		
39.	Operations and Maintenance	<p><b>Warranty Completion Report</b> The Warranty Completion Report deliverable provides a summary of the warranty items resolved during the Warranty period.</p>		

#	Phase	Deliverables	Contractor/ Subcontractor	Deliverable Cost
40.	Operations Transition	<p><b>Operations Transition Plan</b></p> <p>The Operations Transition Plan deliverable defines the processes and procedures and knowledge transfer to successfully transition the operation of the solution to another party.</p> <p>A supporting plan to the Operations Transition Plan that shall be provided by the contractor is the Turnover Plan.</p>		
41.	Operations Transition	<p><b>Transition Completion Report</b></p> <p>The Transition Completion Report deliverable summarizes the milestone of the transition of system operations to another party.</p> <p>Supporting documents to the Transition Completion Report that shall be provided by the contractor include:</p> <ul style="list-style-type: none"> <li>▪ Team Performance Evaluation Document; and</li> <li>▪ Turnover Completion Report.</li> </ul>		
42.	Project Closure	<p><b>Project Closure Report</b></p> <p>The Project Closure Report deliverable details the activities needed to close out all Project activities, tasks, and reports.</p> <p>Supporting reports to the Project Closure Report that shall be provided by the contractor include:</p> <ul style="list-style-type: none"> <li>▪ Project Lessons Learned Project Report;</li> <li>▪ Project Release Document (Signed);</li> <li>▪ Post Implementation Review Report;</li> <li>▪ Post Implementation Evaluation Report;</li> <li>▪ Change Log (Closed Out);</li> <li>▪ Contract(s) Closure.</li> </ul>		
43.	Project Closure	<p><b>Annual Update of Disaster Recovery Plan</b></p> <p>The Annual Update of Disaster Recovery Plan deliverable tracks the annual updates of the Disaster Recovery Plan as required.</p>		

**Table 27: eCIRTS Project Deliverables**

## SECTION 12      QUALITY MANAGEMENT PLAN

The quality and process performance objectives for this Project are to deliver value to the department and the State of Florida by completing the project on time, on budget, within scope, and with a high-quality solution as follows:

Objective	Description
On Time	Project outcomes, are delivered to DOEA on the dates agreed in the schedule and contracts.
On Budget	Overall project costs will not exceed the agreed budget in the contracts.
Within Scope	Agreed requirements are delivered.
High Quality	Solutions delivered will meet the agreed upon requirements and will have the necessary quality to provide value to DOEA.

**Table 28: Project Quality and Performance Objectives**

The Quality Management Plan identifies the processes, procedures, standards, and tools to monitor the quality of work delivered and to communicate these concepts across the eCIRTS Project Team. It outlines quality activities promoting adherence to the standards and processes defined for eCIRTS so the Project meets its objectives and expectations throughout its life cycle. This plan also describes the responsibilities and authority for accomplishing quality activities and identifies the required coordination of quality management with other areas of the Project.

### 12.1 QUALITY MANAGEMENT

This section identifies the performance metrics used to measure and manage the Project's performance and process improvement approach.

The eCIRTS Project uses performance measures to examine the progress team members are making toward the completion of their work and to assess how efficiently and effectively the work effort meets the project objectives. Project quality, risks and the overall status of the project are continuously assessed. This section identifies the metrics used to measure and manage the Project's performance. It also details the process and tools to collect the necessary base measures, how to calculate the metrics, analyze the results (including quantitative analysis) and report performance results.

Collection and analysis of performance measures is applied to individual project's management, development and maintenance processes including: Plan, Define, Design, Develop, Test, Implement and Post-Implementation. It also applies to workstreams within the Project that do not create development products, but set architectural and business directions used by development activities in designing solutions. Because the Project has multiple development or major enhancement efforts, the measurement process must be performed for each separate effort or release.

The Project Managers will capture and report performance metric information for management purposes. The selected performance data will be reported in the Key Metrics section of Status reports.

The eCIRTS Project Team will review the performance metrics reported and assess their usefulness for project management activities. Over time, DOEA may determine to stop reporting certain metrics, refine others, and make requests for additional metrics. The Executive Sponsor and the DOEA Project Manager will review targets for the metrics reported and make recommendations on targets that have not yet been set within this document and/or adjustments to target values. The Project Manager(s) will work together to determine if requested metrics can be reliably captured and reported before implementation.

## ***12.2 PROJECT METRICS***

The following table lists the “library” of measures collected, analyzed, and reported by the eCIRTS PMO. These metrics are used together with target and tolerance ranges as a management tool. Metrics will be reported as appropriate for the phase and type of work underway. Target and range values for the listed metrics are either based on industry data (e.g., defect containment model information) or the basic characteristic of the measurement (e.g., SPI being on schedule is a value 1.0 so a target near this value is set).

<b>Metric / Model Name</b>	<b>Goal</b>	<b>Question</b>	<b>Description</b>	<b>Formula</b>	<b>Analysis Level, Frequency</b>	<b>Target Values</b>	<b>Analysis Reporting</b>
Average Risk Exposure	All	Are risks and issues managed appropriately?	Risk Exposure is a relative weight of a risk, based on the probability the risk will be realized and the impact of the risk if it is realized. Average Risk Exposure measures the average level of Risk Exposure for all the Project's active risks. Determines the Project's effectiveness at mitigating risks.	Total Risk Exposure (summed products of probability and impact for all risks) / Number of Active Risks	Project Level; Weekly	< 3 (that is, average risk exposure is "Low," based on 3-point scales – High=3; Medium=2; and Low=1 – for both probability and impact.)	Project Status Report and/or Meeting
Contractual Deliverable Timeliness	On Time	Are deliverables completed on time?	The Contractual Deliverable Timeliness measure indicates whether the Project can complete and submit deliverables by the projected due date.	Number of Deliverables Submitted on Time / Total Number of Deliverables	Project Level; Monthly	.9 to 1, with 1 as target (all deliverables on time)	Project Status Report and/or Meeting
Schedule Performance Index	On Time	Are we meeting our schedule?	Schedule Performance Index (SPI) measures whether the Project is earning value at the scheduled rate. This metric can be used to assist managers in determining if a Project will be completed on time, if the current trends continue.	Budgeted Cost of the Work Performed (BCWP) / Budgeted Cost of the Work Scheduled (BCWS)	Team and Project Levels; Weekly Monthly	Between .84 and 1.09 with 1 as the primary target. Above 1 is better than below.	Project Status Report and/or Meeting

<b>Metric / Model Name</b>	<b>Goal</b>	<b>Question</b>	<b>Description</b>	<b>Formula</b>	<b>Analysis Level, Frequency</b>	<b>Target Values</b>	<b>Analysis Reporting</b>
Cost Performance Index	On Budget	Are actual costs on task with forecasted costs?	The Cost Performance Index (CPI) gives a measure of efficiency. It shows how efficiently the Project is spending budget dollars compared to how efficiently Project Management planned to spend them.	It is calculated by dividing Earned Value by the Actual Cost.	Team and Project Levels; Weekly Monthly	Between .84 and 1.09 with 1 as the primary target. Above 1 is better than below.	Project Status Report and/or Meeting
Contractual Deliverable Acceptance	High Quality	Are we meeting the department quality requirements?	Measures the percentage of submitted deliverables that the department has fully accepted.	Number of Deliverables (Fully Accepted, Conditionally Accepted, Rejected, Pending) by the Department / Number of Deliverables Submitted to the Dept. to date * 100%	Project Level Weekly; Program Level Weekly; Monthly	100% Accepted - Fully or Conditional	Project Status Report, Program Status Report, and/or Meeting

Metric / Model Name	Goal	Question	Description	Formula	Analysis Level, Frequency	Target Values	Analysis Reporting
Contractual Deliverables Average Days Late	On Time	Are deliverables completed on time?	This metric is used to determine the timeliness of contractual deliverable submissions to the department. This metric also may indicate if the project is meeting their planned schedule.	Contractual Deliverable Timeliness: Average Days Late = Sum of number of days late for all contractual deliverables that were late or are outstanding / number of contractual deliverables late or outstanding	Project Level; Weekly	< 1	Project Status Report and/or Meeting
Schedule Variance	On Time	Are we meeting our schedule?	Schedule Variance (SV) determines whether the project team is on, ahead, or behind schedule by calculating whether the team has completed (BCWP) work than scheduled (BCWS) for a given period.	Budgeted Cost of the Work Performed (BCWP) - Budgeted Cost of the Work Scheduled (BCWS)	Project Level; Weekly Monthly	Within 10% of schedule	Project Status Report and/or Meeting
Cost Variance	On Budget	Are actual costs on task with forecasted costs?	Cost Variance (CV) is the measure of cost performance on the Project. It is equal to earned value (EV) minus actual costs (AC). Any negative CV is often non-recoverable to the project.	$CV = EV - AC$	Project Level; Weekly Monthly	Within 10% of schedule	Project Status Report and/or Meeting

**Table 29: Project Metrics**



### 12.3 ROLES AND RESPONSIBILITIES

The various roles involved in the performance management process for the eCIRTS Project are briefly described below. Further details on the responsibilities are elaborated in the subsequent sections.

Role	Responsibility
Project Manager(s)	The Project Manager is responsible for identifying, referring, and providing recommended information/data regarding performance metrics.
Workstream Leads	The Workstream Leads are responsible for the planning, analysis, development, implementation, execution, and maintenance of process quality activities as required.
Schedule Coordinator(s)	<ul style="list-style-type: none"> <li>▪ Establish and socialize schedule management standards and best practices; Recommend exceptions to standards on a case-by-case basis</li> <li>▪ Coordinate the continuous, recurring process that represents the appropriate rigor for schedule management based on the phase or stage of the Project including               <ul style="list-style-type: none"> <li>○ Collect team schedules from vendor teams to incorporate in the Master Project Schedule.</li> <li>○ Collect progress updates from all the project workstreams</li> <li>○ Incorporate the updates and changes into the Master Project Schedule</li> <li>○ Facilitate analysis of progress updates and changes</li> <li>○ Provide the schedule and related analysis to the whole project team and identified stakeholders</li> <li>○ Facilitate time management discussions to resolve any schedule conflicts and issues</li> <li>○ Maintain the schedule management process documentation in the Schedule Management Plan as needed</li> </ul> </li> <li>▪ Maintain the Project Work Breakdown Structure chart</li> </ul>
Budget Coordinator	<ul style="list-style-type: none"> <li>▪ The planning, analysis, development, implementation, execution, and maintenance of cost activities as required.</li> </ul>

**Table 30: Project Roles and Responsibilities**

### 12.4 DATA INTEGRITY AND VALIDATION

The data submitted to support the Performance Measurement process must be of high integrity. The quality of the analysis and the ability for decision makers to trust the analysis is dependent on the quality of the data. It is important that the data collected, analyzed, reported, and submitted is accurate. The analysis of the data on the project level can only be beneficial if the data are “clean.”

The Project PMO Team will review the information being submitted to verify there is no missing data. The DOE Project Manager will review data submitted per the following guidelines:

- No missing data;
- Accurate data;
- Use of correct units of measure;
- Includes correct categories and types of data; and

- Consistently applies definitions of requested data.

## **12.5 ANALYSIS AND CORRECTIVE ACTION**

Corrective actions are used to identify how the project will remedy a problem in the performance of a project process. Corrective actions are required for key project processes associated to project metrics with organizational baseline limits. The following rules are used to determine if the process is not performing within acceptable tolerances and requires further analysis.

The first rule applies to all metrics.

- **Beyond Limits** – The current metric result is outside expected variance (from baselines, specifications, or thresholds), going by whichever set of limits is most strict.

The following rule applies only to time-based data (such as SPI), not to event-based data (such as peer reviews).

- **Trending in One Direction** – The metric result has been trending in one direction for at least five times in a row for weekly items (with lower tolerance employed for longer reporting periods).

If any metric results break of the applicable rules, they are analyzed to determine the root cause and, where appropriate, documented in the project's Status Report.

The Project PMO will analyze and determine root causes for those metrics with results **Beyond Limits** or those with results **trending in One Direction**. The eCIRTS Project PM Team will discuss and develop an action plan to address those root causes and report that plan to the Project Manager and during the status meeting. Any identified corrective actions will be logged and tracked to completion. Possible corrective actions include:

- **Schedule, Budget, or Work Plan rework** – Reassess estimates and approximations, prioritize, rework sequences, and add experienced personnel or additional resources.
- **Process Change or Review** – The creation or modification of the process, or retraining process users to address results.
- **Renegotiate service delivery targets or service level agreements** – Reassess service targets if they are not realistic given project budget, schedule, or other external constraints.

The Project PMO will complete a Change Request for those corrective actions that will affect project scope, budget, or schedule.

## **SECTION 13      DOCUMENT MANAGEMENT PLAN**

### ***13.1 OVERVIEW***

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

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

This approach is designed to ensure:

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

### ***13.3 PURPOSE OF DOCUMENT MANAGEMENT PLAN***

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

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

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

This document covers project documentation related activities including:

- Document Management Process
- Roles and Responsibilities
- Version Control

### ***13.5 DOCUMENT MANAGEMENT STRATEGY***

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

- The project uses Microsoft SharePoint to organize large, complex information sources and manage documents with multiple authors and approvers. SharePoint provides for version tracking, check-in, and check-out to ensure that only one person works on a document at a time, controlled document access based on user roles, and automated routing of documents to reviewers.

- DOEA has created a eCIRTS Project SharePoint document repository to manage documents.
- The approach and the document naming standards defined in this plan will be adhered to for all documents submitted to the DOEA.
- Backup and retention of documents will be managed by established SharePoint vendor procedures.
- As relevant project documentation, including hard copy documents (i.e., charts, graphs, and other supporting documents) are gathered, to the extent practicable and as determined appropriate, documents will be scanned and stored in SharePoint following standards and processes defined in this plan.
- Each project document should have an owner who is responsible for the creation of and updates to the document throughout its useful life.

## ***13.6 DELIVERY DOCUMENT LIFECYCLE MANAGEMENT***

### ***13.6.1 DOCUMENT NAMING STANDARDS***

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

- yyyyymmdd-Artifact-Name-v#.## (Example: 20160721-Document-Management-Plan-v0.01) where:
  - yyyyymmdd – Replace this value with the 4-digit year, 2-digit month, 2-digit day;
  - Artifact Name – Replace this value with the deliverable name and always use hyphens instead of spaces. Additional text or details to the name of the file (No initials, change details, etc.) will not be added. The Revision History table included in each document template will be used to include the details of what was changed in each version; and
  - V#.## is the version tracking.

### ***13.6.2 DOCUMENT REPOSITORY AND VERSION CONTROL***

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

### ***13.6.3 VERSION CONTROL***

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

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

#### **13.6.4 DELIVERABLE ACCEPTANCE FORM**

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

## **SECTION 14 PROJECT COMMUNICATION**

### **14.1 OVERVIEW**

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

### **14.2 PURPOSE**

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

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

The communication process was developed to ensure project stakeholders and team members stay informed concerning the status of project initiatives. However, the existence of a defined process does not confirm effective communications. The project team's execution of the communication processes is the driver for the successful communication.

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

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

### **14.3 SCOPE**

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

The target audience for this plan includes:

- Project team members
- All project participants
- Project internal stakeholders

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

#### 14.4 ROLES AND RESPONSIBILITIES

Communication is an ongoing function within the project and are directed toward internal DOEA stakeholder groups and the project team. The project team will work closely with stakeholder groups to ensure communication needs are met and will adjust per feedback received. Roles and responsibilities for project communications are listed below.

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

**Table 31: Project Communication Roles and Responsibilities**

#### 14.5 STAKEHOLDER CONTEXT

The successful outcome of any Project relies on effective communications to the broad stakeholder population. Elements of effective communication for the project are stakeholder-driven; therefore, the planning process must include identifying all stakeholders. The stakeholder identification and analysis determines the most effective types and frequency of information stakeholders require to perform their role and to meet their responsibilities within the project.

### 14.5.1 STAKEHOLDER ANALYSIS

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

- Entities and individual participants;
- Contact information;
- Role in the project;
- Project communication needs;
- Project impact assessment; and
- Special considerations.

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

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

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

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

Stakeholder	Internal/ External	Stakeholder Description
DOEA Staff	Internal	Employees or subcontractors within DOEA
Providers	External	Individuals or organizations which provide home and community based programs and services.
Clients	External	Florida citizens who receive DOEA services.
Advocacy Groups	External	Those groups who advocates on behalf of DOEA clients and providers.
Agency for State Technology	External	State of Florida technology agency responsible for setting standards and providing oversight for IT projects.
Legislature and Governor's Office	External	State of Florida governing body who approves funding for IT initiatives

Stakeholder	Internal/ External	Stakeholder Description
Impacted Agencies	External	External Agencies impacted by the eCIRTS project.

**Table 32: Stakeholder Management Matrix**

## **14.6 REQUIRED COMMUNICATIONS**

### **14.6.1 STATUS REPORTS**

As part of the status meeting the Vendor will provide a published status report distributed to the project team members and stakeholders. The Vendor PM will create and DOEA Project Managers will review and distribute the Status Report. The frequency of status submission agreed to between the DOEA and Vendor PMs during project initiation meetings is.

### **14.6.2 STATUS MEETINGS**

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

### **14.6.3 MEETING AGENDAS**

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

### **14.6.4 ADDITIONAL COMMUNICATION**

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

## **14.7 COMMUNICATION DISTRIBUTION**

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



<b>Communication Type</b>	<b>Stakeholders</b>	<b>Medium</b>	<b>Frequency</b>	<b>Reporting Member</b>
ESC Status Meeting and Report	Executive Steering Committee	In-Person	Monthly	DOEA Director and DOEA Project Manager
Project Status Report	Project Sponsor, Business Sponsor, DOEA, Project Manager, Project Team	Email	Bi-Weekly	DOEA, Project Manager, Vendor Project Manager
Project Status Meeting	Project Director, Identified Project Team Members	In-Person/ Skype	Bi-Weekly	DOEA Project Manager, Vendor Project Manager, and IV&V
Meeting Agendas and Minutes	As needed	Email	As needed	Project Team

**Table 33: Project Communication Roles and Responsibilities**

**Department of Elder Affairs eCIRTS Project**  
**Schedule IV-B Technology Planning**  
**Current Information Technology Environment**  
*Schedule IV-B, Section VI.A.1 (Current System)*

Entity	Description of Current System/Function	Systems/Tools
DOEA	DOEA provides direct services through its Division of Statewide Community-Based Services to deliver essential services to the elder population of Florida.	Adult Care Food Program Automated Contract Management System Adult Protective Services Referral Tracking Tool CIRTS DOEA Reporting Systems DOEA Tracking Systems ReferNET User Management System
AAAs/ADRCs	AAAs respond to the needs of Americans 60 and over in every local community by providing a range of options allowing older adults to choose home and community-based services and living arrangements. ADRCs provide information and referrals to elders, and adults age 18 and older who have a serious mental illness (such as bipolar disorder, schizophrenia, or clinical depression) or intellectual disability.	CIRTS Google Calendar ReferNET Square 9 SmartSearch TimeTap
Lead Agency	Lead Agencies assist functionally impaired elderly persons to live dignified and reasonably independent lives in their own homes, homes of relatives or caregiver's home.	CIRTS
Questions a.1-9	CIRTS	ReferNET
1) Total Number of Users	1,748 - External AAA network business users; 284 - DOEA CARES field offices business users; and <u>79 - DOEA headquarters business users.</u> 2,111 - Total Users	4 users at DOEA Headquarters 30 users in PSA 1 58 users in PSA 2 32 users in PSA 3 29 users in PSA 4 27 users in PSA 5 33 users in PSA 6 27 users in PSA 7 29 users in PSA 8 86 users in PSA 9 32 users in PSA 10 56 users in PSA 11 443 Total Users
2) Number and percent of transactions handled by the system	1,100,000 transactions per month. Approximately 4.5% of these are done through a batch process.	319,074 - Information 40,224 - Intake: <u>78,641 - Referral and Assistance</u> 437,939 - Total transactions during fiscal year 2015-2016

3) Requirements for public access, security, privacy, and confidentiality	<ul style="list-style-type: none"> <li>• Chapter 74-2, F.A.C.</li> <li>• Chapters 119, 400, 415, 429, 430, and 744, F.S.</li> <li>• Health Insurance Portability and Accountability Act (HIPAA)</li> <li>• Sections 282.318 and Sections 282.601-282.606, F.S.</li> <li>• 42 CFR Part 431, Subpart F</li> <li>• 45 CFR 205.50</li> </ul>	Chapter 74-2, F.A.C.
4) Hardware Characteristics	<p>Built on a 3-tiered Oracle 10g and 11g database platform and hosted by the AST State Data Center.</p> <p>Consisting of:</p> <ul style="list-style-type: none"> <li>7 Physical Database Servers</li> <li>4 Virtual Database Servers</li> <li>5 Application Servers</li> </ul>	ReferNET is system hosted by RTM Designs on their proprietary database platform.
5) Software Characteristics	<p><u>Operating Systems:</u></p> <ul style="list-style-type: none"> <li>Oracle Solaris</li> <li>SUSE Linux</li> <li>Microsoft Windows</li> </ul> <p><u>Database Platform:</u></p> <ul style="list-style-type: none"> <li>Oracle Applications</li> <li>Oracle Forms</li> <li>Oracle Reports</li> </ul> <p><u>Stored procedures:</u></p> <ul style="list-style-type: none"> <li>PL/SQL</li> </ul>	ReferNET is system hosted by RTM Designs that is accessible via Remote Desktop Connection.
6) Existing system or process documentation	<p>Existing system documentation:</p> <ul style="list-style-type: none"> <li>Appendix K - CIRTS User Guide for CARES 2013.pdf</li> <li>Appendix O - CIRTS User Guide for Aging Networks 2007.pdf</li> </ul>	System and process documentation for ReferNET is available on the RTM Designs web site: <a href="http://refersoftware.com/ContactUs.aspx">http://refersoftware.com/ContactUs.aspx</a>
7) Internal and External Interfaces	<p>Agency for Health Care Administration (Tri-Monthly, Inbound):</p> <ul style="list-style-type: none"> <li>Active waiver enrollment information for Statewide Medicaid Managed Care Long Term Care (SMMC LTC) and Program of All-Inclusive Care for the Elderly (PACE) programs; terminated enrollment information; SMMC LTC Complaints.</li> </ul> <p>Department of Children and Families (Quarterly, Inbound):</p> <ul style="list-style-type: none"> <li>DCF's Aging Out Program (Individuals 60+).</li> </ul> <p>Department of Health (Daily, Inbound):</p> <ul style="list-style-type: none"> <li>Death certificate data of individuals 18+.</li> </ul> <p>Enrollment Broker (Daily, Outbound):</p> <ul style="list-style-type: none"> <li>Client information with the 701B/701T and LOC documentation for the SMMC LTC program and HCBS waiver.</li> </ul> <p>Service Providers (Ad hoc, Inbound):</p> <ul style="list-style-type: none"> <li>DOEA Electronic Data Interchange (EDI) file exchange system.</li> </ul>	There are no internal or external interfaces for ReferNET.

8) Consistency with the agency's software standards and hardware platforms	<p><u>Consistent with DOEA's:</u> Microsoft Windows and Oracle database software standards</p> <p><u>AST State Data Center:</u> Hardware platform</p>	The only software needed to access ReferNET is the Remote Desktop Connection application built into Microsoft Windows which is the DOEA workstation operating system standard.
9) Scalability to meet long-term system and network requirements	It is not scalable and thus does not meet long-term system requirements.	The ReferNET system is scalable to meet long-term system and network requirements as it is a hosted solution supporting Aging Resource Networks and Call Centers in multiple states.

**Department of Elder Affairs eCIRTS Project**

**Schedule IV-B Technology Planning**

**Current Information Technology Environment**

**Schedule IV-B, Section VI.A.1.b (Current System Resource Requirements)**

**Schedule IV-B, Section VI.A.1.b.1 (Hardware and Software Requirements)**

Server Name	RAM	CPU	Cores	Operating System	Software
ADHOC/Dev6	64GB	2.0GHz	16	Oracle Linux 5.10	Oracle Database 10g
CIRT	64GB	2.8GHz	4	SUSE Linux 10.3	Oracle Database 10g
REPT	32GB	3.33GHz	2	SUSE Linux 10.3	Oracle Database 10g
DOEATS1	16GB	2.8GHz	2	Sun Solaris 10	Oracle Database 11g
DEOAPR1	48GB	2.9GHz	4	Oracle Solaris 11	Oracle Database 11g
EAOL10 (EDI)	10GB	2.0GHz	6	Oracle VM Server 2.2.1	N/A
EAOL16 (EDI)	10GB	2.0GHz	1	Oracle Linux 5.11	Oracle Application Server 11g
FMW (VM cluster 1)	40GB	2.5GHz	6	Oracle Solaris 11	Oracle Application Server 11g
FMW (VM cluster 2)	48GB	2.5GHz	6	Oracle Solaris 11	Oracle Application Server 11g
FMW (VM cluster 3)	8GB	2.5GHz	2	Oracle Solaris 11	Oracle Application Server 11g
FMWT (Test server)	16GB	2.4GHz	8	Oracle Solaris 11	Oracle Application Server 11g

**Schedule IV-B, Section VI.A.1.b.2 (Cost/Availability of maintenance or service for existing system hardware or software)**

The cost for maintaining the existing CIRTS system is referenced in Appendix A: Cost Benefit Analysis.

**Schedule IV-B, Section VI.A.1.b.3 (Staffing requirements, identifying key roles)**

Key Role	FTEs	Comments
Database Administrator	0.9	1 Database Administrator spending 90% of their time on CIRTS
Systems Administrator	0.75	1 System Administrator spending 75% of their time on CIRTS
Application Support	5.3	6 Developers spending approximately 90% of their time on CIRTS
<b>Total FTEs</b>	<b>6.95</b>	

**Schedule IV-B, Section VI.A.1.b.4 (Summary of the cost to operate the system)**

A summary of the cost to operate the CIRTS system is shown in Appendix A: Cost Benefit Analysis.

**Department of Elder Affairs eCIRTS Project  
Schedule IV-B Technology Planning  
Current Information Technology Environment  
Schedule IV-B, Section VI.A.1.c (Current System Performance)**

**Schedule IV-B, VI.A.1.c.1 (The ability of the system to meet current and projected workload requirements)**

The current system is unable to meet current and projected workload expectations.

CIRTS is supported on DOEA's standard Oracle version 10g and 11g platform which surpassed end-of-life support in December 2010 and January 2015, respectively. Therefore, the system can no longer receive software updates, security patches, and the development of new functionality is limited. Frequent statute and rule changes require updates to be made to the system to accommodate new business rules. There are only 2 temporary (OPS) staff available to make system modifications. Given the limitations of the outdated database platform and DOEA having a small number of application developers familiar with CIRTS design, CIRTS is not scalable or extensible enough to adequately meet the current and future workload requirements of DOEA staff.

**Schedule IV-B, Section VI.A.1.c.2 (Level of user and technical staff satisfaction with the system)**

The user and technical staff have a low level of satisfaction with the current system.

Current CIRTS users are dissatisfied with several shortcomings of the system including lack of ability to make modifications, no automated workflow processing, no calendaring and scheduling functionality, frequent system downtime, and reliance on paper-based processes to work around business functions the legacy CIRTS system is not capable of handling. DOEA technical staff are dissatisfied with not being able to update the CIRTS database platform to include new features and functionality, being severely limited in the ability to make system modifications as a result of not having historical knowledge of how the system was originally designed, and not having sufficient staff to support the system.

**Schedule IV-B, Section VI.A.1.c.3 (Current or anticipated failures of the current system to meet the objectives and functional requirements of an acceptable response to the problem or opportunity)**

The CIRTS database platform has gone beyond end-of-life support, system updates and modifications are very limited if not impossible. Therefore, when the Legislature enacts statutory changes that affect DOEA or DOEA promulgates new Florida Administrative Code rule changes, modifications to the system are hindered by lack of functionality and understanding of the business logic which can significantly delay, prevent modifications or require manual workarounds, and may restrict the ability to meet organizational objectives and business functional requirements.

**Schedule IV-B, Section VI.A.1.c.4 (Experienced or anticipated capacity or reliability problems associated with the technical infrastructure or system)**

The current CIRTS system suffers from poor performance, frequent downtime and loss of connectivity which directly affects DOEA staff productivity and efficiency, often requiring rework or manual work arounds. Further, adding needed functionality for system enhancements is severely restricted as CIRTS is running on outdated platforms that are no longer supported, thus making updates to existing code difficult or impossible.

**Department of Elder Affairs eCIRTS Project**  
**Schedule IV-B Technology Planning**  
**Current Information Technology Environment**  
**Schedule IV-B, Section VI.A.2**

**Schedule IV-B, Section VI.A.2 (Information Technology Standards)**

<p><b>State Law</b></p>	<ul style="list-style-type: none"> <li>• Chapter 74-2, F.A.C.</li> <li>• Chapter 119, F.S.</li> <li>• Chapter 400, F.S.</li> <li>• Chapter 415, F.S.</li> <li>• Chapter 429, F.S.</li> <li>• Chapter 430, F.S.</li> <li>• Chapter 744, F.S.</li> <li>• Section 282.318, F.S.</li> <li>• Sections 282.601-282.606, F.S.</li> </ul>
<p><b>Federal Law</b></p>	<ul style="list-style-type: none"> <li>• Health Insurance Portability and Accountability Act (HIPAA)</li> <li>• 42 CFR Part 431, Subpart F</li> <li>• 45 CFR 205.50</li> </ul>
<p><b>DOEA Policies</b></p>	<ul style="list-style-type: none"> <li>• DOEA 420.10 - Department of Elder Affairs Management Information Systems Policy and Procedures</li> <li>• 420.51 - DOEA Information Security Policy</li> <li>• 550.99 - DOEA Telework Alternative Work Locations</li> </ul>

**Department of Elder Affairs eCIRTS Project  
Schedule IV-B Technology Planning  
Current Information Technology Environment  
Schedule IV-B, Section VI.B (Hardware and Software Inventory)**

<b>Hardware/Software Description</b>	<b>Hardware/Software Type</b>	<b>Purchase Date</b>	<b>Warranty Date</b>	<b>Annual Costs</b>
ADHOC/Dev6 (adhoc.felder.org)	Physical Server	Hosted at AST SDC	Hosted at AST SDC	\$18,233.72
CIRT (test)	Physical Server	Hosted at AST SDC	Hosted at AST SDC	\$1,321.74
CIRTS (production)	Physical Server	Hosted at AST SDC	Hosted at AST SDC	\$11,657.69
REPT	Physical Server	Hosted at AST SDC	Hosted at AST SDC	\$8,374.15
DOEATS1 (sun125.dms.state.fl.us)	Physical Server	Hosted at AST SDC	Hosted at AST SDC	\$1,595.00
DOEAPR1 (sun139.dms.state.fl.us)	Physical Server	Hosted at AST SDC	Hosted at AST SDC	\$445.60
EAOL10 (EDI) (eaol10.felder.org)	Virtual Server	Hosted at AST SDC	Hosted at AST SDC	\$6,575.52
EAOL16 (EDI) (eaol16.felder.org)	Virtual Server	Hosted at AST SDC	Hosted at AST SDC	\$6,454.25
FMW	Cluster of 3 Virtual Servers	Hosted at AST SDC	Hosted at AST SDC	
FMWT (Test Server)	Physical Server	Hosted at AST SDC	Hosted at AST SDC	
sunvm16.dms.state.fl.us	Hypervisor	Hosted at AST SDC	Hosted at AST SDC	\$1,824.87
SUSE Linux 10.3	Operating System	Hosted at AST SDC	Hosted at AST SDC	\$12,862.52
Oracle Database 10g	Database Software	Hosted at AST SDC	Hosted at AST SDC	\$381,445.47
Oracle Database 11g	Database Software	Hosted at AST SDC	Hosted at AST SDC	\$63,574.24
Oracle Application Server 11g	Database Software	Hosted at AST SDC	Hosted at AST SDC	
<b>Total Annual Costs</b>				<b>\$514,364.77</b>

Two servers in the AST State Data Center (SDC) will be decommissioned upon implementation of the new eCIRTS system. Because the virtual servers that run the current CIRTS system are provided and hosted by the AST SDC, DOEA did not purchase the servers thus there is no applicable warranty expiration date. CIRTS currently runs in conjunction with eleven other Oracle applications. Some existing Oracle applications are being modified to work in APEX (an Oracle development platform that can be migrated to a Cloud based solution).





## **CIRTS**

*(Client Information & Registration  
Tracking System)*

## **User Guide for CARES**

**Florida Department of Elder Affairs  
December 2013**

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# ACCESSING CIRTS

There are several ways to access CIRTS. If working in the office you can double-click on the **CIRTS** icon on the desktop. If working in a remote setting you can access CIRTS by double-clicking on the **DOEA Portal** icon on the desktop.



If you do not have the above icons on your desktop, you can access CIRTS at <https://199.250.26.136> or the DOEA Portal at <https://e2.felder.org/nidp/app>.

You can select the **CIRTS** link from the Department of Elder Affairs Intranet site.

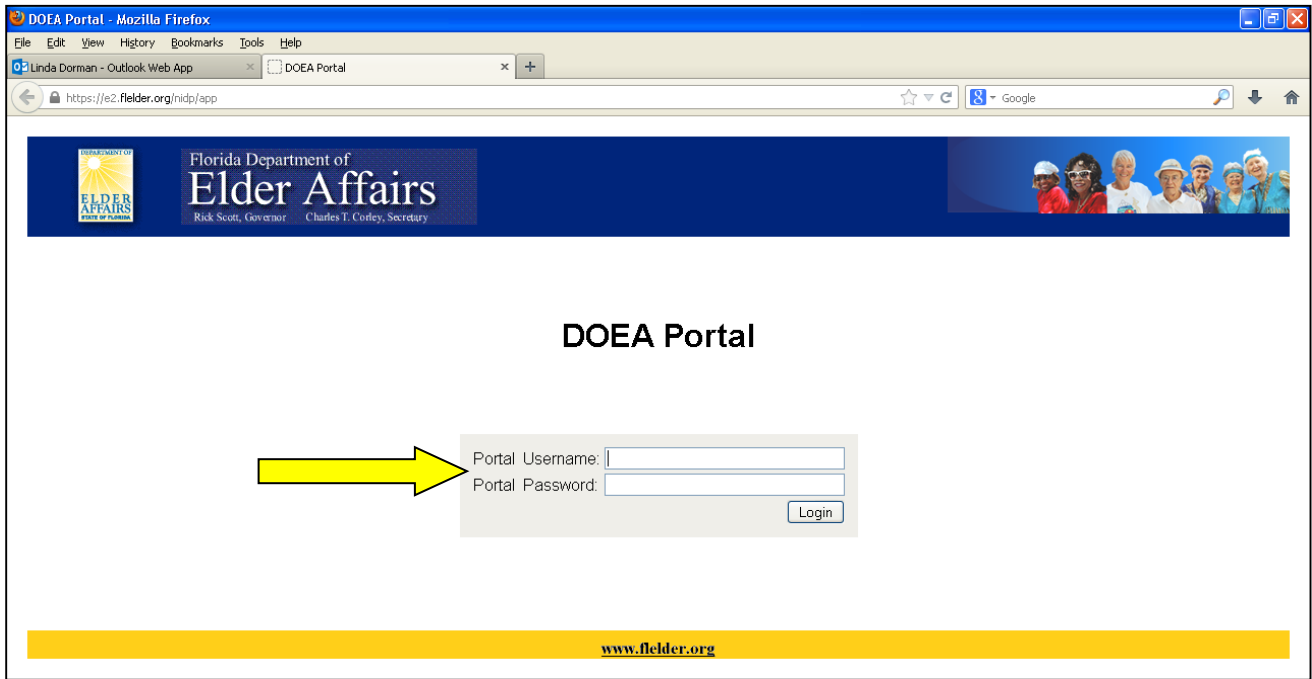
The screenshot shows the Department of Elder Affairs website with a navigation menu on the left. A yellow arrow points to the 'Enterprise Applications Login (CIRTS)' link under the 'Other' category.

Or you can access CIRTS from the DOEA Internet Home Page at <http://elderaffairs.state.fl.us/index.php>. Go to the Employee Corner (lower left side) then select DOEA Portal.

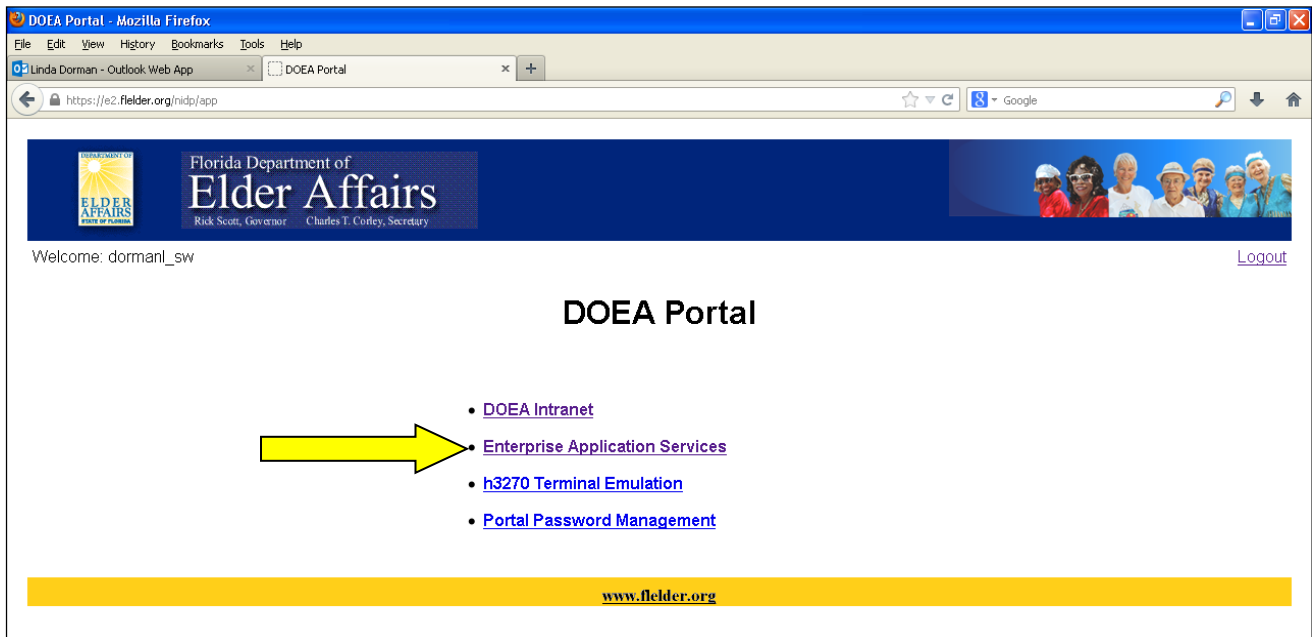
The screenshot shows the Department of Elder Affairs website home page. A yellow arrow points to the 'Employee Corner' link in the left-hand navigation menu.

## USING THE DOEA PORTAL

If you are working remotely and accessing CIRTSS via the DOEA Portal, you will first have to access the **VZ Access Manager**. Once connected to your wireless service, you can double-click the DOEA Portal icon. The DOEA Portal screen below will appear. Enter your portal username and password.



Once your portal user name and password have been accepted, another DOEA Portal screen will appear. From this screen you can access the DOEA Intranet, Enterprise Application Services, the Florida System (h3270 Terminal Emulation), and Portal Password Management. To access CIRTSS, select **Enterprise Application Services**.



## OPENING CIRTS

The **Enterprise Application Services** screen below will appear once you have double-clicked the CIRTS icon, completed the steps to access CIRTS via the DOEA Portal (icon or DOEA Internet Home Page), or selected the link on the DOEA Intranet site.


DOEA Oracle Single Sign-On - Mozilla Firefox

File Edit View History Bookmarks Tools Help

hfelder.org https://e4.felder.org/sso/jsp/login.jsp?site2pstoretoken=v1.2~6DC2A7D3~1177F8EA91FD51BF80EA88F20ED16A696203A7A89056337BF0CDD696F28887B3

Most Visited Getting Started Latest Headlines

DOEA Oracle Single Sign-On

 **Enterprise Application Services**

DOEA Mission: To foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities.

DOEA Vision: All Floridians aging with dignity, purpose, and independence.

Single Sign-On

[Click here](#) to add this site to Bookmarks!

[Click here](#) for PC Setup Instructions.

User Name

Password

Login

\* The Single Sign-On (SSO) password is case-sensitive.

Done

start DOEA Portal - Mozilla ... DOEA Oracle Single Si...

9:39 AM

- 1) Enter your **CIRTS** user name.
- 2) Enter your **CIRTS** password. This password is case-sensitive. If an error occurs, check to see if the Caps Lock is on.
- 3) Click the **Login** button or press the **Enter** key.

Once you have completed the above steps, the **Applications** screen will appear.

### **REMINDER:**

The first “**Click here**” provides steps to add the CIRTS login screen to your Favorites (Internet Explorer) or Bookmarks (Mozilla Firefox).

The second “**Click here**” provides steps to prepare a PC for the DOEA Enterprise Application Services website.

## APPLICATIONS SCREEN

DOEA Enterprise Application Services - Mozilla Firefox

Enterprise Application Services

DOEA Mission: To foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities.

DOEA Vision: All Floridians aging with dignity, purpose, and independence.

Applications Reports Documents Support

- ▶ [ACMS](#) - Automated Contract Management System
- ▶ [ADA and ALE Medicaid Waiver Paid Claims Query Tool](#)
- ▶ [ARTT](#) - APS Referral Tracking Tool
- ▶ **CIRTS** - Client Information and Registration Tracking System
- ▶ [CIRTS EDI File Exchange](#)
- ▶ [DOEA CDC+ Call Tracking System](#)
- ▶ [DOEA Correspondence Tracking System](#)
- ▶ [DOEA Disaster Deployment Tracking System](#)
- ▶ [DOEA Grant Tracking System](#)
- ▶ [DOEA Human Resources Tracking System](#)
- ▶ [DOEA Program Dashboard](#)
- ▶ [DOEA Public Guardians](#)
- ▶ [DOEA Registering ALF Core Trainers](#)
- ▶ [DOEA Training Management System](#)
- ▶ [Hospice Demographic and Outcome Measures Online Form](#)
- ▶ [LTCOP](#) - Long Term Care Ombudsman Program
- ▶ [Protected Health Information Disclosure Tracking System](#)
- ▶ [Security Incident Tracking System](#)

Start Discoverer Viewer Fetch Report Output Ad Hoc Query Change SSO Password Logout

Click the **CIRTS** link. *Note: The Caseworker Role will only see the first four items.*  
A window will appear with **RED** writing.

## WINDOW WITH RED WRITING

CIRTS - Windows Internet Explorer

https://204.156.255.21:4459/forms90/f90servlet?config=cirts

File Edit View Favorites Tools Help

Novell WebAccess DOEA Oracle Single Sign-On DOEA Intranet DOEA Application Portal Web Slice Gallery

CIRTS

**The CIRTS application depends on this window remaining open.  
Only close this window after exiting CIRTS.**

This window must remain open while you are using CIRTS. If this window is closed, CIRTS will close.

## CIRTS MENU SCREEN OR CARES ASSIGNMENTS SCREEN

Once you are logged into CIRTS, either the CARES Assignments screen or the CIRTS Menu screen will appear. The screen that will appear depends on the assigned role of the user.

**Headquarters View-All Role:** The CIRTS Menu screen will appear for this user role. This user can select the CARES Assignments screen from the menu. Once on the assignment screen, any PSA/office and any employee/caseworker can be selected.

**Supervisor Role:** The CARES Assignments screen will appear for this user role. The supervisor can only select employees/caseworkers in their own PSA/office.

**Caseworker Role:** The CARES Assignments screen will appear for this user role. Only the user's assignments will be listed. Other employees/caseworkers cannot be selected.

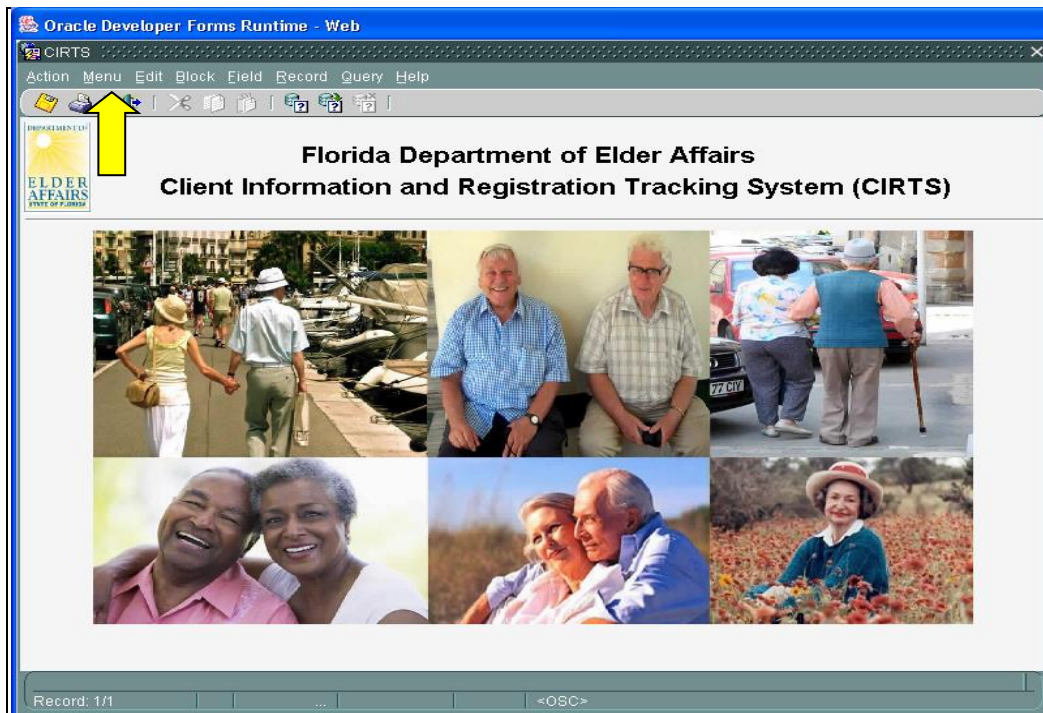
## TASK BAR

When the CIRTS Menu screen or the CARES Assignments screen appears, you should see three items in the Task Bar.

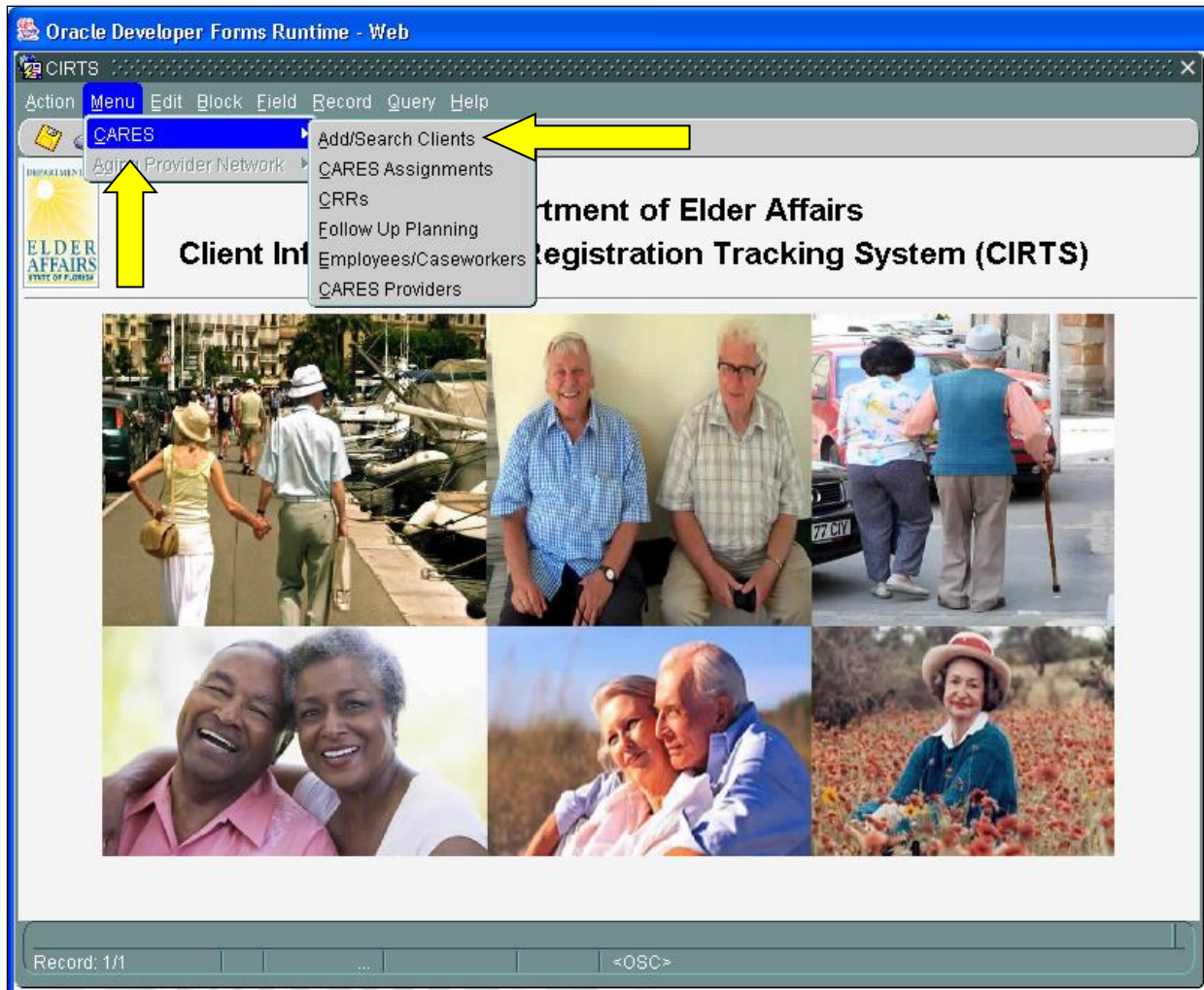


- 1) This item will take you back to the Applications screen.
- 2) This item will take you to the window with **RED** writing.
- 3) This item will take you to the CIRTS screen.

## CIRTS MENU SCREEN



To access CARES information, click **Menu** in the top left-hand corner of the screen.



Select **CARES** from the Menu.

From CARES the Supervisor Role and Headquarters View-All Role can select all options. The Caseworker Role can select all options except Employees/Caseworkers and CARES Providers.

**Add/Search Clients:** Select this option if you want to search for an existing client, add a new client, or access various screens to display client data.

**CARES Assignments:** Select this option if you want to view the assignments for a particular employee/caseworker. The screen lists incomplete assessments, staffings needed, follow-ups due in the next 14 days, follow-ups overdue, and assessments needed.

**CRRs:** Select this option if you want to add, delete, edit, or view Continued Residency Reviews for your PSA.

**Note:** *CARES is currently not completing CRRs. The information is in the guide for reference only due to prior data that has been entered.*

**Follow Up Planning:** Select this option if you want to print a follow-up list or view scheduled or completed follow-ups.

**Employees/Caseworkers:** Select this option if you want to add, delete, edit, or view employees or caseworkers for your PSA.

**CARES Providers:** Select this option if you want to add or edit a provider, or to view all providers within your PSA.



## CARES ASSIGNMENTS SCREEN

Client	Client ID	Assignments	Due Date

The purpose of this screen is to show all tasks that have been assigned to an employee/caseworker. The screen will be blank if the employee/caseworker has no tasks assigned. This screen will remain open as you navigate through the CIRT screens. When you close the Demographic or Add/Search screen, the CARES Assignments screen will display. The information refreshes each time you return to this screen or click a button. If this screen is left open when you are away from your work station and a new assignment is added, the information will not refresh until you click a radio button or go to another screen and come back.

The radio buttons (Show All, Show Incomplete Assessments Only, Show Staffings Needed Only, Show Follow-ups Only, Show Assessments Needed Only, and Show Overdue Only) allow you to limit the assignments listed by clicking the circle.

This screen behaves differently for different user types. For users with the Caseworker Role, the screen only shows assignments for the person logged in. Users with the Supervisor Role can select any CARES employee/caseworker in the office. Users with the Headquarters View-All Role can select any CARES office (PSA will be an option for this role only) and any employee/caseworker.

### CARES ASSIGNMENTS SCREEN DEFINITIONS

**For Employee:** Allows the user to select a particular employee/caseworker's assignments. Remember, for users with the Caseworker Role, the screen only shows assignments for the person logged in.

**Show All:** Select this radio button if you want to view all assignments for an employee/caseworker. This includes incomplete assessments, staffings needed, follow-ups due or overdue, assessments needed, and overdue assignments.

**Show Incomplete Assessments Only:** Select this radio button if you want to view all assessments that have been partially saved by an employee/caseworker. The due date is the Initial Date at the Assignment tab plus ten days if it is the first assessment for an open case. If it is a reassessment for an open case, the due date is the Reassessment Request Date plus ten days. *Note: The user is the caseworker from the incomplete assessment.*

**Show Staffings Needed Only:** Select this radio button if you want to view all open cases that have a completed assessment but no staffing for an employee/caseworker. The due date is the Assessment Date plus two days. If the 3008 is not shown as received on the Assignment tab, it will be listed as “Staffing Needed-no 3008.” If the 3008 is shown as received on the Assignment tab and it is incomplete, it will be listed as “Staffing Needed-3008 incomplete.” *Note: The user is the caseworker from the Assignment tab.*

**Show Follow-ups Only:** Select this radio button if you want to view all follow-ups scheduled for an employee/caseworker. If the follow-up is due within the next fourteen days it will be listed as a follow-up due. If the follow-up due date is in the past, it will be listed as a follow-up overdue. The scheduled date is the date the follow-up is due. *Note: The user is the caseworker scheduled.*

**Show Assessments Needed Only:** Select this radio button if you want to view all open cases that do not have an assessment for an employee/caseworker. This does not include incomplete/partially saved assessments. The due date is the Initial Date at the Assignment tab plus ten days. *Note: The user is the caseworker from the Assignment tab.*

**Show Overdue Only:** Select this radio button if you want to view all assignments that are overdue for an employee/caseworker. The assignments will show as overdue if the due date is prior to the current date.

**Demographics:** Select this button if you want to go to the Demographic screen for a particular client. Click on a client to highlight it and select Demographics to go to that client’s Demographic screen. If you do not click on a client and select Demographics, it will take you to the first listed client’s Demographic screen.

**Add/Search Clients:** Select this button if you want to go to the Search for a Client screen.

**Assignment Report:** Select this button if you want to view or print a report that lists the assignments based on the particular radio button and employee/caseworker selected. *Note: This button will be disabled until an employee and radio button are selected.*

**Exit:** Select this button if you want to exit out of the CARES Assignments screen. This will take you to the CIRT Menu screen. *Note: “Exit” closes CIRT if you have the Caseworker Role.*

The screen below shows what happens when you click the “Show All” radio button.

Client	Client ID	Assignments	Due Date
FIRST M LAST	2001744875	180 day Follow-up Overdue	10/07/2009
TEST ACTVOA3E AND CCEAPC	2001744478	Staffing Needed- No 3008	04/06/2011
T T	2001744492	Staffing Needed	05/07/2011
T T	2001744492	30 day Follow-up Overdue	06/30/2011
TEST CARESMINI	2001744457	Staffing Needed- No 3008	09/03/2011
TEST CARESMINI	2001744457	30 day Follow-up Overdue	09/09/2011
TESTING3008 3008	2001744646	30 day Follow-up Overdue	05/11/2012
TEST TEST	2001744357	Assessment Needed	08/18/2012
TEST J FOX	2001744462	30 day Follow-up Overdue	09/09/2012
SAMUEL SAMUELS	1000865667	Assessment Needed	09/19/2012
TEST ADDCLIENT	2001744602	30 day Follow-up Overdue	01/01/2013
SUETEST TESTSUE	2001744727	Assessment Needed	04/14/2013
KINIE J REEDER	1000002486	30 day Follow-up Overdue	05/06/2013
TESTING A GAIN	2001744827	Staffing Needed- No 3008	05/07/2013

Assignments are listed with the oldest due date first.

Please note that the same client may be listed more than once if they have a scheduled follow-up due or overdue and an unscheduled follow-up or a staffing needed.

Remember, CIRTS users who have no casework assigned will see a blank screen.

**REMINDER:**

CIRTS gives an error and kicks you out if you do not have your CIRTS user name on the CARES Employee screen. The supervisor must add the login name to the CARES Employee screen. The error message says, “Your CIRTS User Name does not have cases assigned. If you are a caseworker, please contact your supervisor to request an update to your CARES employee information in CIRTS.”

To search for a client, select the **Add/Search Clients** option at the CIRTS Menu screen or the CARES Assignments screen. The **Search For A Client** screen will appear.

# SEARCH SCREEN

SEARCH FOR A CLIENT

Action Menu Edit Block Field Record Query Help

ADD\_CLIENT\_INFO 20130723 Date 08/22/2013 User SUPERVISOR02B

**Search for a Client**

SSN |  Enter all or part of any of these fields and search will return all clients who match everything entered.

Last Name

First Name

Medicaid Id

Date of Birth  MM/DD/YYYY

Press the <F8> function key or click on the <Search> button to complete the search.

Search

OR

Client Id  Enter a Client Id

**Results of Search**

PSA	SSN	Owner Id	Client Name	Date of Birth	Street Address	Zip

Add New Client Details Clear Close

Record: 1/1 <OSC>

**It is very important for users to perform a thorough search (alphabetical and numerical) before adding a new client.** Another office could have added the same client with a different Social Security Number, or a different variation of the client's name. After searching on the known information, try searching on partial Social Security Numbers or partial names to make sure the client does not exist. If a search on the client's Social Security Number reveals that it currently belongs to another client in CIRTIS, notify the CARES Supervisor or your LAN (Local Area Network) Administrator, and steps will be taken to verify and/or correct the Social Security Number.

You can also search by Client Id. This is a unique, random number assigned by the system that is associated with each client in CIRTIS. **If you need to email another CIRTIS user about a client, please use the Client Id instead of the SSN.** The Client Id displays on the Demographic screen at the top, between the SSN and the client's first name.

## SEARCH SCREEN SHOWING EXISTING CLIENT IN CIRTS

SEARCH FOR A CLIENT

Action Menu Edit Block Field Record Query Help

ADD\_CLIENT\_INFO 20130827 Date 08/27/2013 User REGIONALCARES

**Search for a Client**

SSN  Enter all or part of any of these fields and search will return all clients who match everything entered.

Last Name BELL

First Name TINKER

Medicaid Id

Date of Birth  MM/DD/YYYY

Press the <F8> function key or click on the <Search> button to complete the search.

Search

OR

Client Id  Enter a Client Id

**Results of Search**

PSA	SSN	Owner Id	Client Name	Date of Birth	Street Address	Zip
02A	218218218		BELL, TINKER	01/01/1947	123 SOUTH TEXAS AVENUE	34228
02A	663663663		BELL, TINKER	01/01/1923	45 SOUTH AVENUE	32399

Add New Client Details Clear Close

Record: 1/2 <OSC>

Enter your search criteria. You can search by the client's Social Security Number (SSN), client id, last name, first name, Medicaid ID, date of birth, or any combination of these. Click on the **Search** button or select the **F8** function key to complete the search.

If there is more than one client with the same name, a list will appear in the **Results of Search** panel. To select your client, click on the appropriate line to highlight the client and select **Details**. This will take you to the client's Demographic screen. You can also double-click on the appropriate client to go to the client's Demographic screen.

If the result of the search reveals only one client that meets the search criteria, once you select **Search**, it will automatically go to the Demographic screen for that client.

**Note: There are other ways to search for a client. They are:**

- Enter 5 underscores and the last four digits of the SSN. For example enter, “\_\_\_\_\_1234.” CIRTS will only return clients with SSNs ending in 1234. Adding a few letters from the client's first and last name will help narrow the search.
- Enter 7 underscores and the last two digits of the SSN. For example enter, “\_\_\_\_\_47.” CIRTS will only return clients with SSNs ending in 47. Adding a few letters from the client's first and last name will help narrow the search.
- Enter a percent symbol (%) and a partial SSN that may be the first, middle, or last part of the SSN. For example, enter, “% 457.” CIRTS will return SSNs with those numbers (457) regardless of whether they are in the first, middle, or last part of the SSN. Adding a few letters from the client's first and last name will help narrow the search.

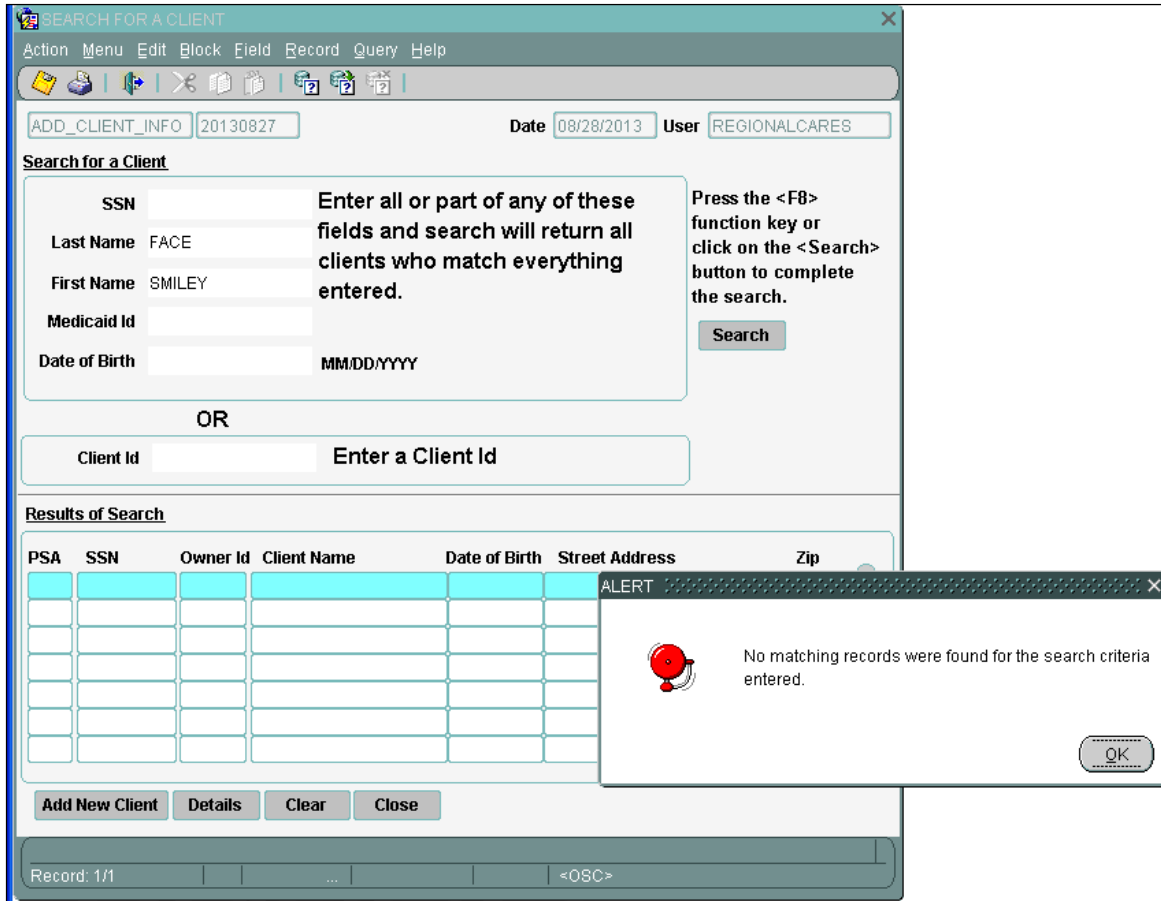
**Add New Client:** Select this option if your search does not reveal your client and you want to add the person in CIRTS.

**Details:** Select this option after you have highlighted a client and want to go to their Demographic screen.

**Clear:** Select this option if you want to clear the Search screen to perform another search.

**Close:** Select this option if you want to exit the Search screen and return to the CIRTS Menu screen or CARES Assignments screen.

### SEARCH SCREEN SHOWING CLIENT NOT EXISTING IN CIRTS



Enter your search criteria. The above example shows the client's last name and first name. Click on the **Search** button.

If the client does not exist, a message will appear indicating no matching records were found. Select the **OK** button by using the mouse, pressing the space bar, or typing the letter "O" on the keyboard.

You can now click the **Clear** button and search for the client again, or click the **Add New Client** button. Selecting the **Add New Client** button will take you to a blank Demographic screen.

#### **REMINDER:**

If the search criteria is not specific enough, you will receive a message saying, "Results return more than 300 records. Please specify additional search criteria." You will need to enter additional search criteria such as the SSN, Medicaid ID, or date of birth. You can enter all or part of any of these fields.

# DEMOGRAPHIC SCREEN

Once you select **Add New Client**, the system will automatically go to a blank Demographic screen. The system will also automatically go to Demographic when you perform a search and select a client using **Details** or if the search reveals only one client matching the search criteria.

**Fields with a pink background are required.** CIRT S will generate an error message when the user tries to save a blank pink field. The client's SSN, county of service, first name, last name, and date of birth are required to save the demographic information.

**Pseudo SSN:** If you do not have a Social Security Number when adding a new client, skip the SSN field.

When you save, the pseudo SSN fills in automatically. *Note: You will have to change the pseudo SSN prior to entering an assessment.*

You can enter just the required items to save the information or you can enter all demographic information at one time and save. Once all demographic information is entered and saved, the Demographic Complete box will be checked. **The Demographic Complete box must be checked to enter an assessment.**

If you only save the required information you can select **Edit** to add additional information for the new client or to edit information for any existing client.

Use the **Tab** or **Enter** key to move to the next field. Codes for the fields County of Service, Sex, Ethnicity, Primary Language, and Marital Status can be accessed with the mouse, arrow keys, or by typing the first letter

of the desired value. For example, to enter a Marital Status of Single, you can use the mouse to access the list and select Single, or use the “up” or “down” arrow key to find Single in the list, or type the letter “S.”

**You can select multiple races for the client.** You can use the mouse or the space bar to select a race.

**Edit Button:** Allows you to add information to the screen or edit existing information.

**Save Button:** Allows you to save the information entered on the screen.

**Cancel Button:** Allows you to cancel out of the screen without saving or editing the information.

**Add Client Button:** Takes you to a blank Demographic screen.

**Search Button:** Takes you to the Search screen.

**Close Button:** Takes you to the CARES Assignments screen or CIRTS Menu screen. This depends on your user role.

**Assessments:** Takes you to a list of all assessments for the client. This list includes assessments by CARES or other agencies.

**Care Plan:** Takes you to a list of the services needed and planned for a client.

**Enrollments:** Takes you to a list of programs serving the client.

**Services:** Takes you to a list of services received by the client.

**MW Timeline:** Takes you to information regarding the status of the client’s Medicaid waiver eligibility.

**CARES Assignments:** Takes you to a screen showing assignments for a CARES employee/caseworker.

**Cases:** Takes you to CARES case information.

**Information:** Takes you to information not related to a case for a client.

**PAS:** Takes you to the Pre-Admission Screening Resident Review (PASRR) information for the client.

**Client Info:** Takes you to a summary of information on the client.

**NHD Button:** Takes you to the Nursing Home Diversion History screen.

**Change DOD:** Allows you to correct a date of death previously entered or to enter a date of death. Only the Supervisor Role can Change DOD.

**Change SSN:** Takes you to a screen where the SSN can be changed. Only the Supervisor Role can change a SSN. *Note: The Caseworker Role can change a pseudo SSN inside the case at the Assessment tab.*

**Delete Client:** Allows you to delete the client and all information related to the client. Only the Supervisor Role can delete a client.

**Change PSA:** Allows you to change the PSA so that you can have access to the client’s case. The Supervisor Role and some approved Caseworker Roles can change the PSA.

### **DEMOGRAPHIC SCREEN DEFINITIONS**

**PSA:** Indicates the CARES PSA or the ADRC/lead agency PSA. This item is automatically populated.

**Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.

**SSN:** This is the nine-digit SSN or pseudo number, if assigned. This item is automatically populated.

**Client ID:** This is a unique, random number assigned by the system that is associated with each client in CIRTS. This item is automatically populated.

**First Name:** The system will automatically enter the client’s first name based on the information entered on the Demographic screen.

**Last Name:** The system will automatically enter the client’s last name based on the information entered on the Demographic screen.



**Demographic Complete:** This box will be checked if all demographic information is complete. This item is automatically populated.

**PAS Complete:** This box will be checked if the PAS information is complete. This item is automatically populated.

**Open Case:** This box will be checked if the client has an open CARES case. This item is automatically populated.

**Open Enrollment:** This box will be checked whenever an enrollment exists with no end date. It could be active, applicant, or waitlist status. This item is automatically populated.

**SSN:** Enter the client's nine-digit SSN. *This is a required item.* If you do not have a SSN when adding a client, skip this item and the system will automatically assign a pseudo number. *Note: When you move from the SSN field, two pop-ups will appear regarding the collection of the client's SSN. At each box you can select "OK" by clicking with the mouse, pressing the space bar, or pressing the letter "O."*

**Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.

**County of Service:** This indicates the county in which the client is receiving services. Counties are PSA specific. *This is a required item.*

**First Name:** Enter the client's first name. *This is a required item.*

**M.I. (Middle Initial):** Enter the client's middle initial. Leave blank if the client does not have a middle initial. This is an optional item.

**Last Name:** Enter the client's last name. *This is a required item.*

**Medicaid Number:** Enter the client's ten-digit Medicaid number, if known. This is an optional item.

**Best Contact Telephone Number:** Enter the best telephone number for the client to be reached. The phone number includes the area code, the seven-digit phone number, and extension, if there is one. This is an optional item.

**Date of Birth:** Enter the month, day, and year of the client's birth. This will be a two-digit month and day and a four-digit calendar year. *This is a required item.*

**Date of Death:** When a case is terminated due to the client's death, the system will automatically enter the date of death. The **Change DOD** button can be used to correct an error or to enter a date of death. *Note: Only a Supervisor Role may enter or change the date of death.*

**Sex:** Enter the client's sex. *An entry in this item is required in order to enter assessment information.* The codes are:

- F=Female
- M=Male

**Race:** A client can have multiple races. Check the appropriate box or boxes by using the mouse or space bar. *An entry in this item is required in order to enter assessment information.* The options are:

- *White*
- *Black/African American*
- *Asian*
- *American Indian/Alaska Native*
- *Native Hawaiian/Pacific Islander*
- *Other*

**Other Race Description:** This item is disabled and is no longer used due to a change in race codes. You may see a client with “Other” checked and “Asian or Pacific Islander” or “Native American” in this field. If you edit the information it will no longer be shown on the screen.

**Ethnicity:** Enter the client’s ethnicity. *An entry in this item is required in order to enter assessment information.* The codes are:

- *H=Hispanic/Latino*
- *O=Other*

**Primary Language:** Enter the primary language spoken by the client. *An entry in this item is required in order to enter assessment information.* The codes are:

- *EN=English*
- *IT=Italian*
- *KO=Korean*
- *OT=Other Language*
- *PO=Polish*
- *RU=Russian*
- *SP=Spanish*
- *TG=Tagalog*
- *VI=Vietnamese*
- *YI=Yiddish*

**Other Primary Language Description:** Enter a description of the language spoken by the client that is not in the list of codes for Primary Language. *This is a required item if “Other” is the Primary Language and will be required to enter assessment information.*

**Does client have limited ability reading, writing, speaking, or understanding English?:** The code choices for this item are Y=Yes or N=No. *Note: This is a required item in order to enter assessment types 701B, 701S, and 701T.*

**Marital Status:** Enter the client’s marital status. *An entry in this item is required in order to enter assessment information.* The codes are:

- *D=Divorced:* Marriage has been legally dissolved.
- *M=Married:* Has a legal husband or wife.
- *O=Partnered:* In a relationship with person other than a legal spouse.
- *P=Separated:* Legally married but living apart from spouse.
- *S=Single:* Never been married.
- *W=Widowed:* Spouse died while still married.

## Physical Location Tab:

The screenshot shows a software interface for entering physical location information. At the top, there are four tabs: 'Physical Location' (selected), 'Home Address', 'Mailing Address', and 'Contact Person(s)'. Below the tabs, the main heading is 'ASSESSOR/CM: Current Physical Location Address (If type is a facility, enter a facility name.)'. There is a 'Copy Home Address' button and a 'Date of Last Change' field showing '09/04/2013 12:08:01 PM'. The form fields are: 'Street' (34 SOUTH STREET), 'Street con't.' (empty), 'ZIP' (32401), 'ZIP 4' (empty), 'City' (PANAMA CITY), 'County' (BAY), 'Type' (HOSPITAL), 'Telephone Number' (850 478 7878 1234), and 'Facility Name' (BAY MEDICAL CENTER). There is also an 'Address History' button.

This tab allows you to enter the address information for the client’s current physical location at the time of the referral or request for assessment. This address is needed because the client may be in a temporary location such as a nursing facility, hospital, or rehabilitation facility. This address may be the same as or different from the client’s home address. **Note: The current physical location address is a required item for all assessment types (701B, 701S, 701T, NONE, and OTHER).**

**Copy Home Address:** If the client’s current physical location is the same as the home address you can select this button. Selecting this button allows you to copy the information entered at the Home Address tab to the Physical Location tab without having to enter it again.

**Date of Last Change:** This field is automatically populated by CIRTS. It tracks when changes are made to the physical location address.

**Street, Zip, City, County:** Enter the street and zip code for the address of the client’s current physical location. **The city and county will automatically be populated based on the zip code entered.** In most situations the client will be physically located in the state of Florida. However, there may be situations where the client is located out-of-state. If you enter an out-of-state zip code, you will receive a pop-up saying, “*Zip code is not a valid Florida zip code. Is this correct?*” When you select “OK” the out-of-state zip code will be displayed. The County will be Out of State. If this was an error, you can correct the zip code. You can enter a zip code outside of your PSA under this tab. **These are required items.**

**Street Con’t:** Enter the building number or suite number. Leave blank if there is no building number or suite number. This item is optional.

**Zip 4:** The last four digits that determine a more specific location within a given zip code. This is an optional item.

**Type:** Enter the type of physical location of the client. **This is a required item.** The codes are:

- **ADC=Adult Day Care:** A facility which provides less than 24-hour care for eligible adults.
- **ALF=Assisted Living Facility:** Any state licensed assisted living facility.
- **H=Hospital:** An institution that provides care for acute illnesses.
- **NF=Nursing Facility:** A freestanding facility certified by AHCA to provide skilled nursing services.
- **OT=Other:** Any other facility not listed in these codes.
- **PR=Private Residence:** The client’s home or the home of another person; not a facility.

**Telephone Number:** Enter the telephone number for the client’s current physical location. The phone number includes the area code, the seven-digit phone number, and extension, if applicable. This is an optional item.

**Facility Name:** *This item is required if the “Type” is Adult Day Care, Assisted Living Facility, Hospital, Nursing Facility, or Other. If the “Type” is Private Residence this field will be disabled.* Enter the name of the facility in which the client is currently located, if applicable.

**Address History:** Selecting this button will allow you to view a history of the client’s current physical location. You can sort the order by which the data will be displayed.

### Home Address Tab:

The screenshot shows a software interface with four tabs: Physical Location, Home Address, Mailing Address, and Contact Person(s). The Home Address tab is active. It contains a 'Copy Physical Location' button and a 'Date of Last Change' field with the value '06/25/2013 08:17:12 AM'. Below these are several input fields: 'Street' with '924 W 13TH STREET', 'Street cont.' with 'PANAMA CITY NURSING FACILITY', 'ZIP' with '32401', 'ZIP 4' (empty), 'City' with 'PANAMA CITY', 'State' with 'FL', and 'Telephone Number' with '850 763 1911'. At the bottom, there is a checkbox 'Is client's home address public housing?' with 'N' selected, and an 'Address History' button.

This tab allows you to enter the address information for the client’s home. This address is where the client maintains their belongings or a home they would return to if they were temporarily in a facility and could be discharged. This address may be the same as or different from the current physical location address.

**Copy Physical Location:** If the client’s home address is the same as the current physical location address you can select this button. Selecting this button allows you to copy the information entered at the Physical Location tab to the Home Address tab without having to enter it again. **Copying of the current physical location address is only allowed if the “Type” is Private Residence, Nursing Facility, or Assisted Living Facility.**

**Date of Last Change:** This field is automatically populated by CIRTS. It tracks when changes are made to the home address.

**Street, Zip, City, State:** Enter the street and zip code for the home address of the client. **The city and state will automatically be populated based on the zip code entered.** You can enter any Florida zip code or an out-of-state zip code here. *These are required items.*

**Street Con’t:** Enter the building number or suite number. Leave blank if there is no building number or suite number. This item is optional.

**Zip 4:** The last four digits that determine a more specific location within a given zip code. This is an optional item.

**Telephone Number:** Enter the telephone number for the client’s home address. The phone number includes the area code, the seven-digit phone number, and extension, if applicable. This is an optional item.

**Is client’s home address public housing?** Enter Y=Yes or N=No as to whether the client’s home address is public housing. *Note: This item is required in order to enter assessment type 701B.*

**Address History:** Selecting this button will allow you to view a history of the client's Home Address. You can sort the order by which the data will be displayed.

### Mailing Address Tab:

The screenshot shows a software interface with four tabs: Physical Location, Home Address, Mailing Address (selected), and Contact Person(s). The Mailing Address tab is active and displays the following information:

- Mailing Address ~ (if different from current physical location)**
- Date of Last Change:** 09/04/2013 01:08:13 PM
- Street:** 34 W TEXAS AVENUE
- Street con't.:** (empty field)
- ZIP:** 32426
- ZIP 4:** (empty field)
- City:** CAMPBELLTON
- State:** FL
- Buttons:** Remove, Address History

This tab allows you to enter the address information where the client receives their mail if it is different from their current physical location address. If the client does not have a mailing address that is different from their current location, you may leave this information blank.

**Date of Last Change:** This field is automatically populated by CIRTSS. It tracks when changes are made to the mailing address.

**Street:** Enter the street name for the mailing address if different from the address of the client's current physical location. This is an optional item.

**Street Con't:** Enter the building number or suite number. Leave blank if there is no building number or suite number. This item is optional.

**Zip, City, State:** Enter the zip code for the mailing address of the client. **The city and state will automatically be populated based on the zip code entered.** You can enter any Florida zip code or an out-of-state zip code here. These items are optional.

**Zip 4:** The last four digits that determine a more specific location within a given zip code. This is an optional item.

**Remove:** Select this button if you want to remove the mailing address information. All data will be removed.

**Address History:** Selecting this button will allow you to view a history of the client's Mailing Address. You can sort the order by which the data will be displayed.

## Contact Person(s) Tab:

The screenshot shows a software interface with four tabs: Physical Location, Home Address, Mailing Address, and Contact Person(s). The Contact Person(s) tab is active. It contains a form with the following fields and values:

PSA	Type	Relationship	First Name	Last Name
02A	PRIMARY CAREGL...	WIFE	MARY	SMITH

Below the table are fields for Street (34 SOUTH WAY), Street cont., Telephone Number (850 123 4567), City (TALLAHASSEE), State (FL), ZIP (32399), and ZIP 4. At the bottom right, there is a counter '1 of 1' and buttons for 'Previous' and 'Next'. At the bottom left, there are buttons for 'Add New' and 'Remove'.

This tab allows you to enter information for the client's contact person. This could be the person who called in the referral or request for assessment. It could also be the person designated by the client as someone who could be contacted in the event the client was not available. More than one contact person may be entered. The first entry will be displayed on the screen. You can view all contacts by selecting **Previous** or **Next**. These buttons will move you through the different contacts. The screen shows how many contacts have been entered; for example, 1 of 1, 2 of 3, etc.

**PSA:** This field is disabled and will automatically be populated when you save the information.

**Type:** Enter the type of contact for the client. This item is optional. The codes are:

- *CALLER=Caller:* The person calling in the referral or request for assessment.
- *DOCTOR=Doctor:* The client's personal physician or doctor calling in the referral or request for an assessment.
- *EMRGNCY=Emergency Contact:* The person who is to be called in the event of an emergency.
- *LEGU=Legal Guardian:* The client's legal representative.
- *NEKI=Next of Kin:* A relative of the client.
- *CG=Primary Caregiver:* The person providing or arranging help with Activities of Daily Living and Instrumental Activities of Daily Living for the client on a regular basis.

**Relationship:** Enter the relationship of the contact type to the client. This item is optional. The codes are:

- *CH=Child*
- *CA=Community Agency Worker*
- *DA=Daughter/In-Law*
- *FR=Friend/Neighbor*
- *GC=Grandchild*
- *HW=Hospital Worker*
- *HU=Husband*
- *NE=Neighbor*
- *OT=Other Non-Relative*
- *OR=Other Relative*
- *PA=Parent*
- *PT=Partner*
- *SE=Self*
- *SC=Social/Case Worker*
- *SO=Son/In-Law*
- *SP=Spouse*

- UN=Unknown
- WF=Wife

**First Name:** Enter the first name of the contact person. This item is optional.

**Last Name:** Enter the last name of the contact person. ***This item is required to save the contact information.***

**Street:** Enter the street name for the address of the contact person. This is an optional item.

**Street Con't:** Enter the building number or suite number. Leave blank if there is no building number or suite number. This item is optional.

**Telephone Number:** Enter the telephone number for the client's contact person. The phone number includes the area code and the seven-digit phone number. This is an optional item.

**City:** Enter the city for the address of the client's contact person. This is an optional item.

**State:** Enter the state for the address of the client's contact person. This is an optional item.

**Zip:** Enter the five digit zip code for the address of the client's contact person. This is an optional item.

**Zip 4:** The last four digits that determine a more specific location within a given zip code. This is an optional item.

**Add New:** Select this button if you want to add a new contact person.

**Remove:** Select this button if you want to remove the contact person. All data will be removed.

**Previous:** Select this button if you want to see the contact person that was entered prior to the one shown on the screen.

**Next:** Select this button if you want to see the contact person that was entered after the one shown on the screen.

**REMINDER:**

In order to enter assessment information, all required demographic information must be entered. If Demographic is not complete, an error message will appear saying, "*The client's demographics must be complete before an assessment can be added.*" **Note: This message will appear when the Add Assessment button at Assessment is selected.** Refer to the box labeled "Demographic Complete" at the top right of the screen. A check mark in the box indicates that all required demographic information has been entered.

You will receive a pop-up when selecting the assessment type if all required information is not entered for that assessment type. For example, the 701B requires a response to the question about the client's ability to read, write, speak, and understand English, the client's current physical location address, and the question about public housing.

Each time you save the demographic information you will receive an alert saying your transaction is complete and how many records were applied and saved.

# CASES SCREEN

The screenshot shows the 'CARES Cases' application window. At the top, there is a menu bar with 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. Below the menu bar is a toolbar with various icons. The main area is titled 'CARES Cases Information' and contains several input fields: 'CARES CASE' (20130827), 'CIRTS', 'Date' (09/04/2013), 'User' (REGIONALCARES), 'CARES Cases for:' (ARTY SMARTY), 'SSN:' (846846846), and checkboxes for 'Demographic Complete' and 'PAS Complete'. Below this is a table with columns: 'Opened on', 'Reason', 'Referral Source', 'Payment Type', 'Status', 'Closed on', 'Reason', and 'PSA'. The first row is highlighted in blue and contains the following data: '08/15/2013', 'INITIAL CASE', 'NURSING FACILITY', 'MEDICAID PENDING', 'OPEN', an empty field, an empty field, and '05'. A yellow arrow points to the 'PSA' column. At the bottom of the screen are several buttons: 'Add Case', 'Close Case', 'Delete Case', 'Print CIF', 'Print Blank CIF', 'Search Client', 'CARES Assignments', and 'Close'.

Opened on	Reason	Referral Source	Payment Type	Status	Closed on	Reason	PSA
08/15/2013	INITIAL CASE	NURSING FACILITY	MEDICAID PENDING	OPEN			05

The **Cases** screen is a summary screen that displays all cases related to that client. The screen displays the date the case was opened, open reason, referral source, payment type, status (Closed or Open), date closed, reason closed, and the PSA for each case. If the case is new, no information will be displayed in the summary categories.

From the Cases screen you can add a new case, close a case, delete a case, print a CIF or blank CIF, go to Search Client, go to CARES Assignments, or close the Cases screen. You can view previous cases and access all cases, open and closed for a client. If there are existing cases, highlight the case you want to select and click on the Assignment, Assessments, Staffings, Referrals, Followups or Case Notes tab to view the information (these tabs will appear at the Assignment screen). This screen also shows if Demographic and PAS are complete. You can edit or view an open case. Only a Supervisor Role can edit a closed case. **A client can have multiple cases; however, only one open case can exist for a client.**

**Add Case:** Select this option to add a new case for the client. This button will be grayed out if there is already an open case. Remember, only one case can be opened at a time.

**Close Case:** Select this option to close an open case.

**Delete Case:** Select this option to delete a case. This will not delete the client, only the case selected. **Note: Be very careful when deleting cases. Only a Supervisor Role is able to delete a case.**

**Print CIF:** Select this option to print a CIF with information populated related to the client.

**Print Blank CIF:** Select this option to print a CIF with only Demographic and Case Assignment information populated.

**Search Client:** Select this option to go to Search.

**CARES Assignments:** Select this option to go to the CARES Assignments screen.

**Close:** Select this option to close out of the screen and return to Demographic.

When you select **Add Case** the **Assignment** screen will appear.



# ASSIGNMENT SCREEN

The purpose of this screen is to assign a case to a particular caseworker. **This screen will not be completed if the client, or someone on behalf of the client, is requesting information only.** The client's first and last name and Social Security Number, or pseudo number, will be displayed at the top of the screen. If the prior case is closed and a reassessment is requested, enter all new assignment information, to include the new Initial Date. **If a reassessment is requested for an open case, do not change anything in Assignment except Assigned To and 3008 Received. The 3008 information must be updated each time a 3008 is received.** If incorrect information was entered in Assignment it can be edited; however, the Initial Date cannot be edited. You will have to delete the case to correct the Initial Date. The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARES Assignments, and Close).

## CASE ASSIGNMENT SCREEN DEFINITIONS

**Initial Date:** This date represents the date of the telephone call, office visit, or written notification requesting a CARES assessment. **This is a required item.** This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year.

**Assigned To:** This is the name of the caseworker that has been assigned the case. *This is a required item.* All scheduled follow-ups will be scheduled to the caseworker shown in this field.

**Referral Source:** This identifies the party that is contacting CARES for an assessment. *This is a required item.* The referral sources are:

- *A = Abuse/Neglect:* Protective Services of the Department of Children and Families.
- *ADM=Alcohol, Drug Abuse, Mental Health:* A state agency providing services to people who meet eligibility for alcohol or drug abuse, or mental illness. *Note: Now called Substance Abuse and Mental Health (SAMH).*
- *ARC=ARC or ADRC:* Aging Resource Center or Aging and Disability Resource Center.
- *C = CARES:* State program of the Department of Elder Affairs.
- *CRR=Continued Residency Review:* Process related to CARES. *Note: Currently not being completed.*
- *DCF=Department of Children and Families:* A state agency that provides various services to include ACCESS Florida, Adult Services, Developmental Disabilities, and Child Care.
- *DES = Developmental Services:* Agency for Persons with Disabilities.
- *DOH=Department of Health:* A state agency that works to protect, promote, and improve the health of individuals through state, county, and community efforts.
- *FAM = Family:* A relative of the client.
- *H = Hospital:* An institution that provides care for acute illnesses. Use this code for hospital psychiatric units.
- *L = Lead Agency:* State contracted agency providing community services.
- *MCO=Managed Care Organization:* An agency contracted to provide health care needs of individuals.
- *NH = Nursing Home:* State certified nursing facility.
- *O= Other:* All other referral sources exclusive of the ones listed.
- *PAC = Project Aids Care Waiver:* Medicaid waiver program.
- *PACE=Program All-Inclusive Care for Elderly:* PACE model program with capitated rate.
- *PRIS = Prison/Jail:* A duly authorized and supervised facility like a jail or a prison.
- *PSYF = Psychiatric Facility:* A freestanding facility that provides psychiatric or mental health care.
- *SELF = Self:* Self referral.
- *SMHO = State Mental Hospital:* A state sponsored or operated facility that provides psychiatric care.
- *SNUH = Skilled Nursing Unit/Hospital:* A section within a hospital which is certified under Medicare/Medicaid to provide skilled nursing facility services.
- *VOC=Vocational Rehabilitation:* State program of the Department of Education.

**Payment Type:** This identifies the case by potential financial eligibility, not actual Medicaid eligibility. *This is a required item.* The three payment types and definitions are:

- *MEDI=Medicaid:* This payment type is used for any case that is referred to CARES by DCF. This means the individual has applied for Medicaid.
- *MEDP=Medicaid Pending:* This payment type is used for any case that is referred to CARES by anyone other than DCF. This means the individual has not applied for Medicaid, but the intent to apply is imminent.
- *PRPA=Private Pay:* This payment type is used for any case where the client has income and/or assets which exceed the limits for Medicaid eligibility for the Institutional Care Program (ICP).

**Living Arrangement:** Enter the appropriate code that reflects the living arrangement of the client at the time of the request for an assessment. This is an optional item. The codes are:

- *AFCH=Adult Family Care Home:* Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care:* Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs:* Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs:* Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility:* Any state licensed assisted living facility.
- *ARTS=Adult/Geriatric Residential Treatment Facility:* A residential facility that provides mental health treatment.

- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *HOSP=Hospital*: An institution that provides care for acute illnesses (excluding a state mental hospital). Use this code for all units located within a hospital (swing bed, psychiatric unit, skilled nursing unit, etc.).
- *MRDD=MR/DD Facility*: A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).
- *NUHO=Nursing Home*: A free standing facility that is certified under Medicare/Medicaid to provide nursing services.
- *OTHR=Other*: All other living arrangements exclusive of the ones listed.
- *PRIS=Prison/Jail*: A duly authorized and supervised facility like a jail or a prison.
- *PRRE=Private Residence*: Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility*: A free standing facility that provides psychiatric or mental health care.
- *REHB=Rehab Hospital*: Any free standing facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment*: A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit*: A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.
- *TRAN=Transient*: No fixed place of abode, or lives on the road.

**Living Situation:** AL=Alone should be entered for all living arrangements except for HOSP, OTHR, PRRE, PSYF, REHB, SAPT, and TRAN. If the living arrangement is any of the seven mentioned, all code choices will be available. If the client is in a hospital and is expected to be discharged to a nursing facility, assisted living facility, or adult family care home, the living situation will be AL=Alone. This is an optional item. The codes are:

- *AL=Alone*: Client lives alone.
- *WC=With Primary Caregiver*: Client lives with the primary caregiver.
- *WO=With Other*: Client lives with someone other than a caregiver.
- *WOC=With Other Caregiver*: Client lives with a caregiver that is not the primary caregiver.

**Special Project Case:** This item will identify those clients who are participating in any special project that has been assigned to CARES. ***This item is required.*** The codes are:

- *A=Alzheimer's Waiver*: Alzheimer's Medicaid Waiver Program.
- *L=Long Term Care Community Diversion Pilot Program*: Special project of the Department of Elder Affairs.  
**Note: This code becomes obsolete March 1, 2014, due to SMMC LTC.**
- *M=Nursing Home Diversion Modernization Grant*: Funding for clients transitioning from a nursing facility to the community.
- *N=None*: No special project indicated.
- *R=New Admission Review*: Indicates New Admission Review.
- *TN=Transition from NH Special Funding*: Funding for waiver for those transitioning from a nursing facility to the community.
- *TU=Transition from Hospital Special Funding*: Funding for waiver for those transitioning from a hospital to the community.
- *U=Upstreaming Project*: Special project of the Department of Elder Affairs.

**Provider Name:** This is a list of individual Planning and Service Area (PSA) providers. Each PSA determines the providers that are listed. This list can include the names of all hospitals, lead agencies, nursing facilities, etc. within the PSA. This item is optional.

**Primary Caregiver:** A primary caregiver is any person who regularly can be depended on to provide or arrange help as needed with Activities of Daily Living and Instrumental Activities of Daily Living. The primary caregiver may or may not be related by birth or marriage; may or may not live with the client or live nearby; and does not include operators of assisted living facilities, nursing facilities, adult family care homes,

home health agencies, service provider staff or other paid care providers. Enter the code that reflects the primary caregiver status of the client. This is an optional item. The codes are:

- *N=No*: Client does not have a primary caregiver.
- *U=Unknown*: Client's primary caregiver status is not known.
- *Y=Yes*: Client has a primary caregiver.

**Open Reason:** This code indicates the reason the case is being opened. The first time a case is opened the reason code will be IN; IN is the only option in the list. IN can only be used the first time a case is opened.

***This is a required item.*** The codes for this field are:

- *AR=Annual Waiver Recertification*: Indicates the case is to be opened as an annual waiver recertification.
- *IN=Initial Case*: Indicates the first case opened on a client.
- *OT=Other*: Indicates the case is to be opened for a reason exclusive of the ones listed.
- *RE=Reassessment*: Indicates the case is to be opened for a reassessment.
- *TR=Transferred*: Indicates the case was transferred. **Note: Only use this code when the case was assigned in another PSA but was not assessed and staffed. The case is closed in the "old" PSA and forwarded to the new PSA where the client is residing. The new PSA will open, assess, and staff the case. This code is not to be used in any way for the transfer of an open/active case. Refer to the section of this guide regarding transferring open/active cases.**

**3008 Received:** This field requires a response of Y=Yes or N=No as to whether a 3008 is received by CARES at the time of every request for an assessment (Initial or Reassessment). ***This is a required item.*** The response to this question would be Yes if you are using a 3008 from a previous staffing that is less than one year old. If no 3008 is received at intake (3008 Received = N) but is received later, you would update this field to Yes. For annual waiver re-certifications enter Yes if the referral is received timely. If the referral is not received timely and no 3008 is received, enter No in this field. Change to Yes once the 3008 is received.

**3008 Completed:** This field requires a response of Y=Yes or N=No as to whether the 3008 is complete upon receipt. Answer Yes if the 3008 was completely filled out upon receipt. Answer No if the 3008 was not completed correctly upon receipt. ***This item is required only if the answer to 3008 Received is Yes.*** If a 3008 is not received this field will be disabled. The response to this question would be Yes if you are using a 3008 from a previous staffing that is less than one year old. For annual waiver recertifications enter Yes if the referral was received timely. If the referral is not timely and a current 3008 is received, enter Yes or No as appropriate in this field.

**Date Incomplete 3008 Received by CARES:** This field represents the date that CARES receives the incomplete 3008. This date will be a two-digit month and day and a four-digit calendar year. This date cannot be a future date and cannot be prior to the Initial Date. ***This field is required if the answer to 3008 Completed is No.***

**Date Incomplete 3008 Returned by CARES:** This field represents the date that CARES returns the incomplete 3008 to the sending source to be completed properly. This date will be a two-digit month and day and a four-digit calendar year. ***This field is required if the answer to 3008 Completed is No.***

**OK to Transfer The Case?:** This field will be pre-populated with N=No. **When an open/active case is being transferred to another PSA, you would enter Y=Yes.** See Transferring Open Cases for details.

**Edit:** Select this option if you want to change any previously saved information.

**Save:** Select this option to save the information entered or edited.

**Cancel:** Select this option to cancel without saving the information.

**REMINDER:**

All dates can be entered as mmddyy and the system will automatically change it to mm/dd/yyyy.

If the Open Reason is AR, the case will automatically close at Staffing. AR should be used for all annual waiver re-certifications.

# ASSESSMENT SCREEN

When you click on the **Assessments** tab, a summary screen displays all assessments related to that case. An open case can have multiple assessments. The screen displays for each assessment the assessment date, assessment site, assessment instrument, risk score, caseworker, and PSA. If the case is open, you will be able to edit the assessment(s). If the case is closed, only a Supervisor Role can edit the assessment.

The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARES Assignments, and Close).

This screen also has a panel that lists the assessment date and staffing date for the assessment. This is where you highlight the assessment to be viewed.

**Add Assessment:** Select this option if you want to add an assessment. Remember, Demographic must be complete to add an assessment. Also, if the prior assessment has not been staffed for an open case you will not be able to add a new assessment. You cannot add a new assessment if a partial assessment has been saved.

**Note:** *“INCOMPLETE” will be shown beside the assessment date for a partially saved assessment.*

**Change Pseudo SSN:** Select this option if you want to change a pseudo SSN to the actual SSN. **Remember, you cannot add an assessment with a pseudo SSN.** The Caseworker Role and Supervisor Role can change the pseudo SSN inside the case at the Assessment tab.

**View Selected Assessment:** Select this option if you want to view the highlighted assessment. Click on the assessment in the Assessment and Staffing Dates panel to highlight the assessment.

**Print Assessment Info:** Select this option if you want to print a highlighted assessment.

**View All Assessments:** Select this option if you want to go to the screen that lists all assessments for the client. This screen will show assessments by CARES and other agencies.

### ADDING AN ASSESSMENT

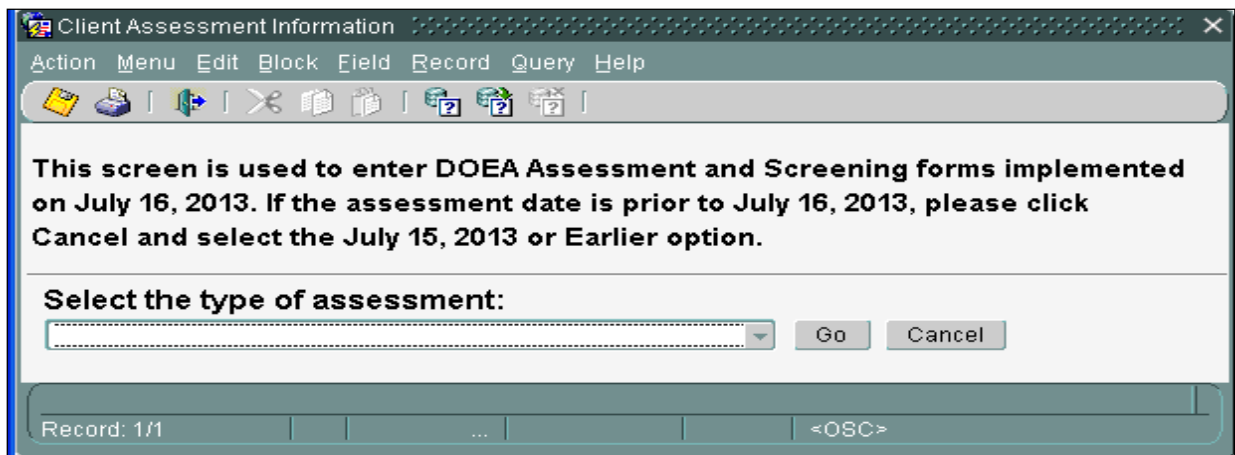


When you click on the **Add Assessment** button, the above screen will appear. You will be asked the date of the assessment. The options are:

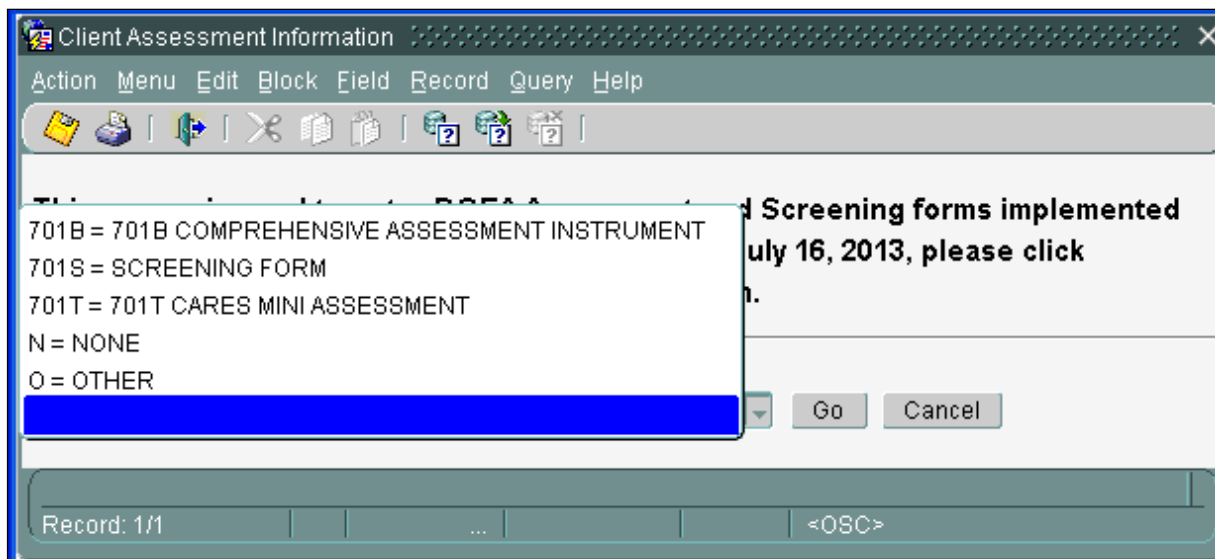
**July 16, 2013 or Later:** If the date of the assessment is July 16, 2013 or later, select this button. Instructions for entering assessments completed on July 16, 2013 or later will be contained in this document. This document can be found under the DOEA Enterprise Application Services tab under Documents.

**July 15, 2013 or Earlier:** If the date of the assessment is prior to July 16, 2013, select this button. Instructions for entering assessments completed on July 15, 2013 or earlier will be contained in the CIRTS User Guide for CARES January 2009. This document can be found under the DOEA Enterprise Application Services tab under Documents.

**Cancel:** If you do not want to add an assessment select this button and you will return to the Assessment screen.



The above screen will appear when you select an assessment date of July 16, 2013 or later. This screen allows you to select the type of assessment you want to enter. If you have selected the wrong date for the assessment or do not want to enter an assessment, you can select Cancel and return to the Assessment screen.



When you click on “Select the type of assessment.” the above drop-down box will appear. This box contains the type of assessments that can be entered. The assessment types are:

- **701B:** This is the Comprehensive Assessment Instrument used by CARES for on-site assessments for clients having community potential.
- **701S:** This instrument is a subset of the 701B and is used for telephone screening of clients.
- **701T:** This instrument is a subset of the 701B and is used for on-site assessments for clients with no community potential.
- **NONE:** This indicates that no assessment instrument was used. Limited assessment data will be entered for this type of assessment. “NONE” is used for medical case file reviews.
- **OTHER:** This indicates that an assessment instrument other than the ones listed was used for the assessment. Limited assessment data will be entered for this type of assessment. “OTHER” is used for medical case file reviews.

Click on the type of assessment that you want to enter and select the “Go” button. This will take you to the first Assessment tab for the selected assessment type.

Select the “Cancel” button if you do not want to enter an assessment. This will take you back to the Assessment screen.

**REMINDER:**

The current physical location address is a required item for all assessment types (701B, 701S, 701T, NONE, and OTHER).

*“Does client have limited ability reading, writing, speaking, or understanding English?”* is a required item in order to enter assessment types 701B, 701S and 701T.

*“Is client’s home address public housing?”* is a required item in order to enter assessment type 701B.



## **701B COMPREHENSIVE ASSESSMENT TYPE**

The 701B Comprehensive Assessment type is used by CARES for on-site assessments for clients having community potential. This assessment is administered in a face-to-face setting to assess a client's health, function, needs, and resources. **The 701B is completed by the assessor/case manager with information provided by the client, observed directly, or verified by records.**

The 701B Comprehensive Assessment type screens are divided into tabs. Each tab corresponds to the sections on the 701B form. The "A" tabs are for the Demographic Section; the "B" tab is for the Memory Section; the "C" tabs are for the General Health, Sensory & Communication Section; the "D" tab is for the Activities Of Daily Living Section; the "E" tab is for the Instrumental Activities Of Daily Living Section; the "F" tabs are for the Health Conditions & Therapies Section; the "G" tabs are for the Mental Health Section; the "H" tabs are for the Residential Living Environment Section; the "I" tabs are for the Nutrition Section; the "J" tabs are for the Medications & Substance Use Section; the "K" tab is for the Social Resources Section. **The "L" tabs are for the Caregiver Section. These tabs will appear only if the response to Primary Caregiver is Y=Yes. This question is under the second "A" tab.**

Press the **Tab** or **Enter** key to move from field to field, or you may use your mouse to access the field and code table. There are times you can press the space bar to make a selection; these situations are noted in this guide. You can partially save an assessment or save the complete assessment. All required information is needed to save the complete assessment. The system will identify any required fields that were left blank once **Save** is selected.

The following items will appear at the top of each assessment tab:

**Priority Score:** Once the assessment is saved, the system will automatically generate and populate a Priority Score for assessment types 701A, 701B, and 701S. This item cannot be edited.

**Rank:** Once the assessment is saved, the system will automatically generate and populate a Rank for assessment types 701A, 701B, and 701S. This item cannot be edited.

**PSA:** Indicates the CARES PSA or the ADRC/lead agency PSA. This item is automatically populated and cannot be edited.

**Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.

**Client ID:** This is a unique, random number assigned by the system that is associated with each client in CIRT. This item is automatically populated and cannot be edited.

**Client Name:** The system will automatically enter the client's last and first name based on the information entered on the Demographic screen. This item cannot be edited.

**Risk Score:** Once the assessment is saved, the system will automatically generate and populate the Risk Score. This item cannot be edited. **The Risk Score will be added at a later date and may not show on the screen or printed assessment. It is used by Planning and Evaluation and Office of Strategic Planning only.**

**Edit:** Select this option to change any previously saved information.

**Save:** Select this option to save the information entered or edited.

**Cancel:** Select this option to cancel without saving the information entered or edited.

**Close:** Select this option to close the assessment.

**Print:** Select this option to print the assessment.

**TAB A / DEMOGRAPHIC SECTION SCREEN DEFINITIONS**

**PSA:** This field will automatically be populated and cannot be edited.

**County:** Enter the county where the assessment is being conducted. The codes choices are PSA specific. *This is a required item.*

**Assessor:** This identifies the agency that actually performed the assessment. *This is a required item.* The codes are:

- *AAS=Adult Services:* Adult Services staff of the Department of Children and Families.
- *AHC=Agency for Health Care Adm:* Staff of the Agency for Health Care Administration.
- *ALZ=Alzheimer’s Disease Waiver:* Staff of an agency providing services under the Alzheimer’s Disease Medicaid Waiver Program.
- *BHP=Broward Homebound Case Mgr:* Staff of the Broward Homebound program.
- *CAR=CARES:* CARES staff of the Department of Elder Affairs.
- *CDA=Community Care for Dis Adults Case Manager:* Adult Services staff of the Department of Children and Families **or** staff of an agency providing services under the Community Care for Disabled Adults Program.
- *CFW=Adult Cystic Fibrosis Waiver:* Staff of the Department of Health.
- *CHA=Channeling Case Manager:* Staff of an agency providing services under the Channeling Medicaid Waiver Program. **Obsolete 3/1/14.**
- *DOH=Department of Health:* Staff of the Department of Health.
- *ELD=Evercare at Home Case Manager:* Staff of an agency providing services under the Ever Care at Home Program. **Obsolete 3/1/14.**
- *HMO=Health Maintenance Organization:* Staff of a Health Maintenance Organization.
- *HOS=Hospital:* Staff of a hospital.
- *LEA=Lead Agency Case Manager:* Staff of the local lead agency which provide case management for any program.
- *MCO=Managed Care Org:* Staff of a Managed Care Organization.

- *MHC=Massada Home Care Case Manager*: Staff of the Massada Home Care program.
- *NON=None*: Indicates there is no assessor. **This code should no longer be used.**
- *OTH=Other*: All other assessors exclusive of the ones listed.
- *PAC=Project Aids Care Case Manager*: Staff of an agency providing services under the Project Aids Care Medicaid Waiver Program.
- *PACE=Program Of All-Inclusive Care For The Elderly*: PACE model program with capitated rate.
- *UHC=United Home Care Case Manager*: Staff of United Home Care.
- *VOC=Vocational Rehabilitation*: Staff of a state program under the Department of Education.

**Living Arrangement:** Enter the appropriate code that reflects the living arrangement of the client at the time of the assessment. **This is a required item.** The codes are:

- *AFCH=Adult Family Care Home*: Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care*: Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs*: Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs*: Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility*: Any state licensed assisted living facility.
- *ARTS=Adult/Geriatric Residential Treatment Facility*: A residential facility that provides mental health treatment.
- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *HOSP=Hospital*: An institution that provides care for acute illnesses (excluding a state mental hospital). Use this code for all units located within a hospital (swing bed, psychiatric unit, skilled nursing unit, etc.).
- *MRDD=MR/DD Facility*: A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).
- *NUHO=Nursing Home*: A free standing facility that is certified under Medicare/Medicaid to provide nursing services.
- *OTHR=Other*: All other living arrangements exclusive of the ones listed.
- *PRIS=Prison/Jail*: A duly authorized and supervised facility like a jail or a prison.
- *PRRE=Private Residence*: Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility*: A free standing facility that provides psychiatric or mental health care.
- *REHB=Rehab Hospital*: Any free standing facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment*: A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit*: A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.
- *TRAN=Transient*: No fixed place of abode, or lives on the road.

\*\*\*\*\*

**Note:** *If the Living Arrangement is Nursing Home (NUHO), the fields in the Nursing Home panel will become visible and will require entry. A nursing home panel from a previous case will show if a new case is opened and the discharge date is not populated. If the Living Arrangement is not NUHO, the system will force entry of the discharge date.*

Admit Date	Nursing Home Name	Living Arrangement Prior	Discharge Date	Diversion Barrier
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Admit Date:** This is the date the client entered the nursing facility. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. ***This item is required.***

**Nursing Home Name:** Enter the name of the nursing home where the client is residing. The name will be selected from a list of individual PSA nursing homes. Each PSA will determine the nursing homes that are listed. ***This item is required.***

**Living Arrangement Prior:** Enter the appropriate code that reflects the living arrangement of the client prior to entering a nursing home. For example, if the client was residing in an assisted living facility prior to entering a nursing home, the code would be ALFS. If the client was in the hospital prior to nursing home admission, the code would be HOSP. The codes are the same as the **Living Arrangement** codes previously listed. ***This item is required.***

**Discharge Date:** This date represents the date the client was discharged from the nursing facility. This will be a two-digit month and day and a four-digit calendar year. This date cannot be prior to the Admit Date. This item is optional if the living arrangement continues to be NUHO=Nursing Home. If the living arrangement at Assessment was NUHO but at Staffing is not NUHO, then this field becomes required. There are times the system will automatically populate a date in this field. You will receive a message notifying you of this.

**Diversion Barrier:** This identifies the barrier that prevents an initial or subsequent alternative placement recommendation. If there is no barrier enter NONE. ***This item is required.*** The codes are:

- ACNA=Assistive Care Services/Optional State Supplementation Not Available
- ADWL=Aged Disabled Adults Waiver Waiting List (**Obsolete 3/1/14 due to SMMC LTC**)
- AENA=Assisted Living Facility with Extended Congregate Care Not Available
- AFNA=Assisted Living Facility Not Available
- ALWL=Assisted Living Waiver Waiting List (**Obsolete 3/1/14 due to SMMC LTC**)
- AMNA=Assisted Living Facility with Limited Mental Health Services Not Available
- ANNA=Assisted Living Facility with Limited Nursing Services Not Available
- ARAP=Assisted Living Facility Provider Required Additional Payment
- BSWL=Brain and Spinal Cord Injury Waiver Waiting List
- CDWL=Consumer Directed Care Waiver Waiting List (**Obsolete 3/1/14 due to SMMC LTC**)
- CGEX=Caregiver Expired
- CGHP=Caregiver In Hospital
- CGNH=Caregiver In Nursing Home
- CHWL=Channeling Waiver Waiting List (**Obsolete 3/1/14 due to SMMC LTC**)
- ELWL=Evercare at Home Waiver Waiting List (**Obsolete 3/1/14 due to SMMC LTC**)
- FENT=Financial Eligibility Determination Not Timely
- IACA=Ineligible For Assistive Care/Optional State Supplementation Due To Assets
- IACI=Ineligible For Assistive Care/Optional State Supplementation Due To Income
- ICMA=Ineligible for Community Medicaid due to Assets
- ICMI=Ineligible for Community Medicaid due to Income
- INAG=Ineligible Due To Age Requirement
- INCS=Ineligible For Community Services For Other Reasons
- INHD=Ineligible For Nursing Home Transition Due To Health/Functional Decline
- LFPA=Lacks Financial Resources to Private Pay an Assisted Living Facility
- LPWL=Long Term Care Community Diversion Pilot Waiver Waiting List (**Obsolete 3/1/14 due to SMMC LTC**)
- NONE=No Barrier

- PAWL=Project Aids Care Waiting List
- REAF=Assisted Living Facility Refused To Accept Client
- RECM=Case Manager Service Provider Refused To Accept Referral
- REFF=CARES Placement Recommendation Refused By Family Due To Financial Concerns
- REFH=CARES Placement Recommendation Refused By Family Due To Health Concerns
- REOT=CARES Placement Recommendation Refused By Family For Other Reasons
- REPH=CARES Placement Recommendation Refused By Physician
- RERB=Client Or Family Refused To Relinquish NH Bed
- RESP=Client Or Family Refused CARES Placement Recommendation To Stay In NH With Spouse
- RRNT=Referral Response From Provider Not Timely
- SANA=Secure Assisted Living Facility Not Available
- SPIM=Spousal Impoverishment Situation Likely If Placed
- WLAC=Waitlist For Assistive Care Services/Optional State Supplementation
- WLIA=Waiting List For Assisted Living Facility or Adult Family Care Home
- WLIC=Waiting List For Community Services

\*\*\*\*\*

**Special Project Case:** This item will identify those clients who are participating in any special project that has been assigned to CARES. The information entered at Case Assignment will automatically be populated in this field. **Note: You may need to change this code for a reassessment for an open case. This item is required.**

The codes are:

- A=Alzheimer's Waiver: Alzheimer's Medicaid Waiver Program.
- L=Long Term Care Community Diversion Pilot Program: Special project of the Department of Elder Affairs. **Note: This code becomes obsolete March 1, 2014, due to SMMC LTC.**
- M=Nursing Home Diversion Modernization Grant: Funding for clients transitioning from a nursing facility to the community.
- N=None: No special project indicated.
- R=New Admission Review: Indicates New Admission Review.
- TN=Transition from NH Special Funding: Funding for waiver for those transitioning from a nursing facility to the community.
- TU=Transition from Hospital Special Funding: Funding for waiver for those transitioning from a hospital to the community.
- U=Upstreaming Project: Special project of the Department of Elder Affairs.

**Payment Type:** This identifies the case by potential financial eligibility, not actual Medicaid eligibility. **This is a required item.** The information entered at Case Assignment will automatically be populated in this field.

**You may need to change this code for a reassessment for an open case.** The three payment types and definitions are:

- MEDI=Medicaid: This payment type is used for any case that is referred to CARES by DCF. This means the individual has applied for Medicaid.
- MEDP=Medicaid Pending: This payment type is used for any case that is referred to CARES by anyone other than DCF. This means the individual has not applied for Medicaid, but the intent to apply is imminent.
- PRPA=Private Pay: This payment type is used for any case where the client has income and/or assets which exceed the limits for Medicaid eligibility for the Institutional Care Program (ICP).

**Waiver Recertification:** This field will default to N=No if the Case Open Reason is IN=Initial Case, OT=Other, RE=Reassessment, or TR=Transferred. If the case is an annual waiver recertification for an open case, you will need to change the N=No to Y=Yes and manually close the case. If the Case Open Reason is AR=Annual Waiver Recertification, the field will default to Y=Yes. An open reason of AR will cause the case

to close automatically at staffing. AR should be used as the open reason for all annual waiver re-certifications. ***This is a required item.***

**Initial Contact Date:** This date represents the date CARES first contacts the client, family, etc. to schedule an on-site assessment. ***This is a required item.*** This date will be entered only one time per open case. This date will be a two-digit month and day and a four-digit calendar year. ***Note: This field is disabled if the Assessor is not CARES.***

**Assessment Delay:** This field requires a response of Y=Yes or N=No. The answer would be “Yes” if CARES is unable to schedule the on-site assessment within 10 calendar days of the Initial Date or Date Reassessment Requested. The answer would be “No” if the on-site assessment is conducted within 10 calendar days of the Initial Date or Date Reassessment Requested. ***This is a required item. Note: This item will be disabled if the assessor is not CARES.***

**Assessment Delay Reason:** ***Note: This item will be disabled if the assessor is not CARES.*** The on-site assessment can be delayed due to CARES or the client. The delay for CARES could be due to worker on vacation, out sick, etc. The delay due to the client could be out of town, doctor appointment, etc. ***This is a required item if the answer is Y=Yes for Assessment Delay.*** The codes are:

- CLU=Client unavailable
- CRU=CARES unavailable

**Reassessment:** The system will put a check mark in this box if this is a reassessment for an open case. No entry can be made in this field and it cannot be edited.

**Date Requested:** ***This is a required item if there is a check mark in the Reassessment box.*** This field represents the date the request for a reassessment was received by CARES. It will be a two-digit month and day and a four-digit calendar year. This cannot be a future date.

A		A		A		A		B		C		C		D		E		F		F		F		F		G		G		H		H		I		I		J		J		J		K		L		L		L	
Caseworker OTHER - OTHER OTHER													Assessor / Case Manager Name OTHER OTHER																																						
ASSESSOR/CM: What is the purpose of this assessment?																																																			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Health <input type="checkbox"/> Living Situation <input type="checkbox"/> Caregiver <input type="checkbox"/> Environment <input type="checkbox"/> Income																																																			
Assessment Date 07/16/2013						Assessment Site CH=CLIENT/RELATIVE'S HOME						Assessment Type 701B = 701B COMPREHENSIVE ASSESSMENT IN...																																							
Referral Date 07/16/2013						Referral Source SEFA = SELF/FAMILY						Risk Level																																							
ASSESSOR/CM: Transitioning out of a nursing facility? <input type="checkbox"/> N																																																			
ASSESSOR/CM: Imminent risk of nursing home placement? <input type="checkbox"/> N																																																			
Do you need outside assistance to evacuate? <input type="checkbox"/> N																																																			
Are you enrolled on a special needs registry? <input type="checkbox"/> N																																																			
Is there a primary caregiver? <input checked="" type="checkbox"/> Y																																																			
Living Situation ALONE																																																			
Individual monthly income \$789.00 Refused <input type="checkbox"/> N								Estimated total individual assets \$1,200.00								Individual Assets M = \$0 - \$2000 Refused <input type="checkbox"/> N																																			
Couple monthly income Refused <input type="checkbox"/> N								Estimated total couple assets								Couple Assets Refused <input type="checkbox"/> N																																			
Date Assessment Changed													Assessment Changed By																																						

**Caseworker:** This field will be populated with the caseworker shown at Case Assignment. If someone other than the assigned worker conducted or is conducting the assessment, the caseworker will need to be changed. ***This is a required item.***

**Assessor/Case Manager Name:** This item is disabled and cannot be edited. This field will be populated with the caseworker shown at Case Assignment. If the Caseworker is changed, this field will be populated with the new caseworker. ***Note: The new caseworker will not be populated in this field until you exit the screen and then return.***

**ASSESSOR/CM: What is the purpose of this assessment?:** ***This is a required item.*** You can use the space bar or mouse to enter a check mark in the appropriate box or boxes. If you select “Initial” or “Annual” all other options will become disabled. If neither of these two items is checked, all options are available and more than one of the options may be checked.

**Assessment Date:** This is the date the assessment is actually conducted by the assessor/case manager. Enter the month, day, and year of the assessment. This will be a two-digit month and day and a four-digit calendar year. This date must be a current or past date. It cannot be a future date. ***This is a required item.*** If the assessment date is over 6 months old, the system will generate a pop-up box asking you to verify the date. You can use the mouse to click on “OK” or you can press the space bar. You will also receive an error message if the assessment date is prior to the Initial Date. **The Assessment Date cannot be edited.**

**Assessment Site.** This identifies where the assessment actually took place. ***This is a required item.*** The codes are:

- *ADC=Adult Day Care:* A facility which provides less than 24-hour care for certain eligible adults.
- *AFCH=Adult Family Care Home:* Any state licensed adult family care home.
- *ALF=Assisted Living Facility:* Any state licensed assisted living facility.
- *CH=Client/Relative’s Home:* The client or relative’s private residence.
- *GRHO=Group Home:* A small residential home sponsored by a state or community entity.
- *H=Hospital:* An institution that provides care for acute illnesses (excluding a state mental hospital or a swing bed hospital).
- *MRDD=MR/DD Facility:* A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).
- *NH=Nursing Home:* A freestanding facility that is certified under Medicare and/or Medicaid to provide nursing services.
- *OFFC=Office/Medical Case File Review:* Indicates the assessment was a medical case file review completed in the CARES office.
- *OT=Other:* All other assessment sites exclusive of the ones listed.
- *PRIS=Prison/Jail:* A duly authorized and supervised facility like a jail or a prison.
- *PSYF=Psychiatric Facility:* A freestanding facility that provides psychiatric or mental health care.
- *SBHO=Swing Bed Hospital:* A rural hospital that is certified under Medicare/Medicaid to provide nursing services.
- *SMHO=State Mental Hospital:* A state sponsored or operated facility that provides psychiatric care.

**REMINDER:**

Assessment Site code *CARE=Onsite in CARES Office* is no longer being used. If the client comes to the CARES office for the on-site assessment, the site will be *OT=Other*. ***OFFC is used only for medical case file reviews.***

**Assessment Type:** This field will automatically be populated by the system based on the type of assessment previously selected. This field cannot be edited.

**Referral Date:** This is the date that the referral was received at the receiving agency from the referral source. There may be an earlier date on a referral form, but the responsibility begins when the information is actually received. The referral may be received in a format other than written, such as a telephone call or office visit. ***This is a required item.*** This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. This field will be populated automatically by the system based on the Initial Date at Case Assignment. **This date can be changed if this is a reassessment for an open case.**

**Referral Source:** This identifies the party that is contacting CARES for an assessment. ***This is a required item.*** The referral sources are:

- *A = Abuse/Neglect:* Protective Services of the Department of Children and Families.
- *ADM=Alcohol, Drug Abuse, Mental Health:* A state agency providing services to people who meet eligibility for alcohol or drug abuse, or mental illness. **Note: Now called Substance Abuse and Mental Health (SAMH).**
- *ARC=ARC or ADRC:* Aging Resource Center or Aging Disability Resource Center.
- *C = CARES:* State program of the Department of Elder Affairs.
- *CRR=Continued Residency Review:* Process related to CARES. **Note: Currently not being completed.**
- *DCF=Department of Children and Families:* A state agency that provides various services to include ACCESS Florida, Adult Services, Developmental Disabilities and Child Care.
- *DES = Developmental Services:* **Now called Agency for Persons with Disabilities.**
- *DOH=Department of Health:* A state agency that works to protect, promote, and improve the health of individuals through state, county, and community efforts.
- *FAM = Family:* A relative of the client.
- *H = Hospital:* An institution that provides care for acute illnesses. Use this code for hospital psychiatric units.
- *L = Lead Agency:* State contracted agency providing community services.
- *MCO=Managed Care Organization:* An agency contracted to provide health care needs of individuals.
- *NH = Nursing Home:* State certified nursing facility.
- *O= Other:* All other referral sources exclusive of the ones listed.
- *PAC = Project Aids Care Waiver:* Medicaid waiver program.
- *PACE=Program All-Inclusive Care for Elderly:* PACE model program with capitated rate.
- *PRIS = Prison/Jail:* A duly authorized and supervised facility like a jail or a prison.
- *PSYF = Psychiatric Facility:* A freestanding facility that provides psychiatric or mental health care.
- *SELF = Self:* Self referral.
- *SMHO = State Mental Hospital:* A state sponsored or operated facility that provides psychiatric care.
- *SNUH = Skilled Nursing Unit/Hospital:* A section within a hospital which is certified under Medicare/Medicaid to provide skilled nursing facility services.
- *VOC=Vocational Rehabilitation:* State program of the Department of Education.

**Risk Level:** ***If the referral source is A=APS (Adult Protective Services), the level of APS risk will be required.*** The codes are High, Intermediate, or Low.

**ASSESSOR/CM: Transitioning out of a nursing facility?:** Enter Y=Yes or N=No as to whether the client has a desire to transition out of a nursing facility. “Nursing home transition” is the voluntary transfer of an individual from a nursing facility to a community setting. If the client is not residing in a nursing facility, the response would be N=No. ***This is a required item.***

**ASSESSOR/CM: Imminent risk of nursing home placement?:** Enter Y=Yes or N=No as to whether the client is at imminent risk of nursing home placement. If the client is already residing in a nursing facility the response would be N=No. ***This is a required item.***



**Do you need outside assistance to evacuate?:** Enter Y=Yes or N=No as to whether the client needs outside assistance to evacuate during emergencies. If the client is able to evacuate the home or has arrangements with a caregiver or other person, then outside assistance is not needed. For clients in a nursing facility, assisted living facility, or adult family care home, the response will be N=No. This question determines if there is a need for assistance to be set up by the assessor/case manager. ***This is a required item.***

**Are you enrolled on a special needs registry?:** Enter Y=Yes or N=No as to whether the client is registered with the County Special Needs Registry. For clients in any type of facility (nursing facility, assisted living facility, adult family care home, hospital, etc.) the response will be N=No. ***This is a required item.***

**Is there a primary caregiver?:** ***This is a required item.*** A primary caregiver is any person who regularly can be depended on to provide or arrange help as needed with Activities of Daily Living and Instrumental Activities of Daily Living. The primary caregiver may or may not be related by birth or marriage; may or may not live with the client or live nearby; and does not include operators of assisted living facilities, nursing facilities, adult family care homes, home health agencies, service provider staff, or other paid care providers. Enter the code that reflects the primary caregiver status of the client. The codes are:

- *N=No:* Client does not have a primary caregiver.
- *U=Unknown:* Client's primary caregiver status is not known.
- *Y=Yes:* Client has a primary caregiver.

**Living Situation:** AL=Alone should be entered for all living arrangements except for HOSP, OTHR, PRRE, PSYF, REHB, SAPT, and TRAN. If the living arrangement is any of the seven mentioned, all code choices will be available. If the client is in a hospital and is expected to be discharged to a nursing facility, assisted living facility, or adult family care home, the living situation will be AL=Alone. ***This is a required item.*** The codes are:

- *AL=Alone:* Client lives alone.
- *WC=With Primary Caregiver:* Client lives with the primary caregiver.
- *WO=With Other:* Client lives with someone other than a caregiver.
- *WOC=With Other Caregiver:* Client lives with a caregiver that is not the primary caregiver.

**Individual monthly income:** This information may be obtained from Department of Children and Families, the client, or the client's family. Enter the **gross individual** income. Include income from Social Security, SSI, money from family on a regular basis, pension, retirement, savings, disability, VA benefits, welfare/TCA, earnings from employment, rental income, etc. Enter the amount of the client's income. For example, if the client receives \$560.20 Social Security, enter "560.20." If you are unable to obtain the income amount then enter "0." ***This is a required item.***

**Refused:** This field will automatically populate with N=No. If the client provides the income amount this field will continue to show N=No. If the client refuses to provide the income amount, change this field to Y=Yes. ***This is a required item.***

**Estimated total individual assets:** This information may be obtained from Department of Children and Families, the client, or the client's family. Examples of assets are savings accounts, checking accounts, stocks and bonds, certificates of deposit, etc. Enter the estimated amount of the client's assets. For example, if the client states their assets are \$1234.52, enter "1234.52." This is an optional item.

**Individual Assets:** This field represents the assets range for the individual. ***This is a required item.*** The codes are:

- *M=\$0 - \$2000*
- *N=\$2001 - \$5000*

➤ *P=Over \$5000*

**Refused:** This field will automatically populate with N=No. If the client provides the asset range amount, this field will continue to show N=No. If the client refuses to provide the asset range amount, change this field to Y=Yes. ***This is a required item.***

**Couple monthly income:** ***This is a required item if the client's marital status at Demographic is married.*** Enter the amount of the client's gross income combined with the spouse's gross income. For example, if the client receives \$560.00 Social Security and the spouse receives \$1200.00 Social Security, enter "1760."

**Refused:** This field will automatically populate with N=No. If the client provides the couple income amount this field will continue to show N=No. If the client refuses to provide the couple income amount, change this field to Y=Yes. ***This is a required item.***

**Estimated total couple assets:** This information may be obtained from Department of Children and Families, the client, or the client's family. Examples of assets are savings accounts, checking accounts, stocks and bonds, certificates of deposit, etc. Enter the estimated amount of the couple's assets. For example, if the client states their assets are \$1234.52, enter "1234.52." This is an optional item.

**Couple Assets:** This field represents the assets range for the couple. ***This is a required item if the client's marital status is married.*** The codes are:

- *M=\$0 - \$3000*
- *N=\$3001 - \$6000*
- *P=Over \$6000*

**Refused:** This field will automatically populate with N=No. If the client provides the couple asset range amount, this field will continue to show N=No. If the client refuses to provide the couple asset range amount, change this field to Y=Yes. ***This is a required item.***

**Date Assessment Changed:** This field is automatically populated by the system when someone makes a change to the saved assessment information.

**Assessment Changed By:** This field is automatically populated by the system and identifies the name of the person making the change to the saved assessment information.

The screenshot shows a data entry form with a header row of letters (A through L) in colored boxes. The form contains the following sections:

- Are you receiving S/NAP (food stamps)?
- Do you need other assistance for food?
- ASSESSOR/CM: Is someone besides the client providing answers to questions?
- Name:
- Relationship:
- Besides your own children, how many children under age 19 do you live with and provide care for?
- How many are grandchildren?  Name(s):
- How many are other related children?  Name(s):
- How many are other non-related children?  Name(s):
- How many disabled adults age 19 to 59 do you live with and provide care for?
- How many are grandchildren?  Name(s):
- How many are other relatives?  Name(s):

**Are you receiving S/NAP (food stamps)?:** Enter Y=Yes or N=No as to whether the client is receiving S/NAP (Supplemental Nutritional Assistance Program), also known as Food Stamps. *This is a required item.*

**Do you need other assistance for food?:** Enter Y=Yes or N=No as to whether the client needs other assistance for food. *This is a required item.*

**ASSESSOR/CM: Is someone besides the client providing answers to questions?:** *This is a required item.* Enter Y=Yes or N=No as to whether someone besides the client is answering the assessment questions. **This question refers to the entire assessment. There are skip patterns in the Memory and Mental Health Sections in case the client is not the one providing answers.**

**Name:** *This is a required item if the response is Y=Yes to, “Is someone besides the client providing answers to questions?”* Enter the name of the person who is answering the assessment questions for the client.

**Relationship:** *This is a required item if the response is Y=Yes to “Is someone besides the client providing answers to questions?”* Enter the relationship to the client of the person who is answering the assessment questions. The codes are:

- DA=Daughter/In-Law
- HU=Husband
- OR=Other Relative
- OT=Other Non-Relative
- PA=Parent
- PT=Partner
- SO=Son/In-Law
- WF=Wife

**Besides your own children, how many children under age 19 do you live with and provide care for?:** Enter the number of children (excluding the client’s own children) living with and cared for by the client. Enter “0” if the client does not live with or provide care for other children. *This is a required item.*

**How many are grandchildren?:** *This is a required item if a number other than zero was entered for the question “Besides your own children, how many children under age 19 do you live with and provide care for?”* Enter the number of grandchildren living with and cared for by the client. Enter a zero if the response is none.

**Name(s):** This item is optional. You can enter the name(s) of the grandchildren, if provided.

**How many are other related children?:** *This is a required item if a number other than zero was entered for the question “Besides your own children, how many children under age 19 do you live with and provide care for?”* Enter the number of other related children living with and cared for by the client. Enter a zero if the response is none.

**Name(s):** This item is optional. You can enter the name(s) of the other related children, if provided.

**How many are other non-related children?:** *This is a required item if a number other than zero was entered for the question “Besides your own children, how many children under age 19 do you live with and provide care for?”* Enter the number of other non-related children living with and cared for by the client. Enter a zero if the response is none.

**Name(s):** This item is optional. You can enter the name(s) of the other non-related children, if provided.

**How many disabled adults age 19 to 59 do you live with and provide care for?:** Enter the number of disabled adults age 19 to 59 living with and cared for by the client. Enter “0” if the client does not live with or provide care for any disabled adults. *This is a required item.*

**How many are grandchildren?:** *This is a required item if a number other than zero was entered for the question “How many disabled adults age 19 to 59 do you live with and provide care for?”* Enter the number of disabled adult grandchildren living with and cared for by the client. Enter a zero if the response is none.

**Name(s):** This item is optional. You can enter the name(s) of the grandchildren, if provided.

**How many are other relatives?:** *This is a required item if a number other than zero was entered for the question “How many disabled adults age 19 to 59 do you live with and provide care for?”* Enter the number of other related disabled adults living with and cared for by the client. Enter a zero if the response is none.

**Name(s):** This item is optional. You can enter the name(s) of the other related adults, if provided.

The screenshot shows a software interface with a top navigation bar containing letters A through L. Below the navigation bar, there is a form with two main sections. The first section is titled "How many are other non-relatives?" and contains a small input box. To its right is a label "Name(s):" followed by a larger text input field. Below this section is a section titled "Notes & Summary" which contains a larger text area for notes. The interface has a light blue and white color scheme.

**How many are other non-relatives?:** *This is a required item if a number other than zero was entered for the question “How many disabled adults age 19 to 59 do you live with and provide care for?”* Enter the number of other related disabled adults living with and cared for by the client. Enter a zero if the response is none.

**Name(s):** This item is optional. You can enter the name(s) of the other non-related adults, if provided.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

### TAB B / MEMORY SECTION SCREEN DEFINITIONS

**Has a doctor or other health care professional told you that you suffer from memory loss, cognitive impairment, any type of dementia, or Alzheimer’s disease?:** Enter Y=Yes or N=No as to whether the client has been diagnosed with any type of memory problem. *This is a required item.*

**ASSESSOR/CM: If the client is not answering questions, check:** If the client is not answering the Memory Section questions, use the mouse or space bar to enter a check mark in the box provided. Once the box is checked, all questions will become disabled except for the last question on this screen (“ASSESSOR/CM: *In your opinion, are cognitive problems present?*”). *Note: This item is optional but must be checked if the client is not answering the Memory Section questions.*

**ASSESSOR/CM: Select the number of words correctly repeated after the first attempt:** Read the phrase in quotation marks to the client and then record the client’s first attempt to repeat the items. Use the mouse or space bar to enter a check mark in the appropriate box or boxes. The choices are *Sock, Blue, Bed, and None*. *This is a required item. Note: If Sock, Blue, and/or Bed are checked, “None” will be disabled. If “None” is checked, Sock, Blue, and Bed will be disabled.*

**Total number of correct words:** The system will automatically populate this field based on the box or boxes checked (Sock, Blue, Bed, None). For example: 0=None; 1=One; 2=Two; 3=Three.

**Please tell me what year it is:** *This is a required item if the client is answering the Memory Section questions.* The codes are:

- C=Correct: Client provides a correct response.
- 1=Missed by one year: Client's response is within one year of the current year.
- 2=Missed by two to five years: Client's response is within two to five years from the current year.
- 5=Missed by five or more years: Client's response is more than five years from the current year.
- N=No answer: Client cannot or chooses not to answer the item.

**Please tell me what month it is:** *This is a required item if the client is answering the Memory Section questions.* The codes are:

- C=Correct: Client provides a correct response.
- 1=Missed by one month: Client's response is within one month of the current month.
- 2=Missed by two to five months: Client's response is within two to five months of the current month.
- 5=Missed by five or more months: Client's response is more than five months from the current month.
- N=No answer: Client cannot or chooses not to answer the item.

**Please tell me what day (of the week) it is:** *This is a required item if the client is answering the Memory Section questions.* The codes are:

- C=Correct: Client provides a correct response.
- I=Incorrect: Client provides an incorrect response.
- N=No Answer: Client cannot or chooses not to answer the item.

**ASSESSOR/CM: Number of words correctly recalled without prompting:** Read the phrase in quotation marks to the client and then record the client's attempt to recall the items. Use the mouse or space bar to enter a check mark in the appropriate box or boxes. The choices are *Sock, Blue, Bed, and None*. **Note: If Sock, Blue, and/or Bed are checked, "None" will be disabled. If "None" is checked, Sock, Blue and Bed will be disabled.** This field will be automatically populated based on the box or boxes checked. This item is optional.

**Have any friends or family members expressed concern about your memory?:** Enter Y=Yes or N=No as to whether friends or family have expressed concern about the client's memory. *This is a required item if the client is answering the Memory Section questions.*

**Have you become concerned about your memory or had problems remembering important things?:** Enter Y=Yes or N=No as to whether the client is concerned about memory problems. *This is a required item if the client is answering the Memory Section questions.*

**How often do you have problems remembering things?:** This question will be disabled if the response is N=No to "Have you become concerned about your memory or had problems remembering important things?" *If the response is Y=Yes, this question will be required.* The codes are:

- A=Always: Client continually has problems.
- O=Often: Client frequently, but not continually, has problems.
- S=Sometimes: Client occasionally has problems.
- R=Rarely: Client seldom has problems.
- D=Don't know: Client doesn't know the frequency of problems.

**ASSESSOR/CM: In your opinion, are cognitive problems present?:** Based on the client’s responses to the Memory Section questions, the assessor/case manager is to provide her/his opinion of whether cognitive problems are present. *This is a required item.* The codes are:

- *Y=Yes:* Client has demonstrated, been diagnosed, or has disclosed problems with memory, thinking, judgment, or orientation to time/place/people.
- *N=No:* Client answered questions appropriately and accurately.
- *D=Don’t know:* The assessor/case manager could not determine if cognitive problems were present.

**Score:** The system will automatically generate and populate a score for the Memory Section of the assessment.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**TAB C / GENERAL HEALTH, SENSORY & COMMUNICATION IMPAIRMENT SECTION**  
**SCREEN DEFINITIONS**

**How would you rate your overall health at this time?:** *This is a required item.* The codes are:

- *E=Excellent*
- *V=Very Good*
- *G=Good*
- *F=Fair*
- *P=Poor*

**Compared to a year ago, how would you rate your health?:** *This is a required item.* The codes are:

- *M=Much Better*
- *B=Better*
- *A=About the same*
- *W=Worse*
- *O=Much Worse*

**How often do you change or limit your activities out of fear of falling?:** *This is a required item.* The codes are:

- *N=Never*
- *O=Occasionally*
- *F=Often*
- *A=All of the time*

**How many times have you fallen in the last six months?:** *This is a required item.* Enter a numeric value in this field.

**How often are there things you want to do but cannot because of physical problems?** *This is a required item.* The codes are:

- *N=Never*
- *O=Occasionally*
- *F=Often*
- *A=All of the time*

**When you need medical care, how often do you get it?:** *This is a required item.* The codes are:

- *A=Always*
- *M=Most of the time*
- *R=Rarely*
- *O=Only in an emergency*
- *N=Never*

**When you need transportation to medical care, how often do you get it?:** *This is a required item.* The codes are:

- *A=Always*
- *M=Most of the time*
- *R=Rarely*
- *O=Only in an emergency*
- *N=Never*

**Do you drive a car or other motor vehicle?:** *This is a required item.* Enter Y=Yes or N=No.

**How often do finances/insurance allow you to obtain health care and medications when you need them?:** *This is a required item.* The codes are:

- *A=Always*
- *M=Most of the time*
- *R=Rarely*
- *O=Only in an emergency*
- *N=Never*

**Have you visited the ER or been admitted to the hospital within the last year?:** *This is a required item.* Enter Y=Yes or N=No. *If the response is Y=Yes, a numeric value is required for the fields ER and Hospital.* If the response is N=No, these fields will be disabled.

**In the last year were you in a nursing or rehabilitation facility?:** *This is a required item.* Enter Y=Yes or N=No.



**Are you usually able to climb two or three stair steps?:** *This is a required item.* The codes are:

- Y=Yes
- N=No
- D=Don't know

**ASSESSOR/CM: Are there any stairs within the dwelling or leading into/out of the dwelling?:** *This is a required item.* Enter Y=Yes or N=No.

A A A A B C C D E F F F G G H H I I J J J K L L L

GENERAL HEALTH, SENSORY & COMMUNICATION IMPAIRMENT SECTION -- continued --

Are you usually able to carry a full glass of water across a room without spilling it? N = No

Has a doctor told you that you currently have vision problems? Y = Yes

Have you had an eye exam in the past year? Y

Do you bump into objects (people, doorways) because you don't see them? N

Is your vision getting worse than it was last year? S = Slightly Worse

Has a doctor told you that you currently have hearing problems? N = No

Have you had a hearing exam in the past year? N

Can you understand words clearly over the telephone? Y

Is your hearing worse than it was last year? N = No

ASSESSOR/CM: Does client rely on writing, gestures, or signs to communicate? N

ASSESSOR/CM: Are the client's words formed properly, not slurred or clipped? Y

ASSESSOR/CM: Are any sensory aids or assistive devices currently used? Y

If yes, please list the type(s) used:  
EYE GLASSES

ASSESSOR/CM: Is there an unmet need for a sensory aid or assistive device? N

If yes, please list the type(s) needed:

Notes & Summary

**Are you usually able to carry a full glass of water across a room without spilling it?:** *This is a required item.* The codes are:

- N=No
- Y=Yes
- D=Don't know

**Has a doctor told you that you currently have vision problems?:** *This is a required item.* The codes are:

- N=No
- Y=Yes
- B=Blind

**Have you had an eye exam in the past year?:** *This is a required item.* Enter Y=Yes or N=No. *Note: If the response is B=Blind to "Has a doctor told you that you currently have vision problems?" this field will be disabled.*

**Do you bump into objects (people, doorways) because you don't see them?:** *This is a required item.* Enter Y=Yes or N=No. *Note: If the response is B=Blind to "Has a doctor told you that you currently have vision problems?" this field will be disabled.*

**Is your vision getting worse than it was last year?:** *This is a required item. Note: If the response is B=Blind to “Has a doctor told you that you currently have vision problems?” this field will be disabled.*

The codes are:

- N=No
- I=In one eye
- S=Slightly Worse
- M=Much Worse

**Has a doctor told you that you currently have hearing problems?:** *This is a required item.* The codes are:

- N=No
- Y=Yes
- D=Deaf

**Have you had a hearing exam in the past year?:** *This is a required item.* Enter Y=Yes or N=No. *Note: This field will be disabled if the response is D=Deaf to “Has a doctor told you that you currently have a hearing problem?”*

**Can you understand words clearly over the telephone?:** *This is a required item.* Enter Y=Yes or N=No. *Note: This field will be disabled if the response is D=Deaf to “Has a doctor told you that you currently have a hearing problem?”*

**Is your hearing worse than it was last year?:** *This is a required item.* Enter Y=Yes or N=No. *Note: This field will be disabled if the response is D=Deaf to “Has a doctor told you that you currently have a hearing problem?”* The codes are:

- N=No
- I=In one ear
- S=Slightly Worse
- M=Much Worse

**ASSESSOR/CM: Does client rely on writing, gestures, or signs to communicate?:** *This is a required item.* Enter Y=Yes or N=No.

**ASSESSOR/CM: Are the client’s words formed properly, not slurred or clipped?:** *This is a required item.* Enter Y=Yes or N=No.

**ASSESSOR/CM: Are any sensory aids or assistive devices currently used?:** *This is a required item.* Enter Y=Yes or N=No.

**If yes, please list the type(s) used:** *This field will be required if the response is Y=Yes to “Are any sensory aids or assistive devices currently used?”* If the response is N=No, this field will be disabled.

**ASSESSOR/CM: Is there an unmet need for a sensory aid or assistive device?:** *This is a required item.* Enter Y=Yes or N=No.

**If yes, please list the type(s) needed:** *This field will be required if the response is Y=Yes to “Is there an unmet need for a sensory aid or assistive device?”* If the response is N=No, this field will be disabled.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

## TAB D / ACTIVITIES OF DAILY LIVING SECTION SCREEN DEFINITIONS

**ACTIVITIES OF DAILY LIVING SECTION**

**How much assistance do you need with the following tasks?**

0 = No assistance needed    1 = Uses assistive device  
 2 = Needs supervision or prompt  
 3 = Needs assistance (but not total help)  
 4 = Needs total assistance (cannot do at all)

Task	Assistance Level	Assistive Device Used
Bathing	1 = Uses assistive ...	<input checked="" type="checkbox"/>
Dressing	2 = Needs supervis...	<input checked="" type="checkbox"/>
Eating	1 = Uses assistive ...	<input checked="" type="checkbox"/>
Using the bathroom	1 = Uses assistive ...	<input checked="" type="checkbox"/>
Transferring	0 = No assistance ...	<input type="checkbox"/>
Walking/Mobility	1 = Uses assistive ...	<input checked="" type="checkbox"/>

**ASSESSOR/CM:**  
 Is there an unmet need for an ADL assistive device?

**Type(s) needed:**  
 SHOWER CHAIR

**How much assistance do you have with the following tasks?**

3 = Always has assistance    2 = Has assistance most of the time    1 = Rarely has assistance    0 = No assistance needed    0 = Never has assistance

Task	Assistance Level
Bathing	2 = Has assistance...
Dressing	2 = Has assistance...
Eating	2 = Has assistance...
Using the bathroom	2 = Has assistance...
Transferring	0 = No assistance ...
Walking/Mobility	2 = Has assistance...

**Notes & Summary**

Count    Score  
   

**How much assistance do you need with the following tasks?:** Activities of Daily Living (ADL) are essential personal care tasks. Ask the client or informant what kind of help is needed with each of the activities. **These are required items.** If the response is “1=Uses assistive device” the system will automatically populate a check mark in the “Assistive Device Used” box. For all other options the “Assistive Device Used” box must be manually checked by clicking on the field with the mouse or by pressing the space bar. The help needed codes are:

- *0=No assistance needed:* Client needs no help to perform any part of the activity.
- *1=Uses assistive device:* Client needs an assistive device or technology to complete the activity.
- *2=Needs supervision or prompt:* Client needs reminders or supervision during the activity. No physical help needed to perform the activity.
- *3=Needs assistance (but not total help):* Client needs hands-on physical help during part of the activity.
- *4=Needs total assistance (cannot do at all):* Client cannot complete activity without total physical assistance.

**ASSESSOR/CM: Is there an unmet need for an ADL assistive device?:** *This is a required item.* Enter Y=Yes or N=No.

**Type(s) needed:** *This field will be required if the response is Y=Yes to “Is there an unmet need for an ADL assistive device?”* If the response is N=No, this field will be disabled.

**How much assistance do you have with the following tasks?:** This refers to the amount of help the client receives with each of the activities. Ask the client or informant what kind of help is received with each ADL activity. **These are required items.** The codes are:

- *3=Always has assistance:* Client always has an adequate level of help to meet their need in performing the activity.
- *2=Has assistance most of the time:* Client usually has the help they need to perform the activity, or more often than not they have an adequate level of help for the activity.

- *1=Rarely has assistance:* Client has unpredictable, unreliable or seldom has the amount of assistance they need to complete the activity.
- *0=No assistance needed/Never has assistance:* Client receives no help from others because they do not need any help to perform any part of the activity. Client has absolutely no assistance to complete the activity.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**Count/Score:** The system will automatically generate and populate a count and score based on the data entered on the Activities of Daily Living Section.

## **TAB E/ INSTRUMENTAL ACTIVITIES OF DAILY LIVING SECTION SCREEN DEFINITIONS**

**INSTRUMENTAL ACTIVITIES OF DAILY LIVING SECTION**

**How much assistance do you need with the following tasks?**

Assistive Device Used

0 = No assistance needed      1 = Uses assistive device  
 2 = Needs supervision or prompt      3 = Needs assistance (but not total help)  
 4 = Needs total assistance (cannot do at all)

Heavy chores	1 = Uses assistive ...	<input checked="" type="checkbox"/>
Light housekeeping	3 = Needs assista...	<input type="checkbox"/>
Using the telephone	3 = Needs assista...	<input type="checkbox"/>
Managing money	3 = Needs assista...	<input type="checkbox"/>
Preparing meals	3 = Needs assista...	<input type="checkbox"/>
Shopping	3 = Needs assista...	<input type="checkbox"/>
Managing medication	1 = Uses assistive ...	<input checked="" type="checkbox"/>
Using transportation	0 = No assistance ...	<input type="checkbox"/>

**ASSESSOR/CM:**

Is there an unmet need for an IADL assistive device? **N**

Type(s) needed

**How much assistance do you have with the following tasks?**

3 = Always has assistance    2 = Has assistance most of the time    1 = Rarely has assistance    0 = No assistance needed    0 = Never has assistance

Heavy chores	2 = Has assistance...
Light housekeeping	2 = Has assistance...
Using the telephone	2 = Has assistance...
Managing money	2 = Has assistance...
Preparing meals	2 = Has assistance...
Shopping	2 = Has assistance...
Managing medication	2 = Has assistance...
Using transportation	0 = No assistance ...

Notes & Summary

Count     Score

**How much assistance do you need with the following tasks?:** Instrumental Activities of Daily Living (IADL) are household and community tasks. Ask the client or informant what kind of help is needed with each of the activities. *These are required items.* If the response is “1=Uses assistive device” the system will automatically populate a check mark in the “Assistive Device Used” box. For all other options the “Assistive Device Used” box must be manually checked by clicking on the field with the mouse or by pressing the space bar. The help needed codes are:

- *0=No assistance needed:* Client needs no help to perform any part of the activity.
- *1=Uses assistive device:* Client needs an assistive device or technology to complete the activity.
- *2=Needs supervision or prompt:* Client needs reminders or supervision during the activity. No physical help needed to perform the activity.
- *3=Needs assistance (but not total help):* Client needs hands-on physical help during part of the activity.
- *4=Needs total assistance (cannot do at all):* Client cannot complete the activity without total physical assistance.

**ASSESSOR/CM: Is there an unmet need for an IADL assistive device?:** *This is a required item.* Enter Y=Yes or N=No.

**Type(s) needed:** *This field will be required if the response is Y=Yes to “Is there an unmet need for an IADL assistive device?”* If the response is N=No, this field will be disabled.

**How much assistance do you have with the following tasks?:** This refers to the amount of help the client receives with each of the activities. Ask the client or informant what kind of help is received with each IADL activity. **These are required items.** The codes are:

- 3=Always has assistance: Client always has an adequate level of help to meet their need in performing the activity.
- 2=Has assistance most of the time: Client usually has the help they need to perform the activity, or more often than not they have an adequate level of help for the activity.
- 1=Rarely has assistance: Client has unpredictable, unreliable or seldom has the amount of assistance they need to complete the activity.
- 0=No assistance needed/Never has assistance: Client receives no help from others because they do not need any help to perform any part of the activity. Client has absolutely no assistance to complete the activity.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**Count/Score:** The system will automatically generate and populate a count and score based on the data entered on the Instrumental Activities of Daily Living Section.

**TAB F / HEALTH CONDITIONS & THERAPIES SECTION SCREEN DEFINITIONS**

Past	Current	Health Conditions	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acid reflux/GERD	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Allergies	list: POLLEN, INSECTS, GRASS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amputation	site: LEFT THUMB
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anemia	L = Mild
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Arthritis	type: OSTEO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bed sore(s) (Decubitus)	location: RIGHT HIP
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Blood pressure	H = High
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Broken bones/fractures	location: LEFT HIP
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cancer	site: SKIN CANCER ON FACE
<input type="checkbox"/>	<input type="checkbox"/>	Chlamydia	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cholesterol	H = High
<input type="checkbox"/>	<input type="checkbox"/>	Dehydration	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	N = NIDDM
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dizziness	O = Occasional
<input type="checkbox"/>	<input type="checkbox"/>	Fibromyalgia	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gallbladder	R = Removal

**ASSESSOR/CM: Indicate whether a problem occurred in the past by marking the first box and when a problem is current by marking the second box. Please mark all that apply.:** Ask the client the question

“Have you been told by a physician that you have any of the following health conditions?” and check the appropriate health conditions boxes. Remember to mark past and current as appropriate. **Note: These items are optional, but each reported condition must be checked. The assessor/case manager can obtain this information from sources other than the client.**

The following health conditions, if checked past and/or current, will have an additional required field:

- **Allergies:** Enter the allergies in the text box provided.
- **Amputation:** Enter the site(s) of the amputation(s) in the text box provided.
- **Anemia:** Select the type of anemia. The codes are: *S=Severe; M=Moderate; L=Mild.*
- **Arthritis:** Enter the type(s) of arthritis in the text box provided.
- **Bed sore(s) (Decubitus):** Enter the location(s) in the text box provided.
- **Blood pressure:** Select the type of blood pressure. The codes are: *H=High; L=Low.*
- **Broken bones/fractures:** Enter the location(s) in the text box provided.
- **Cancer:** Enter the site(s) of cancer in the text box provided.
- **Cholesterol:** Select the type of cholesterol problem. The codes are: *H=High; L=Low.*
- **Diabetes:** Select the type of diabetes. The codes are: *I=IDDM; N=NIDDM.*
- **Dizziness:** Select the frequency of dizziness. The codes are: *C=Constant; F=Frequent; O=Occasional; R=Rare.*
- **Gallbladder:** Select the status of the gallbladder condition. The codes are: *R=Removal; P=Problems.*

HEALTH CONDITIONS & THERAPIES SECTION ~ continued ~		
Past	Current	Health Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Gonorrhea
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart problems <span style="float: right;">C = CHF</span>
<input type="checkbox"/>	<input type="checkbox"/>	Head, brain, or spinal cord trauma
<input type="checkbox"/>	<input type="checkbox"/>	Herpes
<input type="checkbox"/>	<input type="checkbox"/>	Human Immunodeficiency Virus (HIV)
<input type="checkbox"/>	<input type="checkbox"/>	Human Papillomavirus (HPV)/Genital warts
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Incontinence, Bladder <span style="float: right;">O = Occasional</span>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Incontinence, Bowel <span style="float: right;">R = Rare</span>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney problems or renal disease <span style="float: right;">End Stage <input type="text" value="N"/></span>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Liver problems <span style="float: right;">C = Cirrhosis</span>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lung problems <span style="float: right;">C = COPD</span>
<input type="checkbox"/>	<input type="checkbox"/>	Lupus
<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paralysis <span style="float: right;">L = Local</span> <span style="float: right;">Site <input type="text" value="LEFT ARM"/></span>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seizure disorder, type & frequency <span style="float: right;"><input type="text" value="GRAND-MAL/ONCE A YEAR"/></span>

- **Heart problems:** Select the heart problem. The codes are: *P=Pacemaker; C=CHF; M=MI; O=Other.*
- **Incontinence, Bladder:** Select the frequency of the bladder incontinence. The codes are: *C=Constant; F=Frequent; O=Occasional; R=Rare.*
- **Incontinence, Bowel:** Select the frequency of the bowel incontinence. The codes are: *C=Constant; F=Frequent; O=Occasional; R=Rare.*
- **Kidney problems or renal disease:** Enter Y=Yes or N=No in the box labeled “End Stage.”
- **Liver problems:** Select the type of liver problem. The codes are: *C=Cirrhosis; H=Hepatitis.*

- **Lung problems:** Select the type of lung problem. The codes are: *A=Asthma; E=Emphysema; P=Pneumonia; C=COPD.*
- **Paralysis:** Select the type of paralysis. The codes are: *F=Full; P=Partial; L=Local.* **Note: If the paralysis type is “L=Local” an entry is required for Site.** Enter the site of the local paralysis in the text box provided.
- **Seizure disorder, type & frequency:** Enter the seizure disorder type and frequency in the text box provided.

- **Thyroid problems/Graves/Myxedema:** Select the type of thyroid problem. The codes are: *E=Hyper; O=Hypo.*
- **Tumor(s), site:** Enter the site of the tumor(s) in the text box provided.
- **Ulcer(s), site:** Enter the site of the ulcer(s) in the text box provided.
- **Other:** Enter a **Description** of the other health condition in the text box provided.

In addition to the past/current health conditions of the client, this screen also captures the frequency of current therapies or specialty care provided to the client. **These are required items.** The frequency codes are:

- *N=N/A or None*
- *M=Monthly*
- *W=Weekly*
- *S=Several times a week*
- *D=Daily*
- *T=Several times a day*

The following current therapies or specialty care types will have an additional required field if the frequency is not N=N/A or None:

- **Catheter:** Enter the catheter **type** in the text box provided.
- **Ostomy:** Enter the ostomy **site** in the text box provided.

This screen is a continuation of the frequency of current therapies or specialty care provided to the client. **These are required items.** The frequency codes are the same as the ones previously listed.

The current therapy/specialty care listed below will have an additional required field if the response is not N=NA or None:

- **Other therapy:** Enter the **type** of other therapy in the text box provided.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

## TAB G / MENTAL HEALTH SECTION SCREEN DEFINITIONS

**ASSESSOR/CM: If the client is not answering questions, check:** If the client is not answering the questions on this screen, use the mouse or space bar to enter a check mark in the box provided. Once the box is checked,



all questions on this screen will become disabled. **Note:** *This item is optional but must be checked if the client is not answering the questions on this screen.*

**How satisfied are you with your overall quality of life?:** *This item is required if the client is answering the questions.* The codes are:

- V=Very Satisfied
- S=Satisfied
- N=Neither satisfied nor dissatisfied
- D=Dissatisfied
- P=Very Dissatisfied

**Thinking about how you were this time last year, how do you feel about the way things are now?:** *This item is required if the client is answering the questions.* The codes are:

- M=Much Better
- B=Better
- A=About the same
- W=Worse
- U=Much Worse

**Over the past two weeks, how often have you been bothered by any of the following problems?:** *These items are required if the client is answering the questions.* Ask the client about the presence and frequency of each of the nine symptoms of depression listed on the screen (“Little interest or pleasure in doing things” to “Thoughts that you would be better off dead or of hurting yourself in some way”). The codes are:

- N=Not at all
- S=Several days
- M=More than half the days
- E=Nearly every day

**How difficult have these problems made it for you in your daily life activities and interactions with others?:** This item will be disabled if all responses to the nine symptoms of depression are “N=Not at all.” ***This item will be required if any response is anything other than “N=Not at all.”*** The codes are:

- N=Not difficult at all
- S=Somewhat difficult
- V=Very difficult
- E=Extremely difficult

**Are you currently working with a professional to help with this condition?:** This question refers to the presence and frequency of the nine symptoms of depression. This item will be disabled if all responses to the nine symptoms of depression are “N=Not at all.” ***This item will be required if any response is anything other than “N=Not at all.”*** Enter Y=Yes or N=No. If the response is Y=Yes, skip to the question “Have you been diagnosed with a mental condition or psychiatric disorder by a health professional?”

**Have you or do you plan to discuss these issues with a professional?:** This item will be disabled if all responses to the nine symptoms of depression are “N=Not at all” or if the response to “Are you currently working with a professional to help with this condition?” is Y=Yes. ***This item will be required if any response to the nine symptoms of depression is anything other than “N=Not at all” or if the response to “Are you currently working with a professional to help with this condition?” is N=No.*** Enter Y=Yes or N=No. If the response is Y=Yes, skip to the question “Have you been diagnosed with a mental condition or psychiatric disorder by a health professional?”

**Do you talk about any of these issues with anyone else you know?:** This item will be disabled if all responses to the nine symptoms of depression are “N=Not at all” or if the response to “Are you currently working with a professional to help with this condition?” is Y=Yes. **This item will be required if any response to the nine symptoms of depression is anything other than “N=Not at all” or if the response to “Have you or do you plan to discuss these issues with a professional?” is N=No.** Enter Y=Yes or N=No. **Note:** “Anyone else” refers to another person, such as a family member, friend, clergy, neighbor, etc.

**Have you been diagnosed with a mental condition or psychiatric disorder by a health professional?:** *This is a required item.* Enter Y=Yes or N=No.

**List conditions:** *This item will be required if the response is Y=Yes to “Have you been diagnosed with a mental condition or psychiatric disorder by a health professional?”* Enter the conditions in the text box provided. This item will be disabled if the response is N=No.

**ASSESSOR/CM:** Indicate whether you noticed problem behaviors or any recurring problems have been reported to you by the client, caregiver, in-home worker, family, or staff, and note the frequency of occurrence in the last month. Please provide details in the Notes & Summary section, below: There are ten problem behaviors listed on the screen. Record the reported or observed frequency of each behavior. **These items are required.** The frequency codes are:

- N=Not at all
- O=Once
- S=Several days
- M=More than half the days
- E=Nearly every day

If the response to the problem behavior of “Other” is not “N=Not at all,” the **Description** is required in the text box provided.

**ASSESSOR/CM: Does client need supervision?:** *This is a required item.* Enter Y=Yes or N=No as to whether the client needs supervision for any reason.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**TAB H / RESIDENTIAL LIVING ENVIRONMENT SECTION SCREEN DEFINITIONS**

**RESIDENTIAL LIVING ENVIRONMENT SECTION**  
**ASSESSOR/CM: If information about the client's residence is reported to you, without your observation, check here  and all that apply below. If residence issues are directly observed by you, use the list below to observe and check off the specific issue(s) with the potential for safety or accessibility problems.**

**Check all that apply:**

Exterior issues(s)	<input type="checkbox"/> Road	<input checked="" type="checkbox"/> Driveway	<input checked="" type="checkbox"/> Yard	<input checked="" type="checkbox"/> Ramp	<input type="checkbox"/> Windows	<input type="checkbox"/> Roof
Interior issues(s)	<input type="checkbox"/> Doors	<input type="checkbox"/> Stairs	<input checked="" type="checkbox"/> Floor	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Lights
Restroom issues(s)	<input type="checkbox"/> Door	<input checked="" type="checkbox"/> Handrails	<input type="checkbox"/> Tub	<input type="checkbox"/> Shower	<input type="checkbox"/> Toilet	
Utility issues(s)		<input type="checkbox"/> Plumbing	<input checked="" type="checkbox"/> Water	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	
Furniture issues(s)		<input type="checkbox"/> Chair	<input checked="" type="checkbox"/> Couch	<input type="checkbox"/> Bed	<input type="checkbox"/> Table	
Telephone issues(s)	<input type="checkbox"/> Broken	<input type="checkbox"/> No Phone	<input type="checkbox"/> Disconnected/No service			
Temperature issues(s)	<input checked="" type="checkbox"/> Heat	<input checked="" type="checkbox"/> Smoke detector	<input type="checkbox"/> Air conditioning			
Unsanitary condition(s)	<input checked="" type="checkbox"/> Odors	<input checked="" type="checkbox"/> Insects	<input type="checkbox"/> Rodents			
	<input type="checkbox"/> Accumulating items or garbage	<input type="checkbox"/> Floors or pathways cluttered				

**Other hazards**

**ASSESSOR/CM: If information about the client's residence is reported to you, without your observation, check here and all that apply below. If residence issues are directly observed by you, use the list below to observe and check off the specific issue(s) with the potential for safety or accessibility problems:** Use the mouse to enter a check mark in the box if information about the client's residence is not directly observed by the assessor/case manager.

**Check all that apply:** Tab through the items listed and use the mouse or space bar to enter a check mark in the appropriate boxes. **These are optional items but should be checked when appropriate.**

**Other hazards:** If there are hazards other than the ones listed, enter the information in the text box provided. **This is an optional item, but information should be entered when appropriate.** Press **Tab** to move to the next screen.

**Is there a pet in your home or yard?:** *This is a required item.* Ask the client if they have a pet. Enter Y=Yes or N=No.

**Please specify the type and size:** *If the response is Y=Yes to “Is there a pet in your home or yard?” this item will be required.* Enter the information in the text box provided. If the response is N=No, this item will be disabled.

**ASSESSOR/CM: Pet comments/concerns:** This is an optional item. However, if there are any concerns about the pet, they should be noted in this text box.

**ASSESSOR/CM: Please rate the level of risk in the client’s residential living environment:** *This is a required item.* Based on the information gathered under Tabs H, select the level of risk. The codes are:

- 0=No or low risk: Client’s residential living environment appears to be safe and accessible.
- 5=Minor risk: One or more aspects are substandard and should be addressed in the following year to avoid potential injury.
- 15=Moderate risk: Major aspects are substandard and must be addressed in the next few months to remain in home safely.
- 25=High risk: Serious hazards are present. Client must change dwellings or immediate corrective action must be taken to correct the issues noted.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

## TAB I / NUTRITION SECTION SCREEN DEFINITIONS

The screenshot shows a software interface for a nutrition assessment. At the top, there is a row of letters from A to L, with 'I' highlighted. Below this is the 'NUTRITION SECTION' header. The first question is 'Do you usually eat at least two meals a day?' with a 'Y' in a small box. Below this is a prompt: 'On a typical day, what types of food do you eat for:'. There are four text input fields for 'Breakfast', 'Lunch', 'Dinner', and 'Snacks'. The responses are: 'EGGS, BACON, TOAST, CEREAL', 'SANDWICH, SALAD, FRUIT', 'MEAT, 2 VEGETABLES, BREAD, DESSERT', and 'COOKIES, ICE CREAM, POPCORN, PEANUTS'. Each field has navigation arrows on the right. The next question is 'Do you eat alone most of the time?' with a 'Y' in a box. This is followed by 'How many cups of water, juice, or other liquid do you drink daily?' with a numeric input box containing '8'. Then 'Do you ever limit the amount of fluids you drink?' with a 'Y' in a box. Below this is 'Why and when do you limit the fluids you intake?' with a text input box containing 'SOMETIMES JUST NOT THIRSTY'. The final two questions are 'On average, how many servings of fruits and vegetables do you eat every day?' with a numeric input box containing '3', and 'On average, how many servings of dairy products do you have every day?' with a numeric input box containing '3'.

**Do you usually eat at least two meals a day?:** *This is a required item.* Enter Y=Yes or N=No.

**Breakfast, Lunch, Dinner, Snacks:** *These items are required.* Ask the client what foods they eat on a typical day. Record the responses in the appropriate text box. Use **Tab** to move from text box to text box. **Enter** will move the cursor down within the text box. You can use the arrows on the right side of the text box to scroll up and down within the text box once data has been entered.

**Do you eat alone most of the time?:** *This is a required item.* Enter Y=Yes or N=No.

**How many cups of water, juice, or other liquid do you drink daily?:** *This is a required item.* Enter a numeric response in the box provided.

**Do you ever limit the amount of fluids you drink?:** This item will be disabled if the response to “*How many cups of water, juice, or other liquid do you drink daily?*” is more than eight. *This item will be required if the response is eight or less.* Enter Y=Yes or N=No. If the response is N=No, skip to the question “*On average, how many servings of fruits and vegetables do you eat every day?*”

**Why and when do you limit the fluids you intake?:** This item will be disabled if the response to “*How many cups of water, juice, or other liquid do you drink daily?*” is more than eight or if the response is N=No to “*Do you ever limit the amount of fluids you drink?*” *This item is required if the response is Y=Yes to “Do you ever limit the amount of fluids you drink?”* Enter the client’s response in the text box provided.

**On average, how many servings of fruits and vegetables do you eat every day?:** *This is a required item.* Enter a numeric response in the box provided.

**On average, how many servings of dairy products do you have every day?:** *This is a required item.* Enter a numeric response in the box provided.

**NUTRITION SECTION ~ continued ~**

Estimate your current height and weight: Height Feet  Inches  Weight

Have you lost or gained weight in the last few months?

How much?  Was the weight loss/gain on purpose (i.e. dieting or trying to lose/gain weight)?

Are you on a special diet(s) for medical reasons?  Check all that apply:

Calorie supplement  Low fat/cholesterol  Low salt/sodium  Low sugar/carb  Other

How long have you been on this diet?

Why are you on this diet?

Do you have any problems that make it hard for you to chew or swallow?  Check all that apply:

Mouth/tooth/dentures  Pain or difficulty swallowing  Taste  Nausea  
 Saliva production  Other, describe

What working appliances do you have for storing/preparing food?

None  Refrigerator  Microwave  Toaster/Oven  Stove  
 Other

Notes & Summary

Nutrition Score

**Estimate your current height and weight:** Enter the client’s estimated height in the boxes labeled **Feet** and **Inches**. Enter the client’s estimated weight in the box labeled **Weight**. *These are required items and require a numeric entry.*

**Have you lost or gained weight in the last few months?:** *This is a required item.* The codes are:

- Y=Yes
- N=No
- U=Unsure

**How much?:** *This is a required item if the response is Y=Yes to “Have you lost or gained weight in the last few months?”* If the response to the referenced question is N=No or U=Unsure, this item will be disabled. The codes are:

- L=Less than five pounds
- 5=Five to ten pounds
- 10=Ten pounds or more

**Was the weight loss/gain on purpose (i.e. dieting or trying to lose/gain weight)?:** *This is a required item if the response to “Have you lost or gained weight in the last few months?” is Y=Yes.* Enter Y=Yes or N=No. If the response to the referenced question is N=No or U=Unsure, the item will be disabled.

**Are you on a special diet(s) for medical reasons?:** Enter Y=Yes or N=No. *If the response is Y=Yes, check all special diets that apply to the client.* The choices are: *Calorie supplement; Low fat/cholesterol; Low salt/sodium; Low sugar/carb; and Other.* Use the mouse or space bar to enter a check mark in the appropriate box or boxes. At least one special diet is required to be checked. *Note: If the response is N=No, the special diet types will be disabled.*

**How long have you been on this diet?:** *This item will be required if the response to “Are you on a special diet(s) for medical reasons?” is Y=Yes.* Enter the response in the text box provided. If the response to the referenced question is N=No, this item will be disabled.

**Why are you on this diet?:** *This item will be required if the response to “Are you on a special diet(s) for medical reasons?” is Y=Yes.* Enter the response in the text box provided. If the response to the referenced question is N=No, this item will be disabled.

**Do you have any problems that make it hard for you to chew or swallow?:** *This is a required item.* Enter Y=Yes or N=No. *If the response is Y=Yes, check all problems that apply to the client.* The choices are: *Mouth/tooth/dentures; Pain or difficulty swallowing; Taste; Nausea; Saliva production; and Other, describe.* Use the mouse or space bar to enter a check mark in the appropriate box or boxes. At least one problem is required to be checked. If “Other” is checked, the description is required. Enter the description in the text box provided. *Note: If the response is N=No, the problem boxes will be disabled.*

**What working appliances do you have for storing/preparing food?:** *This is a required item.* The choices are: *None; Refrigerator; Microwave; Toaster/Oven; Stove; and Other.* If “None” is checked, all other choices will be disabled. *If “Other” is checked an entry will be required in the text box provided.*

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**TAB J / MEDICATIONS & SUBSTANCE USE SECTION SCREEN DEFINITIONS**

**Do you take three or more prescribed or over-the-counter medications a day?:** *This is a required item.* Enter Y=Yes or N=No.

**ASSESSOR/CM:** Check the original bottles in the medicine cabinet, nightstand, and refrigerator, as well as non-prescription drugs, over-the-counter drugs, sleep aids, herbal remedies, vitamins, and supplements: The assessor/case manager is to ask the client the following question: *“May I see all the medications you take, both regularly and those taken only as needed? Also, please show me all types of over-the-counter medications and any supplements that you regularly take.”* After asking this question and viewing the medications, the assessor/case manager may enter the medications in the text boxes provided. **Note:** *The medication information boxes are optional items.*

**Populate List from Prior Assessment:** Click on this button to populate the drop-down box with prior assessment dates. The assessor/case manager may then select a prior assessment date from the drop-down box. The medications entered for that assessment will populate the medication fields automatically. The information may be updated as needed. **Note:** *If a client has multiple assessments with medications, the assessor/case manager may copy from each assessment and then remove any medications that are no longer taken by the client.*

**Add/Remove:** Select **Add** to enter medication information. Once Add is selected the medication boxes will be highlighted and information may be entered. To remove a medication, click on the medication to be removed, and it will be highlighted. Select **Remove** and the medication information will be deleted. When you answer Y=Yes or N=No to the question *“Do you take three or more prescribed or over-the-counter medications a day?”* you can press **Enter** or **Tab** to move the cursor to Add. Press Enter or Tab again and it highlights the first row of medications boxes. Once you enter all of the information for that medication, press Enter or Tab to take you back to Add, and the process starts over again. Once you have entered all of the medications, you can use your mouse to click on the next Assessment tab or you can press Tab three times, and it takes you to the next Assessment tab.

**Medication name/Prescribed dose/Prescribed Frequency/Taken as prescribed?/Administration method/Prescriber name/Reason not taken as prescribed:** These items are optional. Enter the information in the text boxes provided. “Taken as prescribed?” requires an entry of Y=Yes or N=No. ***If the response is N=No, enter the reason the medication is not taken as prescribed in the appropriate text box.*** If the response is Y=Yes, an entry is not needed in this field.



A A A A B C C D E F F F F G G H H I I J J K L L L

**MEDICATIONS & SUBSTANCE USE SECTION ~ continued ~**

Please list the doctors you usually go to for treatment and medications: Add Remove

Physician Name	Physician Phone	Date Last Visit
DR STEVE JONE		
Reason for last visit: ANNUAL CHECK UP		
DR MIKE SMITH	850-234-1234	06/12/2013
Reason for last visit:		
Reason for last visit:		
Reason for last visit:		

**What pharmacies or drug stores do you use?**

ADAMS DRUGS AND WALMART PHARMACY

Are you able to tell the difference between your pills (i.e., colors, shapes, print)?  Y = Yes  N = No

ASSESSOR/CM: Are the client's medications managed by a facility/caregiver?  N = No  Y = Yes

ASSESSOR/CM: In your opinion, are the client's medications managed properly?  Y = Yes  N = No

ASSESSOR/CM: Should client have a new medication review by a doctor or pharmacist?  N = No  Y = Yes

**Add/Remove:** Select **Add** to enter physician information. Once Add is selected the physician boxes will be highlighted and information may be entered. To remove a physician, click on the physician to be removed, and it will be highlighted. Select **Remove** and the physician information will be deleted.

**Physician Name/ Physician Phone/ Date Last Visit/Reason for last visit:** The assessor/case manager is to ask the client to list the doctors they go to for treatment and medications. These items are optional. You can enter as much or as little information as you have to save the assessment. Enter the information in the text boxes provided for each physician. Use **Enter** to navigate through the physician fields if entering more than one physician. Once you complete the information for a physician, pressing Enter will take you to Add and then to the next row of physician information boxes. Once you have entered all physicians press Tab three times to advance to the next question. Use **Tab** to navigate through the physician fields if entering only one physician. Once you complete the information for a physician, pressing Tab will take you to Add, Remove and then to the question “What pharmacies or drug stores do you use?”

**What pharmacies or drug stores do you use?:** This item is optional. Enter the information in the text box provided.

**Are you able to tell the difference between your pills (i.e., colors, shapes, print)?:** *This item is required.* The codes are:

- *N=No:* Client cannot tell the difference between the pills they take.
- *Y=Yes:* Client can tell the difference between the pills they take.
- *NA=N/A:* Client does not take any medication.

**ASSESSOR/CM: Are the client’s medications managed by a facility/caregiver?:** *This item is required.* If a client resides in a facility where all medications are administered and reviewed by the facility staff, the response would be Y=Yes. The codes are:

- *N=No:* Medications are self-managed and not managed by a facility or caregiver.
- *Y=Yes:* Medications are managed by a facility or caregiver.

- NA=N/A: Client takes no medication to manage.

**ASSESSOR/CM: In your opinion, are the client’s medications managed properly?: This is a required item.** The codes are:

- N=No: Client is non-compliant with medications, cannot differentiate medications and/or has no medication awareness. *Note: The response would be N=No if a facility or caregiver is not properly following the prescribed medication regimen.*
- Y=Yes: Client, caregiver, or facility is well aware of all medications and follows the medication regimen appropriately.
- NA=N/A: Client does not take any medication or the caregiver or facility refused to provide the information.

**ASSESSOR/CM: Should client have a new medication review by a doctor or pharmacist?: This is a required item.** The codes are:

- N=No: Client does not require a new medication review. Client’s medications are not complex and client is managing all medications appropriately.
- Y=Yes: Client requires a new medication review. Client’s medications are complex, or client is taking many medications of the same type, or the client is inappropriately using medications.
- N=N/A: Client has no new medication or does not take any medication.

**How many days in a typical week do you drink alcohol?: This is a required item.** The codes are:

- R=Refused
- N=None
- 1=One to two
- 3=Three to five
- 6=Six to Seven

**On the days when you have some alcohol, about how many drinks do you usually have?:** If the response to the question “How many days in a typical week do you drink alcohol?” is R=Refused or N=None, this item will be disabled. If the item is not disabled, the codes are:

- 1=One to two

- 3=Three to five
- 6=Six or more

**About how many times in the last month have you had four or more drinks in a day?:** If the response to the question “*How many days in a typical week do you drink alcohol?*” is R=Refused or N=None, this item will be disabled. This item will also be disabled if the response to “*On the days when you have some alcohol, about how many drinks do you usually have?*” is 1=One to two. If the item is not disabled, the codes are:

- N=None
- 1=One to two
- 3=Three to five
- 6=Six or more

**Have you used any form of tobacco in the last six months?:** *This is a required item.* Enter Y=Yes or N=No.

**What type(s):** *This is a required item if the response to “Have you used any form of tobacco in the last six months?” is Y=Yes.* The choices are: *Chewing tobacco; Cigarettes; Cigars; Snuff; and Other.* Use the mouse or space bar to enter a check mark in the appropriate box or boxes. At least one type is required to be checked. *Note: If the response is N=No, the type boxes will be disabled.*

**About how many times do you use tobacco each day?:** *This is a required item if the response to “Have you used any form of tobacco in the last six months?” is Y=Yes.* If the response to the referenced question is N=No, this field will be disabled. The codes are:

- 1=One to three
- 4=Four to ten
- 11=Eleven or more

**Do you regularly use drugs other than those required for medical reasons (i.e., controlled substances or street drugs)?:** *This is a required item.* The codes are:

- R=Refused
- N=No
- Y=Yes

**If yes, what type(s):** *This is a required item if the response to “Do you regularly use drugs other than those required for medical reasons (i.e., controlled substances or street drugs)?” is Y=Yes.* Enter the types in the text box provided. If the response to the referenced question is R=Refused or N=No, this field will be disabled.

**About how often do you use these?:** *This is a required item if the response to “Do you regularly use drugs other than those required for medical reasons (i.e., controlled substances or street drugs)?” is Y=Yes.* If the response to the referenced question is R=Refused or N=No, this field will be disabled. The codes are:

- R=Rarely
- M=Less than twice a month
- W=Less than once a week
- SW=Several times a week
- D=Daily
- SD=Several times a day

**How long have you been using that often?:** *This is a required item if the response to “Do you regularly use drugs other than those required for medical reasons (i.e., controlled substances or street drugs)?” is Y=Yes.* If the response to the referenced question is R=Refused or N=No, this field will be disabled. The codes are:

- L=Less than a year

➤ 1=One or more years

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

### **TAB K / SOCIAL RESOURCES SECTION SCREEN DEFINITIONS**

**If needed, is there someone (besides the primary caregiver) who could help you?:** *This is a required item.* Enter Y=Yes or N=No.

**Do I have your permission to contact this person, if you need help?:** *This is a required item if the response is Y=Yes to “If needed, is there someone (besides the primary caregiver) who could help you?”* Enter Y=Yes or N=No. If the response to the referenced question is N=No, this field will be disabled.

**First Name/Last Name:** *These are required items if the response is Y=Yes to “Do I have your permission to contact this person, if you need help?”* Enter the contact person’s first and last name in the text boxes provided. These fields will be disabled if the response to the referenced question is N=No.

**Relationship to client:** *This is a required item if the response is Y=Yes to “Do I have your permission to contact this person, if you need help?”* If the response is N=No, this item will be disabled. The codes are:

- DA=Daughter/In-Law
- HU=Husband
- OR=Other Relative
- OT=Other Non-Relative
- PA=Parent
- PT=Partner
- SO=Son/In-Law
- WF=Wife

**Telephone Number:** Enter the telephone number for the contact person designated by the client. The phone number includes the area code and the seven-digit phone number. This is an optional item.

**Talk to friends, relatives, or others (by phone, computer, or other means)?:** *This is a required item.* The assessor/case manager is to ask the client about how often they talk to others and then record the frequency. If the client's response is not covered in the code options, select the one that is closest. The codes are:

- *D=Once a day*
- *2=Two to six times a week*
- *W=Once a week*
- *S=Several times a month*
- *E=Every few months*
- *Y=A few times a year*
- *N=Never*

**Spend time with someone who does not live with you?:** *This is a required item.* The assessor/case manager is to ask the client about how often they spend time with others and then record the frequency. If the client's response is not covered in the code options, select the one that is closest. The codes are:

- *D=Once a day*
- *2=Two to six times a week*
- *W=Once a week*
- *S=Several times a month*
- *E=Every few months*
- *Y=A few times a year*
- *N=Never*

**Participate in activities outside the home that interest you?:** *This is a required item.* The assessor/case manager is to ask the client about how often they participate in activities outside the home and then record the frequency. If the client's response is not covered in the code options, select the one that is closest. The codes are:

- *D=Once a day*
- *2=Two to six times a week*
- *W=Once a week*
- *S=Several times a month*
- *E=Every few months*
- *Y=A few times a year*
- *N=Never*

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

## TAB L / CAREGIVER SECTION SCREEN DEFINITIONS

The screenshot shows a web form titled "CAREGIVER SECTION" with a navigation bar at the top containing letters A through L. The form contains the following fields and options:

- ASSESSOR/CM: HCE Caregiver?** If yes, check:
- Caregiver full name:**
  - First name:** TOM
  - M.I. Last name:** J SMITH
  - Caregiver date of birth:** 05/03/1956
- ASSESSOR/CM: Caregiver identification number:** TJS050356
- Caregiver sex:** M = MALE
- Caregiver race: [Mark all that apply]:**
  - White
  - Black/African American
  - Asian
  - American Indian/ Alaska Native
  - Native Hawaiian/ Pacific Islander
  - Other
- Caregiver ethnicity:** O = OTHER
- Caregiver primary language:** EN = ENGLISH
- Other Primary Language Description:** (empty field)
- Caregiver relationship to client:** OR = OTHER RELATIVE
- Caregiver address:**
  - Street:** 345 SOUTH STREET
  - Street con't.:** (empty field)
  - ZIP:** 32444
  - ZIP 4:** (empty field)
  - City:** LYNN HAVEN
  - State:** FL
- Caregiver phone number:** (three empty input boxes)
- Do you work outside the home?**  Y
- Full-time / Part-time:** P = Part-time

**ASSESSOR/CM: HCE Caregiver? If yes, check:** If the primary caregiver is also an HCE Caregiver, use the mouse to enter a check mark in the box provided. **This item is optional but should be checked when appropriate.** If the caregiver is not an HCE Caregiver, leave the box blank. *Note: HCE=Home Care for the Elderly.*

**Caregiver full name: First name/M.I./Last name:** Enter the caregiver’s first name and last name. *These two items are required.* Enter the middle initial if provided; however this field is optional. If the caregiver does not have a middle initial, leave the field blank.

**Caregiver date of birth:** Enter the month, day, and year of the client’s birth. This will be a two-digit month and day and a four-digit calendar year. *This is a required item.*

**ASSESSOR/CM: Caregiver identification number:** This number is a unique identifier for the caregiver. It is comprised of the caregiver’s initials (first, middle, and last) and date of birth (mm/dd/yy). Enter the nine-digit caregiver identification number in the box provided. See the example on the screen print above. *This is a required item.* If the caregiver does not have a middle initial use the letter “X.” For example, if the caregiver’s name is Jane Doe and the date of birth is 050167, you would enter JXD050167.

**Caregiver sex:** Enter the caregiver’s sex. *This is a required item.* The codes are:

- F=Female
- M=Male

**Caregiver race:** A caregiver can have multiple races. Check the appropriate box or boxes by using the mouse or space bar. *This is a required item.* The options are:

- White
- Black/African American

- *Asian*
- *American Indian/Alaska Native*
- *Native Hawaiian/Pacific Islander*
- *Other*

**Caregiver ethnicity:** Enter the caregiver’s ethnicity. *This is a required item.* The codes are:

- *H=Hispanic/Latino*
- *O=Other*

**Caregiver primary language:** Enter the primary language spoken by the caregiver. *This is a required item.*

The codes are:

- *EN=English*
- *IT=Italian*
- *KO=Korean*
- *OT=Other Language*
- *PO=Polish*
- *RU=Russian*
- *SP=Spanish*
- *TG=Tagalog*
- *VI=Vietnamese*
- *YI=Yiddish*

**Other Primary Language Description:** Enter the language spoken by the caregiver that is not in the list of codes for Primary Language. *This is a required item if “Other” is the Primary Language.*

**Caregiver relationship to client:** *This is a required item.* The codes are:

- *DA=Daughter/In-Law*
- *HU=Husband*
- *OR=Other Relative*
- *OT=Other Non-Relative*
- *PA=Parent*
- *PT=Partner*
- *SO=Son/In-Law*
- *WF=Wife*

**Caregiver address: Street, Zip, City, State:** Enter the street and zip code for the address of the caregiver. The city and state will automatically be populated based on the zip code entered. *These are required items.*

**Street Con’t:** Enter the building number or suite number. Leave blank if there is no building number or suite number. This item is optional.

**Zip 4:** The last four digits that determine a more specific location within a given zip code. This is an optional item.

**Caregiver phone number:** Enter the telephone number for the caregiver. The phone number includes the area code and the seven-digit phone number. This is an optional item.

**Do you work outside the home?:** *This is a required item.* Enter Y=Yes or N=No.

**Full-time/Part-time:** *This is a required item if the response is Y=Yes to “Do you work outside the home?”* If the response is N=No, this item will be disabled. The codes are:

- F=Full-time
- P=Part-time

**Do you currently have anyone to assist you with providing care?:** *This is a required item.* Enter Y=Yes or N=No.

**Do I have your permission to contact this person if for some reason you are unable to provide care for the client?:** This item will be disabled if the response is N=No to “Do you currently have anyone to assist you with providing care?” *If the response is Y=Yes, this item will be required.* Enter Y=Yes or N=No.

**Contact first name/Contact last name:** These items will be disabled if the response is N=No to “Do I have your permission to contact this person if for some reason you are unable to provide care for the client?” *If the response is Y=Yes, the contact’s first and last name are required.* Enter the first and last name in the text boxes provided.

**Telephone number:** Enter the telephone number for the contact person. The phone number includes the area code and the seven-digit phone number. This is an optional item.

**Relationship to client:** This item will be disabled if the response is N=No to “Do I have your permission to contact this person if for some reason you are unable to provide care for the client?” *If the response is Y=Yes, this item will be required.* The codes are:

- DA=Daughter/In-Law
- HU=Husband
- OR=Other Relative
- OT=Other Non-Relative
- PA=Parent



- *PT=Partner*
- *SO=Son/In-Law*
- *WF=Wife*

**How long have you been providing care for this client?:** *This is a required item.* The codes are:

- *L=Less than six months*
- *6=Six to twelve months*
- *1=One to two years*
- *O=Two or more years*

**How many hours per week do you spend providing care for the client?:** *This is a required item.* Enter the number of hours spent per week providing care. This item will only accept a numeric value.

**Do you need training or assistance in performing caregiving tasks?:** *This item is required.* Enter Y=Yes or N=No.

**If yes, please describe:** This item will be disabled if the response N=No to “*Do you need training or assistance in performing caregiving tasks?*” *If the response is Y=Yes, this item will be required.* Enter the description of needed training in the text box provided.

**How much of a mental or emotional strain is it on you to provide care for the client?:** *This is a required item.* The codes are:

- *N=None*
- *S=Some strain*
- *A=A lot of strain*

**Relationship with client/Relationship with family/Relationship with friends/Physical health/Finances/Functional abilities/Employment/Time for yourself to do the things you enjoy:** *These are required items.* The assessor/case manager is to ask the caregiver how much of a mental or emotional strain caring for the client has on other aspects of the caregiver’s life and to rate the level of difficulty for each of the items listed. The codes are:

- *N=No difficulty*
- *L=Little difficulty*
- *S=Some difficulty*
- *M=Moderate difficulty*
- *A=A lot of difficulty*

**How confident are you that you will have the ability to continue to provide care?:** *This is a required item.*

The codes are:

- V=Very confident
- S=Somewhat confident
- N=Not very confident

**What is the main reason you may be unable to continue to provide care?:** This item will be disabled if the response is V=Very confident or S=Somewhat confident to “*How confident are you that you will have the ability to continue to provide care?*” ***If the response is N=Not very confident, the item will be required.*** Enter the main reason in the text box provided.

**ASSESSOR/CM: Is the caregiver in crisis?:** *This is a required item.* Enter Y=Yes or N=No.

**Financial/Emotional/Physical:** If the response is N=No to “*Is the caregiver in crisis?*” these items will be disabled. ***If the response is Y=Yes, at least one of the items is required to be checked.*** Use the mouse or space bar to enter a check mark in the appropriate box or boxes.

**Ask the caregiver to answer the following about the client:** There are eight items on this screen that the assessor/case manager is to ask the caregiver about the client. These items are designed to detect whether or not the caregiver has noticed a change in the client’s thinking or memory functioning. ***Each item is required.*** The codes are:

- Y=Yes, a change: Caregiver has noticed a change in the last year.
- N=No change: Caregiver has not noticed a change in the last year.
- D=Don’t know or N/A: Caregiver does not know if there has been a change or does not know how to answer.

**Note:** *If the client’s thinking or memory has improved, select this response.*

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**Date Caregiver Record Changed:** This field is automatically populated by the system when someone makes a change to the saved caregiver information.

**Caregiver Record Changed By:** This field is automatically populated by the system and identifies the name of the person making the change to the saved caregiver information.

**REMINDER:**

If no health conditions are checked, you will receive a pop-up alert numerous times when saving the assessment. This alert will ask, "*None of the health conditions have been selected. Is this correct?*" This is to remind you to check any conditions that apply.

**701 S ASSESSMENT TYPE**

The 701S Assessment is a subset of the 701B Comprehensive Assessment. This assessment is used for telephone screening of clients. This assessment type has different tab headings than the 701B. Only selected questions from the 701B are on this assessment. **Screens, definitions, and codes for the items on this assessment type can be found under the 701B Assessment type.**

The following items will appear at the top of each assessment tab:

**Priority Score:** Once the assessment is saved, the system will automatically generate and populate a Priority Score for assessment types 701A, 701B, and 701S. This item cannot be edited.

**Rank:** Once the assessment is saved, the system will automatically generate and populate a Rank for assessment types 701A, 701B, and 701S. This item cannot be edited.

**PSA:** Indicates the CARES PSA. This item is automatically populated and cannot be edited.

**Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.

**Client ID:** This is a unique, random number assigned by the system that is associated with each client in CIRTS. This item is automatically populated and cannot be edited.

**Client Name:** The system will automatically enter the client's last and first name based on the information entered on the Demographic screen. This item cannot be edited.

**Edit:** Select this option to change any previously saved information.

**Save:** Select this option to save the information entered or edited.

**Cancel:** Select this option to cancel without saving the information entered or edited.

**Close:** Select this option to close the assessment.

**Print:** Select this option to print the assessment.

Client Assessment Information

Action Menu Edit Block Field Record Query Help

CLIENT\_ASSESSMENTS 20131008 **CIRTS** Date 10/10/2013 User REGIONALCARES

Priority Score: 13 Rank: 1 PSA: 02A Owner Id: Client Id: 2001745269 Client Name: SMITH, JANE

Edit Save Cancel Close Print

CARES ASSM ASSM ADL IADL HLTH HLTH HLTH HLTH NUTR

**CARES Assessment Information**

PSA: 02A County: BAY Assessor: CARES Living Arrangement: PRIVATE RESIDENCE

Special Project Case: N=NONE Payment Type: MEDICAID PENDING Waiver Recertification: N

Initial Contact Date: 09/01/2013 Assessment Delay: N Assessment Delay Reason:

Reassessment: Date Requested:

**CARES:** The following items are required on this screen: County, Assessor, Living Arrangement, Special Project Case, Payment Type, and Waiver Recertification. **Refer to 701B definitions for behavior of other items on the screen.**

CARES ASSM ASSM ADL IADL HLTH HLTH HLTH HLTH NUTR

Caseworker: OTHER - OTHER OTHER Screener Name: OTHER OTHER

SCREENER: What is the purpose of this assessment?  
 Initial  Annual  Health  Living Situation  Caregiver  Environment  Income

Assessment Date: 09/01/2013 Assessment Site: T=TELEPHONE SCREEN Assessment Type: 701B = SCREENING FORM

Referral Date: 09/01/2013 Referral Source: SEFA = SELF/FAMILY Risk Level:

SCREENER: Transitioning out of a nursing facility? N  
 SCREENER: Imminent risk of nursing home placement? N

Is there a primary caregiver? N Living Situation: WITH OTHER

Individual monthly income: \$345.00 Refused N Estimated total individual assets: Individual Assets: M = \$0 - \$2000 Refused N

Couple monthly income: \$2,345.00 Refused N Estimated total couple assets: Couple Assets: N = \$3001 - \$6000 Refused N

Are you receiving S/NAP (food stamps)? N  
 Do you need other assistance for food? N

Date Assessment Changed: 10/10/2013 01:15:40 PM Assessment Changed By: REGIONALCARES

**ASSM 1:** The following items are required on this screen: Caseworker, “*Screener: What is the purpose of this assessment?*”, Assessment Date, Assessment Site, Referral Date, Referral Source, “*Screener: Transitioning out of a nursing facility?*”, “*Screener: Imminent Risk of nursing home placement?*”, “*Is there a primary caregiver?*”, Living Situation, Individual monthly income, Refused, Individual Assets, Refused, “*Are you receiving S/NAP (food stamps)?*”, and “*Do you need other assistance for food?*”. **Refer to 701B definitions**

for behavior of other items on the screen. *Note: If the Marital Status is “Married”, the Couple monthly income and Couple Assets will be required. “Refused” will also be a required item.*

**ASSM 2:** The following items are required on this screen: “*Screener: Is someone besides the client providing answers to questions?*”, “*How would you rate your overall health at this time?*”, “*Compared to a year ago, how would you rate your health?*”, “*How often are there things you want to do but cannot because of physical problems?*”, “*When you need medical care, how often do you get it?*”, “*How often do finances/insurance allow you to obtain healthcare and medications when you need them?*”, and “*Has a doctor or other health care professional told you that you suffer from memory loss, cognitive impairment, any type of dementia, or Alzheimer’s disease?*” You may enter information in the Notes & Summary box if needed; it is an optional item. **Refer to 701B definitions for behavior of other items on the screen. Note: If the response is Y=Yes to “Screener: Is someone besides the client providing answers to questions?” the Name and Relationship will be required.**

How much assistance do you need with the following tasks?	Assistive Device Used	How much assistance do you have with the following tasks?
0 = No assistance needed 1 = Uses assistive device 2 = Needs supervision or prompt 3 = Needs assistance (but not total help) 4 = Needs total assistance (cannot do at all)	<input type="checkbox"/>	3 = Always has assistance 2 = Has assistance most of the time 1 = Rarely has assistance 0 = No assistance needed 0 = Never has assistance
Bathing 3 = Needs assista...	<input type="checkbox"/>	Bathing 3 = Always has ass...
Dressing 3 = Needs assista...	<input type="checkbox"/>	Dressing 3 = Always has ass...
Eating 3 = Needs assista...	<input type="checkbox"/>	Eating 3 = Always has ass...
Using the bathroom 3 = Needs assista...	<input type="checkbox"/>	Using the bathroom 3 = Always has ass...
Transferring 3 = Needs assista...	<input type="checkbox"/>	Transferring 3 = Always has ass...
Walking/Mobility 3 = Needs assista...	<input type="checkbox"/>	Walking/Mobility 3 = Always has ass...

**ADL:** The following items are required on this screen: “*How much assistance do you need with the following tasks?*” and “*How much assistance do you have with the following tasks?*” **Note: Remember to check whether or not an assistive device is in use. If the code is “1=Uses assistive device” the check box will automatically be populated.**

CARES ASSM ASSM ADL IADL HLTH HLTH HLTH HLTH NUTR

**How much assistance do you need with the following tasks?**

0 = No assistance needed  
 1 = Uses assistive device  
 2 = Needs supervision or prompt  
 3 = Needs assistance (but not total help)  
 4 = Needs total assistance (cannot do at all)

**How much assistance do you have with the following tasks?**

3 = Always has assistance  
 2 = Has assistance most of the time  
 1 = Rarely has assistance  
 0 = No assistance needed  
 0 = Never has assistance

Task	Assistance Needed	Assistive Device Used	Task	Assistance Received
Heavy chores	3 = Needs assista...	<input type="checkbox"/>	Heavy chores	3 = Always has ass...
Light housekeeping	3 = Needs assista...	<input type="checkbox"/>	Light housekeeping	3 = Always has ass...
Using the telephone	3 = Needs assista...	<input type="checkbox"/>	Using the telephone	3 = Always has ass...
Managing money	3 = Needs assista...	<input type="checkbox"/>	Managing money	3 = Always has ass...
Preparing meals	3 = Needs assista...	<input type="checkbox"/>	Preparing meals	3 = Always has ass...
Shopping	3 = Needs assista...	<input type="checkbox"/>	Shopping	3 = Always has ass...
Managing medication	3 = Needs assista...	<input type="checkbox"/>	Managing medication	3 = Always has ass...
Using transportation	3 = Needs assista...	<input type="checkbox"/>	Using transportation	3 = Always has ass...

Notes & Summary

**IADL:** The following items are required on this screen: “How much assistance do you need with the following tasks?” and “How much assistance do you have with the following tasks?” You may enter information in the Notes & Summary box if needed; it is an optional item. **Note: Remember to check whether or not an assistive device is in use. If the code is “1=Uses assistive device” the check box will automatically be populated.**

CARES ASSM ASSM ADL IADL HLTH HLTH HLTH HLTH NUTR

Have you been told by a physician that you have any of the following health conditions?  
**SCREENER: Indicate if a problem occurred in the past by marking the first box and if a problem is current by marking the second box. Please mark all that apply.**

Past	Current	Health Conditions	
<input type="checkbox"/>	<input type="checkbox"/>	Acid reflux/GERD	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	List: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Amputation	Site: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	Type: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bed sore(s) (Decubitus)	Location: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Blood pressure	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Broken bones/fractures	Location: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	Site: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Chlamydia	
<input type="checkbox"/>	<input type="checkbox"/>	Cholesterol	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dehydration	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fibromyalgia	
<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder	<input type="text"/>

**HLTH 1:** These items are optional, but each reported condition must be checked. The assessor/case manager can obtain this information from sources other than the client. **Refer to 701B definitions for behavior of other items on the screen.**

Past	Current	Health Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Gonorrhea
<input type="checkbox"/>	<input type="checkbox"/>	Heart problems <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Head, brain, or spinal cord trauma
<input type="checkbox"/>	<input type="checkbox"/>	Herpes
<input type="checkbox"/>	<input type="checkbox"/>	Human Immunodeficiency Virus (HIV)
<input type="checkbox"/>	<input type="checkbox"/>	Human Papillomavirus (HPV)/Genital warts
<input type="checkbox"/>	<input type="checkbox"/>	Incontinence, Bladder <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Incontinence, Bowel <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Kidney problems or Renal disease <span style="float: right;">End Stage <input type="checkbox"/></span>
<input type="checkbox"/>	<input type="checkbox"/>	Liver problems <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Lung problems <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Lupus
<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy
<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's disease
<input type="checkbox"/>	<input type="checkbox"/>	Paralysis <input type="text"/> Site <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Seizure disorder, type & frequency <input type="text"/>

**HLTH 2:** These items are optional, but each reported condition must be checked. The assessor/case manager can obtain this information from sources other than the client. Refer to 701B definitions for behavior of other items on the screen.

Past	Current	Health Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Shingles
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/CVA
<input type="checkbox"/>	<input type="checkbox"/>	Syphilis
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid problems/Graves/Myxedema Type <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tumor(s) Site <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Ulcer(s) Site <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Urinary Tract Infection (UTI)
<input type="checkbox"/>	<input type="checkbox"/>	Other Description <input type="text"/>

Please provide information on the frequency of current therapies or specialty care:

Treatment type: N = N/A or None M = Monthly W = Weekly S = Several times a week D = Daily T = Several times a day

Bladder/bowel treatment	<input type="text" value="N = N/A or None"/>
Catheter	<input type="text" value="N = N/A or None"/> Type <input type="text"/>
Dialysis	<input type="text" value="N = N/A or None"/>
Insulin assistance	<input type="text" value="N = N/A or None"/>
IV Fluids/IV Medications	<input type="text" value="N = N/A or None"/>
Occupational therapy	<input type="text" value="N = N/A or None"/>
Ostomy	<input type="text" value="N = N/A or None"/> Site <input type="text"/>
Oxygen	<input type="text" value="N = N/A or None"/>

**HLTH 3:** The health conditions are optional items, but each reported condition must be checked. The assessor/case manager can obtain this information from sources other than the client. "Treatment type" is a required item. Refer to 701B definitions for behavior of other items on the screen.

CARES ASSM ASSM ADL IADL HLTH HLTH HLTH HLTH CGVR NUTR

Please provide information on the frequency of current therapies or specialty care:  
 Treatment type ~ continued: N = N/A or None M = Monthly W = Weekly S = Several times a week D = Daily T = Several times a day

Physical therapy

Radiation/Chemotherapy

Respiratory therapy

Skilled nursing

Speech therapy

Suctioning

Tube feeding

Wound care/Lesion irrigation

Other therapy  Type

Caregiver full name:  
 First Name  M.I. Last Name  Caregiver phone number

How much of a mental or emotional strain is it on you to provide care for the client?

Considering other aspects of your life, please rate the level of difficulty in your:  
 N = No difficulty L = Little difficulty S = Some difficulty M = Moderate difficulty A = A lot of difficulty

Physical health

**HLTH 4: “Treatment type” is a required item. Refer to 701B definitions for behavior of other items on the screen. If “Primary Caregiver” is Y=Yes, the caregiver questions on this screen will be required (excluding the phone number).**

CARES ASSM ASSM ADL IADL HLTH HLTH HLTH HLTH CGVR NUTR

How confident are you that you will have the ability to continue to provide care?

What is the main reason you may be unable to continue to provide care?

Assessor/CM: Is the caregiver in crisis?   Financial  Emotional  Physical

Date Caregiver Record Changed  Caregiver Record Changed By

**Also, if “Primary Caregiver is Y=Yes, a tab labeled CGVR will appear and will require an entry for “How confident are you that you will have the ability to continue to provide care?” and “Assessor/CM: Is the caregiver in crisis?” Refer to 701B definitions for behavior of other items on the screen. Note: The second question should read, “Screener: Is the caregiver in crisis?” This will be corrected in CIRTS as soon as possible.**



The screenshot shows a software interface for a nutritional assessment. At the top, there are several tabs: CARES, ASSM, ADL, IADL, HLTH, CGVR, and NUTR (which is currently selected). Below the tabs is the 'Nutritional Risk Score Section'. It contains several questions with input fields and checkboxes:

- Do you usually eat at least two meals a day?** (checkbox)
- Do you eat alone most of the time?** (checkbox)
- On average, how many servings of fruits and vegetables do you eat every day?** (text input)
- On average, how many servings of dairy products do you have every day?** (text input)
- Have you lost or gained weight in the last few months?** (dropdown menu)
- How much?** (text input)
- Was the weight loss/gain on purpose (i.e. dieting or trying to lose/gain weight)?** (checkbox)
- Are you on a special diet(s) for medical reasons?** (checkbox)
- Options for special diet:  Calorie supplement,  Low fat/cholesterol,  Low salt/sodium,  Low sugar/carb,  Other
- How long have you been on this diet?** (text input)
- Why are you on this diet?** (text input)
- Do you have any problems that make it hard for you to chew or swallow?** (checkbox) **Check all that apply:**
- Options for chewing/swallowing:  Mouth/tooth/dentures,  Pain or difficulty swallowing,  Taste,  Nausea,  Saliva production,  Other, describe (text input)
- Do you take three or more prescribed or over-the-counter medications a day?** (checkbox)
- How many days in a typical week do you drink alcohol?** (dropdown menu)
- On the days when you have some alcohol, about how many drinks do you usually have?** (text input)
- About how many times in the last month have you had four or more drinks in a day?** (text input)

**NUTR:** All items on this screen are optional. **Refer to 701B definitions for behavior of items on the screen.**

### 701T ASSESSMENT TYPE

The 701T Assessment is a subset of the 701B Comprehensive Assessment. This assessment is used for on-site assessments for clients with no community potential. This assessment type does not have all of the tabs that are on the 701B. Only selected questions from the 701B are on this assessment. **Screens, definitions, and codes for the items on this assessment type can be found under the 701B Assessment type.**

The following items will appear at the top of each assessment tab:

**Priority Score:** This item will be disabled. A priority score is only generated for assessment types 701A, 701B, and 701S.

**Rank:** This item will be disabled. A rank is only generated for assessment types 701A, 701B, and 701S.

**PSA:** Indicates the CARES PSA. This item is automatically populated and cannot be edited.

**Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.

**Client ID:** This is a unique, random number assigned by the system that is associated with each client in CIRTS. This item is automatically populated and cannot be edited.

**Client Name:** The system will automatically enter the client's last and first name based on the information entered on the Demographic screen. This item cannot be edited.

**Risk Score:** This item will be disabled. The 701T does not generate a Risk Score.

**Edit:** Select this option to change any previously saved information.

**Save:** Select this option to save the information entered or edited.

**Cancel:** Select this option to cancel without saving the information entered or edited.

**Close:** Select this option to close the assessment.

**Print:** Select this option to print the assessment.

**A 1:** The following items are required on this screen: County, Assessor, Living Arrangement, Special Project Case, Payment Type, and Waiver Recertification. *Note: If this is a reassessment for an open case, Date Requested is required. Refer to 701B definitions for behavior of other items on the screen.*

**A 2:** The following items are required on this screen: Caseworker, “ASSESSOR/CM: What is the purpose of this assessment?”, Assessment Date, Assessment Site, Referral Date, Referral Source, “ASSESSOR/CM: Transitioning out of a nursing facility?”, “ASSESSOR/CM: Imminent Risk of nursing home placement?”, “Is there a primary caregiver?”, and Living Situation. *Note: If the Referral Source is A=APS, Risk Level will be required. All other fields will be disabled.*

**A 3:** The only item required on this screen is “Assessor/CM: Is someone besides the client providing answers to questions?” *If the response is Y=Yes, the person’s relationship to the client will be required.* All other items will be disabled.

**A 4:** No items are required on this screen. You may enter information in the Notes & Summary box if needed; it is an optional item.

**B:** The following items are required on this screen: “Has a doctor or other health care professional told you that you suffer from memory loss, cognitive impairment, any type of dementia, or Alzheimer’s disease?”; “ASSESSOR/CM: Select the number of words correctly repeated after the first attempt”; “Please tell me what year it is”; “Please tell me what month it is”; “Please tell me what day (of the week) it is”; and “Assessor/CM: In your opinion, are cognitive problems present?”

**C 1:** The only required items are: “How many times have you fallen in the last six months?” and “Have you visited the ER or been admitted to the hospital within the last year?” *If the response to the second question is Y=Yes, a numeric entry will be required for ER and Hospital.*

**C 2:** All items are disabled on this screen. You may enter information in the Notes & Summary box if needed; it is an optional item.

**D:** The only required item is “How much assistance do you need with the following tasks?” Be sure to check “Assistive Device Used” when appropriate. You may enter information in the Notes & Summary box if needed; it is an optional item. *Note: All other fields will be disabled.*

**E:** The only required item is “How much assistance do you need with the following tasks?” Be sure to check “Assistive Device Used” when appropriate. You may enter information in the Notes & Summary box if needed; it is an optional item. *Note: All other fields will be disabled.*

**F 1 & F 2:** The fields on these screens are optional. However, any health condition reported must be checked. **Refer to 701B definitions for behavior of other items on the screen.**

**F 3:** Treatment types require an entry on this screen. **Refer to 701B definitions for behavior of other items on the screen.**

**F 4:** Current therapies or specialty care require an entry on this screen. You may enter information in the Notes & Summary box if needed; it is an optional item. **Refer to 701B definitions for behavior of other items on the screen.**

**G 1:** The only required item is “*Over the past two weeks, how often have you been bothered by any of the following problems?*” These items are required if the client is answering the questions. **Refer to 701B definitions for behavior of other items on the screen.**

**G 2:** The following items are required: “*Have you been diagnosed with a mental condition or psychiatric disorder by a health professional?*”, “*ASSESSOR/CM: Indicate whether you noticed problem behaviors or any recurring problems have been reported to you by the client, caregiver, in-home worker, family, or staff, and note the frequency of occurrence in the last month. Please provide details in the Notes & Summary section, below:*”, and “*ASSESSOR/CM: Does client need supervision?*” **Refer to 701B definitions for behavior of other items on the screen.**

**H:** The required items on this screen are: “*Have you lost or gained weight in the last few months?*” and “*Are you on a special diet(s) for medical reasons?*” You may enter information in the Notes & Summary box if needed; it is an optional item. **Refer to 701B definitions for behavior of other items on the screen.**

**I 1:** The only item required on this screen is “*Do you take three or more prescribed or over-the-counter medications a day?*”

**I 2:** There are no required items on this screen. All items are optional.

### **NONE/OTHER ASSESSMENT TYPE**

Assessment types NONE and OTHER will be used for medical case file reviews. A medical case file review is usually conducted in the CARES office. It consists of a review of medical and/or assessment information provided for a client. The data collected for these assessment types will be limited. There are only two tabs available for assessment type NONE and OTHER. These tabs (AA) correspond to the demographic fields on the 701B assessment type. **Note: Definitions and codes for the items on these assessment types can be found under the 701B Assessment type.**

The following items will appear at the top of each assessment tab:

**PSA:** Indicates the CARES PSA. This item is automatically populated and cannot be edited.

**Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.

**Client ID:** This is a unique, random number assigned by the system that is associated with each client in CIRTS. This item is automatically populated and cannot be edited.

**Client Name:** The system will automatically enter the client’s last and first name based on the information entered on the Demographic screen. This item cannot be edited.

**Edit:** Select this option to change any previously saved information.

**Save:** Select this option to save the information entered or edited.

**Cancel:** Select this option to cancel without saving the information entered or edited.

**Close:** Select this option to close the assessment.

**Print:** Select this option to print the assessment.

#### **REMINDER:**

No Priority Score/Rank or Risk Score will be generated for these assessment types.

The following items are always required on this screen: County, Assessor, Living Arrangement, Special Project Case, Payment Type, and Waiver Recertification. **Initial Contact Date and Assessment Delay are required only when the Assessor is CARES.** If the Assessor is not CARES, these fields will be disabled. **Assessment Delay Reason is required only when Assessment Delay is Y=Yes.** **Date Requested is required only when there is a check mark in the Reassessment box.**

The following items are required on this screen: Caseworker, Assessment Date, Assessment Site, Referral Date, Referral Source, Transitioning out of a nursing facility, Imminent risk of nursing home placement, outside assistance to evacuate, special needs registry, primary caregiver, and Living Situation. **Note: "ASSESSOR/CM: What is the purpose of this assessment" is optional for assessment types NONE and OTHER. All other fields will be disabled.**

# PASRR SCREEN

The screenshot shows a software window titled "Cares PAS Window". At the top, it displays "CIRTS" and "Date" with a text input field. Below this, it says "CARES OLD PRE-ADMISSION SCREENING" with a yellow arrow pointing to it. The form is divided into several sections:

- Pre-Admission Screening for :** Includes a text input field and a "PSA" checkbox.
- Level I Evaluation:** Contains fields for "Screening Date", "Caseworker" (dropdown), "Provider Name" (dropdown), and "MIMR Indicator" (dropdown).
- Level II Exclusion:** Contains "MI Exclusion" and "MR Exclusion" dropdown menus.
- Level II MI Disposition:** Contains "Date Psychiatric Scheduled", "Date Psychiatric Completed", "MI Disposition" (dropdown), "Date Referred to SAMH", "Date Received from SAMH", and "SAMH Disposition" (dropdown).
- Level II MR Disposition:** Contains "Date Referred to APD", "Date Received from APD", and "MR Disposition" (dropdown).

At the bottom of the form are buttons for "Edit", "Save", "Delete", "Cancel", "Print", and "Search Client". A "Forms" dialog box is overlaid on the right, with a red circular icon and the text "Please select PAS:". It has two buttons: "New PAS" and "Old PAS". The status bar at the bottom left shows "Record: 1/1" and "<OSC>" on the right.

There are two PAS Screens in CIRTS, Old PAS and New PAS. When you select the PAS tab from Demographic or go to PAS from Staffing, the Old PAS screen will appear with a box that asks you to "Please select PAS" and will give you the option to select New PAS or Old PAS. You will need to select the correct PAS screen for data entry. **Old PAS will be selected only if PAS was done prior to August 1, 2007 or if the client is deleted with an old PAS and needs to be re-entered in CIRTS.**

Oracle Developer Forms Runtime - Web

Cares PAS Window

CARES PAS NEW  
20130728

CIRTS  
CARES NEW PRE-ADMISSION SCREENING

Date: 10/16/2013

Pre-Admission Screening for: SMITH,JANE PSA

**Level I Evaluation**

Screening Date: 09/01/2013  
Level I Screener: OTHER - OTHER OTHER - 02A

Provider Name: <null> M/MR Indicator: BOTH

**Level II Exemption**

MI Exemption: NO EXEMPTION  
MR Exemption: NO EXEMPTION

**Level II MI Disposition**

Date Psychiatric Scheduled: 09/01/2013  
Date Psychiatric Completed: 09/01/2013  
MI Disposition: NEED SPECIALIZED SERVICES

Date Referred to SAMH: 09/01/2013  
Date Received from SAMH: 09/01/2013  
SAMH Disposition: NEED SPEC SVCS

SAMH Placement Recommend. for Specialized Services: NURSING HOME  
SAMH Actual Pla: NURSING HOM

**Level II MR Disposition**

Date Referred to APD: 09/01/2013  
Date Received from APD: 09/01/2013  
MR Disposition: NEED SPEC SV

Buttons: Edit, Save, Delete, Cancel, Print, Sea

Record: 1/1 <OSC>

Forms: PAS is completed! Continue to save?  
OK, Cancel

Based on the information entered on the PAS screen, the system will determine if the preadmission screening is complete. If the PAS data is complete, a pop-up box will appear advising that PAS is complete and will ask if you want to continue to save the data. You can select “OK” if all data is correct, and PAS data will be saved and complete. You can select “Cancel” if you do not want to save the data entered. “Complete” means no further action is required regarding PASRR. If the PAS data is not complete, the pop-up box will not appear and further PAS data will be required.

At the top of the Demographic and Cases screens there is a box that says “PAS Complete.” If there is a check mark in this box the PAS is complete, and no further entry is needed. PAS can be edited at any time. The definitions below will cover both the Old PAS and the New PAS.

### PASRR SCREEN DEFINITIONS

**Level I Evaluation Screening Date:** This date represents the date the client was screened for Mental Illness or Mental Retardation. This date will be the date the CARES caseworker, hospital, nursing home or other completes the Level I Screen. This will be a two-digit month and day and a four-digit calendar year. This date must be a current or past date. It cannot be a future date. *This is a required item.*

**Caseworker/Level I Screener:** This is the name of the caseworker performing the preadmission screening for this client. *This is a required item.* This can be the name of a CARES caseworker or it can be Hospital, Nursing Home or Other.

**Provider Name:** *If the Caseworker/Level I Screener is Hospital or Nursing Home, this field will be required if the Level I Screening Date is equal to or greater than February 11, 2008.* If the Caseworker/Level I Screener is Hospital or Nursing Home, this field will be optional if the Level I Screening Date is less than February 11, 2008. From the drop-down box, select the name of the hospital or nursing home for the person completing the Level I screen.

**MI/MR Indicator:** This will indicate whether the client potentially has a mental illness (MI), mental retardation (MR), both MI and MR, or no MI or MR. ***This is a required item.*** If the MI/MR Indicator is NO=None, no further action is needed. If the MI/MR Indicator is MI=Mental Illness, MR=Mental Retardation, or BO=Both, then an entry will be required in MI Exclusion/Exemption and/or MR Exclusion/Exemption. The codes for MI/MR Indicator are:

- *BO=Both:* This code identifies the person as potentially MI **and** MR.
- *MI=Mental Illness:* This code identifies the person as potentially MI.
- *MR=Mental Retardation:* This code identifies the person as potentially MR.
- *NO=None:* This code identifies the person as neither MI nor MR.

**Level II MI Exclusion/Exemption:** For Old PAS this indicates the client's inclusion or exclusion status for mental illness as defined by CMS. For New PAS this indicates any exemption from a Level II Evaluation and Determination for mental illness as defined by CMS prior to nursing facility admission. ***This item is only required for clients that have a positive answer of MI=Mental Illness or BO=Both MI and MR under MI/MR Indicator.***

**Old PAS:** If the MI Exclusion is CM=Chronic MI, SI=Severity of Illness, or TI=Terminal Illness, then no further entry is required for MI. If the MI Exclusion is CC=Convalescent Care/30 Day, DE=Delirium/7 Days, ER=Excluded Respite/14 Days, or PS=Protective Services/7 Day, you will have the option to enter the Date Psychiatric Scheduled if a Level II Evaluation is requested. If the MI Exclusion is NE=Not Excluded, a Level II Evaluation is required and the date requested must be entered in Date Psychiatric Scheduled.

**New PAS:** If the MI Exemption is DE=Delirium/7 Days, EH=Exempted Hospital/30 Days, EM=Exempted Respite/14 Days, or PS=Protective Services/7Day, you will have the option to enter the Date Psychiatric Scheduled if a Level II Evaluation and Determination is requested. If the MI Exemption is NO=No Exemption, a Level II Evaluation and Determination is required and the date requested must be entered in Date Psychiatric Scheduled. The codes are:

- *CC=Convalescent Care/30 Day:* Indicates the person is temporarily excluded from a Level II Evaluation for medical convalescence, and is not a danger to self and /or others. A Level II Evaluation may or may not be required. If the client is discharged from the nursing home within 30 days, a Level II Evaluation is not required. If the client remains in the nursing home beyond 30 days, a Level II Evaluation is required. **This code is for Old PAS only.**
- *CM=Chronic MI:* Indicates the person is chronically mentally ill and not having an acute episode, and is not a danger to self and/or others. **This code is for Old PAS only.**
- *DE=Delirium/7 Days:* Indicates the person is temporarily excluded/exempted from a Level II Evaluation and Determination for a provisional admission pending further assessment in the case of delirium where an accurate diagnosis cannot be made until the delirium clears, and is not a danger to self and/or others. If the individual remains in the nursing facility beyond the time limited stay a Level II Evaluation and Determination is required. **This code is for Old and New PAS.**
- *EH=Exempted Hospital/30 Days:* Indicates the person is temporarily exempted from a Level II Evaluation and Determination because the individual is being admitted from a hospital after receiving acute inpatient care and requires NF services for the condition for which he or she received care in the hospital and whose attending physician has certified before admission that the individual is likely to require less than 30 days NF services. A Level II Evaluation and Determination will be required if the individual remains in the nursing facility beyond the time limited stay. **This code is for New PAS only.**

- *EM=Exempted Respite/14 Days* : Indicates the person is temporarily exempted from a Level II Evaluation and Determination due to a brief respite care for in-home caregivers, with placement in a nursing facility twice a year not to exceed 14 days each time. If the individual stays in the nursing facility beyond the time limited stay, a Level II Evaluation and Determination will be needed. **This code is for New PAS only.**
- *ER=Excluded Respite/14 Days*: Indicates the person is temporarily excluded from a Level II Evaluation and needs a very brief and finite stay of up to a fixed number of days to provide respite care to in-home caregivers to whom the individual with mental illness is expected to return following a brief nursing home stay (14 days, twice a year), and is not a danger to self and/or others. Further screening may or may not be required. **This code is for Old PAS only.**
- *NE=Not Excluded*: Indicates the person cannot be excluded from further PASRR screening. A Level II Evaluation is required. **This code is for Old PAS only.**
- *NO=No Exemption*: Indicates the person cannot be exempted from further PASRR screening. A Level II Evaluation and Determination is required. **This code is for New PAS only.**
- *PS=Protective Services/7 Day*: Indicates the person is temporarily excluded from a Level II Evaluation and Determination and needs a provisional admission pending further assessment in an emergency situation requiring protective services, with placement in a nursing facility not to exceed seven days, and is not a danger to self and/or others. A Level II Evaluation and Determination will be required if the person stays in the nursing facility beyond the time limited stay. **This code is for Old and New PAS.**
- *SI=Severity of Illness*: Indicates the person is exempt from a Level II if comatose, ventilator dependent, functions at the brain stem level, or has a diagnosis of COPD, severe Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis, CHF or any other diagnosis so determined by CMS that would prohibit participation in specialized services, and is not a danger to self and/or others. **This code is for Old PAS only.**
- *TI=Terminal Illness*: Indicates the person is exempt from a Level II if certified by a physician to be terminally ill, and is not a danger to self and/or others. **This code is for Old PAS only.**

**Level II MR Exclusion/Exemption:** For Old PAS this indicates the client's inclusion or exclusion status for mental retardation as defined by CMS. For New PAS this indicates the client's exemption status for mental retardation as defined by CMS. ***This item is only required for clients that have a positive answer of MR=Mental Retardation or BO=Both MI and MR under MI/MR Indicator.***

**Old PAS:** If the MR Exclusion is SI=Severity of Illness or TI=Terminal Illness, then no further entry is required for MR. If the MR Exclusion is CC=Convalescent Care/30 Day, DE=Delirium/7 Days, ER=Excluded Respite/14 Days, or PS=Protective Services/7 Day, you will have the option to enter the Date Referred to APD if a Level II Evaluation is requested. If the MR Exclusion is NE=Not Excluded, a Level II Evaluation is required and the date requested must be entered in Date Referred to APD.

**New PAS:** If the MR Exemption is DE=Delirium/7 Days, EH=Exempted Hospital/30 Days, EM=Exempted Respite/14 Days, or PS=Protective Services/7 Day, you will have the option to enter the Dated Referred to APD if a Level II Evaluation and Determination is requested. If the MR Exemption is NO=No Exemption, a Level II Evaluation and Determination is required and the date requested must be entered in Date Referred to APD. The codes are:

- *CC=Convalescent Care/30 Day* : Indicates the person is temporarily excluded from a Level II Evaluation for medical convalescence, and is not a danger to self and/or others. A Level II Evaluation may or may not be required. If the client is discharged from the nursing home within 30 days, a Level II Evaluation is not required. If the client remains in the nursing home beyond 30 days, a Level II Evaluation is required. **This code is for Old PAS only.**
- *DE=Delirium/7 Days*: Indicates the person is temporarily excluded/exempted from a Level II Evaluation and Determination for a provisional admission pending further assessment in the case of delirium where an accurate diagnosis cannot be made until the delirium clears, and is not a danger to self and/or others. If the individual



remains in the nursing facility beyond the time limited stay a Level II Evaluation and Determination is required. **This code is for Old and New PAS.**

- *EH=Exempted Hospital/30 Days*: Indicates the person is temporarily exempted from a Level II Evaluation and Determination because the individual is being admitted from a hospital after receiving acute inpatient care and requires NF services for the condition for which he or she received care in the hospital and whose attending physician has certified before admission that the individual is likely to require less than 30 days NF services. A Level II Evaluation and Determination will be required if the individual remains in the nursing facility beyond the time limited stay. **This code is for New PAS only.**
- *EM=Exempted Respite/14 Days*: Indicates the person is temporarily exempted from a Level II Evaluation and Determination due to a brief respite care for in-home caregivers, with placement in a nursing facility twice a year not to exceed 14 days each time. If the individual stays in the nursing facility beyond the time limited stay, a Level II Evaluation and Determination will be needed. **This code is for New PAS only.**
- *ER=Excluded Respite/14 Days*: Indicates the person is temporarily excluded from a Level II Evaluation and needs a very brief and finite stay of up to a fixed number of days to provide respite care to in-home caregivers to whom the individual with mental illness is expected to return following a brief nursing home stay (14 days, twice a year), and is not a danger to self and/or others. Further screening may or may not be required. **This code is for Old PAS only.**
- *NE=Not Excluded*: Indicates the person cannot be excluded from further PASRR screening. A Level II Evaluation is required. **This code is for Old PAS only.**
- *NO=No Exemption*: Indicates the person cannot be exempted from further PASRR screening. A Level II Evaluation and Determination is required. **This code is for New PAS only.**
- *PS=Protective Services/7 Day*: Indicates the person is temporarily excluded from a Level II Evaluation and Determination and needs a provisional admission pending further assessment in an emergency situation requiring protective services, with placement in a nursing facility not to exceed seven days, and is not a danger to self and/or others. A Level II Evaluation and Determination will be required if the person stays in the nursing facility beyond the time limited stay. **This code is for Old and New PAS.**
- *SI=Severity of Illness*: Indicates the person is exempt from a Level II if comatose, ventilator dependent, functions at the brain stem level, or has a diagnosis of COPD, severe Parkinson=s Disease, Huntington=s Disease, Amyotrophic Lateral Sclerosis, CHF or any other diagnosis so determined by CMS that would prohibit participation in specialized services, and is not a danger to self and/or others. **This code is for Old PAS only.**
- *TI=Terminal Illness*: Indicates the person is exempt from a Level II if certified by a physician to be terminally ill, and is not a danger to self and/or others. **This code is for Old PAS only.**

**Date Psychiatric Scheduled:** This is the date that a Level II Psychiatric Evaluation (1911 A&B or similar documentation) is requested. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. ***This is a required item if the MI Exclusion is NE=Not Excluded or the MI Exemption is NO=No Exemption.*** If no psychiatric evaluation is requested, enter the date that you request the Level II Evaluation and Determination from Substance Abuse and Mental Health (SAMH) (or their designee).

**Date Psychiatric Completed:** This is the date that a Level II Psychiatric Evaluation (1911 A&B or similar documentation) is received by CARES. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. This is an optional item. ***Note: If no psychiatric evaluation is requested, enter the date that you request the Level II Evaluation and Determination from SAMH (or their designee).***

**MI Disposition:** This indicates the client's MI disposition based on the 1911 A&B, if received. ***This is a required item if there is an entry in Date Psychiatric Completed.***

**Old PAS:** If the MI Disposition is PE=Excluded Level II Psychiatric Evaluation, NS=No Specialized Services Needed, or NP=Psychiatric Evaluation Not Received, no further entry is required. If the MI Disposition is SS=Need Specialized Services or CP=Need Specialized Services/Can't Provide In Nursing Home, then an entry is required in Date Referred to SAMH.

**New PAS:** If the MI Disposition is PE=Excluded Level II Psychiatric Evaluation, SS=Need Specialized Services, CP=Need Specialized Services/Can't Provide In Nursing Home, NS=No Specialized Services Needed or NR=1911 A&B Not Received, an entry is required in Date Referred to SAMH. The codes are:

- *CP=Need Specialized Services/Can't Provide In Nursing Home:* Indicates the person needs specialized services, which cannot be provided in a nursing facility.
- *NP=Psychiatric Evaluation Not Received:* **Old PAS.** Indicates that a Level II Psychiatric Evaluation was requested but was never received by CARES.
- *NR= Psychiatric Evaluation Not Received:* **New PAS.** Indicates that a 1911 A&B was not received by CARES. Used when other medical/psychiatric information is submitted to SAMH or their designee for a Level II evaluation.
- *NS=No Specialized Services Needed:* Indicates the person has some mental illness, but a mental health professional has determined that specialized services are not required.
- *PE=Excluded Level II Psychiatric Evaluation:* Indicates the person was excluded by a psychiatrist based on the Level II Psychiatric Evaluation.
- *SS=Need Specialized Services:* Indicates the person needs specialized services in a nursing facility or alternative setting as determined by a mental health professional.

**Date Referred to SAMH:** This is the date that CARES submits a request for a Level II Evaluation and Determination to SAMH (or their designee) for a determination regarding the need for specialized services and appropriate placement. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year.

**Old PAS:** *This is a required item if the MI Disposition is SS=Need Specialized Services or CP=Need Specialized Services/Can't Provide in Nursing Home.*

**New PAS:** *This is a required item if the MI Disposition is PE=Excluded Level II Psychiatric Evaluation, SS=Need Specialized Services, CP=Need Specialized Services/Can't Provide In Nursing Home, NS=No Specialized Services Needed, or NR=Psychiatric Evaluation Not Received.*

**Date Received from SAMH:** This is the date that the final determination from SAMH (or their designee) regarding the need for specialized services and appropriate placement is received by CARES. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. This is an optional item.

**SAMH Disposition:** This indicates the client's final SAMH (or their designee) disposition regarding the need for specialized services and appropriate placement. *This is a required item if there is an entry in Date Received from SAMH.* If the SAMH Disposition is NSPS=Need Specialized Services or NSCP=Need Specialized Services/Can't Provide in Nursing Home, an entry will be required in SAMH Placement Recommendation for Specialized Services. The codes are:

- *EXPS=Excluded by Psychiatrist:* Indicates the person was excluded by SAMH (or their designee) after evaluation by a psychiatrist or community mental health entity.
- *NFIN=Nursing Facility Inappropriate:* **New PAS.** Indicates that SAMH (or their designee) determined the person is not appropriate for nursing facility placement.
- *NSCP=Need Specialized Services/Can't Provide in Nursing Home:* Indicates the person needs specialized services, which cannot be provided in a nursing home as determined by SAMH (or their designee).
- *NSPS=Need Specialized Services:* Indicates the person needs specialized services in a nursing facility or alternative setting as determined by SAMH (or their designee).

- *NSSN=No Specialized Services Needed*: Indicates the person has some mental illness, but SAMH (or their designee) has determined that specialized services are not required.
- *OCOM=Out of Compliance: Old PAS*. Indicates a referral was made to SAMH (or their designee) for a final determination regarding the need for specialized services, but a response was not received by CARES.

**SAMH Placement Recommendation for Specialized Services:** This indicates where SAMH (or their designee) recommends the client be placed in order to receive specialized services. ***This is a required item if the SAMH Disposition is NSPS=Need Specialized Services or NSCP=Need Specialized Services/Can't Provide in Nursing Home.*** The codes are:

- *AFCH=Adult Family Care Home*: Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care*: Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs*: Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs*: Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility*: Any state licensed assisted living facility.
- *ARTS=Adult/Ger Res Treat Fac*: A residential facility that provides mental health treatment.
- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *HOSP=Hospital*: A freestanding facility that provides medical care for acute illnesses. This includes swing bed hospitals, hospital skilled nursing units, and inpatient hospice care.
- *MRDD=MR/DD Facility*: Any state licensed facility/center for the developmentally disabled. For example, an ICF/DD, Sunland, cluster facilities, sheltered workshops, etc.
- *NHTP=Temporary Nursing Home*: A short term placement in a nursing home is recommended as the person has potential to return to the community. Refer to NUHO=Nursing Home.
- *NHTR=Nursing Home Transition*: Indicates the person is transitioning from the nursing home to the community. **Obsolete 3/1/14 due to SMMC LTC.**
- *NUHO=Nursing Home*: A freestanding facility which is certified under Medicare and/or Medicaid to provide nursing services.
- *OTHR=Other*: A placement recommendation which is not covered by the codes provided.
- *PRNH=Prison Nursing Home*: A nursing home unit within a duly authorized and supervised facility such as a prison or jail.
- *PRRE=Private Residence*: Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility*: Any freestanding facility that provides psychiatric or mental health care (excluding a state mental hospital). This would include a crisis stabilization unit.
- *REHB=Rehabilitation Hospital*: Any freestanding facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment*: A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit*: A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.

**SAMH Actual Placement:** This indicates where the client was actually placed by SAMH (or their designee) in order to receive specialized services. ***This is a required item if the SAMH Disposition is NSPS=Need Specialized Services or NSCP=Need Specialized Services/Can't Provide in Nursing Home.*** The codes are the same as for **SAMH Placement Recommendation for Specialized Services.**

**Date Referred to APD:** This is the date a Level II Evaluation and Determination was requested from the Agency for Persons with Disabilities. *This is a required item if the MR Exclusion is NE=Not Excluded or if the MR Exemption is NO=No Exemption.* This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year.

**Date Received from APD:** This is the date the Level II Evaluation and Determination results are received by CARES. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. This is an optional item.

**MR Disposition:** This indicates the client's final MR disposition at the time that the PASRR process was completed. *This is a required item if there is an entry in Date Received from APD.* The codes are:

- *CP=Needs Specialized Services/Cant' Provide in Nursing Home:* Indicates the person needs specialized services, which cannot be provided in a nursing facility.
- *DE=Excluded Level II DS Evaluation:* Indicates the person was excluded by the Agency for Persons with Disabilities based on the Level II APD Evaluation.
- *ND=DS Evaluation Not Received: Old PAS.* Indicates a Level II Evaluation and Determination was requested from APD, but CARES did not receive a response.
- *NS=No Specialized Services Needed:* Indicates the person has some mental retardation, but the Agency for Persons with Disabilities has determined that specialized services are not required.
- *SS=Need Specialized Services:* Indicates the person needs specialized services in a nursing facility or alternative setting as determined by the Agency for Persons with Disabilities.

**Edit:** Select this option if you want to change any previously saved information. Only the Supervisor Role can edit PAS. You can edit PAS entered by another PSA, but you cannot delete it. You will receive a message saying you cannot delete another office's PAS entry.

**Save:** Select this option to save the information entered or edited.

**Delete:** Select this option to delete the saved information. Only the Supervisor Role can delete PAS.

**Cancel:** Select this option without saving the information.

**Print:** Select this option if you want to print the PASRR information.

**Search Client:** Select this option to go to Search.

**Close:** Select this option to close the PAS screen.

**REMINDER:**

If all PAS information has been entered and PAS is complete, after selecting “Save” you will receive a message that says, “PAS Complete, Continue to Save?” PAS is complete under the following situations:

MI/MR Indicator=NO

SAMH Disposition=EXPS, NSSN or NFIN

SAMH Actual Placement has an entry

MR Disposition=DE, SS, CP or NS

If you select “Yes”, the system will save the information and the PAS Complete box at Demographic and Cases will have a check mark. If you select “No”, the PAS information will not be saved.

Resident Review information is only captured in CIRTS when it is needed to complete PAS and to prevent ongoing 30-day follow-ups when the living arrangement is NUHO. Once PAS is complete you do not enter Resident Review information in CIRTS.

To enter a resident review Level II in CIRTS when a **temporary exclusion/exemption** was entered, leave the existing information as is. Once you receive the resident review enter the following:

For Date Psychiatric Scheduled enter the date the NF requested the Level II from SAMH (or their designee).

For Date Psychiatric Completed enter the date the NF requested the Level II from SAMH (or their designee).

For MI Disposition enter the disposition based on the Level II received from SAMH (or their designee).

For Date Referred to SAMH enter the date the NF submitted the request for the Level II to SAMH (or their designee).

For Date Received from SAMH enter the date the NF received the Level II from SAMH (or their designee).

# STAFFING SCREEN

When you click on the **Staffings** tab, a summary screen displays all staffings related to that case. The screen displays for each staffing the staffing date, level of care, level of care date, placement recommendation, program recommendation, and PSA. If the case is open you will be able to edit the selected staffing. If the case is closed only a Supervisor Role will be able to edit any staffing related to that case.

The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARES Assignments, and Close).

This screen also has a panel that lists the assessment date and staffing date for the assessment. This is where you highlight the staffing to be viewed.

**Add New Staffing:** Select this option if you want to add a new staffing. *Note: A level of care justification case note must be added prior to adding a new staffing.*

**View Selected Staffing:** Select this option if you want to view the highlighted staffing. Click on the staffing in the Assessment and Staffing Dates panel to highlight the staffing.

When you select **Add New Staffing** the CARES Staffing screen appears. This is where such items as level of care, placement recommendation, program recommendation, barrier, and the client's current living arrangement at the time of staffing will be entered.

The screenshot shows the 'CARES Staffing' window with the following data:

- Case Information:** CARES STAFFING, 20130905, C I R T S, CARES Cases Information, Date: 10/17/2013, User: REGIONALCARES
- Staffing Details:** CARES Staffing for: JOHNNY GOOD, Staffing PSA: 02A, Case Opened on: 07/16/2013
- Staffing Information:**
  - Information Received Date: 08/01/2013
  - Staffing Date: 08/01/2013
  - Caseworker: OTHER - OTHER OTHER
  - Staffing Instrument: U=3008
  - Living Arrangement: NURSING HOME
  - Living Situation: ALONE
  - Placement Recommendation: TEMPORARY NURSING HOME
  - Program Considered: NONE
  - Program Recommendation: NONE
  - Primary Caregiver: NO
  - Level Of Care: INTERMEDIATE ONE
  - LOC Waiver Effective Date: 08/01/2013
  - Income Level: <null>
  - Level of Care Approved By: DOCTOR DOCTOR - MD/DO-02A
- Nursing Home:**
  - Admit Date: 08/01/2013
  - Nursing Home Name: PANAMA CITY NURSING ...
  - Discharge Date: (empty)
  - Living Arrangement Prior: HOSPITAL
  - Diversion Barrier: NO BARRIER

### STAFFING SCREEN DEFINITIONS

**Information Received Date:** *This is a required item.* This is the date entered in CIRT S that CARES received all required medical documentation needed to staff the case (see exception below). For ICP and certain waivers, it is the date the completed Medical Certification for Nursing Facility/Home-and Community-Based Services Form (AHCA MEDSERV-3008 form, May 2009) was received; for PAC, it is the date the Project Aids Care Physician Referral and Request for Level of Care Determination Form (607) was received; for other waivers it is the date that the appropriate medical documentation was received. If a Request for Level II PASRR Evaluation and Determination (AHCA Med Serv 004 Part B) was requested, enter the date of receipt of the final report. **Exception:** If staffing without a 3008, enter the date that you determine that a 3008 will not be received or needed. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year.

**Staffing Date:** This is the date that the assessment is staffed. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. *This is a required item.*

**Caseworker:** This is the name of the caseworker that staffed the case. *This is a required item.*

**Staffing Instrument:** This is the type of instrument used to staff the case. *This is a required item.* The codes are:

- *M=3036/State Mental Hospital* : Use this code when the case is staffed for placement in a state mental hospital.
- *N=None*: Use this code when no staffing instrument is received. For example, the client will remain in the community and will not enter a nursing home and no 3008 is received.
- *O=Other*: Use this code when the case is staffed using an instrument that is not in the code table.
- *P=CARES Form 607*: Use this code when staffing a Project Aids Care Medicaid Waiver case. This instrument is the Project Aids Care Physician Referral and Request for Level of Care Determination Form.
- *U=3008*: Use this code when staffing with a Medical Certification for Nursing Facility/Home-and Community-Based Services Form (AHCA MEDSERV-3008 form, May 2009).
- *V=3008/Medicaid Waiver*: Use this code when staffing a Medicaid Waiver case (other than Project Aids Care). This instrument is the revised page one of the HRS-MED Form 3008. **Note: This instrument is no longer used.**

**Living Arrangement:** Enter the appropriate code that reflects the living arrangement of the client at the time of the staffing. **This is a required item.** The codes are:

- *AFCH=Adult Family Care Home*: Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care*: Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs*: Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs*: Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility*: Any state licensed assisted living facility.
- *ARTS=Adult/Geriatric Residential Treatment Facility*: A residential facility that provides mental health treatment.
- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *HOSP=Hospital*: An institution that provides care for acute illnesses (excluding a state mental hospital). Use this code for all units located within a hospital (swing bed, psychiatric unit, skilled nursing unit, etc.).
- *MRDD=MR/DD Facility*: A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).
- *NUHO=Nursing Home*: A free standing facility that is certified under Medicare/Medicaid to provide nursing services.
- *OTHR=Other*: All other living arrangements exclusive of the ones listed.
- *PRIS=Prison/Jail*: A duly authorized and supervised facility like a jail or a prison.
- *PRRE=Private Residence*: Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility*: A free standing facility that provides psychiatric or mental health care.
- *REHB=Rehab Hospital*: Any free standing facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment*: A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit*: A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.
- *TRAN=Transient*: No fixed place of abode, or lives on the road.

**Note: If the Living Arrangement is Nursing Home (NUHO), the fields in the Nursing Home panel will become visible and will require entry. A nursing home panel from a previous case will show if a new case is opened and the discharge date is not populated. If the Living Arrangement is not NUHO, the system will force entry of the discharge date. See pages 35-37 for the panel and definitions.**

**Living Situation:** AL=Alone should be entered for all living arrangements except for HOSP, OTHR, PRRE, PSYF, REHB, SAPT, and TRAN. If the living arrangement is any of the seven mentioned, all code choices will be available. If the client is in a hospital and is expected to be discharged to a nursing facility, assisted living facility, or adult family care home, the living situation will be AL=Alone. **This is a required item.** The codes are:



- *AL=Alone*: Client lives alone.
- *WC=With Primary Caregiver*: Client lives with the primary caregiver.
- *WO=With Other*: Client lives with someone other than a caregiver.
- *WOC=With Other Caregiver*: Client lives with a caregiver that is not the primary caregiver.

**Placement Recommendation:** This indicates the placement recommendation resulting from the case staffing. *This is a required item.* The codes are:

- *AFCH=Adult Family Care Home*: Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care*: Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs*: Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs*: Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility*: Any state licensed assisted living facility.
- *ARTS=Adult/Ger Res Treat Fac*: A residential facility that provides mental health treatment.
- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *HOSP=Hospital*: A freestanding facility that provides medical care for acute illnesses. This includes swing bed hospitals, hospital skilled nursing units, and inpatient hospice care.
- *MRDD=MR/DD Facility*: Any state licensed facility/center for the developmentally disabled. For example, an ICF/DD, Sunland, cluster facilities, sheltered workshops, etc.
- *NHTP=Temporary Nursing Home*: A short term placement in a nursing home is recommended as the person has potential to return to the community. Refer to NUHO=Nursing Home.
- *NHTR=Nursing Home Transition*: Indicates the person is transitioning from the nursing home to the community. **Obsolete 3/1/14 due to SMMC LTC.**
- *NUHO=Nursing Home*: A freestanding facility which is certified under Medicare and/or Medicaid to provide nursing services.
- *OTHR=Other*: A placement recommendation which is not covered by the codes provided.
- *PRNH=Prison Nursing Home*: A nursing home unit within a duly authorized and supervised facility such as a prison or jail.
- *PRRE=Private Residence*: Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility*: Any freestanding facility that provides psychiatric or mental health care (excluding a state mental hospital). This would include a crisis stabilization unit.
- *REHB=Rehabilitation Hospital*: Any freestanding facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment*: A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit*: A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.

**Program Considered:** This identifies the program that is considered by CARES staff. The system will provide a drop-down box with a list of choices for this field. The choices will be based on the code entered in the placement recommendation field. Please refer to the Staffing Chart on pages 165-166 for selection choices.

*This is a required item.* The codes are:

- *ACFW=Adult Cystic Fibrosis Waiver*: Adult Cystic Fibrosis Medicaid Waiver Program.
- *ADAW=Aged/Disabled Adults Waiver*: Aged and Disabled Adults Medicaid Waiver Program. **Obsolete 3/1/14.**
- *ADHC=Adult Day Health Care Waiver*: Adult Day Health Care Medicaid Waiver Program.
- *ALFW=Assisted Living Facility Waiver*: Assisted Living Medicaid Waiver Program. **Obsolete 3/1/14.**

- *ALZW=Alzheimer's Disease Waiver*: Alzheimer's Disease Medicaid Waiver Program.
- *BSCW= Brain/Spinal Cord Injury Waiver*: Brain and Spinal Cord Injury Medicaid Waiver Program.
- *CCDA=Community Care for Disabled Adults*: Community Care for Disabled Adults Program.
- *CCFE=Community Care for the Elderly*: Community Care for the Elderly Program.
- *CDCW=Consumer Directed Care Waiver*: Consumer Directed Care Medicaid Waiver Program. **Obsolete 3/1/14.**
- *CHAN=Channeling*: Channeling Medicaid Waiver Program. **Obsolete 3/1/14.**
- *DEVS=Developmental Services*: Agency for Persons with Disabilities Program.
- *ELDC=Ever Care at Home*: Ever Care at Home Program. **Obsolete 3/1/14.**
- *FDMW=Fam Dys Medicaid Waiver*: Familial Dysautonomia Medicaid Waiver Program.
- *HEMO=Health Maint Org*: Health Maintenance Organization Program.
- *HSPC=Hospice*: Hospice Program.
- *LTCC=Managed Long-Term Care/Community*: A Medicaid managed care program providing services in the community.
- *LTCN=Managed Long-Term Care/Nursing Facility*: A Medicaid managed care program providing services in a nursing facility.
- *LTCP=LTC Com Div Pilot Program*: Long Term Care Community Diversion Pilot Medicaid Waiver Program. Also referred to as Nursing Home Diversion. **Obsolete 3/1/14.**
- *NHSS=Specialized Services*: Nursing Home with specialized services recommended. If the results of the Level II Evaluation and Determination show specialized services needed, this code should be used. If the specialized services stop, the code should be changed.
- *NONE=None*: No program considered.
- *OMDW=Other Medicaid Waiver*: Medicaid Waiver exclusive of the waivers listed.
- *OTHR=Other Program*: Other program exclusive of the programs listed.
- *PACE=Prog of All Inc Care for Elderly*: Program of All-Inclusive Care for the Elderly Program.
- *PACW=Project Aids Care Waiver*: Project Aids Care Medicaid Waiver Program.
- *SBHO=Swing Bed Hosp*: Rural hospital certified to provide nursing facility services.
- *SNUH=Skilled Nursing Unit/ Hospital*: Skilled nursing unit within a hospital.

**Program Recommendation:** This identifies the program that is being recommended by CARES staff. This can be different from the Program Considered. The system will provide a drop-down box with a list of choices for this field. The choices will be based on the code entered in the placement recommendation field. Please refer to the Staffing Chart on pages 165-166 for selection choices. ***This is a required item.*** The codes for this field are the same as for **Program Considered**.

**REMINDER:**

**The following Program Considered/Program Recommendation codes will become obsolete March 1, 2014, due to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC): *ADAW, ALFW, CDCW, CHAN, ELDC, and LTCP.***

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**Note: If the Program Recommendation is a waiver (ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CDCW, CHAN, FDMW, LTCC, LTCN, LTCP, PACE, or PACW), the fields in the Waiver panel will become visible and will require entry.**

**Waiver**

Status Date: 08/01/2013      Status: PENDING      Accepted Date:

Denial Reason: <null>      Termination Date:       Term. Reason: <null>

DCF Filed Date:       DCF Eligibility Date:       DCF Financial Eligibility: <null>

Date Freedom of Choice Given to Client:       Date Freedom of Choice Return to CARES:

Delay Receiving Freedom of Choice?       Delay Reason: <null>

**Status Date:** This is the date CARES determines the Medicaid waiver status of the client. It is usually the staffing date or follow-up date. This will be a two-digit month and day and a four-digit calendar year. It cannot be a future date. It must be a current or past date. ***This is a required item.***

**Status:** This indicates the Medicaid waiver status of the client. ***This is a required item.*** The codes are:

- *A=Approved:* Client was approved for Medicaid waiver.
- *D=Denied:* Client was denied Medicaid waiver.
- *P=Pending:* Client’s Medicaid waiver status is pending.
- *W=Waiting List:* Client was put on a waiting list for Medicaid waiver.

**Accepted Date:** This indicates the date that the client started receiving Medicaid waiver services from the case management agency. This will be a two-digit month and day and a four-digit calendar year. It must be a current or past date. ***This is a required item if the status is A=Approved.***

**Denial Reason:** This indicates the reason the Medicaid waiver was denied. ***This is a required item if the status is D=Denied.*** The codes are:

- *CD=Client Died:* Client died prior to disposition.
- *IN=In Nursing Home:* Client placed in nursing home prior to disposition.
- *LC=Lost Contact:* Lost contact with client prior to disposition.
- *LS=Left State:* Client left the state prior to disposition.
- *NE=Not Eligible:* Client not eligible for services.
- *OT=Other:* Denied for reason other than ones listed.
- *RM=Refused Medicaid:* Client refused to apply for or accept Medicaid.
- *RS=Refused Service:* Client refused to accept the service(s) offered.
- *VW=Voluntary Withdrawal:* Client/family voluntarily withdrew request for services.

**Termination Date:** This is the date the client’s Medicaid waiver services were terminated. This will be a two-digit month and day and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Termination Reason:** This indicates the reason the Medicaid waiver services are terminated. ***This is a required item if an entry is made in Termination Date.*** The codes are:

- *CD=Client Died:* Terminated due to client’s death.
- *CH=Choose Hospice:* Terminated as client chooses Hospice instead of Medicaid Waiver.
- *FI=Family Intervention :* Terminated due to family intervention.
- *IN=In Nursing Home:* Terminated as client entered a nursing home.

- *LC=Lost Contact:* Terminated due to loss of contact with the client.
- *LS=Left State:* Terminated as client left the state.
- *NF=Not Eligible/Financial:* Terminated as client no longer meets the financial criteria.
- *NM=Not Eligible/Medical:* Terminated as client no longer meets the medical criteria.
- *OT=Other:* Terminated for reason other than ones listed.
- *PR=In Prison/Jail:* Terminated due to client being in prison or jail.

**DCF Filed Date:** This is the date the Request for Assistance (RFA) is filed with DCF. This will be a two-digit month and day and a four-digit calendar year. *This field is optional, but an entry should be made, when appropriate, if the Program Recommendation is LTCP. Note: LTCP is obsolete effective 3/1/14.*

**DCF Eligibility Date:** This is the date the financial eligibility is determined by DCF. This will be a two-digit month and day and a four-digit calendar year. *This field is optional, but an entry should be made, when appropriate, if the Program Recommendation is LTCP. Note: LTCP is obsolete effective 3/1/14.*

**DCF Financial Eligibility:** This field reflects the financial eligibility as determined by DCF. *This field is optional, but an entry should be made when the Program Recommendation is LTCP. Note: LTCP is obsolete effective 3/1/14.* The codes are:

- *FE=Financially Eligible*
- *NE=Financially Not Eligible*

**Date Freedom of Choice Given to Client:** *If the Program Recommendation is LTCP=Long Term Care Community Diversion Pilot Program, this field will be required. Note: This form and LTCP are obsolete effective 3/1/14.* Enter a two-digit month and day and a four-digit calendar year.

**Date Freedom of Choice Returned to CARES:** This is an optional item. Once the Freedom of Choice is received in the CARES office, enter the date received. This will be a two-digit month and day and a four-digit calendar year. *Note: This form is obsolete effective 3/1/14.*

**Delay Receiving Freedom of Choice?:** *If there is an entry in Date Freedom of Choice Returned to CARES, this is a required item.* The choices for this field are Y=Yes or N=No. *Note: This form is obsolete effective 3/1/14.*

**Delay Reason:** *If the Delay Receiving Freedom of Choice is Yes, then the Delay Reason is required.* If the Delay Receiving Freedom of Choice is No, the field is disabled. *Note: This form is obsolete effective 3/1/14.* The codes for this field are:

- *CLD=Client Delay*
- *CRD=CARES Delay*

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**Primary Caregiver:** *This is a required item.* A primary caregiver is any person who regularly can be depended on to provide or arrange help as needed with Activities of Daily Living and Instrumental Activities of Daily Living. The primary caregiver may or may not be related by birth or marriage; may or may not live with the client or live nearby; and does not include operators of assisted living facilities, nursing facilities, adult family care homes, home health agencies, service provider staff or other paid care providers. Enter the code that reflects the primary caregiver status of the client. The codes are:

- *N=No:* Client does not have a primary caregiver.
- *U=Unknown:* Client's primary caregiver status is not known.
- *Y=Yes:* Client has a primary caregiver.

**Level of Care:** This indicates the level of care or waiver eligibility decision resulting from the case staffing.

***This is a required item.*** The codes are:

- ***DNM=Does Not Meet Level of Care:*** Use this code when the individual does not meet level of care as defined in 59G-4.180 or 59G-4.290 of the Florida Administrative Code. This level of care is also used when the individual does not meet level of care for a state mental hospital.
- ***DWC=Does Not Meet Waiver Criteria:*** Use this code when the individual does not meet the established criteria for a particular Medicaid Waiver Program.
- ***INO=Intermediate One:*** Use this code for a level of care which requires direct or supervised nursing or rehabilitative services not included under the definition of skilled services. Intermediate Care is defined in 59G-4.180 of the Florida Administrative Code.
- ***INT=Intermediate Two:*** Use this code for a level of care which requires direct or supervised nursing or rehabilitative services not included under the definition of skilled services. Intermediate Care is defined in 59G-4.180 of the Florida Administrative Code.
- ***MEN=State Mental Hospital:*** Use this code when determining a level of care for an individual seeking admission to or residing in a state mental hospital (not a nursing home unit).
- ***MWC=Meet Waiver Criteria:*** Use this code when the individual meets the established criteria for a particular Medicaid Waiver Program (excluding Project Aids Care)
- ***ROH=Risk of Hospitalization:*** Use this code when the Project Aids Care client is at risk of hospitalization.
- ***RON=Risk of Nursing Home:*** Use this code when the Project Aids Care client is at risk of nursing home.
- ***SKD=Skilled:*** Use this code for a level of care requiring the skills of technical or professional personnel or the provision of services either directly by or under the supervision of such personnel as defined in 59G-4.290 of the Florida Administrative Code.
- ***WHL=Withhold LOC:*** Use this code under the following circumstances: a) a Request for Level II PASRR Evaluation and Determination indicates that the individual requires specialized services and those services cannot be provided in a nursing facility; b) a Request for Level II PASRR Evaluation and Determination indicates the individual is not appropriate for nursing facility placement; c) a 3008 or supporting medical documentation has not been received; or d) referrals are made to case management agencies or managed care organizations for Medicaid waiver services when the program has reached funding capacity and a waiting list for services is being maintained.

**Level of Care/Waiver Effective Date:** This is the date the assigned level of care or waiver certification is effective. This date is based on the date the physician signs the AHCA MEDSERV-3008 form, the CARES Form 607, or any other instrument used to staff the case **or** the effective date if one is provided on the staffing instrument. ***This is a required item unless the staffing instrument is N=None.***

**Income Level:** This identifies the client's level of income based on certain eligibility standards for Medicaid. ***This is a required item if the Program Recommendation is a Medicaid waiver (ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CDCW, CHAN, FDMW, LTCC, LTCN, LTCP, PACE, or PACW).*** An entry is only allowed in this field if the program is a waiver. The codes are:

- ***I=ICP:*** Institutional Care Program.
- ***M=MEDS-AD:*** Medicaid Expansion Designated by SOBRA for the Aged and Disabled.
- ***S=SSI:*** Supplemental Security Income.

**Level of Care Approved By:** This identifies the individual signing the level of care form which indicates the level of care for the client. This approval is done at the CARES staffing by the CARES OPS Physician Consultant or a CARES Registered Nurse Specialist. ***This is a required item.***

**Edit:** Select this option if you want to edit the information previously saved on the Staffing screen.

**Save:** Select this option if you want to save the information entered or edited on the Staffing screen.

**Cancel:** Select this option if you want to cancel without saving the information entered or edited.

**Close:** Select this option to close the Staffing screen.

**REMINDER:**

If the placement recommendation is nursing home (NUHO) or temporary nursing home (NHTP) and PAS has not been entered, the system will generate a pop-up box reminding you that PAS needs to be entered. If you select “OK”, the system will go to the PAS screen. At PAS, when you select “Save” and “Close,” the system will return you to the Staffing screen.

If the MI and/or MR Exclusion/Exemption=NO or NE and PAS is not complete, once you enter a placement recommendation of NUHO or NHTP, a pop-up box will appear giving you a message that the Level II information must be entered prior to entering staffing information.

A Nursing Home panel from a previous case will show if a new case is opened and the discharge date is not populated. If the Living Arrangement is not Nursing Home, the system will force entry of the discharge date. The same is true for the Waiver panel; if information has been entered previously with no termination date, the information will display in the panel.

When staffing with a 3008:

\*If the level of care is DNM, do not enter an effective date on the 603 or the CIF.

\*If the level of care is WHL, enter an effective date on the 603 and the CIF.

When the program considered is LTCP, a pop-up box will appear to remind you to enter “Date Enter Pipeline” on the NHD Screen, if appropriate. *Note: LTCP becomes obsolete 3/1/14.*

If the Waiver Recertification box is checked “Y=Yes” at Assessment, two things happen:

\*No follow-up will be scheduled at Staffing.

\*It will not cancel a previously scheduled follow-up.

You will receive a pop-up message to confirm if you want to leave the case open without a follow-up. Be careful not to leave a case open without a scheduled follow-up.

**The following Program Considered/Program Recommendation codes will become obsolete March 1, 2014, due to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC): ADAW, ALFW, CDCW, CHAN, ELDC, and LTCP.**

**The placement recommendation code of NHTR=Nursing Home Transition will become obsolete on 3/1/14 due to SMMC LTC.**

**The Freedom of Choice form becomes obsolete March 1, 2014, due to SMMC LTC.**

# REFERRAL SCREEN

**CARE CASE**  
20130827

**CIRTS**  
**CARES Cases Information**

Date: 10/21/2013  
User: REGIONALCARES

CARES Cases for: JOHNNY GOOD    SSN: 182182182     Demographic Complete     PAS Complete

Opened on	Reason	Referral Source	Payment Type	Status	Closed on	Reason	PSA
07/16/2013	INITIAL CASE	FAMILY	MEDICAID PENDING	OPEN			02A

Buttons: Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARES Assignments, Close

Assignment | Assessments | Staffings | **Referrals** | Followups | Case Notes

Referral Date	Referred To	Imminent Risk	Provider	Disposition	PSA

Buttons: Add New Referral, View Selected Referral

When you click on the **Referrals** tab, a summary screen displays all referrals related to that client. The screen displays the Referral Date, Referred To, Imminent Risk (Y=Yes, N=No), Provider, Disposition and PSA. You can edit or view the referral information. Only a Supervisor Role can edit a referral for a closed case. To view an existing referral, click on the referral to highlight it. Then select View Selected Referral.

You can refer to multiple sources, but you cannot refer to the same source more than once on the same date.

The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARES Assignments and Close).

**Add New Referral:** Select this option if you want to add a new referral.

**View Selected Referral:** Select this option if you want to view the highlighted referral.

When you select **Add New Referral** the CARES Referral screen will appear.

The fields in pink are required when a new referral is entered (Employee, Referral Date, Imminent Risk, and Referred To). To update the referral information you will need to select “Edit” to enter data in the other fields. The fields labeled in blue also appear on the Aging Network Referral Screen (Employee, Referral Date, Imminent Risk, Transition Referral, NH Admit Date, Referred To, CARES Provider, and Date Received by Aging Network).

### **REFERRAL SCREEN DEFINITIONS**

**Employee:** This is the name of the caseworker that is making the referral. *This is a required item.*

**Referral Date:** This is the date the referral for services is made. *This is a required item.* This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year.

**Imminent Risk:** This indicates whether or not the client is at imminent risk of nursing facility placement. Enter Y=Yes or N=No. *This is a required item.*

**Transition Referral:** *This is a required item if the response is Y=Yes to “Imminent Risk.”* The response choices are Y=Yes or N=No. The client must have a nursing home admit date in order to enter a response of Y=Yes.

**NH Admit Date:** This item is automatically populated by the system based on the admit date entered on the Nursing Home panel. This field will only populate if the response is Y=Yes to “Transition Referral.”



**Referred To:** This indicates the appropriate agency where the referral for services is being made. *This is a required item.* The codes are:

- *AAA=Area Agency on Aging:* State contracted agency which provides direction to lead agencies.
- *AAS=Adult Services:* State program of the Department of Children and Families that provides services to aged/disabled adults.
- *AHC=Agency for Health Care Administration:* State agency responsible for administering Medicaid.
- *ALZ=Alzheimer's Disease Waiver:* Alzheimer's Disease Medicaid Waiver Program.
- *ARC=ARC or ADRC:* Aging Resource Center or Aging and Disability Resource Center.
- *ARCT=ARC/Transition Case Management:* An agency providing case management for NH transition clients. **Obsolete 3/1/14.**
- *BHP=Broward Homebound Program:* A private agency which provides community services to disabled adults.
- *CDC=Consumer Directed Care :* Consumer Directed Care Medicaid Waiver Program. **Obsolete 3/1/14.**
- *CFW=Adult Cystic Fibrosis Waiver:* Adult Cystic Fibrosis Medicaid Waiver Program.
- *CHA=Channeling:* Channeling Medicaid Waiver Program. **Obsolete 3/1/14.**
- *DES=Developmental Services:* Agency for Persons with Disabilities.
- *DOH=Department of Health:* Department of Health.
- *ELD=Evercare at Home:* A program which provides community services for frail elderly people. **Obsolete 3/1/14.**
- *HHC=Home Health Care:* A private agency providing home health services.
- *HMO=Health Maint Org:* Health Maintenance Organization.
- *LEA=Lead Agency:* State contracted agency providing community services.
- *LTS=LTC Diversion Suitable:* Identifies those clients suitable for the Nursing Home Diversion Program. **Obsolete 3/1/14.**
- *MCO=Managed Care Org:* Managed Care Organization.
- *MHC=Massada Home Care:* A private agency which provides short term community services to adults.
- *NGC=Non Gov Com Agency:* Any agency that is not sponsored by the government.
- *OGA=Other Government Community Agency:* Any agency not listed that is sponsored by the government.
- *OTH=Other:* Any agency not listed.
- *PAC=Project Aids Care:* Project Aids Care Medicaid Waiver Program.
- *PCE=Program of All Inc Care for Elderly:* Agency that is providing services under the PACE program.
- *UHC=United Home Care:* A HMO which provides community services to adults.
- *VOC=Vocational Rehabilitation:* State program of the Department of Education.

**CARES Provider:** This is a list of providers for the individual Planning and Service Area (PSA). Each PSA determines the providers that are listed. This list can include the names of hospitals, lead agencies, nursing facilities, etc. within the PSA. This is an optional item.

**Date Received by Aging Network:** The aging network will populate this field once they receive the referral from CARES. No entry is allowed in this field by CARES.

**Case Manager:** This indicates the designated case management unit for the case. This is an optional item. The codes are:

- *AAS=Adult Services:* Adult Services staff of the Department of Children and Families.
- *ADC=Adult Day Health Care:* Staff of an agency providing services under the Adult Day Health Care Medicaid Waiver Program.
- *AHC=Agency for Health Care Administration:* Staff of the Agency for Health Care Administration.

- *ALZ=Alzheimer's Disease Waiver:* Staff of an agency providing services under the Alzheimer's Disease Medicaid Waiver Program.
- *ARC=ARC or ADRC:* Aging Resource Center or Aging and Disability Resource Center.
- *BHP=Broward Homebound Program:* Staff of the Broward Homebound program.
- *CAR=CARES:* CARES staff of the Department of Elder Affairs.
- *CDA=Community Care for Disabled Adults:* Adult Services staff of the Department of Children and Families **or** staff of an agency providing services under the Community Care for Disabled Adults Program.
- *CFW=Cystic Fibrosis Waiver:* Staff of the Department of Health.
- *CHA=Channeling:* Staff of an agency providing services under the Channeling Medicaid Waiver Program. **Obsolete 3/1/14.**
- *DES=Developmental Services:* Staff of the Agency for Persons with Disabilities.
- *DOH=Department of Health:* Staff of the Department of Health.
- *ELD=Evercare at Home:* Staff of an agency providing community services for frail elderly people. **Obsolete 3/1/14.**
- *HHC=Home Health Care:* Staff of a private agency which provides home health services.
- *HMO=Health Maintenance Org:* This is an inactive code in CIRTS and is not used any longer.
- *LEA=Lead Agency:* Staff of the local lead agency which provide case management for various programs.
- *MCO=Managed Care Org:* Staff of a managed care organization.
- *MEH=Mental Health:* Staff of any agency which provides mental health services.
- *MHC=Massada Home Care:* Staff of the Massada Home Care Program.
- *OMW=Other Medicaid Waiver:* Staff of an agency providing services under any Medicaid waiver exclusive of the ones listed.
- *PAC=Project Aids Care:* Staff of an agency providing services under the Project Aids Care Medicaid Waiver Program.
- *PCE=Prog of All Inc Care for the Elderly:* Staff of an agency providing services under the PACE Program.
- *UHC=United Home Care:* Staff of United Home Care.
- *VOC=Vocational Rehabilitation:* Staff of a state program under the Department of Education.

**Response Date:** This is the date a response is received from the referral agency. This will be a two-digit month and day and a four-digit calendar year. This date must be a current date or a past date. It cannot be a future date. This is an optional item.

**Response Type:** This indicates the type of response received regarding the referral. ***This is a required item if there is an entry in Response Date.*** The codes are:

- *OCM=Office Visit/Case Manager:* Case manager made a visit to the CARES office.
- *OVC=Office Visit/CARES:* CARES staff made a visit to the case manager's office.
- *TCC=Telephone Call/CARES:* CARES staff telephoned the case manager's office.
- *TCM=Telephone Call/Case Manager:* Case manager telephoned the CARES office.
- *WCM=Written/Case Manager:* Case manager responded in writing.

**Disposition:** This indicates the action taken by the referral agency. ***This is a required item if there is an entry in Response Type.*** The codes are:

- *A=Approved:* Referral agency approved the client for services.
- *D=Denied:* Referral agency denied services for the client.
- *W=Waiting List:* Referral agency put the client on a waiting list.

**Disposition Date:** This indicates the date the referral agency takes action to dispose of the referral. For example, on 10/23/13 the client is put on a waiting list. The Disposition Date would be 10/23/13. This will be a two-digit month and day and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Denial Reason:** This indicates the reason the referral was denied by the referral agency. *This is a required item if the Disposition is D=Denied.* The codes are:

- *CD=Client Died:* Client died prior to disposition.
- *IN=In Nursing Home:* Client placed in nursing home prior to disposition.
- *LC=Lost Contact:* Lost contact with client prior to disposition.
- *LS=Left State:* Client left the state prior to disposition.
- *NE=Not Eligible:* Client not eligible for services.
- *OT=Other:* Denied for reason other than the ones listed.
- *RM=Refused Medicaid :* Client refused to apply for or accept Medicaid.
- *RS=Refused Service:* Client refused to accept the service(s) offered.
- *SN=Service Not Available:* Denied as service(s) requested not available.

**Edit:** Select this option if you want to edit existing referral information.

**Save:** Select this option if you want to save the information entered or edited.

**Cancel:** Select this option if you want to cancel without saving the information entered or edited.

**Delete:** Select this option if you want to delete the referral.

**Close:** Select this option if you want to close the Referral screen.

**REMINDER:**

A referral is “complete” when there is a disposition and disposition date entered on the Referral screen. A 30-day follow-up will be scheduled every 30 days by the system until the referral is “complete.” The “complete” referral information must be entered prior to entering the scheduled follow-up in order to cancel the ongoing 30-day follow-ups.

Referrals should only be made to the AAA, ADRC or lead agency within the same PSA as the CARES office. If a referral is sent outside the PSA, the AAA, ADRC or lead agency in another PSA will not be able to enter “Date Received by Aging Network”, which they are required to do.

**Certain “Referred To” and “Case Manager” codes become obsolete March 1, 2014, due to SMMC LTC.**

# FOLLOW UP SCREEN

The screenshot shows the 'CARES Cases' application window. At the top, there's a menu bar with 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. Below the menu bar, there are several input fields: 'CARES CASE' (20130827), 'CIRTS' (CARES Cases Information), 'Date' (10/23/2013), and 'User' (REGIONALCARES). There are also checkboxes for 'Demographic Complete' and 'PAS Complete'. A table below shows case details with columns: 'Opened on', 'Reason', 'Referral Source', 'Payment Type', 'Status', 'Closed on', 'Reason', and 'PSA'. The first row shows '07/16/2013', 'INITIAL CASE', 'FAMILY', 'MEDICAID PENDING', 'OPEN', and '02A'. Below the table are buttons: 'Add Case', 'Close Case', 'Delete Case', 'Print CIF', 'Print Blank CIF', 'Search Client', 'CARES Assignments', and 'Close'. At the bottom, there are tabs for 'Assignment', 'Assessments', 'Staffings', 'Referrals', 'Followups', and 'Case Notes'. The 'Followups' tab is selected, showing a 'Staffing And Follow-up Dates' table with columns 'Staffing Date' and 'Follow-up Date'. The first row has '08/01/2013' and '11/01/2013', with a yellow arrow pointing to the '11/01/2013' date. Below this is a 'Follow-up Information' table with columns: 'Scheduled Date', 'Followup Type', 'Employee Scheduled', 'Followup Status', 'Completed Date', and 'PSA'. The first row has '11/01/2013', '90 DAY', 'OTHER OTHER', 'FOLLOWUP SCHEDULED', and '02A', with a yellow arrow pointing to the '11/01/2013' date. At the bottom of the 'Followups' tab are buttons: 'Add Unscheduled Followup', 'Delete Unscheduled Followup', 'View Selected Followup', and 'Print Follow-up CIF'.

When you click on the **Followups** tab, a summary screen displays all follow-ups related to that case. For each follow-up the screen displays the follow-up scheduled date, follow-up type, employee scheduled, follow-up status, completed date, and PSA. You can click on the particular follow-up that you want to view or edit. Only a Supervisor Role can edit a follow-up for a closed case. The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARES Assignments, and Close). This screen also has a panel that lists the staffing date and follow-up date that is a result of the staffing. This is where you highlight the follow-up to be viewed.

- Add Unscheduled Followup:** Select this option to add an unscheduled follow up for an open case.
- Delete Unscheduled Followup:** Select this option to delete an unscheduled follow-up for an open case. This button will be disabled if an unscheduled follow-up has not been scheduled.
- View Selected Followup:** Select this option to view a highlighted follow-up. Click on the follow-up in the Staffing Date and Follow-up Date panel to highlight the follow-up you want to view.
- Print Follow-up CIF:** Select this option if you want to print a Follow-up CIF for a highlighted follow-up.

When you select **View Selected Followup**, the CARES Follow-up screen appears.

This screen will capture data regarding the client’s current status. The system will collect information such as the client’s current living arrangement, living situation, placement recommendation, program recommendation, case manager, and primary caregiver status. The system will also capture specific information concerning nursing home placement, swing bed or hospital skilled nursing unit status, or Medicaid waiver status. *Note: In order to enter follow-up information for a scheduled or unscheduled follow-up, you must first select “Edit.”*

### **FOLLOWUP SCREEN DEFINITIONS**

**Scheduled Date:** This is the date of the scheduled follow-up. The system establishes this date and no entry is allowed in this field.

**Caseworker Scheduled:** This is the caseworker that owns the case and is responsible for the follow-up. The system establishes the caseworker based on **Case Assignment**. No entry is allowed in this field.

**Followup Status:** The system enters this information and no entry is allowed in this field. The codes are SC=Followup Scheduled and CO=Followup Completed.

**Followup Type:** This is the type of the follow-up. The codes are TD=30 Day, ND=90 Day, OD=180 Day, AN=Annual, OA=Ongoing Annual, and UF=Unscheduled Followup. The system enters this information and no entry is allowed in this field.

**Referral Complete:** If this box is checked it means complete referral information has been entered on the Referral screen. If this box is not checked it means a follow-up will be scheduled every 30 days until the information is complete. See Referral screen for a definition of complete.

**PAS Complete:** If this box is checked it means complete PAS information has been entered on the PAS screen. If this box is not checked it means a follow-up will be scheduled every 30 days until the information is complete. See PAS Screen for definition of complete.

**Completed Date:** This is the date the follow-up is completed. This will be a two-digit month and day and a four-digit calendar year. This cannot be a future date. It must be a current or past date. ***This is a required item.*** The system will generate a pop-up box that will advise you if the follow-up is too early. You cannot enter a Completed Date that is prior to the 15-day window for follow-ups.

**Caseworker Completed:** This indicates the caseworker that completed the follow-up. ***This is a required item.***

**Placement Recommendation:** This indicates the placement recommendation at the time of follow-up. ***This is a required item.*** The codes are:

- *AFCH=Adult Family Care Home:* Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care:* Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs:* Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs:* Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility:* Any state licensed assisted living facility.
- *ARTS=Adult/Ger Res Treat Fac:* A residential facility that provides mental health treatment.
- *GRHO=Group Home:* A small residential home sponsored by a state or community entity.
- *HOSP=Hospital:* A freestanding facility that provides medical care for acute illnesses. This includes swing bed hospitals, hospital skilled nursing units, and inpatient hospice care.
- *MRDD=MR/DD Facility:* Any state licensed facility/center for the developmentally disabled. For example, an ICF/DD, Sunland, cluster facilities, sheltered workshops, etc.
- *NHTP=Temporary Nursing Home:* A short term placement in a nursing home is recommended as the person has potential to return to the community. Refer to NUHO=Nursing Home.
- *NHTR=Nursing Home Transition:* Indicates the person is transitioning from the nursing home to the community. **Obsolete 3/1/14 due to SMMC LTC.**
- *NUHO=Nursing Home:* A freestanding facility which is certified under Medicare and/or Medicaid to provide nursing services.
- *OTHR=Other:* A placement recommendation which is not covered by the codes provided.
- *PRNH=Prison Nursing Home:* A nursing home unit within a duly authorized and supervised facility such as a prison or jail.
- *PRRE=Private Residence:* Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility:* Any freestanding facility that provides psychiatric or mental health care (excluding a state mental hospital). This would include a crisis stabilization unit.
- *REHB=Rehabilitation Hospital:* Any freestanding facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment:* A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit:* A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital:* A state sponsored or operated facility that provides psychiatric care.

**Program Recommendation:** This identifies the program that is being recommended by CARES staff. The system will provide a drop-down box with a list of choices for this field. The choices available will be based on the code entered in the placement recommendation field. Please refer to the Staffing Chart on pages 165-166 for selection choices. ***This is a required item.*** The codes are:

- *ACFW=Adult Cystic Fibrosis Waiver:* Adult Cystic Fibrosis Medicaid Waiver Program.
- *ADAW=Aged/Disabled Adults Waiver:* Aged and Disabled Adults Medicaid Waiver Program. **Obsolete 3/1/14.**
- *ADHC=Adult Day Health Care Waiver :* Adult Day Health Care Medicaid Waiver Program.
- *ALFW=Assisted Living Facility Waiver :* Assisted Living Medicaid Waiver Program. **Obsolete 3/1/14.**
- *ALZW=Alzheimer's Disease Waiver:* Alzheimer's Disease Medicaid Waiver Program.
- *BSCW= Brain/Spinal Cord Injury Waiver:* Brain and Spinal Cord Injury Medicaid Waiver Program.
- *CCDA=Community Care for Disabled Adults:* Community Care for Disabled Adults Program.
- *CCFE=Community Care for the Elderly :* Community Care for the Elderly Program.
- *CDCW=Consumer Directed Care Waiver:* Consumer Directed Care Medicaid Waiver Program. **Obsolete 3/1/14.**
- *CHAN=Channeling:* Channeling Medicaid Waiver Program. **Obsolete 3/1/14.**
- *DEVS=Developmental Services :* Agency for Persons with Disabilities Program.
- *ELDC=Ever Care at Home:* Ever Care at Home Program. **Obsolete 3/1/14.**
- *FDMW=Fam Dys Medicaid Waiver:* Familial Dysautonomia Medicaid Waiver Program.
- *HEMO=Health Maint Org:* Health Maintenance Organization Program.
- *HSPC=Hospice:* Hospice Program.
- *LTCC=Managed Long-Term Care/Community:* A Medicaid managed care program providing services in the community.
- *LTCN=Managed Long-Term Care/Nursing Facility:* A Medicaid managed care program providing services in a nursing facility.
- *LTCP=LTC Com Div Pilot Program:* Long Term Care Community Diversion Pilot Medicaid Waiver Program. Also referred to as Nursing Home Diversion. **Obsolete 3/1/14.**
- *NHSS=Specialized Services:* Nursing Home with specialized services recommended. If the results of the Level II Evaluation and Determination show specialized services needed, this code should be used. If the specialized services stop, the code should be changed.
- *NONE=None:* No program considered.
- *OMDW=Other Medicaid Waiver:* Medicaid Waiver exclusive of the waivers listed.
- *OTHR=Other Program:* Other program exclusive of the programs listed.
- *PACE=Prog of All Inc Care for Elderly:* Program of All-Inclusive Care for the Elderly Program.
- *PACW=Project Aids Care Waiver:* Project Aids Care Medicaid Waiver Program.
- *SBHO=Swing Bed Hosp:* Rural hospital certified to provide nursing facility services.
- *SNUH=Skilled Nursing Unit/ Hospital :* Skilled nursing unit within a hospital.

**REMINDER:**

The following Program Recommendation codes will become obsolete March 1, 2014, due to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC): *ADAW, ALFW, CDCW, CHAN, ELDC, and LTCP.*

The placement recommendation code of *NHTR=Nursing Home Transition* becomes obsolete 3/1/14 due to SMMC LTC.

**Note:** *If the Program Recommendation is a waiver (ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CDCW, CHAN, FDMW, LTCC, LTCN, LTCP, PACE, or PACW), the fields in the Waiver panel will become visible and will require entry. See pages 99-100 for the panel and definitions.*

\*\*\*\*\*

**Note: If the Program Recommendation is SBHO=Swing Bed Hospital or SNUH=Skilled Nursing Unit/Hospital, the fields in the Swingbed/Skilled Nursing panel will become visible and require entry.**

Swingbed / Skilled Nursing				
<b>Admit Date</b>	<b>Discharge Date</b>	<b>Ext. Req. Date</b>	<b>Extension Status</b>	<b>Extension Denial Reason</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<null>	<null>

**Admit Date:** This is the date the client was admitted to a swing bed or skilled nursing unit within a hospital. This will be a two-digit month and day and a four-digit calendar year. It must be a current or past date. It cannot be a future date. ***This is a required item.***

**Discharge Date:** This is the date the client is discharged from a swing bed or skilled nursing unit within a hospital. This will be a two-digit month and day and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Ext. Req. Date:** This is the date that the provider requests an extension for the swing bed or skilled nursing unit stay. This will be a two-digit month and day and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Extension Status:** This indicates the disposition of the request for an extension. ***This is a required item if there is a date in Ext. Req. Date.*** The codes are:

- *A=Approved:* Extension approved by CARES.
- *D=Denied:* Extension denied by CARES.

**Extension Denial Reason:** This indicates the reason the extension request was denied. ***This is a required item if the Extension Status is D=Denied.*** The codes are:

- *DNM=Does Not Meet Level of Care:* The individual does not meet level of care as defined in 59G-4.180 or 59G-4.290 of the Florida Administrative Code.
- *NIE=Not ICP Eligible:* The individual is not eligible for ICP.
- *OTH=Other:* The extension is denied for reason other than the ones listed.

\*\*\*\*\*

**Spec Services being Provided?** ***If the program recommendation is NHSS=Needs Specialized Services, you will be required to enter a Y=Yes or N=No in this field.*** A “Yes” indicates the person is currently receiving specialized services and a “No” indicates the person is not receiving specialized services. This field will be disabled if the program recommendation is not NHSS.

**Living Arrangement:** Enter the appropriate code that reflects the living arrangement of the client at the time of the follow-up. ***This is a required item.*** The codes are:

- *AFCH=Adult Family Care Home:* Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care:* Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs:* Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs:* Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility:* Any state licensed assisted living facility.
- *ARTS=Adult/Geriatric Residential Treatment Facility:* A residential facility that provides mental health treatment.



- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *HOSP=Hospital*: An institution that provides care for acute illnesses (excluding a state mental hospital). Use this code for all units located within a hospital (swing bed, psychiatric unit, skilled nursing unit, etc.).
- *MRDD=MR/DD Facility*: A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).
- *NUHO=Nursing Home*: A free standing facility that is certified under Medicare/Medicaid to provide nursing services.
- *OTHR=Other*: All other living arrangements exclusive of the ones listed.
- *PRIS=Prison/Jail*: A duly authorized and supervised facility like a jail or a prison.
- *PRRE=Private Residence*: Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility*: A free standing facility that provides psychiatric or mental health care.
- *REHB=Rehab Hospital*: Any free standing facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment*: A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit*: A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.
- *TRAN=Transient*: No fixed place of abode, or lives on the road.

**Note:** *If the Living Arrangement is NUHO=Nursing Home, the fields in the Nursing Home panel will become visible and will require entry. See pages 35-37 for the panel and definitions.*

**Living Situation:** AL=Alone should be entered for all living arrangements except for HOSP, OTHR, PRRE, PSYF, REHB, SAPT, and TRAN. If the living arrangement is any of the seven mentioned, all code choices will be available. If the client is in a hospital and is expected to be discharged to a nursing facility, assisted living facility, or adult family care home, the living situation will be AL=Alone. ***This is a required item.*** The codes are:

- *AL=Alone*: Client lives alone.
- *WC=With Primary Caregiver*: Client lives with the primary caregiver.
- *WO=With Other*: Client lives with someone other than a caregiver.
- *WOC=With Other Caregiver*: Client lives with a caregiver that is not the primary caregiver.

**County:** This is the county in which the client is physically located at the time of the follow-up. Enter the appropriate county. ***This item is required.*** Only the counties within each PSA will be available in the drop-down box.

**Case Manager:** This indicates the designated case management unit for the case. ***This is a required item.*** The codes are:

- *AAS=Adult Services*: Adult Services staff of the Department of Children and Families.
- *ADC=Adult Day Health Care*: Staff of an agency providing services under the Adult Day Health Care Medicaid Waiver Program.
- *AHC=Agency for Health Care Administration*: Staff of the Agency for Health Care Administration.
- *ALZ=Alzheimer's Disease Waiver*: Staff of an agency providing services under the Alzheimer's Disease Medicaid Waiver Program.
- *ARC=ARC or ADRC*: Aging Resource Center or Aging and Disability Resource Center.
- *BHP=Broward Homebound Program*: Staff of the Broward Homebound program.
- *CAR=CARES*: CARES staff of the Department of Elder Affairs.
- *CDA=Community Care for Disabled Adults*: Adult Services staff of the Department of Children and Families **or** staff of an agency providing services under the Community Care for Disabled Adults Program.
- *CFW=Cystic Fibrosis Waiver*: Staff of the Department of Health.

- *CHA=Channeling*: Staff of an agency providing services under the Channeling Medicaid Waiver Program. **Obsolete 3/1/14.**
- *DES=Developmental Services*: Staff of the Agency for Persons with Disabilities.
- *DOH=Department of Health*: Staff of the Department of Health.
- *ELD=Evercare at Home*: Staff of an agency providing services under the Elder Care Plan. **Obsolete 3/1/14.**
- *HHC=Home Health Care*: Staff of a private agency which provides home health services.
- *HMO=Health Maintenance Org*: This is an inactive code in CIRTS and is not used any longer.
- *LEA=Lead Agency*: Staff of the local lead agency which provide case management for various programs.
- *MCO=Managed Care Org*: Staff of a managed care organization.
- *MEH=Mental Health*: Staff of any agency which provides mental health services.
- *MHC=Massada Home Care*: Staff of the Massada Home Care Program.
- *OMW=Other Medicaid Waiver*: Staff of an agency providing services under any Medicaid waiver exclusive of the ones listed.
- *PAC=Project Aids Care*: Staff of an agency providing services under the Project Aids Care Medicaid Waiver Program.
- *PCE=Prog of All Inc Care for the Elderly*: Staff of an agency providing services under the PACE Program.
- *UHC=United Home Care*: Staff of United Home Care.
- *VOC=Vocational Rehabilitation*: Staff of a state program under the Department of Education.

**Followup Site:** This identifies where the follow-up actually took place. *This is a required item.* The codes are:

- *ADC=Adult Day Care*: A facility which provides less than 24-hour care for certain eligible adults.
- *AFCH=Adult Family Care Home*: Any state licensed adult family care home.
- *ALF=Assisted Living Facility*: Any state licensed assisted living facility.
- *ALFE=ALF with Ext Cong Care*: Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs*: Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs*: Any state licensed ALF which is also licensed to provide limited nursing services.
- *ARTS=Adult/Ger Res Treat Fac*: A residential facility which provides mental health treatment.
- *CARE=Onsite in CARES Office*: Follow-up completed with the client in the CARES office.
- *CH=Client/Relative's Home*: The client or relative's private residence.
- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *H=Hospital*: An institution that provides care for acute illnesses (excluding a state mental hospital, swing bed hospital, and a skilled nursing unit within a hospital).
- *M=Meal Site*: Meal site sponsored by a lead agency.
- *MRDD=MR/DD Facility*: A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).
- *NH=Nursing Home*: A freestanding facility that is certified under Medicare and/or Medicaid to provide nursing services.
- *OAA=Older American Act*: Federally funded program administered by the Department of Elder Affairs.
- *OFFC=Office/Medical Case File Review*: Indicates the follow-up was completed in the CARES office.
- *OT=Other*: All other follow-up sites exclusive of the ones listed.
- *PRIS=Prison/Jail*: A duly authorized and supervised facility like a jail or a prison.
- *PSA=PSA Specific*: Site specific to a Planning and Service Area.

- *PSYF=Psychiatric Facility*: A freestanding facility that provides psychiatric or mental health care.
- *SBHO=Swing Bed Hospital*: A rural hospital that is certified under Medicare/Medicaid to provide nursing services.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.
- *SNUH=Skilled Nursing Unit/Hospital*: A section within a hospital which is certified under Medicare/Medicaid to provide skilled nursing services.
- *T=Telephone Screen*: Indicates an assessment completed by telephone.

**Primary Caregiver:** *This is a required item.* A primary caregiver is any person who regularly can be depended on to provide or arrange help as needed with Activities of Daily Living and Instrumental Activities of Daily Living. The primary caregiver may or may not be related by birth or marriage; may or may not live with the client or live nearby; and does not include operators of assisted living facilities, nursing facilities, adult family care homes, home health agencies, service provider staff or other paid care providers. Enter the code that reflects the primary caregiver status of the client. The codes are:

- *N=No*: Client does not have a primary caregiver.
- *U=Unknown*: Client's primary caregiver status is not known.
- *Y=Yes*: Client has a primary caregiver.

**Waiting for NH Reason:** This indicates why the client is waiting for placement in a nursing home.

*This field is required if the placement recommendation is nursing home and the living arrangement is not nursing home.* The codes are:

- *FI=Family/Individual Delay*: Family has not followed through with nursing home placement.
- *IH=Still in Hospital*: Client remains in the hospital.
- *NB=No Bed Available*: No nursing home bed is available.
- *OT=Other*: Reason other than the ones listed.
- *WF=Waiting/Financial*: Client is waiting on determination of Medicaid eligibility.
- *WL=Waiting List*: Client is on a waiting list for a particular nursing home.

**Edit:** Select this option if you want to edit existing follow-up information.

**Save:** Select this option if you want to save the information entered or edited.

**Cancel:** Select this option if you want to cancel without saving the information entered or edited.

**Close:** Select this option if you want to close the Followup screen.

**REMINDER:**

Follow-ups are automatically generated by the system based on the Follow-Up Schedule chart found on pages 167-168. You can schedule an unscheduled follow-up at any time.

A Nursing Home panel from a previous case will show if a new case is opened and the discharge date is not populated. If the Living Arrangement is not NUHO=Nursing Home, the system will force an entry of the discharge date. The same is true of the Swing Bed/Skilled Nursing panel if there is no discharge date and the Waiver panel if there is no termination date.

# CASE NOTES

**CARE CASE**  
20130827

**CIRTS**  
CARES Cases Information

Date: 10/29/2013  
User: REGIONALCARES

CARES Cases for: JOHNNY GOOD SSN: 182182182  Demographic Complete  PAS Complete

Opened on	Reason	Referral Source	Payment Type	Status	Closed on	Reason	PSA
07/16/2013	INITIAL CASE	FAMILY	MEDICAID PENDING	OPEN			02A

Assignment | Assessments | Staffings | Referrals | Followups | **Case Notes**

Event Date	Category	Case Note	Date Added	User	PSA
02/01/2014	FOLLOW UP - 180-DAY	180 Day Follow up scheduled	10/23/2013	REGIONA	02A
11/01/2013	FOLLOW UP - 90-DAY	90 Day Follow up scheduled	10/21/2013	REGIONA	02A
10/23/2013	FOLLOW UP - 90-DAY	90 Day follow up scheduled on 11/01/2013 and completed o	10/23/2013	REGIONA	02A
10/18/2013	SYSTEM NOTE	Staffing information sent to the Enrollment Broker on 10/18/2	10/18/2013	CIRTS	02A
10/15/2013	ASSESSMENT UPDATI	Changed county.	10/15/2013	REGIONA	02A
10/15/2013	ASSESSMENT UPDATI	test	10/15/2013	REGIONA	02A
09/30/2013	ASSESSMENT UPDATI	test	09/30/2013	REGIONA	02A
09/30/2013	ASSESSMENT UPDATI	test	09/30/2013	REGIONA	02A
09/30/2013	ASSESSMENT UPDATI	test	09/30/2013	REGIONA	02A
09/26/2013	ASSESSMENT UPDATI	test	09/26/2013	REGIONA	02A

When you click on the **Case Notes** tab, a summary screen displays all case notes entered for the most recent case. If the client has more than one case, click on the case you want to highlight and the case notes will show for that case. The screen displays the Event Date, Category (of the case note), Case Note (a portion of the case note), Date Added, User, and PSA. Some case notes are automatically generated by the system based on the data entered. Other case notes are manually typed in CIRTS by the user.

The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARES Assignments, and Close).

General information regarding case notes:

- ✓ System generated case notes are unchangeable.
- ✓ User created case notes are unchangeable once saved.
- ✓ Case notes are viewable to all CARES offices.
- ✓ Case notes can only be entered by a CIRTS user in the CARES office with the open case.
- ✓ Case note field for an update is limited to 2,000 characters.
- ✓ Case note field for manually entered case notes is limited to 4,000 characters.
- ✓ Case note date cannot be greater than the current date.
- ✓ System will generate a prompt to enter the Assessment History case note.

- ✓ System will generate a prompt to enter the LOC Justification case note prior to entering the staffing information.
- ✓ PASRR note will not be generated by the system until the Staffing is entered and saved.
- ✓ When elements of the case are updated, the user will be prompted for a justification of the change.
- ✓ Case notes can be entered for a closed case by the PSA that owns the case.
- ✓ System generated case notes will display the user id of the person who entered the information in CIRTS.
- ✓ If a case is deleted the case notes associated with that case will also be deleted.
- ✓ If a client is deleted the case notes associated with the case(s) for that client will also be deleted.
- ✓ If the 701B assessment case note is too long it will split into two case note boxes.
- ✓ You can type manual case notes in WORD or OPEN OFFICE and copy and paste to CIRTS. Use **Control C** to copy and **Control V** to paste.

### CASE NOTES SCREEN DEFINITIONS

**Event Date:** This is the date the event occurred and is related to the system generated case note, update/edit, or the user entered case note. For system generated case notes it will be based on the case assignment date, assessment date, referral date, staffing date, follow-up date, etc., that is entered in CIRTS. For system generated case notes relating to an update/edit made on a screen, the date displayed will be the date the update occurred and will automatically be generated by the system. For user entered case notes it will be the date the event occurred and is entered by the user.

**Category:** This identifies the category of the case note. The categories are:

- *3008:* System generated case note based on the data entry on the Case Assignment screen. Can also be used when manually entering a case note regarding the receipt of the 3008 when not received at time of case assignment.
- *Addendum:* Used when adding more information to supplement a previous case note entry.
- *Assessment:* System generated case note based on the data entry on the Assessment Screen.
- *Assessment History:* Case note prompted by the system after the assessment information is entered. The assessment cannot be saved as complete until the assessment history information is entered by the user.
- *Case:* Manually entered case note used when entering a note related to the case.
- *Case Closed:* System generated case note based on the data entry to close a case. The user can also enter a manual case note using this category.
- *Case Transfer:* System generated case note based on the data entry on the Case Assignment screen. The user can also enter a manual case note using this category.
- *Correction:* Used when making a correction to a previously entered case note. Case notes cannot be edited or changed once saved.
- *Email-Incoming:* Case note entered manually by the user to document the receipt of an email regarding the case.
- *Email-Outgoing:* Case note entered manually by the user to document the sending of an email regarding the case.
- *Fax-Incoming:* Manually entered case note addressing the receipt of information faxed from an outside entity.
- *Fax-Outgoing:* Manually entered case note addressing the faxing of information to an outside entity.
- *Followup-180 Day:* System generated case note based on the data entry on the Follow Up screen. The user can also manually enter a case note with information related to the 180-day follow-up.

- *Followup-30 Day*: System generated case note based on the data entry on the Follow Up screen. The user can also manually enter a case note with information related to the 30-day follow-up.
- *Followup-90 Day*: System generated case note based on the data entry on the Follow Up screen. The user can also manually enter a case note with information related to the 90-day follow-up.
- *Followup-Annual*: System generated case note based on the data entry on the Follow Up screen. The user can also manually enter a case note with information related to the annual follow-up.
- *Followup-Ongoing Annual*: System generated case note based on the data entry on the Follow Up screen. The user can also manually enter a case note with information related to the ongoing annual follow-up.
- *Followup-Unscheduled*: System generated case note based on the data entry on the Follow Up screen. The user can also manually enter a case note with information related to the unscheduled follow-up.
- *Freedom of Choice*: Manually entered case note by the user that addresses information regarding the Freedom of Choice form. **Note: *The Freedom of Choice form becomes obsolete 3/1/14 due to SMMC LTC.***
- *Late Entry*: Manually entered case note by the user that clarifies/corrects a previously entered case note.
- *LOC Justification*: Manually entered case note by the user to justify why the client needs 24 hour medical supervision and the recommended level of care. This case note must be entered after the Assessment History information is entered and prior to entering staffing information.
- *Mail-Incoming*: Manually entered case note by the user addressing the receipt of mail pertaining to the case.
- *Mail-Outgoing*: Manually entered case note by the user addressing the sending of mail pertaining to the case.
- *Other*: Manually entered case note by the user for a category that is not in the drop-down list.
- *PASRR*: System generated case note based on the data entry on the PAS screen. The user can also manually enter a case note with information related to PASRR.
- *Phone Call-Incoming*: Manually entered case note by the user to document the receipt of a telephone call received regarding the case.
- *Phone Call-Outgoing*: Manually entered case note by the user to document any phone call made by CARES regarding the case.
- *Reassessment*: System generated case note based on the data entry on the Assessment screen. Once the assessment is entered, the user will receive a prompt to enter the Assessment History information. The assessment cannot be saved as complete until the assessment history information is entered.
- *Record Review*: Manually entered case note by the reviewer of the case to document the case review.
- *Referral*: System generated case note based on the data entry on the Referral screen. The user can also manually enter a case note with information related to the referral.
- *Staffing*: System generated case note based on the data entry on the Staffing screen. The user can also manually enter a case note with information related to the staffing.
- *Walk In*: Manually entered case note by the user to document information provided by a client/family that comes to the CARES office.

**Case Note:** This is the list of the case note entries for the case. This shows the first few words of the case note based on the category.

**Date Added:** This identifies the date the case note was added to the system. It is the date the system automatically added the case note or the date the user manually added the case note.

**User:** This identifies the user that entered the data for the system generated case note of the user that entered the manual case note.

**PSA:** This identifies the PSA that owned the case at the time the case note was entered.

**Add New Note:** Select this option when you want to add a new case note.

**View Selected Note:** Select this option when you want to view a particular case note. You must highlight the case note you want to view prior to viewing a case note. You can also double-click on a particular case note for viewing.

**Sort by Event Date:** Select this option when you want to sort the order of the case notes by the event date.

**Sort by Date Added:** Select this option when you want to sort the order of the case notes by the date the case notes were added to CIRT.S.

**Print Notes:** Select this option when you want to print case notes. All case notes entered will print out as you cannot print individual case notes from this button. If you want to print the most recent case note entry or a certain page(s), you will need to select Print Notes, File and Print. Once the Print Screen appears you can select what page or pages you would like to print.

### Add New Note:

The screenshot shows the 'CARES Case Notes' application window. At the top, there are fields for 'CASES CASENOTE' (20130415), 'Date' (11/01/2013), and 'User' (REGIONALCARES). Below these are fields for 'CARES Case Notes for:' (JOHNNY GOOD), 'PSA:' (02A), and 'Case Opened on:' (07/16/2013). The main section contains three pink input fields: 'Event Date', 'Note Category' (a dropdown menu), and 'User Added/Edited'. Below these is a large pink text area labeled 'Case Notes'. At the bottom of the window are 'Save', 'Cancel', and 'Close' buttons. A status bar at the very bottom shows 'Enter Event Date, format: MMDD/YYYY.' and 'Record: 1/1'.

This screen appears when the user selects **Add New Note**. *The pink fields are required and must be entered to save the data.* Enter the Event Date, which is the date the event occurred, not the date you type in the case note. Select the Note Category for the type of case note you are entering from the drop-down box. The User Added/Edited will be entered by the system. Type in the case note information in the **Case Notes** section.

Add New Note will be selected when you want to enter a manual case note. For example, to enter the justification for level of care, receipt of a telephone call, etc.

**Save:** Select this option to save the data entered on the screen.

**Cancel:** Select this option to cancel out of the screen without saving the data.

**Close:** Select this option to close out of the screen when you have selected View Selected Note.

## Update/Edit Case Note:

**You have updated the case record. This case note will reflect a change on this date. Please document the changes you made.**

Event Date	Note Category	User Updated
10/30/2013	3008 UPDATE	REGIONALCARES

**Notes**

Save Cancel

Enter Notes, 2000 characters maximum, including spaces.  
Record: 1/1

The system will automatically generate this screen when the user updates/edits any saved information on a certain screen. The Event Date, Note Category, and User Updated will be populated by the system. The Note Category will show what screen/item was updated. The user is to enter case notes in the **Notes** section explaining why the update/edit was made. For example, if the 3008 was not received at the time the case was assigned but is received later, you would update the Case Assignment screen to show that the 3008 was received. Your case notes would reflect the receipt of the 3008.

**Save:** Select this option to save the case note entry and the update/edit.

**Cancel:** Select this option to cancel out of the screen without saving the data. **If you select “Cancel” the update/edit will not be saved in the system.** You will receive a pop-up asking “Do you want to cancel?”



## Assessment History Case Note:

Once you enter your assessment information and select “Save,” the above screen will appear. This is the Assessment History case note screen. The Event Date, Note Category, and User Added/Edited will be populated by the system. Once your assessment is completed and you click “Save”, the system saves the assessment as an incomplete assessment until the Assessment History case note is added. You must type in your Assessment History case note and select “Save” in order to save a complete assessment. **If you select “Cancel” the Assessment History case note will not be saved and the assessment will be saved as an incomplete assessment.** At the Assessment screen you will have to click “Edit” and then “Save” to bring up the Assessment History case note screen. Enter your case note and click “Save” to save the case note and the assessment as complete. The system will not recognize a manually entered Assessment History case note to save the assessment as complete.

The Assessment History screen is where you enter any pertinent case notes that are not automatically generated from the assessment data entered. For example, this is where you would discuss the client’s potential to remain in the community.

### **REMINDER:**

The LOC Justification case note must be entered prior to entering staffing information.

Once your assessment is completed and you click “Save”, the assessment saves as an incomplete assessment until the Assessment History case note is added.

If you update/edit saved information and select “Cancel” on the Update/Edit Case Note Screen, the update/edit will not be saved in the system.

## **AUTOMATIC CASE NOTES**

Some case notes are automatically generated by the system based on the data entered on a particular screen. The automatic case notes that will be generated based on data entry for each screen are as follows:

**Case Assignment Screen:** Case Opened Date (based on the Initial Date), Assigned To, Referral Source, Special Project, and Case Open Reason.

**3008:** Information regarding the receipt of the 3008 will be a separate case note from Case Assignment. The information generated will be based on the data entered in the 3008 related fields (3008 Received, 3008 Completed, Date Incomplete 3008 Received by CARES, and Date Incomplete 3008 Returned by CARES).

**Assessment Screen:** Assessment Date (displayed in the Event Date); Age; Sex; Race; Marital Status; Ethnicity; Primary Language; Limited ability reading, writing, speaking or understanding English; Current Physical Location Type; Instrument; Assessment Date; Assessment Site; Caseworker; Transitioning out of a nursing facility; Imminent risk of nursing home placement; Primary Caregiver; Living Situation; Client providing answers to questions; Suffer from memory loss, cognitive impairment, any type of dementia, or Alzheimer's disease; Number of words repeated on first attempt; Year; Month; Day of the week; Words repeated on second attempt; Friends or family members' concern about client's memory; Client's concern about memory problems; Falls; ER/Hospital Visits; Vision problems; Nursing or Rehab in last year; Bathing assistance; Dressing assistance; Eating assistance; Bathroom assistance; Transferring assistance; Walking/mobility assistance; Preparing meals assistance; Managing medication assistance; Health Conditions current/past; Current therapies or specialty care; Over the past two weeks client has been bothered by; ASSESSOR/CM's notice of problem behaviors or recurring problems reported by client, caregiver, in-home worker, family or staff; Three or more prescribed or over the counter medications a day; Caregiver in crisis. *Note: These items will be generated for the 701B Assessment type. The other assessment types are subsets of the 701B and will generate limited data for the case notes.*

**Staffing Screen:** Staffing Date (displayed in the Event Date), Information Received Date, Staffing Date, Caseworker, Living Arrangement, Living Situation, Placement Recommendation, Program Considered, Program Recommendation, Level of Care, LOC Effective Date, and LOC Approved By.

**PASRR Screen:** All items entered on the screen will be printed out after staffing is entered and saved.

**Referral Screen:** Referral Date (displayed in the Event Date), Employee, Imminent Risk, Transition Referral, NH Admit Date, and Referred To.

**30-Day Follow-Up Scheduled:** The Event Date will be the date the 30-Day Follow-Up is due. The Note Category will be "FOLLOW UP-30-DAY." The case note will say, "30 Day Follow up scheduled."

**30-Day Follow-Up:** 30-Day Follow Up Completed Date (displayed in the Event Date), Scheduled and completed date, Caseworker, Placement Recommendation, Program Recommendation, Living Arrangement, Living Situation, Case Manager, Follow up Site, and Primary Caregiver.

**90-Day Follow-Up Scheduled:** The Event Date will be the date the 90-Day Follow-Up is due. The Note Category will be “FOLLOW UP-90-DAY.” The case note will say, “90 Day Follow up scheduled.”

**90-Day Follow-Up:** 90-Day Follow Up Completed Date (displayed in the Event Date), Scheduled and completed date, Caseworker, Placement Recommendation, Program Recommendation, Living Arrangement, Living Situation, Case Manager, Follow up Site, and Primary Caregiver.

**180-Day Follow-Up Scheduled:** The Event Date will be the date the 180-Day Follow-Up is due. The Note Category will be “FOLLOW UP-180-DAY.” The case note will say, “180 Day Follow up scheduled.”

**180-Day Follow-Up:** 180-Day Follow Up Completed Date (displayed in the Event Date), Scheduled and completed date, Caseworker, Placement Recommendation, Program Recommendation, Living Arrangement, Living Situation, Case Manager, Follow up Site, and Primary Caregiver.

**Annual Follow-Up Scheduled:** The Event Date will be the date the Annual Follow-Up is scheduled. The Note Category will be “FOLLOW UP-ANNUAL.” The case note will say, “Annual Follow up scheduled.”

**Annual Follow-Up:** Annual Follow Up Completed Date (displayed in the Event Date), Scheduled and completed date, Caseworker, Placement Recommendation, Program Recommendation, Living Arrangement, Living Situation, Case Manager, Follow up Site, and Primary Caregiver.

**Ongoing Annual Follow-Up Scheduled:** The Event Date will be the date the Ongoing Annual Follow-Up is scheduled. The Note Category will be “FOLLOW UP-ONGOING ANNUAL.” The case note will say, “Ongoing Annual Follow up scheduled.”

**Ongoing Annual Follow-Up:** Ongoing Annual Follow Up Completed Date (displayed in the Event Date), Scheduled and completed date, Caseworker, Placement Recommendation, Program Recommendation, Living Arrangement, Living Situation, Case Manager, Follow up Site, and Primary Caregiver.

**Unscheduled Follow-Up Scheduled:** The Event Date will be the date the Unscheduled Follow-Up is scheduled. The Note Category will be “FOLLOW UP-UNSCHEDULED.” The case note will say, “Unscheduled Follow up scheduled.”

**Unscheduled Follow-Up:** Unscheduled Follow Up Completed Date (displayed in the Event Date), Scheduled and completed date, Caseworker, Placement Recommendation, Program Recommendation, Living Arrangement, Living Situation, Case Manager, Follow up Site, and Primary Caregiver.

**Case Transfer:** Case Transferred From CARES Office and To CARES Office.

**Reassessment:** Date Reassessment Requested (displayed in the Event Date). The automatic case notes for Reassessment will be the same as **Assessment Screen** with the addition of Date Reassessment Requested.

**Case Closed:** Case Closed Date (displayed in the Event Date), Closed by, and Closed Reason.

**System Note/Date of Death:** Every quarter CIRTS clients are compared to the Department of Health Vital Statistics Death Certificates. If a name, SSN, and date of birth match CIRTS and the CIRTS Date of Death is blank, the system fills in the date and generates a case note. The Event Date will be the date the note is generated by the system. The Note Category will be SYSTEM NOTE. For example, the case note will say, "Date of death for this client was populated as 12/03/2012 from Vital Statistics Death Certificate data on 01/25/2013."

**System Note/Enrollment Broker:** Each night the system sends staffing information saved the day before for levels of care INO, INT, and SKD, program recommendations of ADAW, ALFW, CDCW, CHAN, ELDC, HEMO, LTCP, NONE, OMDW, OTHR, LTCC, LTCN, PACE and staffing date in the last year. The Event Date will be the date the note is generated by the system. The Note Category will be SYSTEM NOTE. For example, the case note will say, "Staffing information sent to the Enrollment Broker on 08/24/2013 at 5:01:47 AM: Staffing Date 08/21/2013, Program Recommendation=Aged/Disabled Adults Waiver, Level of Care=Intermediate One."

# UNSCHEDULED FOLLOW UP SCREEN

The screenshot shows a software window titled "CARES Follow ups". Inside the window, there are two input fields. The first is labeled "Followup Scheduled Date" and is currently empty. The second is labeled "Employee Scheduled" and is also empty. Below these fields are two buttons: "Save" and "Cancel". At the bottom of the window, there is a status bar with the text "Enter Followup Scheduled Date, format: MM/DD/YYYY.", "Record: 1/1", and "<0!".

This screen is accessed by selecting **Add Unscheduled Followup** under the **Followups** tab. An unscheduled follow-up is not part of the regularly scheduled follow-up schedule based on the staffing date. An unscheduled follow-up can be scheduled at any time. Unscheduled follow-ups do not affect the follow up schedule for the case and do not close cases (like scheduled follow-ups do). An unscheduled follow-up may be scheduled for any reason, such as to check on the client in between regularly scheduled follow-ups, or to see if the case management agency has started providing services.

## UNSCHEDULED FOLLOWUP SCREEN DEFINITIONS

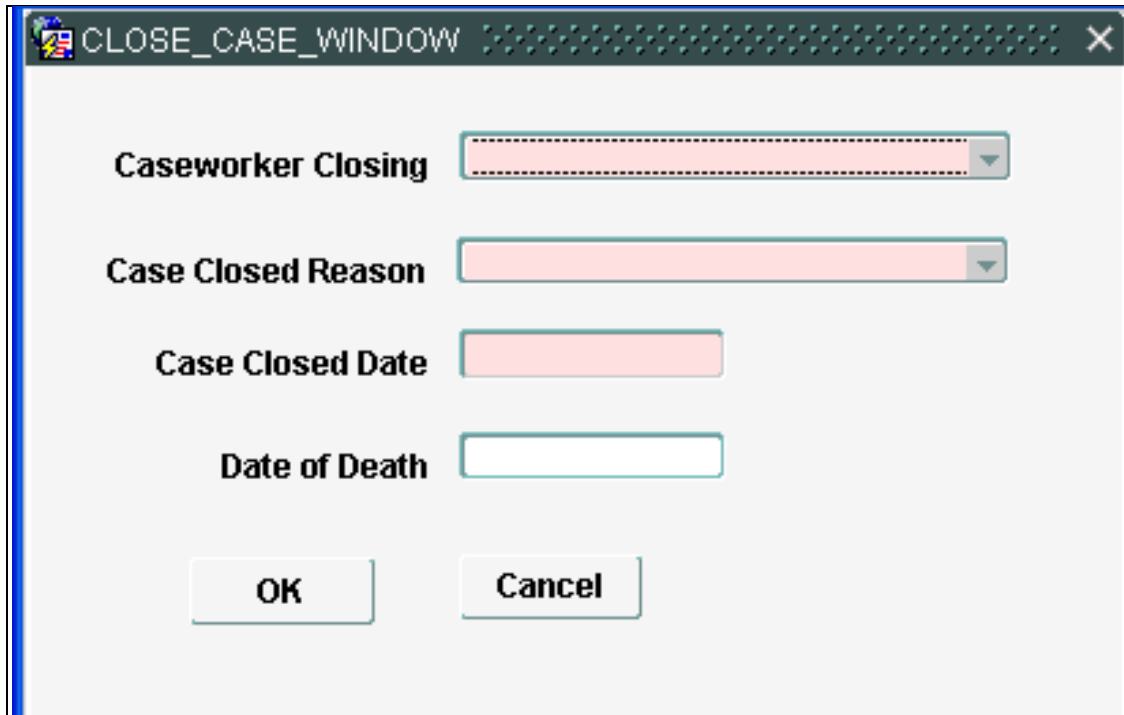
**Followup Scheduled Date.** This is the date that the unscheduled follow-up is due. This will be a two-digit month and day and a four-digit calendar year. *This is a required item.*

**Employee Scheduled.** This indicates the caseworker that the unscheduled follow-up will be assigned to for completion. *This is a required item.*

**Save:** Select this option to save the unscheduled follow-up.

**Cancel:** Select this option to cancel without saving the unscheduled follow-up and to close out the screen.

# CLOSE CASE SCREEN



The screenshot shows a window titled "CLOSE\_CASE\_WINDOW" with a close button (X) in the top right corner. The window contains the following fields and buttons:

- Caseworker Closing**: A dropdown menu with a pink highlight.
- Case Closed Reason**: A dropdown menu with a pink highlight.
- Case Closed Date**: A text input field with a pink highlight.
- Date of Death**: A text input field.
- OK**: A button.
- Cancel**: A button.

To close a case you will select **Close Case** at the **Cases** screen. The above screen will appear once Close Case is selected. The pink fields are mandatory (Caseworker Closing, Case Closed Reason, and Case Closed Date).

## CLOSE CASE SCREEN DEFINITIONS

**Caseworker Closing:** This is the name of the caseworker that is closing the case. *This is a required item.*

**Case Closed Reason:** This identifies the reason the case is being closed. The system will automatically close a case in certain instances. However, there will be times when the case must be closed manually. *This is a required item.* The codes are:

- *CA=Close/Annual:* Closed at annual follow-up.
- *CC=Close/In Community:* Client is in the community and does not require follow-up.
- *CD=Client Deceased:* Client is deceased. Verification of death and date of death needed.
- *CP=Closed/In Plan:* Client is receiving services in the community from a managed care organization.
- *DE=Data Entry Error:* Case previously closed using incorrect case termination code.
- *DS=Discharged Swing Bed/SNUH:* Closed due to client being discharged from a swing bed or skilled nursing unit within a hospital.
- *FI=Family Intervention:* Case is closed due to family intervention.
- *GA=Goal Achieved:* Case closed as goals determined by CARES and client have been met.
- *IC=In Community/Case Manager:* Closed as client remains in the community and is followed by a case manager.
- *IH=In Hospital:* Closed as client remains in the hospital with no potential to return to the community and is to be placed in a nursing home.
- *IN=In Nursing Home:* Closed as client does not have potential to return to the community.

- *LC=Lost Contact*: Closed as all contact with the client has been lost and the client cannot be located.
- *LP=Lost Community Potential*: Closed as the person with a temporary nursing home placement recommendation no longer has potential for community diversion.
- *LS=Left State*: Closed as client has left the state.
- *NE=Not Eligible*: Closed as person is not eligible for a particular program. Verification needed from payments or reliable source.
- *NN=No Longer Needed*: Closed as CARES no longer needs to provide follow-up.
- *PP=Private Pay OBRA Screen Only*: Closed as only action taken was to complete OBRA screen for a private pay client.
- *RA=Refused Assessment*: Closed as the client/family refused the CARES assessment.
- *SA=Services Approved* : Closed as community services are being provided and the client does not want CARES to follow.
- *SD=Services Denied*: Closed as community services were denied and the client does not want CARES to follow.
- *TH=Terminated Hospice*: Closed as client chose Hospice and CARES does not need to provide follow-up.
- *TP=Terminated PAC*: Closed as client was terminated from Project Aids Care and no further CARES follow-up needed.
- *TR=Case Transfer*: Case is being transferred to another CARES PSA. ***Note: Only use this code when the case was assigned in your PSA but was not assessed and staffed. The case will be closed and forwarded to the new PSA where the client is residing. The new PSA will open, assess, and staff the case. This code is not to be used in any way for the transfer of an open/active case. Refer to the section of this guide regarding transferring open/active cases.***
- *VW=Voluntary Withdrawal*: Closed as client/family requested termination of CARES involvement.
- *WA=Waiver Approved*: Closed as waiver services were approved for a client not assessed by CARES.
- *WL=Waiting List/Annual*: Closed as client with a referral has been on a waiting list for a year.

**Case Closed Date:** This is the date the case is closed. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. ***This is a required item.***

**Date of Death:** ***This item is required if the case is closed using reason code CD=Client Deceased.*** This will be a two-digit month and day and a four-digit calendar year. This cannot be a future date. It must be a current or past date. When the Date of Death is entered on the Close Case screen, it populates the DOD on the Demographic screen.

**OK:** Select this option if you want to save the information entered.

**Cancel:** Select this option if you want to cancel without saving the information.

# INFORMATION SCREEN

This screen is only completed when there will be no CARES assessment or no official referral for services made by CARES. **The fields highlighted in pink are required** (Date, Employee, Contact Type, Estimated Time Spent, Recommended Action, and Employee’s Office). At the top of this screen there is a panel that shows a list of information requests. This panel displays the Request Date, Time Spent, Contact Type, Recommended Action, Employee, and PSA.

To view a particular information request, click on it to highlight the request, and the information will appear on the screen. To add an information request, select the **Add** button.

## INFORMATION SCREEN DEFINITIONS

**Date:** Enter the date of the request for information. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. **This is a required item.**

**Employee:** This is the name of the employee who provided the general information to the client or the individual inquiring on the client’s behalf. **This item is required.**

**Contact Type:** This is the method by which CARES was contacted for general information. **This item is required.** The contact types are:

- *MN=Medically Needy:* Code used to capture information as part of a special project of DOEA.
- *OV=Office Visit:* Client or other party comes to the CARES office.
- *TC=Telephone Call:* Client or other party calls the CARES office.
- *UE=Upstreaming Encounter:* Code used to capture information as part of special project of DOEA.
- *WR=Written Request:* CARES receives a written request for information.



**Estimated Time Spent:** Enter the estimated amount of time that was spent providing general information to the client or the individual inquiring on the client's behalf. The time is to be entered in actual minutes. *This item is required.*

**Recommended Action:** This represents the type of action that was taken for this information only request. CARES provides general information, which may be sufficient, or CARES directs the inquirer to another source for more information. CARES does not make an official referral in these cases. *This item is required.* The recommended actions are:

- *AB=Referred Abuse Registry:* CARES directs the inquirer to the Abuse Registry.
- *AP=Referred Adult Payments:* CARES directs the inquirer to DCF/Adult Payments.
- *AS=Referred Adult Services:* CARES directs the inquirer to DCF/Adult Services.
- *EL=Referred Elder Helpline:* CARES directs the inquirer to the Elder Helpline.
- *HH=Referred Home Health:* CARES directs the inquirer to a home health care agency.
- *LA=Referred Lead Agency:* CARES directs the inquirer to the lead agency.
- *NR=No Referral Made:* CARES provides sufficient information to the client or the individual inquiring on the client's behalf. CARES does not direct the inquirer to another source.
- *OA=Other Action Taken:* CARES takes action other than referring to another source for more information.
- *OC=Referred Other Community Agency:* CARES directs the inquirer to a community agency not listed in the code table.
- *OG=Referred Other Government Program:* CARES directs the inquirer to a government program not listed in the code table.

**Employee's Office:** This field is automatically populated with the PSA for the Employee. No entry is allowed in this field.

**Comments:** This section is to be used to record any particular items that the employee feels are pertinent to the client. This may be the client's address or telephone number, information about the responsible party or the inquirer, reason for the call, or anything about the client's situation. This is an optional item.

**Add:** Select this option to add an information request.

**Edit:** Select this option to edit the information previously entered.

**Save:** Select this option to save the information entered or edited.

**Cancel:** Select this option to cancel without saving the information entered or edited.

**Delete:** Select this option to delete the information request.

**Print:** Select this option to print the Information screen.

**Close:** Select this option to close the Information screen and return to the Demographic screen.

# CLIENT INFO SCREEN

CARES CLIENT INFORMATION WINDOW

CARESCLIENTINFO: 20130415      CIRTS      Date: 11/12/2013  
 CARES CLIENT INFORMATION      User: REGIONALCARES

CARES Client Information for: GOOD,JOHNNY B

**Case Information**

Opened Date	Living Arrangement	Living Situation	Payment Type	Special Proj. Case	Closed Date	Closed Reason	Caseworker
07/16/2013	PRIVATE RESIDEN	ALONE	MEDICAID PENDII	NONE			OTHER,,OTHER

**Assessment Information**

Assessment Date	Assessment Site	Assessment Type	Risk Score	Caseworker

**Staffing Information**

Staffing Date	Caseworker	Placement Recomm.	Programm Recomm.	Living Arrangement	Living Situation	Level of Care	LOC Effect.
08/01/2013	OTHER,,OTHE	PRIVATE RESIDEN	MANAGED LONG-	PRIVATE RESID	ALONE	INTERMEDIATE ONE	08/01/2013

**Scheduled Follow-Ups**

Scheduled Date	Caseworker
02/01/2014	OTHER,,OTHER

**Admit Information**

Type	Admit Date	Discharge Date
Waiver		
Nursing Home	09/01/2013	10/23/2013

**Completed Follow-ups**

Completed Date	Caseworker	Living Arrangement	Living Situation	Placement Recomm.	Programm Recomm.	Case Manager
10/23/2013	OTHER,,OTHER	PRIVATE RESIDENCE	ALONE	PRIVATE RESIDEN	NONE	CARES
09/01/2013	OTHER,,OTHER	NURSING HOME	ALONE	TEMPORARY NURS	NONE	CARES

**Information Requests**

Request Date	Contact Type	Recommended Action	Time Spent	Caseworker

Print Scheduled Follow-Ups Only    Print Completed Follow-Ups Only    Print Information Requests Only    Print All    Close

This screen will allow you to view certain information for the client. This includes **Case Information, Assessment Information, Staffing Information, Scheduled Follow-Ups, Completed Follow Ups, Information Requests, and Admit Information.** You can only view the information. Use the mouse to scroll through the information you want to view.

## CLIENT INFO SCREEN DEFINITIONS

**Case Information:** This will allow you to view case opened date, living arrangement, living situation, payment type, special project case, closed date, closed reason, and caseworker.

**Assessment Information:** This will allow you to view assessment date, assessment site, assessment type, risk score, and caseworker. **The Risk Score will be added at a later date and may not show on the screen or printed assessment. It is used by Planning and Evaluation and Office of Strategic Planning only.**

**Staffing Information:** This will allow you to view staffing date, caseworker, placement recommendation, program recommendation, living arrangement, living situation, level of care, and level of care effective date.

**Scheduled Followups:** This will allow you to view scheduled date and caseworker.

**Completed Followups:** This will allow you to view completed date, caseworker, living arrangement, living situation, placement recommendation, program recommendation, and case manager.

**Information Requests:** This will allow you to view the request date, contact type, recommended action, time spent, and caseworker.

**Admit Information:** This will allow you to view type, admit date, and discharge date.

**Print Scheduled Follow Ups Only:** Select this option to print the highlighted scheduled follow-up.

**Print Completed Follow Ups Only:** Select this option to print the highlighted completed follow-up.

**Print Information Requests Only:** Select this option to print the highlighted information request.

**Print All:** Select this option to print the highlighted staffing. This will print the Client Information Form.

**Close:** Select this option to close the Client Info screen and return to Demographic.

# NURSING HOME DIVERSION (NHD) HISTORY SCREEN

CARES NURSING HOME DIVERSION HISTORY

11/13/2013

CARES NHD

20130905

CARES Nursing Home Diversion History

REGIONALCARES

**Client**

GOOD,JOHNNY B

		PIPELINE			MEDICAID PENDING		
CARES Office	Date Enter Pipeline	IR	Date Leave Pipeline	Pipeline Closed Reason	Date Referred to Provider	Provider Referred To	Date Withdrawn from Med. Pending

Add More Record(s)

When the individual is determined financially eligible, meets LOC and eligibility criteria, and the completed packet is sent to the Diversion provider, complete the Referral screen and set the Referred To field to 'MCO'.

SAVE

DELETE

CANCEL

CLOSE

From the **Demographic** screen select **NHD** to access the Nursing Home Diversion History Screen. This screen is used to capture information regarding the client’s history in the Nursing Home Diversion Program. The information captured will be the **Pipeline** information and the **Medicaid Pending** information. *Note: Effective March 1, 2014, information will no longer be entered on this screen due to SMMC LTC. The information remains in the guide due to data entered prior to March 1, 2014.*

## NURSING HOME DIVERSION HISTORY SCREEN DEFINITIONS

**CARES Office:** This will be the PSA for the CARES office entering information regarding the date entering the pipeline, imminent risk designation, date leaving the pipeline, pipeline closed reason, date referred to a provider, name of the provider, and the date withdrawn from Medicaid Pending. This field will automatically be populated once “Save” is selected.

**Date Enter Pipeline:** This is the date the client is determined to be interested in and suitable for the Nursing Home Diversion Program. This will be a two-digit month and day and a four-digit calendar year.

**IR:** This field is used to determine the client’s imminent risk status. Enter a Y=Yes or N=No.

**Date Leave Pipeline:** This is the date the client, who was previously determined to be interested in and suitable for the Nursing Home Diversion Program, is no longer interested or suitable. This will be a two-digit month and day and a four-digit calendar year.

**Pipeline Closed Reason:** This is the reason for the date the client leaves the pipeline. The codes are:

- *Chose Other Program*
- *Deceased*
- *Did Not Complete Financial Eligibility*
- *Did not Complete Medical Eligibility*
- *DCF Denied-Did Not Meet Financial Criteria*
- *Did Not Meet Medical/Function Criteria*
- *Lost Contact*
- *Left State*
- *Long Term Nursing Home*
- *Moved To Enrollments Screen For LTCC*
- *Moved To County Without NHD*
- *No Longer Interested*
- *Transferred To Another PSA*

**Date Referred to Provider:** This is the date the client who chose Medicaid Pending is referred to the Nursing Home Diversion provider. This will be a two-digit month and day and a four-digit calendar year.

**Provider Referred To:** This is the name of the Nursing Home Diversion provider to whom the client who chose Medicaid Pending is referred.

**Date Withdrawn from Med. Pending:** This is the date the client determines they are no longer interested in the Medicaid Pending option after being referred to a Nursing Home Diversion provider, but prior to being officially enrolled.

**Add More Records:** Select this button to add more information. When selected, this will highlight a new line for data entry.

**Save:** Select this option if you want to save the information entered on the NHD History screen. A pop-up box will appear when the information is saved.

**Delete:** Select this option if you want to delete the saved information entered on the NHD History screen. The system will generate a pop-up box to verify if you want to delete the information.

**Cancel:** Select this option if you want to cancel without saving the information entered on the NHD History screen.

**Close:** Select this option to close the NHD History screen and return to Demographic.

**REMINDER:**

An office can change their own NHD records even if the client has moved to another office.

**This screen will become obsolete on March 1, 2014, due to SMMC LTC.**

# CHANGE SSN SCREEN

CHANGE CLIENT ID

CHANGE SSN 20130606

CHANGE SSN

Date 11/13/2013

User REGIONALCARES

CURRENT SSN 182182182

PROPOSED SSN

Name GOOD, JOHNNY B

Perform Change Cancel

9 Records to Update \*\*\*CAUTION\*\*\* This Process takes Some time. Please Wait

WARNING! There is an open case for this client in CARES 02A. Please inform them of change.

Record: 1/1 ... <OSC>

At **Demographic** select **Change SSN**. The Change Client ID screen will appear. *The pink field is required (Proposed SSN)*. The current SSN will be shown. Enter the new SSN in the **Proposed SSN** field, and select the **Perform Change** button. You will receive a pop-up saying, “Are you sure you want to change this client’s SSN?”

- ✓ If you select “No” you will return to the Demographic screen without making the change.
- ✓ If you select “Yes” you will receive an alert saying, “SSN has been changed.” Select “OK” and you will return to the Demographic screen.

Only a Supervisor Role can change a SSN.

This same screen is used to change a pseudo number to a SSN. A Supervisor Role or Caseworker Role can change a pseudo number to a SSN inside the case at Assessment.

You will need to notify the ADRC/lead agency via email when you change a SSN for a client that is currently receiving services or was receiving services. To get a list of the ADRC contacts click on the **Documents** tab at the **Enterprise Application Services** screen and then click on “AAA contacts for the CARES Supervisors.”

**Cancel:** Select this option to cancel out of the screen without saving the information entered or if you accessed this screen in error.

## **REMINDER:**

If there is an open case in another PSA you will receive a pop-up warning you that there is an open case for this client in another PSA and to inform them of the change. Once you select “OK” you may continue with the SSN change.

# DELETE CLIENT SCREEN

CARES Delete Client

CARES DELETE CLI: 20130415

CIRTS

CARES - Deleting Client-level Records

Date: 11/13/2013

User: REGIONALCARES

Client-level Records for: JANE SMITH

Client PSA: 02A

**Nursing Home Admits**

Admit Date	NH Name	Disc. Date	PSA

Delete Selected NH Admit 0 Records

**CARES Waiver Records**

Status Date	Status	Accept Date	PSA

Delete Selected Waiver 0 Records

**Swingbed / Skilled Nursing Admits**

Admit Date	Disc. Date	PSA

Delete Selected SSN Admit 0 Records

**Other Client-level records**

Address	Info	Req.	PAS	Cases	NHD	Client Contact
2	0	1	1	0	0	0

To delete a specific record in these tables, use the DELETE button on their respective screen. (Addresses will be deleted along with client.)

Delete All Client Records Close

At **Demographic** select **Delete Client**. Only a Supervisor Role can delete a client. You can select the client records that you want to delete or you can delete all client records.

**Delete Selected NH Admit:** Select this option if you want to delete a selected nursing home admit record. The system will generate a pop-up box that will ask if you really want to delete the information. Select “Yes” or “No.”

**Delete Selected SSN Admit:** Select this option if you want to delete a selected swing bed or hospital skilled nursing unit admit record. The system will generate a pop-up box that will ask if you really want to delete the information. Select “Yes” or “No.”

**Delete Selected Waiver:** Select this option if you want to delete a selected waiver record. The system will generate a pop-up box that will ask if you really want to delete the information. Select “Yes” or “No.”

**Other Client-level records:** This panel identifies records that can be deleted from specific screens by selecting the **Delete** button on the particular screen. This includes Information, PAS, Cases, NHD History screen, and Client Contact.

**Delete All Client Records:** Select this option if you want to delete all client records. The system will generate a pop-up box that will ask if you really want to delete the information. Select “Yes” or “No.” If you select “Yes”, the system will generate another pop-up box that will say, “Only demographic and address records remain for the client. Delete them now?” Select “Yes” or “No.”

**Close:** Select this option to close out this screen and return to Demographic.

You will need to notify the ADRC/lead agency via email when you delete a client that is currently receiving services or was receiving services. To get a list of the ADRC contacts click on the **Documents** tab at the **Enterprise Application Services** screen and then click on “AAA contacts for the CARES Supervisors.”

**REMINDER:**

If the client has data in another PSA, the client will not delete. Only the data in the user’s PSA will delete. The screen will tell you which other offices need to be notified because they have data for the client.



# CHANGE PSA SCREEN

Change PSA Screen

CHANGE\_PSA: 20130715

CIRTS

Date: 11/14/2013

User: SUPERVISOR02B

CHANGE CLIENT PSA

Social Security Number: 182182182

County: BAY

Client's Name: JOHNNY GOOD

Client's Date of Birth: 01/01/1950

OLD	NEW
PSA: 02A	02A
Date Changed: 09/09/2013	09/09/2013
Program Changed: ADD_CLIENT_INFO	ADD_CLIENT_INFO
User Changed: REGIONALCARES	REGIONALCARES
Caseworker: OTHER - OTHER OTHER	

Save Cancel

Record: 1/1 ... <OSC>

At **Demographic** select **Change PSA**. The **Change PSA Screen** will appear. Only certain security roles are allowed to change the PSA. The Change PSA button will be disabled if the case is open in your PSA.

To change the PSA, select the new county from the drop-down list in the **County** field in the top right-hand corner of the screen. **This field is required.** The choices will be limited to the counties within your individual PSA. Once the new county is selected you will then select the **Caseworker** on the right side of the screen under **New**. **The Caseworker is required.** All information under the “New” heading will be updated. **Note: If there is an open case in another PSA the system will not allow a change of PSA.**

You will need to notify the ADRC/lead agency via email when you delete a client that is currently receiving services or was receiving services. To get a list of the ADRC contacts click on the **Documents** tab at the **Enterprise Application Services** screen and then click on “AAA contacts for the CARES Supervisors.”

**Save:** Select this option to save the new information and change the PSA.

**Cancel:** Select this option to cancel without changing the PSA and return to Demographic.

# CONTINUED RESIDENCY REVIEW SCREEN

From the **CIRTS Menu** screen select **CRRs**. The above screen will appear. There are two tabs on this screen, **CRRS** and **CLIENTS**. The **CRRS** tab shows a list of Continued Residency Reviews for a selected nursing facility. The **CLIENTS** tab shows all clients that were in the sample for the selected nursing facility and date of the review. *Note: CARES no longer completes CRRs. The information remains in the guide for data that has previously been entered.*

## CONTINUED RESIDENCY REVIEW SCREEN DEFINITIONS

**Select a Nursing Home:** This is a list of PSA nursing homes entered in **CARES Providers**. Select a nursing home from the list in the drop-down box.

**PSA:** This is the PSA in which the selected nursing home is located. The system will automatically enter the PSA. No entry is allowed in this field.

**County:** This is the county in which the selected nursing home is located. The system will automatically enter the county. No entry is allowed in this field.

**List of CRRS:** This is a summary of CRR dates for the selected nursing home. Single click on the date of the CRR (from the drop-down box) that you would like to view or edit. This summary provides the CRR date, caseworker, total beds, Medicaid beds, Medicaid census, and sample size. If no CRR has been entered, no information will be listed.

**Date:** This is the date of the CRR that is being entered. This will be a two-digit month and day and a four-digit calendar year. It cannot be a future date. It must be a current or past date. ***This is a required item.***

**Total Facility Beds:** This is the number of total beds in the facility. Enter the number of beds. ***This is a required item.***

**Total Medicaid Beds:** This is the number of designated Medicaid beds in the facility. Enter the number of beds. ***This is a required item.***

**Current Medicaid Census:** This is the number of Medicaid clients in the facility at the time of the CRR. Enter the number of clients. ***This is a required item.***

**Caseworker:** This is the name of the caseworker that completed the CRR. Select the caseworker from the list in the drop-down box. ***This is a required item.***

**Sample Size:** This is the number of clients that were reviewed during the CRR. The system will automatically enter this number based on the number of clients entered in **Clients**. No entry is allowed in this field.

**Community Potential:** This is the number of clients indicated as having community potential entered under **CLIENTS**.

**Add New CRR:** Select this option to add a new CRR. ***Note: You will first need to select the nursing home for which you want to enter the CRR information.***

**Edit:** Select this option to edit previously saved data.

**Save:** Select this option to save the data entered or edited.

**Cancel:** Select this option to cancel without saving the information.

**Delete:** Select this option to delete a CRR. The system will generate a pop-up box asking if you really want to delete the CRR. Answer "Yes" or "No."

**Close:** Select this option to close out the screen and return to the CIRT Menu screen.

When you select **CLIENTS** the **CARES CRR/Client Information** screen will appear.

This screen will show the name of the nursing home, CRR date, sample size, and a list of all clients entered for the CRR. If this is a new CRR there will be no clients listed. If there are clients listed you can click on the line with the client’s information to highlight it; the client specific information will appear in the fields below. From this screen you can add a client, edit client information, and delete client information.

### **CARES CRR/CLIENT INFORMATION SCREEN DEFINITIONS**

**SSN:** Enter the Social Security Number of the client. *This is a required item.*

**First Name:** Enter the first name of the client. *This is a required item.*

**MI:** Enter the middle initial of the client. Leave blank if there is no middle initial. This is an optional item.

**Last Name:** Enter the last name of the client. *This is a required item.*

**COMM. Potential:** Enter a Y=Yes or N=No to indicate if the client has the potential to return to the community. *This is a required item.*

**Transition Barrier:** This field is required if the answer to Community Potential is Y=Yes. This field identifies the barrier that is preventing this person from transitioning back to the community. The codes for this field are the same as the Diversion Barriers listed on pages 36-37 of this guide.

**Current LOC:** This is the level of care for the client designated by the facility at the time of the CRR. Select the level of care from the drop-down box. This is an optional item. The level of care codes are:

- *DNM=Does Not Meet Level of Care:* Use this code when the individual does not meet level of care as defined in 59G-4.180 or 59G-4.290 of the Florida Administrative Code. This level of care is also used when the individual does not meet level of care for a state mental hospital.
- *DWC=Does Not Meet Waiver Criteria:* Use this code when the individual does not meet the established criteria for a particular Medicaid Waiver Program.
- *INO=Intermediate One:* Use this code for a level of care which requires direct or supervised nursing or rehabilitative services not included under the definition of skilled services. Intermediate Care is defined in 59G-4.180 of the Florida Administrative Code.
- *INT=Intermediate Two:* Use this code for a level of care which requires direct or supervised nursing or rehabilitative services not included under the definition of skilled services. Intermediate Care is defined in 59G-4.180 of the Florida Administrative Code.
- *MEN=State Mental Hospital:* Use this code when determining a level of care for an individual seeking admission to or residing in a state mental hospital (not a nursing home unit).
- *MWC=Meet Waiver Criteria:* Use this code when the individual meets the established criteria for a particular Medicaid Waiver Program (excluding Project Aids Care)
- *ROH=Risk of Hospitalization:* Use this code when the Project Aids Care client is at risk of hospitalization.
- *RON=Risk of Nursing Home:* Use this code when the Project Aids Care client is at risk of nursing home.
- *SKD=Skilled:* Use this code for a level of care requiring the skills of technical or professional personnel or the provision of services either directly by or under the supervision of such personnel as defined in 59G-4.290 of the Florida Administrative Code.
- *WHL=Withhold LOC:* Use this code under the following circumstances: a) a Request for Level II PASRR Evaluation and Determination indicates that the individual requires specialized services and those services cannot be provided in a nursing facility; b) a Request for Level II PASRR Evaluation and Determination indicates the individual is not appropriate for nursing facility placement; c) a 3008 or supporting medical documentation has not been received; or d) referrals are made to case management agencies or managed care organizations for Medicaid waiver services when the program has reached funding capacity and a waiting list for services is being maintained.

**CRR LOC:** This is the level of care for the client assigned by the caseworker performing the CRR. Select the level of care from the drop-down box. **The code choices are listed under Current LOC. This is a required item.**

**LOC After Staffing:** This is the level of care assigned by CARES at the time of staffing. A client will be staffed if the CRR findings were that the client did not meet a level of care. Select the level of care from the drop-down box. **This is a required item if the CRR level of care is DNM=Does Not Meet Level of Care.** The level of care code choices are the same as the ones listed under **Current LOC.**

**Add:** Select this option to add a client.

**Edit:** Select this option to edit previously entered client information.

**Save:** Select this option to save entered or edited information.

**Cancel:** Select this option to cancel without saving the entered or edited information.

**Delete:** Select this option to delete client information. The system will generate a pop-up box asking if you want to delete the information. Answer Yes or No.

**Close:** Select this option to close the screen and return to the CIRTS Menu screen.

# FOLLOW UP PLANNING SCREEN

At the **CIRTS Menu** screen select **Follow Up Planning**. The **CARES Followup Planning** screen will appear. *The pink fields are required (Starting Date, Ending Date, and Caseworkers Selected).*

This screen will provide a list of completed, scheduled, or all follow-ups for all caseworkers, or for an individual caseworker. Click on the radio button **Completed Followups** to list all completed follow ups; click on the radio button **Scheduled Followups** to list all scheduled follow-ups; or click on the radio button **All Followups** to list both completed and scheduled follow-ups.

To list follow-ups for an individual caseworker, enter a date in the **Starting Date** and **Ending Date** fields, click on the caseworker’s name in the **Caseworkers Available** list, then click on the “>” arrow to move the caseworker’s name to the **Caseworkers Selected** list. Select the follow-ups that you want to list (completed, scheduled, or all). To list follow-ups for all caseworkers, enter the same fields, then click on the “>>” arrow to move all caseworkers to the **Caseworkers Selected** list.

The **List of Followups** will then show the status (CO=Completed or SC=Scheduled), follow-up type, caseworker scheduled for the follow-up, caseworker completing the follow-up, date completed, client name, and SSN.

## FOLLOWUP PLANNING SCREEN DEFINITIONS

**PSA:** This field will automatically be populated. No entry is allowed in this field.

**Starting Date:** This will be the beginning of the date range for the list of follow-ups. This will be a two-digit month and day and a four-digit calendar year. *This is a required item.*

**Ending Date:** This will be the ending of the date range for the list of follow-ups. This will be a two-digit month and day and a four-digit calendar year. *This is a required item.*

**Caseworkers Available:** This list contains all employees that have been designated as a caseworker in the Employee/Caseworkers screen. All employees will not be listed here, only the caseworkers.

**Arrows:** The “>” or “>>” arrows move the highlighted caseworker(s) to the Caseworkers Selected list. The “<” or “<<” arrows move the caseworker(s) back to the Caseworkers Available list.

**Caseworkers Selected:** This list contains all caseworkers selected for the List of Followups panel. *This is a required item.*

**Completed Followups:** Selecting this option will list all follow-ups completed for an individual caseworker, multiple caseworkers, or all caseworkers.

**Scheduled Followups:** Selecting this option will list all follow-ups scheduled for an individual caseworker, multiple caseworkers, or all caseworkers.

**All Followups:** Selecting this option will list all follow-ups for an individual caseworker, multiple caseworkers, or all caseworkers.

**Preview:** Select this option to preview the list of completed, scheduled, or all follow-ups for a selected caseworker(s) or all caseworkers.

**Print Summary:** Select this option to print a summary of completed, scheduled, or all follow-ups for a selected caseworker(s) or all caseworkers. This report will be sorted by caseworker

**Print CIF:** Select this option to print a Follow Up CIF for the clients listed in the List of Followups panel.

**Close:** Select this option to close the screen and return to the CIRTS Menu screen.

# EMPLOYEES/CASEWORKERS SCREEN

CARES EMPLOYEES WINDOW

Action Menu Edit Block Field Record Query Help

CARESEMPLOYEES CIRT S Date 11/18/2013

20130415 CARES EMPLOYEES INFORMATION User REGIONALCARES

PSA 02A  View Caseworkers Only

List of Employees

Employee Name	Employee ID	Begin Date	End Date
MAZZORATO, LISA A	1000001547	05/07/2010	
NURSING HOME, NURSING HOME	1000000765	06/01/2007	
OTHER, OTHER	1000000766	06/01/2007	
PINNING, ELIZABETH	77621	10/31/1986	
ROWELL, PAIGE	1000000521	06/01/2007	
TEST, ANOTHER	2000003363	04/14/2010	
TEST, MY	2000003383	12/01/1999	
WORKER, OTHERPSA	78621	09/01/1999	

CIRT S User Name

First Name OTHER MI  Last Name OTHER

Caseworker? Y Pseudo ID Number OTHER County BAY-02A

Begin Date 06/01/2007 End Date Level of Care Approver

Job Title LEVEL I SCREENER

Add Edit Save Cancel Close

At the **CIRT S Menu** screen select **Employees/Caseworkers**. The **CARES Employees Information** screen will appear. This screen provides a list of employees including the Employee Name, Employee ID, Begin Date, and End Date. If there are employees listed you can click on the line with the employee's information to highlight it; the employee specific information will appear in the fields below. From this screen you can add an employee, view employee information, and edit employee information.

Select the **PSA**. If you check the **View Caseworkers Only** box, only the employees with a Y=Yes to **Caseworker** will appear in the list. If the box is not checked, all employees will appear in the list.

## EMPLOYEE/CASEWORKERS SCREEN DEFINITIONS

**CIRT S User Name:** This is the name the user types on the Enterprise Application Services screen where you log in to CIRT S. The supervisor will fill this in as part of the process of adding a new user to CIRT S.

**First Name:** Enter the first name of the employee/caseworker. *This is a required item.*

**MI:** Enter the middle initial of the employee/caseworker. Leave blank if there is no middle initial. This is an optional item.

**Last Name:** Enter the last name of the employee/caseworker. *This is a required item.*



**Caseworker?:** Enter Y=Yes if the employee is also a caseworker. A caseworker is an employee who has case-work responsibilities. If the employee is not a caseworker, enter N=No in this field. *This is a required item.*

**Pseudo ID Number:** Enter the employee's/caseworker's assigned identification number. *This is a required item if Caseworker=Y.* The supervisor assigns this number.

**County:** Enter the county in which the employee's/caseworker's position is based. *This is a required item.*

**Begin Date:** Enter the employee's/caseworker's beginning date of employment for the job title. *This is a required item.*

**End Date:** Enter the date the employee/caseworker terminated employment under the job title. This is an optional item.

**Level of Care Approver:** This field indicates who signs the level of care at staffing. The choices are RN or MD/DO.

**Job Title:** Enter the employee's/caseworker's job title. *This is a required item.*

**Add:** Select this option to add an employee.

**Edit:** Select this option to edit previously entered employee information.

**Save:** Select this option to save entered or edited information.

**Cancel:** Select this option to cancel without saving the entered or edited information.

**Close:** Select this option to close the screen and return to the CIRTTS Menu screen.

# CARES PROVIDERS SCREEN

CARES PROVIDERS WINDOW

CARESPROVIDERS: 20130415      CIRTS: CARES PROVIDERS      11/18/2013  
 REGIONALCARES

PSA: 02A

Search Provider:       GO      VIEW ALL

**CARES Provider List**

Provider Name	Provider Type	County	PSA
AREA AGENCY ON AGING PSA 2	LEAD AGENCY	LEON	02A
BASIC	CASE MANAGEMEN	BAY	02A
BAY CENTER	NURSING HOME	BAY	02A
BAY CO COUNCIL ON AGING	LEAD AGENCY	BAY	02A
BAY MED BEHAVIORAL HEALTH CENTER	HOSPITAL	BAY	02A
BAY MEDICAL CENTER	HOSPITAL	BAY	02A
BLOUNTSTOWN HEALTH AND REHAB	NURSING HOME	CALHOUN	02A
BONIFAY NURSING & REHAB CENTER	NURSING HOME	HOLMES	02A
BRAIN AND SPINAL CORD INJURY PROVIDER	CASE MANAGEMEN	LEON	02A

Provider Name: AREA AGENCY ON AGING PSA 2      Active: Y

Provider Type: LEAD AGENCY      Medicaid ID:       County: LEON-02B

Buttons: Add New Provider, Edit, Save, Cancel, Close

To access this screen, at the **CIRTS Menu** screen select **CARES Providers**. The **CARES Providers** screen will appear. This screen lists all providers for the PSA, to include the provider name, type, county, and PSA. If you want to view a particular provider, you can click on the provider name and the specific provider information will appear below the list.

You can search for a particular provider by typing in the name (or partial name) in the **Search Provider** field and selecting “GO.” The particular provider will be the only name shown in the list and the provider specific information will appear below the list.

In order to view all providers again, select the **View All** button and all names will appear in the list.

## CARES PROVIDERS SCREEN DEFINITIONS

**Provider Name:** Enter the name of the provider. *This is a required item.*

**Active:** Enter Y=Yes if this is an active provider. Enter N=No if the provider is inactive. This is an optional item.

**Provider Type:** Enter the type of provider . Select the provider type from the drop-down box. *This is a required item.* The codes are:

- ALF=Assisted Living Facility

- *CM=Case Management Agency*
- *H=Hospital*
- *LA=Lead Agency*
- *NH=Nursing Home*
- *OT=Other*

**Medicaid ID:** Enter the Medicaid identification number for the provider. This is an optional item.

**County:** Enter the county in which the provider is located. If the provider is a statewide provider (Other PSA Hospital, Out of State Nursing Home, etc.), enter the county where the CARES office is located. *This is a required item.*

**Add New Provider:** Select this option to add a provider.

**Edit:** Select this option to edit previously entered provider information.

**Save:** Select this option to save entered or edited information.

**Cancel:** Select this option to cancel without saving the entered or edited information.

**Close:** Select this option to close the screen and return to the CIRTS Menu screen.

# CLIENT ASSESSMENT LIST SCREEN

CLIENT\_ASSM\_LIST: 20131112      C I R T S      Date: 11/18/2013      User: REGIONALCARES

**Client Information**

PSA: 02A    Owner ID:    SSN: 182182182    Client Id: 2001745209    First Name: JOHNNY    Last Name: GOOD

**Assessment List**

PSA/CARES Office	Date	Assessor Name / Caseworker	Assessment Site	Assessment Type	Priority Score	Rank
02A	07/16/2013	OTHER OTHER	CLIENT/RELATIVE'S HOME	701B COMPREHENSIVE ASSESSMENT INST	26	2

Buttons: Details, Add New, Demographics, Print, Close

This screen is accessed from the **Demographic** screen by selecting the **Assessments** button. This list contains all assessments for the client, statewide, conducted by CARES and other agency staff. The **Client Information** section will show PSA, Owner ID, SSN, Client Id, First Name, and Last Name. The **Assessment List** panel will show the PSA/CARES Office, assessment date, assessor name/caseworker, assessment site, assessment type, priority score, and rank. To view an assessment, click on the assessment and select **Details** or you can double-click on the assessment to open the **Assessment** screen. All information on this screen is entered by the system.

## LIST OF ASSESSMENTS SCREEN DEFINITIONS

**PSA:** Indicates the CARES PSA or the ADRC/lead agency PSA.

**Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.

**SSN:** This is the client's nine-digit Social Security Number.

**Client Id:** This is a unique, random number assigned by the system that is associated with each client in CIRTS.

**First Name:** The system will automatically enter the client's first name based on the information entered on the Demographic screen.

**Last Name:** The system will automatically enter the client's last name based on the information entered on the Demographic screen.

**PSA/CARES Office:** Indicates the CARES PSA or the ADRC/lead agency PSA.

**Date:** This is the date of the assessment conducted by CARES or the ADRC/lead agency.

**Assessor Name/Caseworker:** This is the name of the CARES or ADRC/lead agency assessor that completed the assessment.

**Assessment Site:** This is the site where the assessment was conducted.

**Assessment Type:** This represents the assessment instrument used for the assessment.

**Priority Score:** This field is automatically populated when applicable.

**Rank:** This field is automatically populated when applicable.

**Details:** Select this option to view the assessment selected.

**Add New:** Select this option to add an assessment.

**Demographics:** Select this option to return to the Demographic screen.

**Print:** Select this option to print the assessment report.

**Close:** Select this option to close the screen and return to Demographic.

**REMINDER:**

CIRTS is used by Aging Provider Network users and CARES users. The demographic and assessment information is shared between the two entities. Aging Provider Network users cannot view CARES cases; they can only view level of care information (staffing date, LOC effective date, LOC, placement recommendation, and program recommendation), NHD History Screen, and referral information (employee name, referral date, imminent risk status, transition referral, NH admit date, referred to, and CARES provider). *Note: They can only view referrals from CARES to lead agencies, AAA, ADRC, and MCO.*

# CARE PLAN SCREEN

At the **Demographic** screen select the **Care Plan** button to access this screen. This screen is used by the ADRC/lead agency to enter services needed and services planned for the client. This is a view only screen for CARES users. To exit this screen you can click on the icon identified at the top of the screen, select Action/Exit, or click on the “X” in the upper right-hand corner of the screen. This will take you back to the Demographic screen. *Note: See the user guide for the Aging Provider Network for details on this screen.*

# ENROLLMENTS SCREEN

At the **Demographic** screen select the **Enrollments** button to access this screen. This screen is used by the ADRC/lead agency to enter enrollments for the client. This is a view only screen for CARES users. To exit this screen you can click on the icon identified at the top of the screen, select Action/Exit, or click on the “X” in the upper right-hand corner of the screen. This will take you back to the Demographic screen. *Note: See the user guide for the Aging Provider Network for details on this screen.*

## REMINDER:

The program **MLTC** is the new waiver Managed Long-Term Care program. It is only associated with active (**ACTV**) and **terminated ACTV** (any status starting with **TR**) program statuses. It is used for both the new waiver community and nursing facility program.

The program **LTCC** is the new community waiver program used for waitlist (**APCL=Assessed Prioritized Consumer List**), **terminated APCL** (any status starting with **TA**), applicant (**APPL**), and **terminated APPL** (any status starting with **TP**) program statuses.

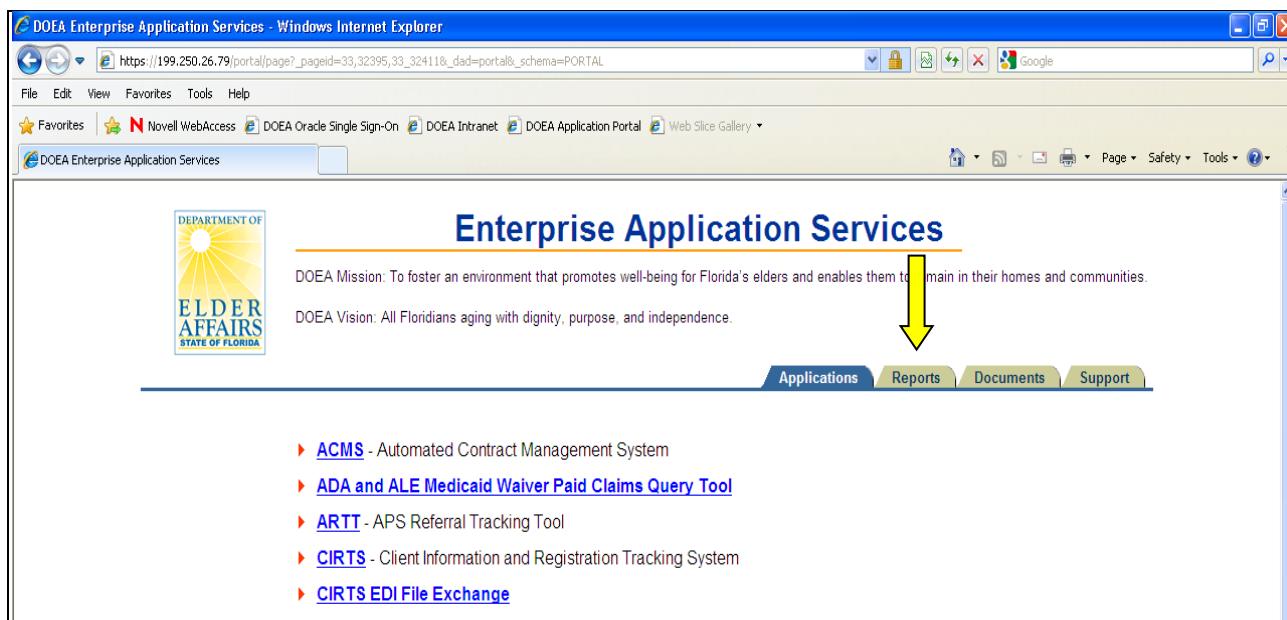
The program **LTCN** is the new nursing facility waiver program used for applicant (**APPL**) and **terminated APPL** (any status starting with **TP**) program statuses. **There is no waitlist for LTCN.**

The **MLTC** active information comes from **FMMIS** and is updated three times per month. It is not entered by the ADRCs or any user.

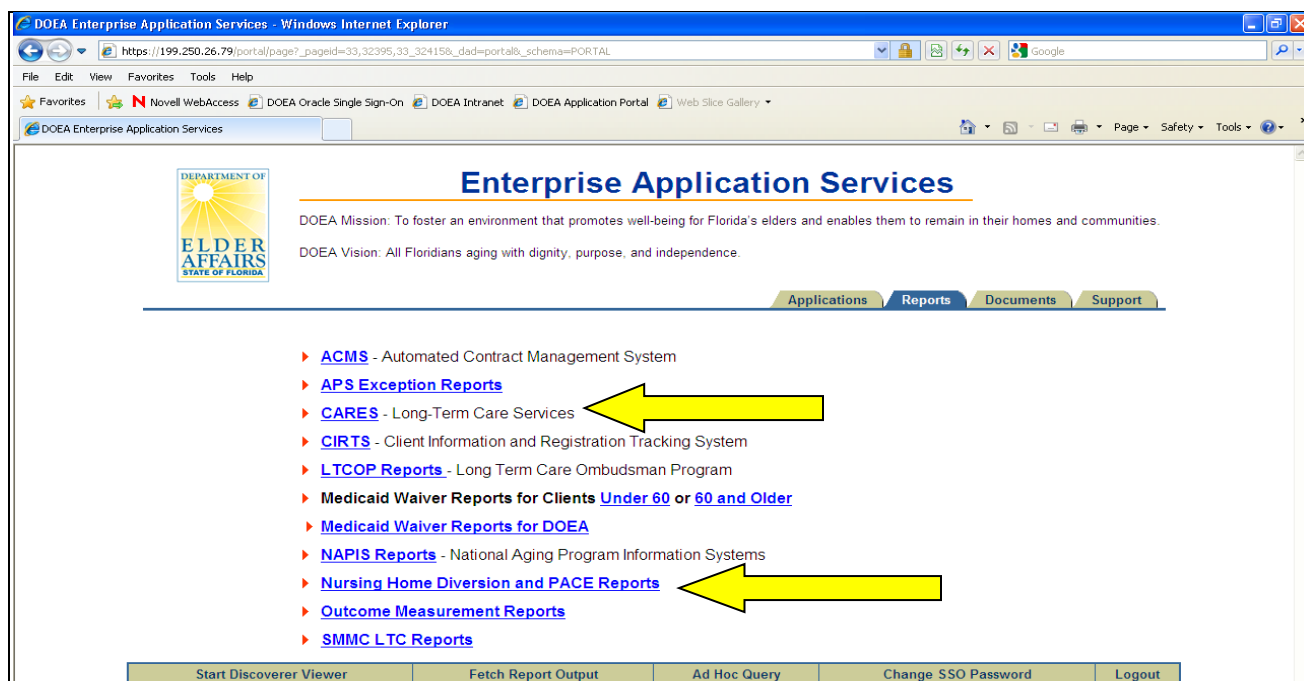




# REPORTS TAB SCREEN



To access the **CARES** reports you will need to select **Reports** from the Enterprise Application Services screen.



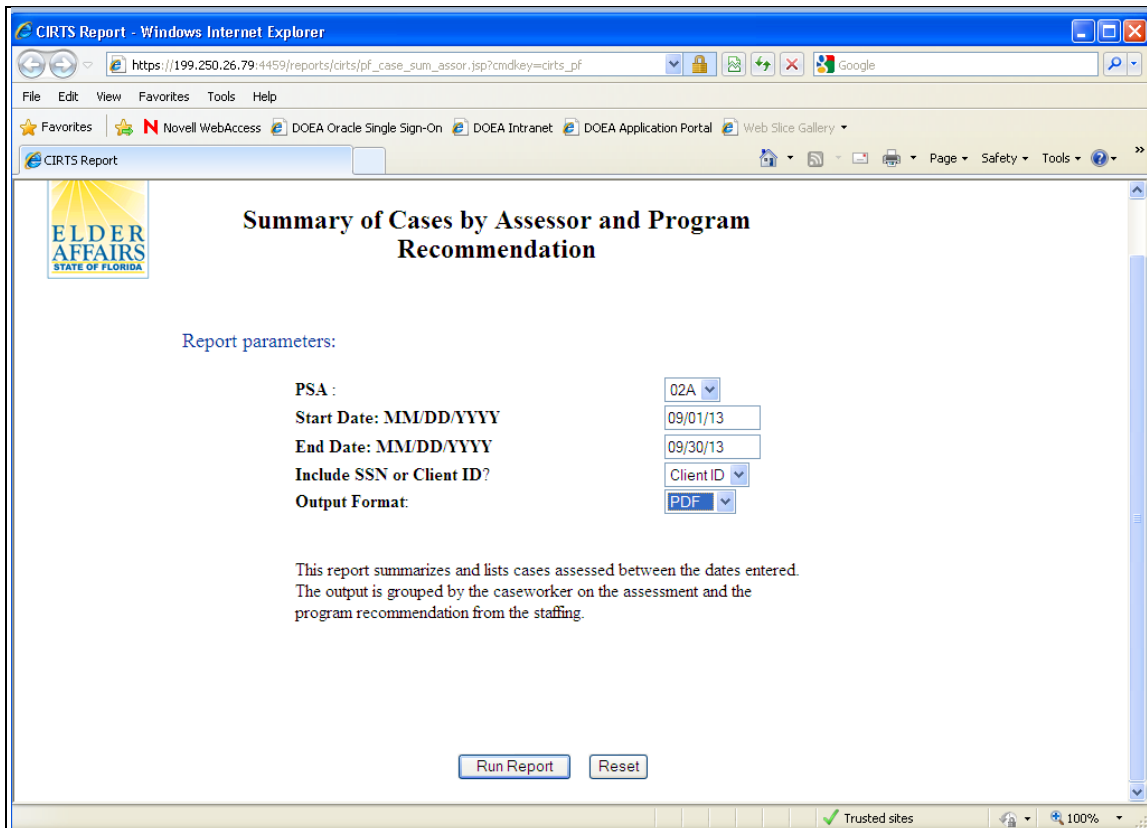
Click the **CARES** link to view or print the CARES reports. Click the **Nursing Home Diversion and PACE Reports** link to view or print the Nursing Home Diversion/PACE reports.

When you select **CARES**, the **CARES Reports** screen will appear.



This screen has reports listed under the headings: Assessments, CRR, Management, PAS, Staffing, Headquarters Reports, and Miscellaneous. Click on the report that you want to view or print.

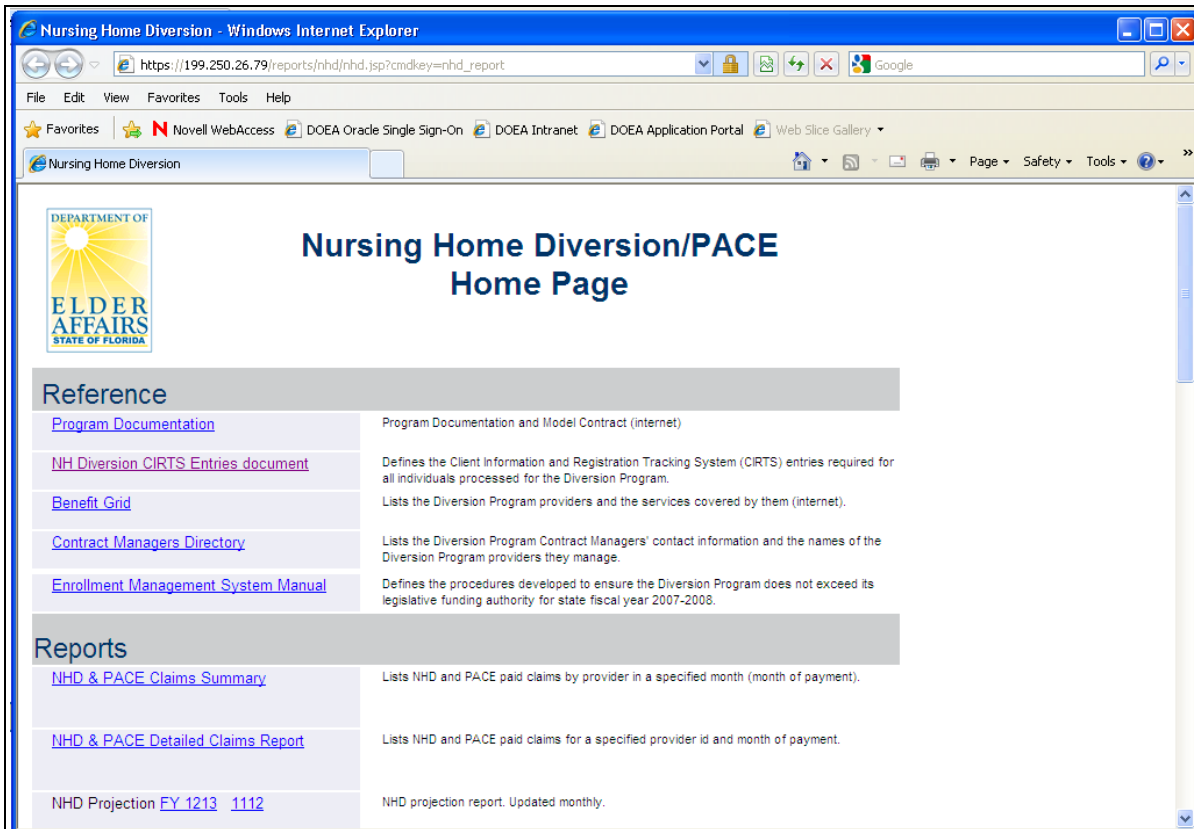
The screen for the report that you select will appear. **Summary of Cases by Assessor and Program Recommendation** was selected from the CARES Reports screen in the example below.



Each report will have report parameters. The parameters for this report are PSA, start date, end date, and SSN or Client ID. Enter a two-digit month, day and year for the date range that you want to run the

report. Select **Run Report** to run the report. Select **Reset** to clear the parameters and enter new parameters. *Note: Some reports can be run for an individual caseworker or the PSA.*

The **Nursing Home Diversion/PACE Home Page** will appear when you select **Nursing Home Diversion and PACE Reports**.



Click on the report that you want to view or print. You will only have access to reports for your PSA. This page also contains other documents and instructions for these programs.

# DOCUMENTS TAB SCREEN

The screenshot shows a web browser window titled "DOEA Enterprise Application Services - Windows Internet Explorer". The address bar displays the URL: [https://199.250.26.79/portal/page?\\_pageid=33,32395,33\\_324198\\_dad=portal&\\_schema=PORTAL](https://199.250.26.79/portal/page?_pageid=33,32395,33_324198_dad=portal&_schema=PORTAL). The browser's Favorites bar includes links for "Novell WebAccess", "DOEA Oracle Single Sign-On", "DOEA Intranet", "DOEA Application Portal", and "Web Slice Gallery".

The main content area features the "DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA" logo on the left. The title "Enterprise Application Services" is centered at the top. Below the title, the mission and vision statements are displayed: "DOEA Mission: To foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities." and "DOEA Vision: All Floridians aging with dignity, purpose, and independence." A yellow arrow points from the vision statement down to the "Documents" tab in the navigation menu.

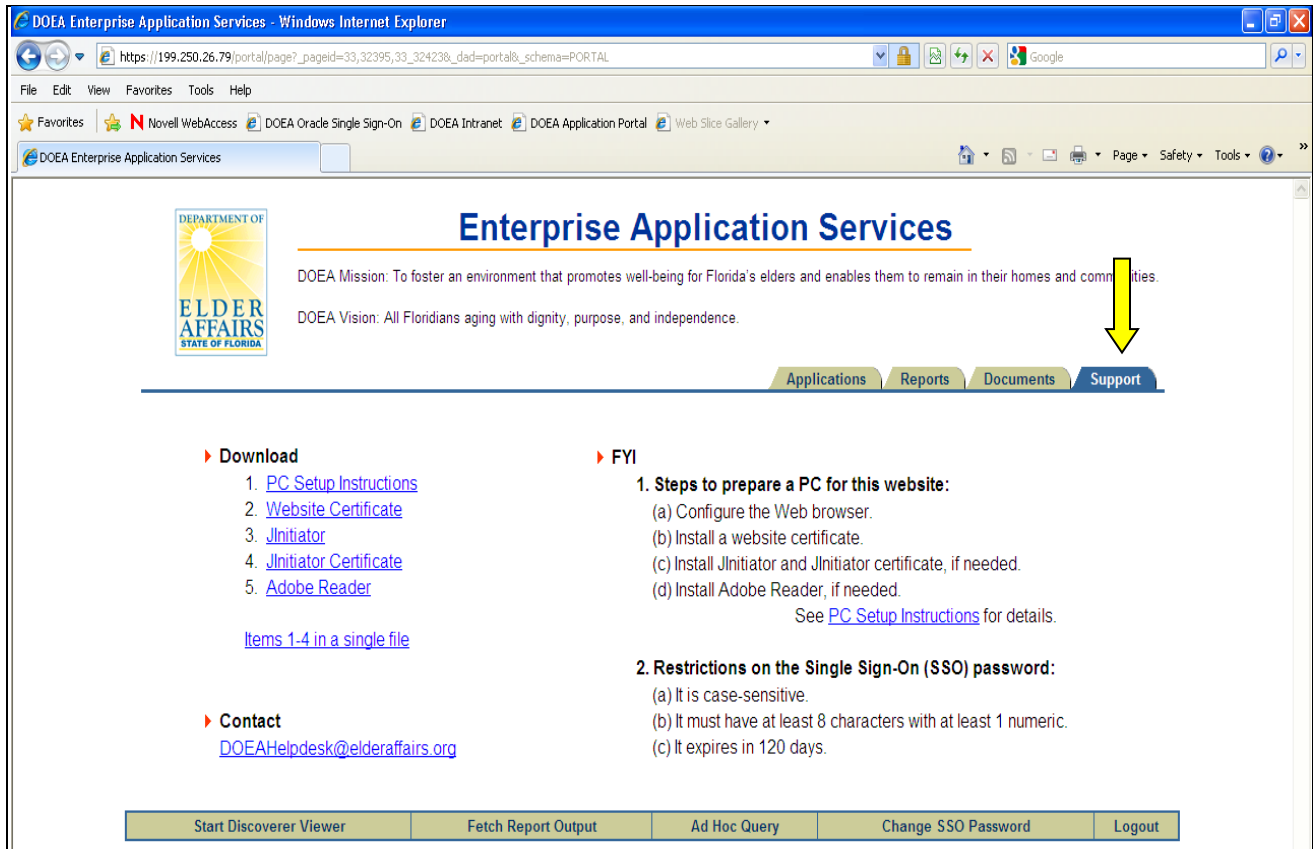
The navigation menu consists of four tabs: "Applications", "Reports", "Documents" (which is highlighted), and "Support". Below the navigation menu, a list of document links is provided:

- ▶ [AAA contacts for the CARES Supervisors](#)
- ▶ [ARTT](#) - Link to the APS Referral Tracking Tool manual, newsletters, MOA and model MOU
- ▶ [CARES User Management System Manual](#)
- ▶ [CIRTS User Guide](#) - CARES Staff *New 2009*
- ▶ [CIRTS User Manual](#) - Aging Provider Network users
- ▶ [DOEA Program Dashboard User Guide](#)
- ▶ [HMT Manual](#) - ADA Waiver Holistic Monitoring Tool manual
- ▶ [Hospice User Manual](#)
- ▶ [LTCOP Application User Manual](#) - Long Term Care Ombudsman Program
- ▶ [LTCOP Resident and Complainant Manual](#)
- ▶ [NH Diversion CIRTS Entries Document](#)
- ▶ [Outcome Measurement Report Documents](#)

At the bottom of the page, there is a footer with five buttons: "Start Discoverer Viewer", "Fetch Report Output", "Ad Hoc Query", "Change SSO Password", and "Logout".

The **Documents** tab is accessed on the **Enterprise Application Services** screen. User manuals and enhancement documents will be posted on this screen. *Note: The 2009 and 2013 CIRTS User Guide for CARES will be posted under this tab.*

# SUPPORT TAB SCREEN



The **Support** tab is accessed on the **Enterprise Application Services** screen. This screen contains instructions when CIRTSS stops working on your computer. In the event this happens take the following steps:

- ✓ Start at Item 1 in the Download section and click the PC Setup Instructions link.
- ✓ Follow all instructions for installing the Web site Certificate, JInitiator (close your Web browser after this step and re-open before running the JInitiator Certificate) and the JInitiator Certificate.
- ✓ If CIRTSS still does not run on your computer, submit a ticket to the Help Desk.

# CHANGING YOUR CIRTS PASSWORD

CIRTS will automatically prompt you to change your password every 120 days.

If you want to change your password at any other time, click the **Change SSO Password** link in the bottom right-hand corner of the **Enterprise Application Services** screen, as indicated below.

DOEA Enterprise Application Services - Windows Internet Explorer

https://199.250.26.79/portal/page?\_pageid=33,32395,33\_32411&\_dad=portal&\_schema=PORTAL

File Edit View Favorites Tools Help

DOEA Enterprise Application Services

**Enterprise Application Services**

DOEA Mission: To foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities.

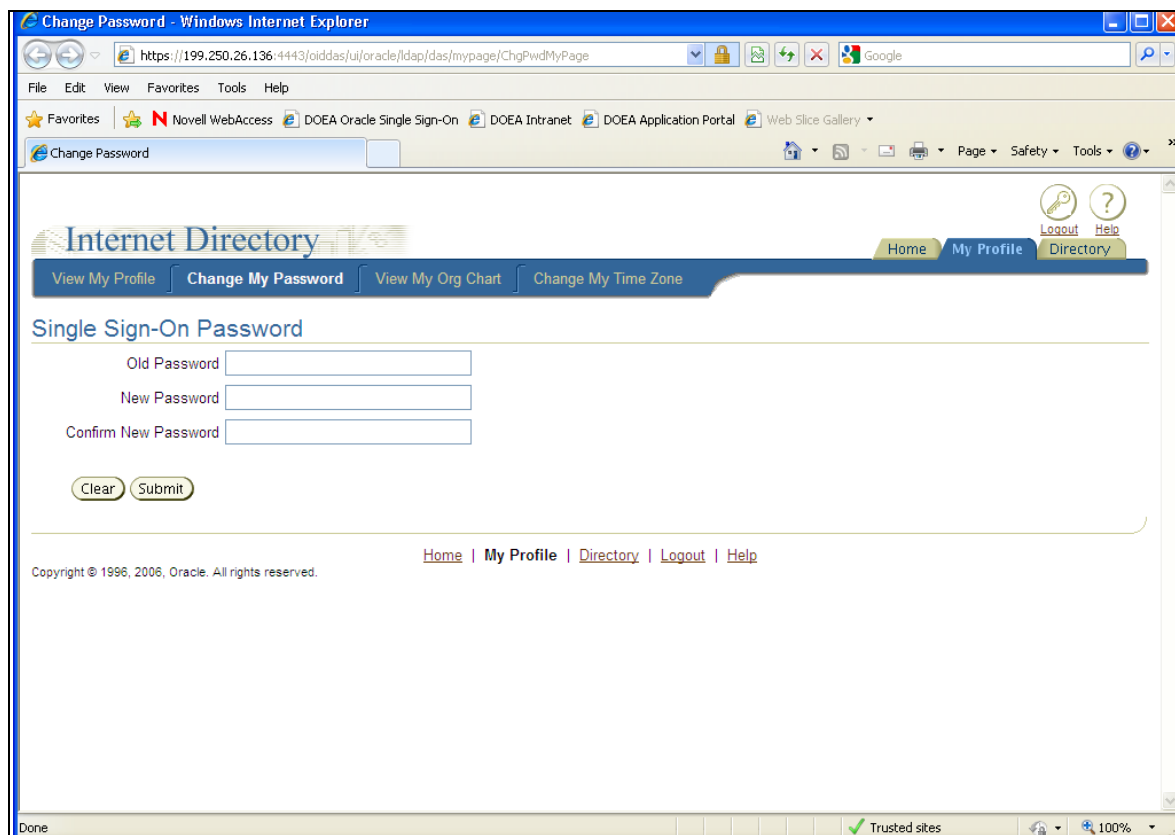
DOEA Vision: All Floridians aging with dignity, purpose, and independence.

Applications Reports Documents Support

- ▶ [ACMS - Automated Contract Management System](#)
- ▶ [ADA and ALE Medicaid Waiver Paid Claims Query Tool](#)
- ▶ [ARTT - APS Referral Tracking Tool](#)
- ▶ [CIRTS - Client Information and Registration Tracking System](#)
- ▶ [CIRTS EDI File Exchange](#)
- ▶ [DOEA CDC+ Call Tracking System](#)
- ▶ [DOEA Correspondence Tracking System](#)
- ▶ [DOEA Disaster Deployment Tracking System](#)
- ▶ [DOEA Grant Tracking System](#)
- ▶ [DOEA Human Resources Tracking System](#)
- ▶ [DOEA Program Dashboard](#)
- ▶ [DOEA Public Guardians](#)
- ▶ [DOEA Registering ALF Core Trainers](#)
- ▶ [DOEA Training Management System](#)
- ▶ [Hospice Demographic and Outcome Measures Online Form](#)
- ▶ [LTCOP - Long Term Care Ombudsman Program](#)
- ▶ [Protected Health Information Disclosure Tracking System](#)
- ▶ [Security Incident Tracking System](#)

Start Discoverer Viewer Fetch Report Output Ad Hoc Query **Change SSO Password** Logout

The following screen will appear.

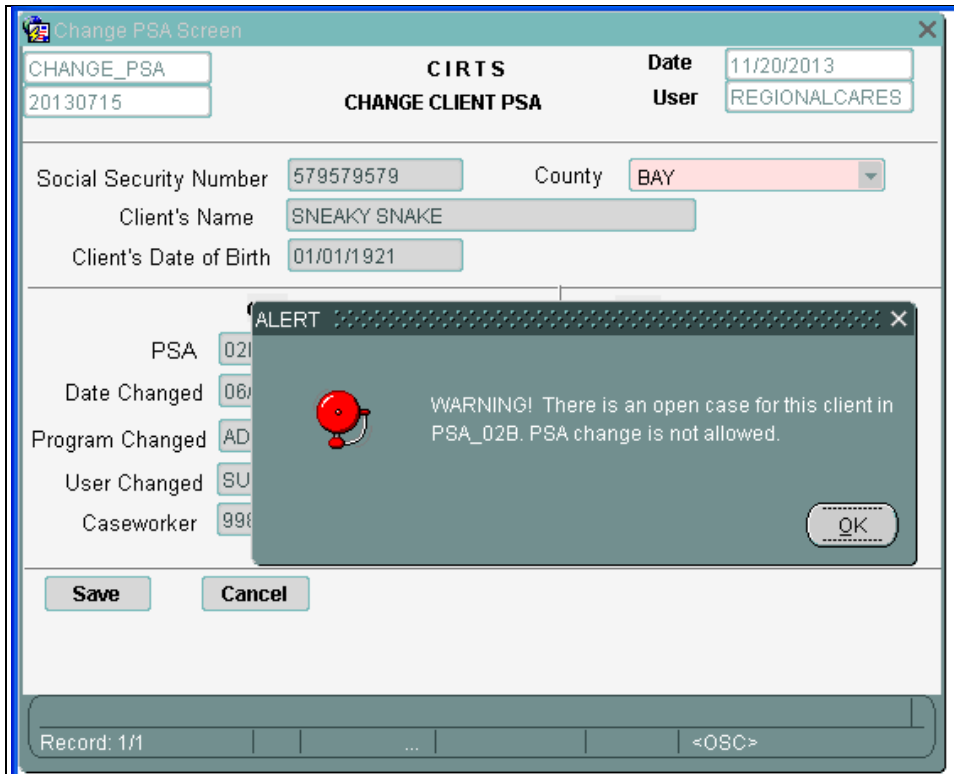


Instructions for changing your password are as follows:

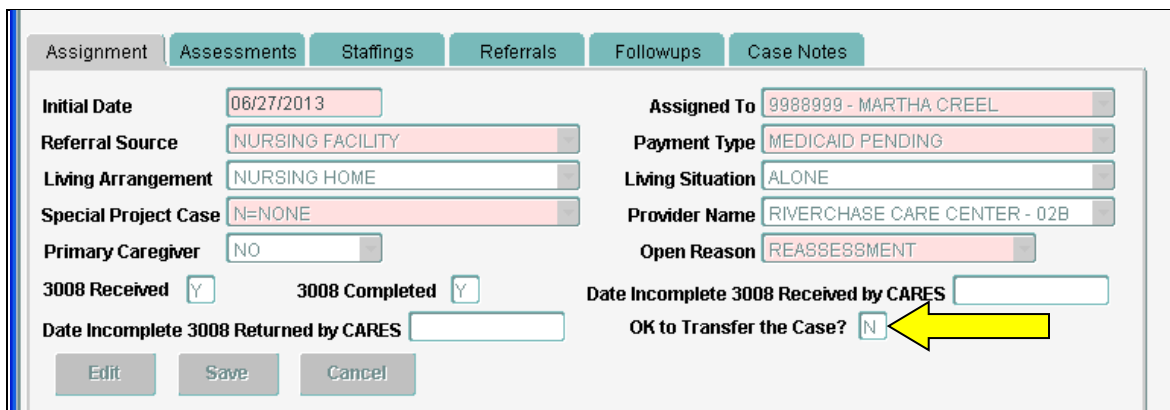
- ✓ Type your current password in the **Old Password** field.
- ✓ Type your new password in the **New Password** field (the password is case-sensitive).
- ✓ Type your new password in the **Confirm New Password** field.
- ✓ Click the **Submit** button.

# TRANSFERRING OPEN CASES

CIRTS allows open cases to be transferred to a new office, and the case becomes “shared.” The new office uses the **Change PSA** screen to pull the client into their area. If CIRTS finds an open case in another office that has been staffed, it will tell the user which office has the open case and check to see if that office has given permission to transfer the case. If permission has not been given, the user must contact the old office to request permission.



The old office must enter “Y” in the “*OK to Transfer the Case?*” field on the Assignment tab.





When the old office gives permission, they will be reminded of any incomplete referrals and forced to complete or delete them before giving permission.

The screenshot shows the CIRTS software interface for a case titled "CARE CASE" with ID 20130827. The user is REGIONALCARES and the date is 11/20/2013. The case is for JOHNNY GOOD, SSN: 182182182, with "Demographic Complete" and "PAS Complete" checked. A table below shows the case history with one entry: Opened on 07/16/2013, Reason INITIAL CASE, Referral Source FAMILY, Payment Type MEDICAID PENDING, Status OPEN, Closed on (blank), Reason (blank), and PSA 02A. An "Error Occured" dialog box is displayed in the center, stating: "There are incomplete referrals for the case. You need to complete or delete those referrals before allowing the case transfer." The background form shows fields for Initial Date (07/16/2013), Referral Source (FAMILY), Living Arrangement (PRIVATE RESID), Special Project Case (N=NONE), Primary Caregiver (YES), 3008 Received (Y), 3008 Completed (Y), Date Incomplete 3008 Received by CARES (blank), and OK to Transfer the Case? (Y). Buttons for Edit, Save, and Cancel are visible at the bottom.

They will also be reminded of any overdue or almost due (due in the next two weeks) follow-ups. The follow-ups must be completed prior to giving permission to transfer.

This screenshot is similar to the one above, showing the same case information. However, the "Error Occured" dialog box now states: "There is either an overdue follow up or a scheduled follow up within 15 days for the case. You need to complete this follow up before allowing the case transfer." The background form is identical to the previous screenshot, showing the same case details and transfer options.

The **Change PSA** screen prompts the user to select the caseworker that the case should be re-assigned to. *Note: The Change PSA screen also checks for incomplete referrals and overdue or almost due follow-ups.*

Field	Value
CHANGE_PSA	20130715
CIRTS	CHANGE CLIENT PSA
Date	11/14/2013
User	SUPERVISOR02B
Social Security Number	182182182
County	BAY
Client's Name	JOHNNY GOOD
Client's Date of Birth	01/01/1950
OLD	
PSA	02A
Date Changed	09/09/2013
Program Changed	ADD_CLIENT_INFO
User Changed	REGIONALCARES
Caseworker	OTHER - OTHER OTHER
NEW	
PSA	02A
Date Changed	09/09/2013
Program Changed	ADD_CLIENT_INFO
User Changed	REGIONALCARES
Caseworker	[Empty Dropdown]

When the PSA change is saved, the system updates the Case Assignment screen and any scheduled (or unscheduled) follow-ups due to the new office and new caseworker. Staffings, assessments, referrals, and completed follow-ups are not changed to the new PSA and can only be edited by the old office. The new office can add assessments, staffings, and referrals. The Follow-up Planning screen shows the follow-up due to the new office for the new caseworker.

Once the PSA change is complete, the new office should update the client's address.

**REMINDER:**

You cannot transfer a case that has not been staffed. Cases that have not been assessed and staffed should be manually closed in the old office and opened in the new office.

Users who have the Supervisor Role, or the Caseworker Role with "the change PSA field=Y" will be able to transfer cases.

The manual Close Case screen reminds (but does not stop) the user not to close a case manually with closed reason “Case Transfer” when the open case can be transferred.

The screenshot shows a software window titled "CLOSE\_CASE\_WINDOW" with a confirmation dialog box overlaid. The dialog box has a yellow warning icon and the text: "Closed case cannot be transferred. Are you sure that you want to close case?". The background window contains several fields: "Caseworker Closing" (OTHER - OTHER OTHER), "Case Closed Reason" (CASE TRANSFER), "Case Closed Date" (11/20/2013), "Date of Death" (empty), "Assigned To" (OTHER - OTHER OTHER), "Payment Type" (MEDICAID PENDING), "Living Situation" (ALONE), "Provider Name" (<null>), "Open Reason" (INITIAL CASE), "3008 Received" (Y), "3008 Completed" (Y), "Date Incomplete 3008 Returned by CARES" (empty), and "OK to Transfer the Case?" (N). There are "OK" and "Cancel" buttons at the bottom of the main window. The confirmation dialog has "YES" and "NO" buttons.

**REMINDER:**

If the case is open and has been assessed and staffed, use the transfer procedures provided in this guide to transfer a case. The manual case closure with reason “Case Transfer” should only be used if the case is open without an assessment and staffing and is being transferred.

General information regarding “shared” cases:

- ✓ If a “shared” case must be deleted, the office that first staffed the case is the only office that can delete the case. The Delete Case button is disabled for all users except the Supervisor Role for the original staffing office. If the original staffing office deletes a case, CIRTS will give a reminder that the case is shared. For example, *“Part of the case was entered by CARES 02A. Deleting the case will also delete all those records. Are you certain that you want to delete the case?”*
- ✓ If a client must be deleted who has a “shared” case, the office that first staffed the “shared” case must delete the case, then either office can delete the client.

**REMINDER:**

If the PAS is incomplete (and entered by any office), the case will continue with 30-day follow-ups until it is complete. The office that completes the 30-day follow-up will get counted in the diversion reports.

# COUNTY CODES

01	Alachua	36	Lee
02	Baker	37	Leon
03	Bay	38	Levy
04	Bradford	39	Liberty
05	Brevard	40	Madison
06	Broward	41	Manatee
07	Calhoun	42	Marion
08	Charlotte	43	Martin
09	Citrus	44	Monroe
10	Clay	45	Nassau
11	Collier	46	Okaloosa
12	Columbia	47	Okeechobee
13	Dade	48	Orange
14	De Sota	49	Osceola
15	Dixie	50	Palm Beach
16	Duval	51	Pasco
17	Escambia	52	Pinellas
18	Flagler	53	Polk
19	Franklin	54	Putnam
20	Gadsden	55	St. Johns
21	Gilchrist	56	St. Lucie
22	Glades	57	Santa Rosa
23	Gulf	58	Sarasota
24	Hamilton	59	Seminole
25	Hardee	60	Sumter
26	Hendry	61	Suwannee
27	Hernando	62	Taylor
28	Highlands	63	Union
29	Hillsborough	64	Volusia
30	Holmes	65	Wakulla
31	Indian River	66	Walton
32	Jackson	67	Washington
33	Jefferson	99	Out of State
34	Lafayette		
35	Lake		

# STAFFING CHART

Placement Rec.	Program Considered	Program Recommendation	Level of Care/Waiver
AFCH=Adult Family Care Home	ACFW, ADAW, ADHC, BSCW, CCDA, HEMO, HSPC, LTCP, NONE, OTHR, PACE, PACW, LTCC	ACFW, ADAW, ADHC, BSCW, LTCP, PACE, PACW, LTCC	INO, INT, MWC, ROH, RON, SKD
		CCDA, HEMO, HSPC, NONE, OTHR	DNM, DWC, INO, INT, SKD, WHL
ALFE=ALF with Extended Cong. Care	ALFW, BSCW, CCDA, HEMO, HSPC, LTCP, NONE, OTHR, PACE, PACW, LTCC, CHAN, ELDC	ALFW, BSCW, LTCP, PACE, PACW, LTCC, CHAN, ELDC	INO, INT, MWC, ROH, RON, SKD
		CCDA, HEMO, HSPC, NONE, OTHR	DNM, DWC, INO, INT, SKD, WHL
ALFM=ALF with Limited MH Services	ADAW, BSCW, CCDA, HEMO, HSPC, LTCP, NONE, OTHR, PACE, PACW, LTCC, CHAN, ELDC	ADAW, BSCW, LTCP, PACE, PACW, LTCC, CHAN, ELDC	INO, INT, MWC, ROH, RON, SKD
		CCDA, HEMO, HSPC, NONE, OTHR	DNM, DWC, INO, INT, SKD, WHL
ALFN=ALF with Limited Nurs. Services	ALFW, BSCW, CCDA, HEMO, HSPC, LTCP, NONE, OTHR, PACE, PACW, LTCC, CHAN, ELDC	ALFW, BSCW, LTCP, PACE, PACW, LTCC, CHAN, ELDC	INO, INT, MWC, ROH, RON, SKD
		CCDA, HEMO, HSPC, NONE, OTHR	DNM, DWC, INO, INT, SKD, WHL
ALFS=Assisted Living Facility	ADAW, BSCW, CCDA, HEMO, HSPC, LTCP, NONE, OTHR, PACE, PACW, LTCC, CHAN, ELDC	ADAW, BSCW, LTCP, PACE, PACW, LTCC, CHAN, ELDC	INO, INT, MWC, ROH, RON, SKD
		CCDA, HEMO, HSPC, NONE, OTHR	DNM, DWC, INO, INT, SKD, WHL
ARTS=Adult/Geriatric Residential Treat. Fac.	ACFW, ADAW, BSCW, CCDA, HEMO, HSPC, NONE, OTHR, PACE, PACW	ACFW, ADAW, BSCW, PACE, PACW	INO, INT, MWC, ROH, RON, SKD
		CCDA, HEMO, HSPC, NONE, OTHR	DNM, DWC, INO, INT, SKD, WHL
GRHO=Group Home	DEVS, NONE, OTHR	DEVS, NONE, OTHR	DNM, INO, INT, SKD, WHL
HOSP=Hospital	HSPC, NONE, SBHO, SNUH	HSPC, NONE	DNM, INO, INT, SKD, WHL
		SNUH	SKD
		SBHO	INO, INT, SKD
MRDD=MR/DD Fac.	NONE	NONE	DNM, INO, INT, SKD, WHL
NHTP=Temporary NH	ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, DEVS, ELDC, FDMW, HEMO, HSPC, LTCP, NHSS, NONE, OMDW, OTHR, PACE, PACW, LTCN	LTCP	INO, INT, MWC, SKD
		HSPC, NHSS, NONE, LTCN	INO, INT, SKD

<b>Placement Rec.</b>	<b>Program Considered</b>	<b>Program Recommendation</b>	<b>Level of Care/Waiver</b>
NHTR=NH Transition	ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, DEVS, ELDC, FDMW, HEMO, HSPC, LTCP, NHSS, NONE, OMDW, OTHR, PACE, PACW, LTCC	ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CDCW, CHAN, FDMW, LTCP, OMDW, PACE, PACW, LTCC	INO, INT, MWC, ROH, RON, SKD
	CCDA, CCFE, DEVS, ELDC, HEMO, HSPC, NHSS, NONE, OTHR		INO, INT, SKD
NUHO=Nursing Home	ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, DEVS, ELDC, FDMW, HEMO, HSPC, LTCP, NHSS, NONE, OMDW, OTHR, PACE, PACW, LTCN	HSPC, NHSS, NONE, LTCN	INO, INT, SKD
OTHR=Other	NONE, OTHR	NONE, OTHR	DNM, INO, INT, SKD, WHL
PRNH=Prison NH	NONE	NONE	NONE
PRRE=Private Residence	ACFW, ADAW, ADHC, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, ELDC, FDMW, HEMO, HSPC, LTCP, NONE, OMDW, OTHR, PACE, PACW, LTCC	ACFW, ADAW, ADHC, ALZW, BSCW, CDCW, CHAN, FDMW, LTCP, OMDW, PACE, PACW, LTCC	INO, INT, MWC, ROH, RON, SKD
	CCDA, CCFE, ELDC, HEMO, HSPC, NONE, OTHR		INO, INT, SKD, DNM, DWC, WHL
PSYF= Psychiatric Fac.	NONE	NONE	DNM, INO, INT, SKD, WHL
REHB= Rehab Hospital	NONE	NONE	DNM, INO, INT, SKD, WHL
SAPT= Supervised Apt.	ACFW, ADAW, ADHC, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, ELDC, HEMO, HSPC, LTCP, NONE, OMDW, OTHR, PACE, PACW, LTCC	ACFW, ADAW, ALZW, BSCW, CDCW, CHAN, LTCP, OMDW, PACE, PACW, LTCC	INO, INT, MWC, ROH, RON, SKD
	CCDA, CCFE, ELDC, HEMO, HSPC, NONE, OTHR		DNM, DWC, INO, INT, SKD, WHL
SHNH=State Mental Hosp. NH Unit	NONE	NONE	INO, INT, SKD
SMHO=State Mental Hosp.	NONE	NONE	DNM, INO, INT, SKD, WHL, MEN

*This chart identifies the available program and level of care codes for each placement recommendation.*

## FOLLOW UP SCHEDULE FOR CIRTS

Schedule Follow Up	Living Arrangement	Placement Recommendation	Program Recommendation	MI/MR Exclusion	Follow Up Schedule	Case Termination Reasons
Nursing Home	Not Equal NUHO, SHNH	Equal NUHO, SHNH	Equal HSPC, NONE, LTCN		Every 30 days until Living Arrangement=NUHO or SHNH then Auto Close (or manually closed)	<ol style="list-style-type: none"> <li>If placed <b>IN</b>=In Nursing Home</li> <li>Manual Close</li> </ol>
Community		Not Equal NHTP, NUHO, SHNH	<b>Equal</b> ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, DEVS, ELDC, FDMW, HEMO, HSPC, LTCP, NONE, OMDW, OTHR, PACE, PACW		<b>Assessor=CAR</b> 30, 90, 180, Annual, Auto Close (or manually closed) <b>Assessor Does Not=CAR &amp;                      Program                      Recommendation=Waiver</b> Case will automatically close at staffing <b>Assessor Does Not=CAR &amp;                      Program Recommendation                      Does Not=Waiver</b> 30, 90, 180, Annual, Auto Close (or manually closed)	<ol style="list-style-type: none"> <li>If Annual <b>CA</b>=Close Annual</li> <li>If Waiver/CARES not Assessor <b>NN</b>=No Longer Needed</li> <li>Manual Close</li> </ol>
			LTCC		<b>Initial: Assessor=CAR</b> 30, 90, 180, Annual, Auto Close (or manually closed) until Case Manager does not=CAR, then Auto Close	<ol style="list-style-type: none"> <li>If Annual <b>CA</b>=Close Annual</li> <li>If CARES not Case Manager <b>CP</b>=Closed/In Plan</li> <li>Manual Close</li> </ol>
					<b>Annual: Assessor Does                      Not=CAR</b> Case will automatically close at staffing <b>Assessor Does Not=CAR &amp;                      Case Manager Does                      Not=CAR at Follow Up                      Auto Close</b>	<ol style="list-style-type: none"> <li><b>CP</b>=Closed/In Plan</li> </ol>

Schedule Follow Up	Living Arrangement	Placement Recommendation	Program Recommendation	MI/MR Exclusion	Follow Up Schedule	Case Termination Reasons
Swing Bed/SNUH		Equal HOSP	Equal SBHO, SNUH		30, 90, 180, Annual & Ongoing Annual (or manually closed)	1. Manual Close
Needs Specialized Services		Equal NHTP, NUHO	Equal NHSS		30, 90, 180, Annual & Ongoing Annual (or manually closed)	1. Manual Close
Temporary Nursing Home		Equal NHTP	Equal HSPC, NONE, LTCN		30, 90, 180, Annual, Auto Close (or manually closed)	1. If Annual CA=Closed Annual 2. Manual Close
			Equal LTCP		Every 30 days until Case Manager does not = CARES and then 90, 180, Annual, Auto Close (or manually closed)	
Temporary PAS				Equal CC, DE, ER, PS, EH, EM	Every 30 days until the Living Arrangement does not=NUHO, SHNH or [HOSP when the PR. REC.=SBHO or SNUH] or PAS=COMPLETE ( or manual close)	1. Manual Close
Referral					Every 30 days until Referral=COMPLETE (or manually close)	1. Manual Close

**Follow-Up Schedule:**

The first follow-up will be based on the staffing date. All other follow-ups will be based on the previous follow-up date. For example, the first follow-up will be one month from the staffing date, the 90 day follow-up will be two months from the 30 day follow-up, the 180 day follow-up will be three months from the 90 day follow-up, and the Annual follow-up will be six months from the 180-day follow-up. Unscheduled follow-ups may be scheduled at any time for an open case and will not interfere with the regular follow-up schedule. If the case is reassessed and staffed, the follow-up schedule will start over and will be based on the staffing date.



# CARES REPORT SPECIFICATIONS

## ASSESSMENTS:

1. **Summary of Cases by Worker, County and Assessment Site:** Date range is based on the assessment date. This report counts all assessments and re-assessments completed during the date range indicated. It includes all payment types.
2. **Summary of Cases by Assessor and Program Recommendation:** This report summarizes and lists cases assessed between the dates entered. The output is grouped by the caseworker on the assessment and the program recommendation from the staffing.
3. **Number of Assessments by Caseworker, Site and Instrument Report:** This report summarizes and lists cases assessed between the dates entered. The output is grouped by the caseworker on the assessment and provides a total by assessor and instrument.
4. **Assessment Delay Report:** Date range is based on the assessment date. This report counts all assessments and re-assessments completed during the date range indicated. It includes all payment types.
5. **Incomplete Assessments Report:** Lists all assessments that have been “partially” saved and remain incomplete. The output format can be by Client ID or SSN.
6. **Assessment Inconsistency Report:** This report summarizes and lists inconsistencies in assessments done between the start date and end date. **This report looks at assessment dates before July 16, 2013 only.**

## CRR:

1. **CRR Barrier Report on Cases with Community Potential:** Date range is based on the CRR date.
2. **CRR Summary Report:** Date range is based on the CRR date.
3. **CRR Summary by Reviewers and Nursing Facilities:** Date range is based on the CRR date.
4. **Final Report of CRRs:** Date range is based on the CRR date.
5. **Preliminary Report of CRRs by Client Name and Nursing Facility:** Date range is based on the CRR date.

## MANAGEMENT:

1. **Client List for Diversions Report on Clients Assessed by CARES:** Date range is based on the staffing date. This is a list of clients assessed by CARES. This report only includes payment types of Medicaid or Medicaid Pending.
2. **Client List for Diversions Report on Clients Not Assessed by CARES:** Date range is based on the staffing date. This is a list of clients not assessed by CARES. This report only includes payment types of Medicaid or Medicaid Pending.
3. **Client List for Diversion Report on Hospital-Based Clients Assessed by CARES:** This is a list of clients assessed by CARES that had a Special Project Case code of U=Upstreaming at case assignment. The date range is based on the staffing date.
4. **Client List for Temporary NH Diversions Report on Clients Assessed by CARES:** This is a list of clients assessed by CARES that had a placement recommendation of NHTP=Temporary Nursing Home. The date range is based on the staffing date.
5. **Count of All PAC Cases by Case Closed Reason:** Date range is based on the case closed date.
6. **Diversion Barrier Report:** Date range is based on the nursing home admit date.
7. **Diversion (Alternative Placements) on Clients Assessed by CARES:** Date range is based on the staffing date. This report only includes payment types of Medicaid or Medicaid Pending.

8. **Diversion (Alternative Placements) on Clients Not Assessed by CARES:** Date range is based on the staffing date. This report only includes payment types of Medicaid or Medicaid Pending.
9. **Diversion Report on Hospital-Based (Upstreaming) Clients Assessed by CARES:** Date range is based on the staffing date.
10. **Diversion Report based on Care Level, PR and Living Arrangement at 30 Days Staffing:** Date range is based on the staffing date. Clients on this report have a living arrangement of community at staffing and 30-day follow-up, meet level of care, have a community placement recommendation, and have a payment type of Medicaid or Medicaid Pending.
11. **Hospital-Based (Upstreaming) Encounter Report:** Date range is based on the information request date.
12. **Hospital-Based (Upstreaming Log):** Date range based on initial date or date reassessment requested.
13. **Imminent Risk Referral Disposition Report:** Date range is based on the referral date.
14. **Information Only Case Summary Report:** Date range is based on information request date.
15. **Non-Imminent Risk Referral Disposition Report:** Date range is based on the referral date.
16. **Number of Cases by Referral Source:** Date range is based on the initial date. This report provides a summary for the PSA as well as a total for each caseworker.
17. **Nursing Home Diversion EMS Summary Report:** This report is based on the EMS release date. It lists the number of EMS released clients that have left the pipeline or have been referred to a provider.
18. **Nursing Home Transition Log:** Date range is based on the staffing date. This report captures information for those clients that have a placement recommendation of NHTR=Nursing Home Transition.
19. **Pending Assessment/Staffing Report:** This report lists all cases pending an assessment and/or staffing. The output format can be by caseworker, SSN, or Client ID.
20. **Project Aids Care Summary Report:** Date range based on waiver accepted date. This report will show the PAC Termination Reason, Termination Date, and the number of days in the PAC Waiver.
21. **Summary of CARES Assignments:** This report lists all assignments that are due for a caseworker. For example, assessments, staffings, follow-ups.
22. **Temporary Nursing Home Diversion on Clients Assessed by CARES:** Date range is based on follow-up date. This report includes all clients that had a placement recommendation of NHTP=Temporary Nursing Home and at any follow-up have a community placement recommendation and living arrangement.
23. **Time Lag Report by Caseworker:** Date range is based on the staffing date.
24. **Unduplicated Count of All PAC Clients:** Date range is based on the staffing date. This report provides a summary of all PAC clients by county and payment type.
25. **3008 Report:** Date range is based on the Initial Date or Date Reassessment Requested (whichever is greater). This report captures information regarding the receipt of the 3008.
26. **Summary of Work Completed by Caseworker and Payment Type:** Date range is based on initial date. This report provides a summary by county and payment type of all referrals, assessments, staffings, follow ups completed, and information requests for an individual caseworker or all caseworkers.
27. **Freedom of Choice Report:** Date range is based on date Freedom of Choice given to client. This report captures information regarding the receipt of the Freedom of Choice form.
28. **Open Cases whose clients have moved Report:** This report lists all clients that have an open CARES case but have moved to a county outside of the CARES PSA. The output format can be by SSN or Client ID.

29. **Number of Assessments Completed VS. Number of Assessments Entered in CIRTS By Caseworker Report:** Date range is based on date assessment is entered in CIRTS. This report shows which caseworkers are entering their own assessments (medical case file reviews and on-sites).
30. **Possible Duplicate Clients with Open Cases Report:** This report looks at all open cases. This report lists clients with more than one SSN whose names and dates of birth are the same and have open cases. Confirm that the clients are the same person before moving the client data from the incorrect SSN to the correct SSN. Once this is done, delete the incorrect SSN.
31. **Data Inconsistencies Found When Comparing Vital Statistics Death Certificates with CIRTS-Open Cases Report:** This report is to be used to correctly identify CARES' clients with an open case who are deceased, so the case can be closed due to death or a date of death entered at Demographic for cases already closed. The shaded records indicate clients who have different dates of birth and/or different names. There may be SSN mistakes. Compare Vital Statistics name and DOB with CIRTS name and DOB.
32. **Nursing Home Diversion Enrollment Management System Report:** Date range is based on the release date. This report gives the status of clients who have been released. The last page gives a summary of client activity. This report can be run by caseworker. It can also be opened in EXCEL.
33. **New Admission Review Report:** This report counts and lists clients who have Special Project Case=New Admission Review on case opened during the date range or on assessments done during the date range.
34. **Cases by Zipcode:** This report lists open cases and closed cases with initial date or date reassessment requested between the start and end dates. It lists a summary by zip code and a client list by zip code. The client's current home zip code is used.
35. **List of Open Cases by Case Manager Report:** This report lists client id, zip code and initial date for open cases by case manager.
36. **Time Parameters Report:** Date range is based on the initial date or date reassessment requested.

#### **PAS:**

1. **PAS Name List:** Date range is based on the Level I Evaluation Screening Date.
2. **PAS Report:** Date range is based on the Level I Evaluation Screening Date.
3. **Incomplete or Pending PAS:** Date range is based on the Level I Evaluation Screening Date.

#### **STAFFING:**

1. **Staffing Log:** Date range is based on the staffing date. This report lists all cases staffed during the date range.
2. **Unduplicated Count of Clients by Level of Care:** Date range is based on the staffing date.
3. **Level of Care Approvals:** This report includes a summary and detail list of level of care approvers for cases staffed between the start date and end date.
4. **Authorized LOCs sent to Enrollment Broker for SMMC LTC Report:** This report is sent to the enrollment broker nightly by the system and provides CARES level of care information (staffing date, program recommendation, and level of care). The levels of care include INO, INT and SKD. The program recommendations include ADAW, ALFW, CDCW, CHAN, ELDC, HEMO, LTCP, NONE, OMDW, OTHR, LTCC, LTCN, and PACE. The staffing date will be in the last year.

## **HEADQUARTER REPORTS:**

1. **Diversion Barrier Report:** This report is available to CARES Central Office only.
2. **Continued Residency Review Transition Barriers:** This report is available to CARES Central Office only.
3. **Summary of Cases by Assessment Site:** This report is available to CARES Central Office only.
4. **PAS Summary:** This report is available to CARES Central Office only.
5. **PAS Statewide Report:** This report is available to CARES Central Office only.

## **MISCELLANEOUS:**

1. **Aging Network Provider Information Report:** This report allows the user to view or print a list of providers for the AAA/ADRC within their PSA.
2. **Code Descriptions:** This report allows the user to view or print a list of codes for a certain field in CIRTS. You can select the category from the drop-down box on the screen.

**SERVICE LEVEL AGREEMENT  
BETWEEN THE FLORIDA DEPARTMENT OF ELDER AFFAIRS AND  
THE AGENCY FOR STATE TECHNOLOGY**

This Service Level Agreement (Agreement) is entered into between the THE FLORIDA DEPARTMENT OF ELDER AFFAIRS (“Customer”) and the AGENCY FOR STATE TECHNOLOGY (“Service Provider”), collectively the “Parties”, to authorize the Service Provider to provide the services described herein. **This Agreement is in alignment with the Service Provider’s Service Catalog, contained in Attachment A, which houses the Service Provider’s service definitions, roles and responsibilities, and performance expectations.**

## I. GENERAL

- A. **TERM.** The term of this Agreement is *three (3) years, zero (0) months*, starting on *July 1, 2017*.
- B. **RENEWALS.** This Agreement may be renewed as agreed to in writing by the Parties.
- C. **DEFINITIONS.** Definitions that are applicable to this Agreement are contained in **ATTACHMENT D, *Service Level Agreement Definitions***.
- D. **AUTHORITY.** The authority of the Parties to enter into this Agreement is found in Section 282.201(2)(d), F.S.
- E. **CHANGES TO SERVICES, INCLUDING TERMINATION.** This Agreement may be amended to reflect changes in subscribed services. Adding or deleting services will be accomplished by the Parties amending this Agreement by executing a new **ATTACHMENT B, *Subscribed Services / Direct Services***, which will become part of this Agreement. This Agreement may be terminated by either party, in part or whole, after providing at least 180 calendar days’ written notice to the other party of its intent to terminate services, per section 282.201(5)(a)(4), F.S. The Service Provider may cease or reduce service if the Customer fails to execute an amendment for such services within 60 calendar days after commencement of a service.
- F. **AMENDMENTS.** Amendments to this Agreement, agreed to in writing and executed by the Parties, shall take precedence over any conflicting provision in this Agreement without invalidating the remaining provisions of this Agreement.
- G. **CONFLICT MANAGEMENT.** Any provision of this Agreement in violation of the laws of the State of Florida, or any provision of federal law, shall be ineffective to the extent of such violation, without invalidating the remaining provisions of this Agreement. Any provision of this Agreement in violation of rules adopted by the Service Provider pursuant to section 282.0051(19), F.S., shall be ineffective to the extent of such violation, without invalidating the remaining provisions of this Agreement.
- H. **RIGHT TO AUDIT.** During the term of this Agreement, the Service Provider agrees to provide access to records and to cooperate fully with the Customer’s Office of Inspector General, the Auditor General and the Office of Program Policy Analysis and Government Accountability with respect to any audits, investigations and management reviews relating to programs or operations of the

Customer, as well as any similar audits based upon federal funding. The Service Provider costs related to audit activities shall be charged directly to the Customer. All audits must be processed through the Service Provider’s Inspector General’s office.

## II. BILLING

- A. **BILLING AND INVOICING.** The Service Provider will follow the methodology described in Rule 74-3.007, F.A.C., and the requirements of Title 2-Part 200, Code of Federal Regulations (“CFR”) (“Uniform Guidance,” formerly known as Federal OMB Circular No. A-87 or A-21), when billing the Customer for State Data Center (SDC) services and recovering costs for such services.
- B. **BUDGETARY OBLIGATIONS.** The Customer must have legal authority to incur costs and enter into this Agreement. The Customer’s obligation to pay under this Agreement is contingent upon an annual appropriation by the Legislature; however, this acknowledgement shall not be construed to eliminate the Customer’s annual reconciliation obligations to the Service Provider pursuant to sections 282.0051(11)(c)2. and 3., F.S.
- C. **DISPUTE RESOLUTION - BILLING.** The Customer may dispute payment of an invoice line item using the Service Provider’s Billing and Dispute Process available on the self-service Customer Portal (<https://ast-servicedesk.myflorida.com/CherwellPortal/AST>). If the dispute is found to be valid, the appropriate credits and/or charges will be included on a subsequent invoice within 60 calendar days of resolution. Payment for non-disputed items will be made in accordance with Section II.A.
- D. **SOVEREIGN IMMUNITY.** The Service Provider, as a public entity of the State of Florida, is entitled to the benefits of sovereign immunity, including immunities from taxation. Unless the Customer is a public entity of the State of Florida, entitled to the benefits of sovereign immunity, including immunities from taxation, the Customer will be liable for any applicable taxes or tariffs associated with this Agreement. The Customer hereby agrees to provide a certificate of tax exemption upon request.

### III. CUSTOMER SERVICE

**A. SERVICE DESK.** The Service Provider maintains a Service Desk which serves to convey service-related information to the Customers. Service requests, including general service inquiries, incident reports, billing inquiries, changes, and terminations, should be placed through the Service Provider's Service Desk. The Service Provider's Service Desk delivers customer support 24 hours per day, 7 days per week, including holidays. The contact information to reach the Service Provider's Service Desk is:

- Phone: (850) 487-1746
- Toll Free: (877) 299-7772
- E-mail: [AST.ServiceDesk@ast.myflorida.com](mailto:AST.ServiceDesk@ast.myflorida.com)

**B. CUSTOMER PORTAL.** During the term of this Agreement, including the terms of any renewals or extensions, the Service Provider shall maintain a Customer Portal. (<https://ast-servicedesk.myflorida.com/CherwellPortal/AST>).

The Customer Portal will have the following functionality: access to the Customer's Configuration Management Data Base (CMDB), availability and performance reports, information for submitting service requests, incident reporting, capacity planning, as well as Customer-maintained distribution lists to enable the Service Provider to maintain appropriate contact with customer representatives for reporting service outages and other critical customer account information.

**C. INCIDENT MANAGEMENT AND SERVICE REQUESTS.** The Customer may report incidents by phone or via e-mail (using the contact information provided in Section II.A. above), or by using the Customer Portal. However, if the Customer is experiencing an urgent or agency-wide service outage, the Customer should report the incident to the Service Provider's Service Desk by phone. The Service Provider will manage reported incidents as specified in **ATTACHMENT C**. Service requests should be received through the Service Provider's Service Desk. Service requests may initiate a change request as part of fulfilling the service request.

**D. SERVICE OUTAGE DOCUMENT (SOD).** After a Priority 1 Incident, a Service Outage Document (SOD) will be created to document the incident and its resolution. The Customer may request the Service Provider create a SOD for Priority 2 Incidents within 14 calendar days after the incident has been resolved. To request a SOD for a Priority 2 Incident, the Customer should send a service request to the Service Provider's Service Desk at [AST.ServiceDesk@ast.myflorida.com](mailto:AST.ServiceDesk@ast.myflorida.com). The estimated time for completion of the SOD is 14 calendar days after the incident has been resolved and when the investigation is complete. The Service Provider does not create SOD documents for Priority 3 and 4 incidents; however, information will be available within the ticket.

**E. EQUIPMENT AND DATA OWNERSHIP.** Pursuant to Section 282.201(2)(e), F.S., the Service Provider is the custodian of the resources and equipment at its data center locations, but not the owner of the Customer's data. As a result, any disclosure obligations, including

fulfilling requirements of all applicable state or federal law public record responsibilities regarding such data, remain with the Customer. The review of application data and/or individual record level information by the Service Provider, unless specifically requested by the Customer, will be considered an unauthorized access. The Service Provider will ensure maintenance agreements and license agreements renewals are maintained on equipment owned by the Service Provider, and will maintain an accurate inventory of the Service Provider hardware, software licenses, and renewal schedules to support transparent and reliable service delivery of offered services. The Service Provider will restrict access to the Customer's equipment and data to those persons who require access as a part of their required work activities. The Customer is responsible for its own application software not provided within the Service Provider's services. This includes ensuring the Customer is authorized to use and complies with applicable licensing agreements and standards and the continuing support of that software and data. If the Service Provider, as part of its service to the Customer, is required to purchase equipment, licenses and/or services beyond what is available within the defined service, the Customer agrees to be financially liable and responsible for the total amount due for the equipment, licenses and/or services, even if the service is terminated by the Customer. All equipment, software, or other resources purchased by the Service Provider in execution of services via this Agreement will remain the property of the Service Provider upon the termination of this Agreement.

**F. CUSTOMER MAINTENANCE OF SYSTEM METADATA.**

In an effort to manage Customers' critical applications effectively, the Service Provider requires the Customer to complete and maintain certain system metadata within the Service Provider's CMDB through the Customer Portal. The metadata attributes include, but are not limited to, system name, purpose, application dependencies, business function and criticality, security and compliance requirements, data classification, primary user(s), and other contextual information to help the Service Provider to better address service issues. Specific CMDB fields required to be accurately maintained will be clearly indicated for editing in the Customer Portal and must be reviewed and updated at least bi-annually. If the agency metadata is not current or is absent, the Service Provider will not record the service interruption within the Service Provider's metrics to the extent the metadata was required to appropriately respond to the incident.

**G. DELEGATION OF ADMINISTRATIVE ACCESS RIGHTS.** Per Section 282.201(2)(f), F.S., the Service Provider shall assume administrative access rights to resources and equipment, including servers, network components, and other devices that are consolidated into the SDC. The SDC will provide Customers with access to applications, servers, network components, and other devices necessary to perform business activities and functions, as defined and documented within the delegation system of

record. Delegated access rights will be granted to individuals with the appropriate skill, the existence of appropriate audit controls, strong authentication, appropriate security clearance, and granted by the Customer's named authority to grant the delegation. In such cases where an incident occurs that is not attributable to the Service Provider within the audit logs and access has been delegated, the Service Provider will not record the service interruption within the Service Provider's metrics. Customers required to comply with State and Federal Criminal Justice Information System (CJIS) shall retain all administrative access rights to specific systems that process, store, and/or transmit Criminal Justice Information (CJI), as defined in section 943.045(12), F.S., pursuant to section 282.201(2)(f)1., F.S.

- H. PHYSICAL SECURITY.** The Service Provider will provide physical access and security for the SDC in compliance with Rule 74-3.002, F.A.C.
- I. IT SECURITY MANAGEMENT.** The Service Provider and the Customer acknowledge their duty to maintain security of data and information technology resources pursuant to the Florida Cybersecurity Standards, Rule Chapter 74-2, F.A.C., and applicable state and federal laws. Non-State agency Customers will have IT security management roles, encompassing security incidents and compromised security notifications, documented within Attachment B.
- J. BUSINESS CONTINUITY PLANNING.** The Service Provider is required to develop and implement its own business continuity plan, which is separate and distinct from the business continuity plans of the Customer. If the Service Provider's Continuity of Operations Plan (COOP) is invoked and requires a change in existing business processes that impact Customers, the Service Provider will notify the affected Customers in a timely manner.
- K. DISASTER RECOVERY.** The Service Provider is responsible for developing a Disaster Recovery plan pursuant to Section 282.201(2)(c), F.S.
- L. INSURANCE.** The Service Provider maintains insurance coverage through the Department of Financial Services'

Division of Risk Management only for those items owned by the Service Provider. The Customer is responsible for insurance coverage for all hardware owned by the Customer and co-located at the Service Provider's facility.

- M. SERVICE PLANNING AND REVIEW.** The Customer and the Service Provider will conduct joint planning and review sessions at planned intervals, which will be facilitated by the Service Provider's Business Relationship Team. During these meetings, the Parties will discuss performance related issues (if any), convey strategic initiatives that may impact the provision of SDC services, conduct review and capacity planning, identify potential service improvement plans, and verify point-of-contact information (maintained on the Customer Portal) is current.
- N. DISPUTE RESOLUTION - PERFORMANCE.** In the event either party has a dispute concerning performance of the terms of this Agreement, the disputing party will document such concerns in writing to the Agreement Coordinator, as defined in the Attachment B, of the other party. Thereafter, unless exigent circumstances warrant immediate attention to the matter, within one (1) week of the above-mentioned notice being provided, the Agreement Coordinators will in good faith attempt to resolve the dispute by negotiation. If both parties cannot reach a resolution to the dispute, the dispute will be escalated to the Division of Administrative Hearings, pursuant to s.120.573, F.S.

#### **IV. SERVICES TO BE DELIVERED**

- A. SERVICES.** The services provided by the Service Provider are outlined in the Service Provider's Service Catalog (**ATTACHMENT A.**). The Service Catalog also contains the business standards that must be met for each service, and the metrics and processes by which the business standards for each service are to be objectively measured and reported. Direct Services requested by the Customer that are not within the Service Catalog are identified in **ATTACHMENT B.**

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The Parties hereby agree that the Service Provider will provide State Data Center services as specified in this Agreement.

**AGENCY FOR STATE TECHNOLOGY**

Name: Eric Larson

Signature: 

Title: Executive Director / State CIO

Date: April 14, 2017

**FLORIDA DEPARTMENT OF ELDER AFFAIRS**

Name: RICHARD PRUDOM

Signature: 

Title: DEPUTY SECRETARY

Date: 6/9/17

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**SERVICE LEVEL AGREEMENT  
ATTACHMENT B  
SUBSCRIBED SERVICES / DIRECT SERVICES**

**GENERAL INFORMATION:**

<b>CUSTOMER NAME:</b>	<b>FLORIDA DEPARTMENT OF ELDER AFFAIRS</b>		
<b>AGREEMENT START DATE:</b>	<b>JULY 1, 2017</b>	<b>AGREEMENT END DATE:</b>	<b>JUNE 30, 2020</b>

**I. SUBSCRIBED SERVICES**

**Table A** identifies the State Data Center (SDC) services offered by the Service Provider. Those Subscribed Services marked by “X” in **Column A** represent the SDC services to be provided to Customer under the terms of the Service Level Agreement (Agreement), and the specific service components to be provided by the Service Provider will be marked by an “X” in **Column B**. The scope of service, standards, service level commitments, deliverables and roles and responsibilities of each service below is described in detail in the Service Provider Service Catalog located in Attachment A.

**Table A**

<b>SUBSCRIBED SERVICES</b>	
<b>A - SERVICE</b>	<b>B – SERVICE COMPONENT</b>
<b>BACKUP / RECOVERY PLATFORM</b>	<div style="text-align: center; vertical-align: middle;"><input checked="" type="checkbox"/></div> <p>This platform provides Data Protection Services as described in the Service Catalog.</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Data Protection Services</li> <li><input checked="" type="checkbox"/> Data Archival Services</li> </ul>
<b>DATABASE PLATFORM</b>	<div style="text-align: center; vertical-align: middle;"><input checked="" type="checkbox"/></div> <p>This platform provides Oracle, SQL, and DB2 FOR LUW Services as described in the Service Catalog.</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Oracle Services</li> <li><input type="checkbox"/> Oracle Storage Service</li> <li><input type="checkbox"/> DB2 For LUW (UDB) Services</li> <li><input type="checkbox"/> SQL Managed Instance</li> <li><input type="checkbox"/> SQL Capacity Unit</li> </ul>
<b>DATA CENTER FACILITY AND OPERATIONS</b>	<div style="text-align: center; vertical-align: middle;"><input type="checkbox"/></div> <p>This platform provides Scheduling and infrastructure-level services necessary before subscribing to other services offered.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Additional Electrical Circuit (Co-location service)</li> <li><input type="checkbox"/> Floor Tiles (Co-location service)</li> <li><input type="checkbox"/> Rack Mounts (Co-location service)</li> <li><input type="checkbox"/> Tape Vault: On-site</li> <li><input type="checkbox"/> Tape Vault: Off-site</li> <li><input type="checkbox"/> Scheduling Services</li> </ul>

**SUBSCRIBED SERVICES**

<b>A - SERVICE</b>		<b>B – SERVICE COMPONENT</b>
<b>MAINFRAME PLATFORM</b>	<input type="checkbox"/>	<p>This platform provides z/OS processing, Backup/Virtual Storage, CICS Processing, DB2 Processing, IMS Processing, and Mainframe Storage as described in the Service Catalog.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> z/OS Processing</li> <li><input type="checkbox"/> Backup/Virtual Storage</li> <li><input type="checkbox"/> CICS Processing</li> <li><input type="checkbox"/> DB2 Processing</li> <li><input type="checkbox"/> DCF DB2 Processing</li> <li><input type="checkbox"/> DCF IMS Processing</li> <li><input type="checkbox"/> DCF Storage</li> <li><input type="checkbox"/> DCF z/OS Processing</li> <li><input type="checkbox"/> Storage</li> </ul>
<b>MANAGED APPLICATIONS</b>	<input type="checkbox"/>	<p>This service provides Customers managed support for applications such as Citrix based services, the option of electronic exchange of business data through Electronic Data Interchange (EDI), and the opportunity to utilize hosted messaging as a cloud-based service.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hosted Messaging Archive Service</li> <li><input type="checkbox"/> Citrix</li> </ul>
<b>NETWORK PLATFORM</b>	<input checked="" type="checkbox"/>	<p>This platform provides Load Balancing and Proxy, Bandwidth and Network Unit services as described in the Service Catalog.</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Load Balancing and Proxy</li> <li><input checked="" type="checkbox"/> Network Unit</li> </ul>
<b>OPEN SYSTEMS PLATFORM</b>	<input checked="" type="checkbox"/>	<p>This platform provides EDI Translation, Web/App/File Transfer, Linux/UNIX Capacity Unit and Linux/UNIX Managed Server services as described in the Service Catalog.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> EDI Translation</li> <li><input checked="" type="checkbox"/> Web/App/File Transfer Services</li> <li><input checked="" type="checkbox"/> Linux/UNIX Capacity Unit</li> <li><input checked="" type="checkbox"/> Linux/UNIX Managed Server</li> </ul>
<b>STORAGE PLATFORM</b>	<input checked="" type="checkbox"/>	<p>This platform provides Storage Services as described in the Service Catalog.</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Block-Based Storage Service</li> <li><input type="checkbox"/> Object-Based Storage Service</li> </ul>
<b>WINDOWS PLATFORM</b>	<input type="checkbox"/>	<p>This platform provides Windows Managed Server Services as described in the Service Catalog.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Windows Capacity Unit</li> <li><input type="checkbox"/> Windows Managed Server</li> </ul>
<b>CLOUD SERVICES</b>	<input type="checkbox"/>	<p>This offering provides Cloud compute, storage, and application services as defined by the Cloud Service Provider’s service catalog.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cloud Services</li> </ul>

**II. CUSTOMER-SPECIFIC REQUIREMENTS / DIRECT SERVICES**

As applicable, listed in **Table B** are Customer-specific scope of service, standards, service level commitments, deliverables and roles and responsibilities requirements, as they differ from those detailed in the Service Provider’s Service Catalog:

**Table B**

	<b>STATE DATA CENTER SERVICE</b>	<b>CUSTOMER-SPECIFIC REQUIREMENTS / DIRECT SERVICES</b>
<b>A.</b>	<b>BACKUP AND RECOVERY PLATFORM</b>	
1.	Data Protection Service	
2.	Data Archival Service	
3.	Service Level Commitment	
4.	Service Availability Windows	
5.	RACI	
6.	OTHER	
<b>B.</b>	<b>DATABASE PLATFORM</b>	
1.	Oracle Services	
2.	Oracle Storage Service	
3.	DB2 For LUW (UDB) Services	
4.	SQL Managed Instance	
5.	SQL Capacity Unit	
6.	Service Level Commitment	
7.	Service Availability Windows	
8.	RACI	
9.	OTHER	
<b>C.</b>	<b>DATA CENTER FACILITY AND OPERATIONS</b>	
1.	Additional Electrical Circuit (Co-location service)	
2.	Floor Tiles (Co-location service)	
3.	Rack Mounts (Co-location service)	
4.	Tape Vault: On-site	
5.	Tape Vault: Off-site	
6.	Scheduling Services	
7.	Service Level Commitments	
8.	Service Availability	
9.	RACI	
10.	OTHER	
<b>D.</b>	<b>MAINFRAME PLATFORM</b>	
1.	z/OS Processing	
2.	Backup/Virtual Tape Storage	
3.	CICS Processing	
4.	DB2 Processing	
5.	DCF DB2 Processing	
6.	DCF IMS Processing	
7.	DCF Storage	
8.	DCF z/OS Processing	
9.	Storage	
10.	Service Level Commitment	
11.	Service Availability Windows	
12.	RACI	
13.	OTHER	
<b>E.</b>	<b>MANAGED APPLICATIONS</b>	
1.	Hosted Messaging Archive Service	
2.	Citrix	
3.	Service Level Commitment	
4.	Service Availability Windows	

	STATE DATA CENTER SERVICE	CUSTOMER-SPECIFIC REQUIREMENTS / DIRECT SERVICES
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6.	OTHER	
<b>F.</b>	<b>NETWORK PLATFORM</b>	
1.	Load Balancing and Proxy	
2.	Network Unit	
3.	Service Level Commitment	
4.	Service Availability Windows	
5.	RACI	
6.	OTHER	
<b>G.</b>	<b>OPEN SYSTEMS PLATFORM</b>	
1.	EDI Translation	
2.	Web/App/File Transfer Services	
3.	Linux/UNIX Capacity Unit	
4.	Linux/UNIX Managed Server	
5.	Service Level Commitment	
6.	Service Availability Windows	
7.	RACI	
8.	OTHER	
<b>H.</b>	<b>STORAGE PLATFORM</b>	
1.	Block-Based Storage Service	
2.	Object-Based Storage Service	
3.	Service Level Commitment	
4.	Service Availability Windows	
5.	RACI	
6.	OTHER	
<b>I.</b>	<b>WINDOWS PLATFORM</b>	
1.	Windows Capacity Unit	
2.	Windows Managed Server	
3.	Service Level Commitment	
4.	Service Availability Windows	
5.	RACI	
6.	OTHER	
<b>J.</b>	<b>CLOUD SERVICES</b>	
1.	Cloud Services	
2.	Service Level Commitment	
3.	Service Availability Windows	
4.	RACI	
5.	OTHER	

**III. STATE/FEDERAL GUIDELINE REQUIREMENTS (HIPAA, CJIS, FERPA, etc.):**

## Business Associate Agreement

This Business Associate Agreement is dated October 14, 2014, by the Florida Department of Elder Affairs ("Covered Entity") and the Agency for State Technology, ("Business Associate").

### 1.0 Background.

1.1 Business Associate will obtain Protected Health Information from Covered Entity in the performance of one or more contracts or agreements between Covered Entity and Business Associate. Business Associate and subcontractors of Business Associate that provide services in relation to said contracts or agreements are permitted to receive and use protected health information in connection with said contracts or agreements, subject to the terms of this Agreement.

1.2 Covered Entity, recognizes the requirements of the Health Insurance Portability and Accountability Act and has indicated its intent to comply.

1.3 The Health Insurance Portability and Accountability Act regulations establish specific conditions on when and how covered entities may share information with contractors who perform functions for the Covered Entity.

1.4 The Health Insurance Portability and Accountability Act requires the Covered Entity and the Business Associate to enter into a contract or agreement meeting certain standards and containing specific requirements to protect the Confidentiality and Security of patients', protected health information, as set forth in, but not limited to, the Code of Federal Regulations (C.F.R.), specifically 45 C.F.R. §§ 164.502(e), 164.504(e), 164.308(b), and 164.314(a-b)(2013) (as may apply) and contained in this agreement.

1.5 The Health Information Technology for Economic and Clinical Health Act (2009), the American Recovery and Reinvestment Act (2009) and Part I – Improved Privacy Provisions and Security provisions located at 42 United States Code (U.S.C.) §§ 17931 and 17934 (2010), require business associates of covered entities to comply with the Health Insurance Portability and Accountability Act security rule, as set forth in, but not limited to 45 C.F.R. §§ 164.308, 164.310, 164.312, and 164.316, 45 C.F.R. §164.502(e)(2), and 45 C.F.R. §164.504(e)(2013). Such sections apply to a Business Associate of a Covered Entity in the same manner that such sections apply to the Covered Entity.

The parties therefore agree as follows:

2.0 **Definitions.** For purposes of this agreement, the following definitions apply:

2.1 **Access.** The ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system resource.

2.2 **Administrative Safeguards.** The administrative actions, policies, and procedures, to manage the selection, development, implementation, and maintenance of Security Measures to protect Electronic Protected Health Information and to manage the conduct of the covered entity's workforce in relation to the protection of that information.

2.3 **ARRA.** The American Recovery and Reinvestment Act (2009)

- 2.4 **Authentication.** The corroboration that a person is the one claimed.
- 2.5 **Availability.** The property of data or information being accessible and useable upon demand by an authorized person.
- 2.6 **Breach.** The unauthorized or unlawful acquisition, access, use, or disclosure of which Compromises the Security or privacy of such information.
- 2.7 **Compromises the Security.** Posing a significant risk of financial, reputational, or other harm to individuals.
- 2.8 **Confidentiality.** The property of data or information being undisclosed and unavailable to unauthorized persons or processes. .
- 2.9 **Designated Record Set.** A group of records maintained by or for a Covered Entity as defined in 45 CFR §164.501.
- 2.10 **Electronic Protected Health Information. (ePHI)** Individually identifiable health information transmitted by or maintained in electronic media, as specified in 45 C.F.R. §160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- 2.11 **HITECH.** The Health Information Technology for Economic and Clinical Health Act (2009)
- 2.12 **HIPAA.** The Health Insurance Portability and Accountability Act (1996) Pub. L. No. 104-191.
- 2.13 **Individual.** The person who is the subject of Protected Health Information, as specified in 45 C.F.R. §160.103.
- 2.14 **Information System.** An interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.
- 2.15 **Integrity.** The property of data or information being whole and not altered in an unauthorized manner..
- 2.16 **Malicious software.** Software, such as a virus, designed to damage or disrupt an electronic Information System.
- 2.17 **Part I.** Part I – Improved Privacy Provisions and Security provisions located at 42 United States Code (U.S.C.) §§ 17931 and 17934 (2010).
- 2.18 **Password.** Confidential Authentication information composed of a string of characters.
- 2.19 **Physical Safeguards.** The physical measures, policies, and procedures to protect a covered entity's electronic Information Systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.

2.20 **Privacy Rule.** The Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Part 160 and Part 164, subparts A and E.

2.21 **Protected Health Information. (PHI)** Health information as defined in 45 C.F.R. §160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

2.22 **Required By Law.** Has the same meaning as the term "required by law" in 45 C.F.R. § 164.103.

2.23 **Secretary.** The Secretary of the Department of Health and Human Services or his or her designee.

2.24 **Security incident.** The attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an Information System.

2.25 **Security or Security measures.** All of the administrative, physical, and Technical Safeguards in an Information System.

2.26 **Security Rule.** The Security Standards for the protection of Protected Health Information as specified in 45 C.F.R. part 164, subpart C, and amendments thereto.

2.27 **Technical Safeguards.** The technology and the policy and procedures for its use that protect Electronic Protected Health Information and control access to it.

2.28 **Unsecured PHI.** Has the same meaning as the term "Unsecured Protected Health Information" as defined in 45 C.F.R. §164.402.

2.29 All other terms used, but not otherwise defined in this Agreement shall have the same meaning as those terms defined in 45 C.F.R. §§160, 162, and 164, or if not defined therein, the same as the plain meaning of the term(s).

### 3.0. **Obligations and Activities of Business Associate.**

3.1 Business Associate agrees to not use or further disclose PHI other than as permitted or required by this agreement or as Required By Law.

3.2 Business Associate agrees to:

(a) Implement policies and procedures to prevent, detect, contain and correct Security violations in accordance with 45 C.F.R. § 164.306;

(b) Prevent use or disclosure of PHI other than as provided for by this Agreement or as Required By Law;

(c) Use appropriate safeguards and comply, where applicable, with Subpart C of 45 C.F.R. §164 with respect to ePHI that the Business Associate creates, receives, maintains, or transmits on behalf of the Covered Entity, to prevent use or disclosure of the information other than as provided for by this Agreement or by law; and

(d) Comply with the Security Rule requirements including the Administrative Safeguards, Physical Safeguards, Technical Safeguards, and policies and procedures and documentation requirements set forth in 45 C.F.R. §§ 164.308, 164.310, 164.312, and 164.316, including the provisions of training on such policies and procedures to applicable employees, independent contractors, and volunteers, that reasonably and appropriately protect the Confidentiality, Integrity, and Availability of PHI and/or ePHI that the Provider creates, receives, maintains or transmits on behalf of the Department.

(e) Comply with the requirements of the Privacy Rule that apply to Covered Entity in the performance of such obligations, to the extent Business Associate is to carry out Covered Entity's obligations under 45 C.F.R. §164 or this Agreement.

3.3 Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

3.4 Business Associate agrees to report to Covered Entity, without unreasonable delay, any use or disclosure of PHI not provided for by this Agreement of which it becomes aware. This includes any copying or amendment of such information and any Security Breaches involving Unsecured PHI as required by 45 C.F.R. §164.410. Business Associate agrees to include in such notice:

(a) Identification of any individual whose Unsecured PHI has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, or disclosed during such Security Breach in accordance with 45 C.F.R. §164.404; and

(b) All information required for the *Notice to the Secretary of HHS of Breach of Unsecured Protected Health Information*, available on the U.S. Department of Health and Human Services website.

3.5 Business Associate agrees to maintain and provide to the Secretary such records and compliance reports as the Secretary may determine to be necessary and to comply with all compliance reviews and complaint investigations as required by the 45 C.F.R. §160, Subsection C.

3.6 Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI that was created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

3.7 If Business Associate has PHI in a Designated Record Set:

(a) Business Associate agrees to provide at the request of Covered Entity during regular business hours, Access to PHI in a Designated Record Set to Covered Entity or, as directed by Covered Entity, to an individual in order to meet the requirements under 45 C.F.R. §164.524; and



(b) Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of Covered Entity or an Individual within 10 business days of receiving the request.

3.8 Business Associate agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity, available to the Secretary upon request from the Secretary for purposes of determining Covered Entity's compliance with the Privacy Rule.

3.9 Business Associate agrees to document such disclosures of PHI and information related thereto as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.

3.10 Business Associate agrees to provide to Covered Entity or an Individual, upon request, information collected in accordance with Paragraphs 3.7 and 3.9 above, in response to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. §§ 164.528, § 164.502 and § 164.504.

3.11 Business Associate specifically agrees to use Security Measures that reasonably and appropriately protect the Confidentiality, Integrity, and Availability of PHI in electronic or any other form that it creates, receives, maintains, or transmits on behalf of the Covered Entity.

3.12 Business Associate agrees to implement Security Measures to secure Passwords used to Access ePHI that it accesses, maintains, or transmits as part of this Agreement from Malicious Software and other man-made and natural vulnerabilities to assure the Availability, Integrity, and Confidentiality of such information.

3.13 Business Associate agrees to implement Security Measures to safeguard ePHI that it accesses, maintains, or transmits as part of this agreement from Malicious Software and other man-made and natural vulnerabilities to assure the Availability, Integrity, and Confidentiality of such information.

3.14 Business Associate agrees to comply with:

(a) ARRA § 13404 (Application of Knowledge Elements Associated with Contracts), as set forth in 45 C.F.R. §§164.502, 164.504;

(b) ARRA § 13405 (Restrictions on Certain Disclosures and Sales of Health Information), as set forth in 45 C.F.R. §164, Subpart E; and

(c) ARRA § 13406 (Conditions on Certain Contacts as Part of Health Care Operations), as set forth in 45 C.F.R. §§164.508(a)(3), 164.514(f)(1).

4.0 **Permitted Uses and Disclosures by Business Associate.** Except as otherwise limited in this Agreement or any related agreement, Business Associate may use or disclose PHI to perform functions, activities, or services on behalf of Covered Entity, in connection with developing strategies for the design, delivery, and management of information technology services; monitoring delivery and management of those services; and establishing rules and policies for managing those services provided

that such use or disclosure would not violate the Privacy Rule as it applies to Business associate and Covered Entity, or the minimum necessary policies and procedures of the Covered Entity that are provided to Business Associate by Covered Entity.

**5.0 Specific Use and Disclosure Provisions.**

5.1 Except as otherwise limited in this agreement or any related agreement, Business Associate may use or disclose PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of Business Associate, provided that Business Associate will appropriately safeguard the information in accordance with the Privacy Rule.

5.2 Except as otherwise limited in this agreement or any related agreement, Business Associate may authorize a Business Associate that is a subcontractor to create, receive, maintain or transmit PHI on behalf of Business Associate for the proper management and administration of the Business Associate, provided that Business Associate obtains satisfactory assurances, in accordance with 45 C.F.R. §164.502(e)(1)(ii), and documented in accordance with 45 C.F.R. §164.502(e)(1)(ii)(2), that the subcontractor will appropriately safeguard the information, and, in the event of termination, will return or destroy all PHI and ePHI in accordance with Section 8.3 of this Agreement and 45 C.F.R. §164.504(e)(2)(ii)(J).

5.3 Business Associate may use PHI to provide data aggregation services relating to the health care operations of Covered Entity as permitted by 45 C.F.R. §164.504(e)(2)(i)(B), only when specifically authorized by Covered Entity.

5.4 Business Associate may use or disclose PHI to report violations of law to appropriate Federal and State authorities, consistent with 45 C.F.R. §164.502(j)(1).

**6.0 Obligations of Covered Entity.**

6.1 Covered Entity shall notify Business Associate of any limitation(s) in Covered Entity's notice of privacy practices, to the extent that such limitation may affect Business Associate's use or disclosure of PHI, by providing a copy of the most current Notice of Privacy Practices (NPP) to Business Associate as Attachment I to this Agreement. Future Notices and/or modifications to the NPP shall be posted on Covered Entity's website at [www.elderaffairs.state.fl.us](http://www.elderaffairs.state.fl.us).

6.2 Covered Entity shall notify Business Associate of any restriction to the use or disclosure of an Individual's PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

7.0 **Permissible Requests by Covered Entity.** Except for data aggregation or management and administrative activities of Business Associate, Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

**8.0 Effective Date and Termination.**

8.1 The Parties hereby agree that this agreement amends, restates and replaces any other Business Associate Agreement currently in effect between Covered Entity and Business Associate and

that the provisions of this agreement shall be effective on the last date that the Agreement has been signed by both parties.

**8.2 Termination for Cause.** Upon Covered Entity's knowledge of a material breach of this agreement or a violation of the Security Rule or the Privacy Rule by Business Associate, Covered Entity shall either:

(a) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

(b) Immediately terminate this agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or

(c) If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

**8.3 Effect of Termination.** Except as provided in subparagraph (b) of this section, upon termination of this agreement, Business Associate shall return or destroy all PHI and ePHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity.

(a) This provision shall apply to PHI and ePHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI and ePHI.

(b) In the event that Business Associate or Covered Entity determines that returning or destroying the PHI or ePHI is infeasible, notification of the conditions that make return or destruction of PHI or ePHI infeasible shall be provided to the other party. Business Associate shall extend the protections of this Agreement to such retained PHI and ePHI and limit further uses and disclosures of such retained PHI and ePHI to those purposes that make the return or destruction of the information infeasible, for a minimum of six years and so long as Business Associate maintains such PHI and ePHI, but no less than six (6) years after the termination of this agreement.

**8.4 Expiration and Effect.** Unless sooner terminated pursuant to Section 8.2 above, this agreement will expire once Business Associate no longer has any PHI in its possession, whether by destruction or return to Covered Entity. Business Associate will provide a certification to Covered Entity once Business Associate no longer has any Data in its possession. Any agreements in place pursuant to Section 3.6 hereof will remain in effect until such agent no longer has any PHI in its possession and certifies same.

**9.0 Regulatory References.** A reference in this agreement to a section in the Privacy Rule or Security Rule means the section then in effect or as may be amended in the future.

**10.0 Amendment.** The Parties agree to take such action as is necessary to amend this agreement as necessary for Covered Entity to comply with the requirements of HIPAA, the Privacy Rule, the Security Rule, and other applicable HIPAA rules.

11.0 **Survival.** Any term, condition, covenant or obligation which requires performance by either party hereto subsequent to the termination of this agreement shall remain enforceable against such party subsequent to such termination.

12.0 **Interpretation.** Any ambiguity in this agreement shall be resolved to permit Covered Entity and Business Associate to comply with 45 C.F.R. §§160, 162, and 164.

13.0 **Incorporation by reference.** Any future new requirement(s), changes or deletion(s) enacted in federal law which create new or different obligations with respect to HIPAA privacy and/or Security, shall be automatically incorporated by reference to this Business Associate Agreement on the respective effective date(s).

14.0 **Notices.** All notices and communications required, necessary or desired to be given pursuant to this agreement, including a change of address for purposes of such notices and communications, shall be in writing and delivered personally to the other party or sent by express 24-hour guaranteed courier or delivery service, or by certified mail of the United States Postal Service, postage prepaid and return receipt requested, addressed to the other party as follows (or to such other place as any party may by notice to the others specify):

To Covered Entity: Florida Department of Elder Affairs  
Attention: «Contract\_Manager»  
4040 Esplanade Way  
Suite «Room»  
Tallahassee, Florida 32399

To Business Associate: Gerry York  
Director, Legal Affairs  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32301

Any such notice shall be deemed delivered upon actual receipt. If any notice cannot be delivered or delivery thereof is refused, delivery will be deemed to have occurred on the date such delivery was attempted.

15.0 **Governing Law.** The laws of the State of Florida, without giving effect to principles of conflict of laws, govern all matters arising under this agreement.

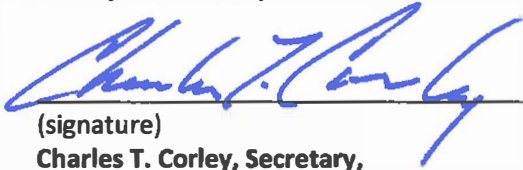
16.0 **Severability.** If any provision in this agreement is unenforceable to any extent, the remainder of this agreement, or application of that provision to any persons or circumstances other than those as to which it is held unenforceable, will not be affected by that unenforceability and will be enforceable to the fullest extent permitted by law.

17.0 **Successors.** Any successor to Business Associate (whether by direct or indirect or by purchase, merger, consolidation, or otherwise) is required to assume Business Associate's obligations under this agreement and agree to perform them in the same manner and to the same extent that Business Associate would have been required to if that succession had not taken place. This assumption

by the successor of the Business Associate's obligations shall be by written agreement satisfactory to Covered Entity.

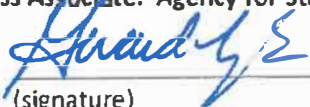
**18.0 Entire Agreement.** This agreement constitutes the entire agreement of the parties relating to the subject matter of this agreement and supercedes all other oral or written agreements or policies relating thereto, except that this agreement does not limit the amendment of this agreement in accordance with section 10.0 of this agreement.

**Covered Entity: Florida Department of Elder Affairs**

By:   
(signature)  
**Charles T. Corley, Secretary,  
Florida Department of Elder Affairs**

Date: 10/14/14

**Business Associate: Agency for State Technology**

By:   
(signature)  
**Director, Legal Affairs**

Date: 9/22/14

**IV. AGREEMENT COORDINATORS**

**The Agreement Coordinators for this Agreement are:**

<b>Service Provider</b>	<b>Customer</b>
Name: Laura Whitfield Phone: 850-488-9399 E-Mail: Laura.Whitfield@ast.myflorida.com	Name: Steve Grantham Phone: 850-414-2023 E-Mail: granthams@elderaffairs.org
Name: Shelley McCabe, ITSM Bureau Chief Phone: 850-717-0936 E-Mail: Shelley.Mccabe@ast.myflorida.com	

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**JEFFREY S. BRAGG, SECRETARY**

**DEPARTMENT OF ELDER AFFAIRS (DOEA)**

**PROJECT CHARTER**

**FOR**

**ENTERPRISE CLIENT INFORMATION AND**

**REGISTRATION TRACKING SYSTEM (eCIRTS) PROJECT**

**SEPTEMBER 13, 2017**

## Contacts

<b>Project Name:</b>	Enterprise Client Information and Registration Tracking System
<b>Request or Submit Date:</b>	7/24/2017
<b>Estimated Project Duration:</b>	Large Over 2 Years
<b>Executive Sponsor:</b>	Jon Manalo
<b>Business Functional Sponsor:</b>	Madeleine Nobles
<b>Contract Manager:</b>	Shandra McGlohon
<b>DOEA Project Manager:</b>	TBD
<b>Budget and Planning Director:</b>	Chris Evans
<b>Legislative Affairs Director:</b>	Jon Conley
<b>IT (CIO):</b>	Steve Grantham
<b>Impacted Business Division(s)/Stakeholders</b>	<ul style="list-style-type: none"> <li>▪ DOEA Bureau of Planning and Evaluation</li> <li>▪ DOEA Office of Strategic Initiatives</li> <li>▪ DOEA Communications</li> <li>▪ DOEA Legislative Affairs</li> <li>▪ DOEA Division of Statewide and Community-Based Services</li> <li>▪ DOEA Bureau of Community and Support Services</li> <li>▪ DOEA Bureau of CARES</li> <li>▪ DOEA Bureau of Elder Rights</li> <li>▪ DOEA Financial and Support Services</li> <li>▪ DOEA Monitoring and Quality Assurance</li> <li>▪ DOEA Bureau of Long-term Care and Support</li> <li>▪ Area Agency on Aging (AAA)/Aging and Disability Resource Center (ADRC) staff</li> <li>▪ Agency for Health Care Administration (AHCA)</li> <li>▪ DOEA Inspector General</li> </ul>



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## **1. EXECUTIVE SUMMARY**

### **1.1. CHARTER PURPOSE**

The purpose of the Enterprise Client Information Registration Tracking System (eCIRTS) Project Charter is to communicate to project participants and stakeholders the formal authorization for the eCIRTS project to begin. The following sections describe the AST required components of the eCIRTS Project Charter.

### **1.2. DOEA BACKGROUND**

The Department of Elder Affairs (DOEA) was created in 1991 through the enactment of the “Department of Elderly Affairs Act” (Chapter 430, Florida Statutes). Since 1992, DOEA’s mission has been successfully serving and advocating for elder Floridians acting as the primary state agency for administering human services programs for elders and developing policy recommendations for long-term care. DOEA’s primary goal is to utilize resources efficiently and effectively to help ensure the greatest possible number of elders and persons with disabilities can spend their golden years living healthy, active, and fulfilling lives in their communities.

Florida is home to nearly 5.2 million residents age 60 and older and currently ranks first in the nation for the population of 65 years or older and as the senior population continues to increase, Florida’s future is linked to the financial, health, and physical security of the elder population. DOEA serves a population of over 900,000 Florida residents comprising almost 20% of the elder population in Florida. DOEA provides these services through its Division of Statewide Community-Based Services, which works through the state’s eleven Area Agencies on Aging (AAAs)/Aging and Disability Resource Centers (ADRCs) (AAA/ADRC), Lead Agencies, and local service providers. DOEA also administers a wide range of programs, ranging from the Long-Term Care Ombudsman Program (LTCOP), Office of Public and Professional Guardians, Communities for a Lifetime, SHINE (Serving Health Insurance Needs of Elders), and CARES (Comprehensive Assessment and Review for Long-Term Care Services).

There has been a steady 2.5% average annual increase in the number of clients DOEA serves over the past five years. This coupled with stagnant or decreasing budgets along with outdated, inefficient technologies have strained available resources. To support its service goals and keep pace with client growth there is now a pressing need for increased efficiencies by leveraging reengineered processes and new technologies across the Department.

The new eCIRTS is central to the DOEA’s process improvement strategy. It is anticipated the new system, combined with business process improvements, will provide a significant elimination or reduction of manual processes, increase staff efficiencies, enhance client access, and provide better analytics and reporting capabilities to enhance workforce management and planning.

## 2. BUSINESS NEED AND OBJECTIVES

### 2.1 BUSINESS NEED AND JUSTIFICATION

The current technology used by DOEA to provide services including determining medical eligibility of the State's elderly population for cost effective home and community-based services, is the antiquated legacy Client Information and Registration Tracking System (CIRTS). CIRTS is a 25+ year old system using an obsolete and no longer supported technology. The impact of continuing to utilize older technology is reduced stability, dependability, extensibility, and supportability of DOEA's most critical application. Additionally, years of extensive programmatic changes have resulted in conflicting modifications and workarounds in code, creation of additional external "shadow" databases, and paper-based processes severely convoluting the work flow, data management, and security processes. This has resulted in significant inefficiencies in the system and therefore reducing employee efficiency and productivity.

### 2.2 PROJECT BENEFITS

The high-level benefits for DOEA of the eCIRTS Project are listed in the table below:

#	Benefit Description	How is Benefit Realized?	How Assessed/Measured?	Date Realized (MM/YY)
1.	Implementation of a centralized client data management system with master data management	<ul style="list-style-type: none"> <li>Enhanced client management, access, and service</li> <li>Increased data integrity</li> <li>Reduced data duplication</li> </ul>	Compare against baselined current system data management	09/21
2.	Enhanced functionality for mobile access to systems and information	<ul style="list-style-type: none"> <li>Enhanced mobile workforce functionality and efficiency</li> <li>Access to application via Wi-Fi, cellular, and offline functionality</li> <li>Addition of route-based scheduling</li> </ul>	Compare against baselined current system functionality and accessibility	09/21
3.	Enhanced workflow and workforce management capabilities increasing intra/interdepartmental collaboration.	<ul style="list-style-type: none"> <li>Reduction or elimination of manual processes</li> <li>Increased staff efficiency</li> <li>Increased management oversight, staff accountability, and resource planning</li> </ul>	Compare against baselined current processing times	09/21

#	Benefit Description	How is Benefit Realized?	How Assessed/Measured?	Date Realized (MM/YY)
4.	Addition of electronic signature functionality	<ul style="list-style-type: none"> <li>• Reduced processing time</li> <li>• Reduced cost from current mail/fax activities</li> </ul>	Compare against baselined current time needed to process	09/21
5.	Addition of advanced reporting and analytics functionality	<ul style="list-style-type: none"> <li>• Improved staff productivity and efficiency</li> <li>• Enhanced strategic planning, forecasting, and reporting capabilities</li> </ul>	Compare against baselined current reporting capabilities	09/21
6.	Improved system scalability to accommodate increased resource capacity needs, improved system modularity and extensibility with a business rules engine to expand system functionality	<ul style="list-style-type: none"> <li>• Enhanced ability to quickly address changing resource capacity needs</li> <li>• More flexible system configuration capabilities to address dynamic request for modifications</li> </ul>	Compare against baselined capacity planning and development time	09/21

### 2.3 BUSINESS OBJECTIVES

The overall purpose of the eCIRTS project is to optimize business processes and align the optimized process with the best value technology solution available in the market to support DOEA's drive for increased efficiency.

The key goals and objectives, by phase, of the CIRTS Project are listed below:

Goals and Objectives	Description
<p>Phase I: Business Process Reengineering, Requirements Definition, and Market Analysis</p>	<p>DOEA's primary goal for Phase I was to re-evaluate the ways DOEA provides services, keeping those processes that work and redesigning those that can provide more efficiency. In addition, evaluating technology options that will assist DOEA with implementing the improved processes. The following objectives were identified for Phase I:</p> <ul style="list-style-type: none"> <li>▪ Document the "as-is" processes to identify areas for improvement;</li> <li>▪ Document "to-be" processes that are actionable and more efficient in the provision of services to the elder citizens of the State of Florida;</li> <li>▪ Define the detailed requirements that support the more efficient to-be processes; and</li> <li>▪ Develop a market analysis to identify the best value technology solutions that best aligns with DOEA's more efficient "to-be" processes.</li> </ul>
<p>Phase II: Schedule IV-B, Advance Planning Document, Invitation to Negotiate, Use Cases, Organizational Change Management, and Workforce Transition</p>	<p>DOEA's primary goal for Phase II is to secure funding for the eCIRTS project and to release an Invitation to Negotiate (ITN) procurement. The following objectives are identified for Phase II:</p> <ul style="list-style-type: none"> <li>▪ Develop a Schedule IV-B and ancillary documents for submission to the Governor's Office and Legislature;</li> <li>▪ Develop an Advanced Planning Document for submission to the U.S. Department of Health and Human services (HHS), Centers for Medicare and Medicaid Services (CMS);</li> <li>▪ Develop Use Cases for submission with ITN;</li> <li>▪ Develop an Organizational Change Management Plan and Workforce Transition Plan in preparation for Phase III;</li> <li>▪ Develop, release, and manage an ITN procurement; and</li> <li>▪ Select a solution and vendor partner that provides the least risk and the best value for DOEA and the citizens it serves.</li> </ul>

Goals and Objectives	Description
<p>Phase III: Replace Antiquated Technology Aligned with New Business Processes</p>	<p>DOEA's primary goal for Phase III is to replace the current 25+ year old technology with current technology that is reliable, supportable, easily expandable, extensible, increases data integrity, enhances security (both Federal and State requirements), increases mobile capabilities and aligns with enhanced business processes. The following objectives are identified for Phase III:</p> <ul style="list-style-type: none"> <li>▪ On-board a System Integrator;</li> <li>▪ Work with the selected vendor partner to deliver the required scope, on schedule, and within budget including:               <ul style="list-style-type: none"> <li>○ Gap/Fit analysis;</li> <li>○ System design;</li> <li>○ System development and configuration (including interfaces, data conversions, reports and correspondence);</li> <li>○ System Testing, Unit Testing, User Acceptance Testing;</li> <li>○ System Training; and</li> <li>○ System Deployment.</li> </ul> </li> <li>▪ Implement Organizational Change Management activities; and</li> <li>▪ Successfully close out the eCIRTS project.</li> </ul>
<p>Phase IV: Operations and Maintenance</p>	<p>The primary goal of operations and maintenance is to utilize the implemented technology to increase the efficiency and effectiveness of DOEA's resources in the provision of services to the elder citizens in the State of Florida. The primary objectives are identified for operations and maintenances:</p> <ul style="list-style-type: none"> <li>▪ Manage operations and maintenance service level agreements to meet or exceed service level expectations;</li> <li>▪ Minimize operations and maintenance cost; and</li> <li>▪ Measure and report expected benefits to ensure benefit realization.</li> </ul>

### 3. PROJECT SUMMARY

#### 3.1 PROJECT DESCRIPTION

The migration to a new eCIRTS system will require activities to plan, design, develop, implement, and operate eCIRTS. The eCIRTS system will require significant standardization and optimization of business processes within DOEA. The project will begin with the standardization of business processes across the Planning and Service Area (PSA) offices using an industry-standard modeling language to model all processes, information, and systems. Additionally, oversight, planning, management, execution, and organizational change management activities are key areas of work involved in the implementation.

The activities described above fall under the following areas:

- Project Management
- Process
- People
- Technology

### 3.2 PROJECT SCOPE

The project scope statement provides a baseline understanding of the scope of the project and includes the project's scope and deliverables and the work required to complete the deliverables to ensure a common understanding of the project's scope among all stakeholders.

The high-level activities that were in-scope for Phases I and will be undertaken for Phases II and III of the eCIRTS project are listed in the table below:

Scope of Work	
Phase I	<ul style="list-style-type: none"> <li>▪ Development of a Project Management Plan in accordance with Chapter 74-1, F.A.C;</li> <li>▪ Evaluate and document the existing CIRTS system and associated business processes.</li> <li>▪ Validate the list of system interfaces required, to include information received, method of transmission, and frequency of transmission;</li> <li>▪ Perform Joint Application Development (JAD) sessions to produce:               <ul style="list-style-type: none"> <li>• Detailed "as is" process map flows; and</li> <li>• Detailed list of functional requirements for the "to be" CIRTS solution.</li> </ul> </li> <li>▪ Develop a Market Analysis of solution options based on identified requirements including recommendation for the replacement or enhancement of the existing CIRTS system.</li> </ul>
Phase II	<ul style="list-style-type: none"> <li>▪ Procurement/Solicitation Support including:               <ul style="list-style-type: none"> <li>• Develop and document the annual Legislative Budget Request (LBR) for IT projects and supporting documents including Schedule IV-B, Spending Plan, and maintaining and tracking LBRs as well as developing responses to requests for additional information related to LBRs;</li> <li>• Develop the ITN and related supporting documents;</li> <li>• Provide reviews and feedback of IT contract and/or procurement documents;</li> <li>• Develop and update planning documents (e.g., Advanced Planning Documents) required for federal matching funds; and</li> <li>• Procurement management and support for the duration of the procurement;</li> </ul> </li> <li>▪ Project Management (PMO) support including but not limited to the following:               <ul style="list-style-type: none"> <li>• PMO Services;</li> <li>• Development of Project Management Plan;</li> <li>• Development of Master Project Schedule;</li> <li>• Development of RAID log; and</li> <li>• Project repository/library.</li> </ul> </li> </ul>

<b>Scope of Work</b>	
	<ul style="list-style-type: none"> <li>▪ Development of use cases based on requirements and process flows (to be included in ITN) as well as updating and refining the requirements and business process flows based on the use case development; and</li> <li>▪ Development and implementation of an Organizational Change Management Plan and Work Force Transition Plan.</li> </ul>
Phase III	Design, Develop, and Implement Project activities including: <ul style="list-style-type: none"> <li>▪ On-board System Integrator and Project Management Activities;</li> <li>▪ Gap/Fit analysis;</li> <li>▪ Requirements and Traceability Matrix;</li> <li>▪ System design;</li> <li>▪ System development and configuration (including interfaces, data conversions, reports and correspondence);</li> <li>▪ System Testing, Unit Testing, User Acceptance Testing;</li> <li>▪ System Training;</li> <li>▪ System Deployment; and</li> <li>▪ Phase III Project Close Activities (warranty, knowledge transfer and close out report)</li> </ul>
Phase IV	Operations and Maintenance activities including: <ul style="list-style-type: none"> <li>▪ Manage operations and maintenance service level agreements to meet or exceed service level expectations;</li> <li>▪ Minimize operations and maintenance cost; and</li> <li>▪ Measure and report expected benefits to ensure benefit realization.</li> </ul>

### 3.3 PROJECT ASSUMPTIONS AND CONSTRAINTS

#### 3.3.1 ASSUMPTIONS

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

- The project is the top IT initiative for DOEA;
- There is support from the DOEA Executive Project Sponsor, Business Sponsor, and External Stakeholders;
- There is understanding of and commitment from all DOEA stakeholders to the project goals and objectives;
- DOEA's business functional and technical subject matter experts will be made available by Division Directors to ensure all DOEA project tasks and milestones are successfully completed in line with the project schedule;
- The DOEA Deliverable Review Team will provide timely reviews, as agreed to in the DOEA approved Master Project Schedule (project schedule), for project deliverables;
- There will be collaboration and communication among project teams, DOEA regional offices, and project stakeholders; and



- Changes to the scope or assumptions defined in this document could result in a change order and contract amendment.

### 3.3.2 CONSTRAINTS

The following constraints have been identified for the CIRTS Project. As project planning begins and more constraints are identified, they will be added accordingly.

- There is limited budget for this project;
- There is a dependency on federal matching funds for this project; and
- There is finite staff availability for this project as the project is cross-matrixed.

## 4. INITIAL PROJECT PLAN

A detailed Project Management Plan (PMP) has been developed for the eCIRTS project. It is anticipated that when the Systems Integrator (SI) is on-boarded a review of the Project Management Plan will be performed during the Planning Phase to incorporate any feedback the SI may have based on implementing systems of this size and complexity.

### 4.1 ESTIMATED RESOURCE REQUIREMENTS

The estimated resource requirements have been defined in detail in the Schedule IV-B. The Schedule IV-B is stored on the eCIRTS SharePoint project repository and is available upon authorized request.

### 4.2 ESTIMATED BUDGET

The estimated budget has been defined in detail in the Schedule IV-B. The Schedule IV-B is stored on the eCIRTS SharePoint project repository and is available upon authorized request.

### 4.3 FUNDING SOURCE(S)

DOEA intends to utilize a combination of state and matching federal funding for the eCIRTS project. The following funding sources are listed below:

Funding Source	Description of Services	Percent Funding
State of Florida	Planning and Implementation Services	10%
U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS)	Planning and Implementation Services	90%
State of Florida	Operations and Management Services	25%

Funding Source	Description of Services	Percent Funding
U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS)	Operations and Management Services	75%

A detailed breakdown of the funding request and breakdown of cost is available as a component of the Schedule IV-B. The Schedule IV-B is stored in the project repository and is available upon request.

#### 4.4 PROCUREMENT STRATEGY

DOEA has a deep understanding from an implementation and vendor perspective of the Florida procurement environment and will augment this knowledge with experienced consulting services specializing in Invitation to Negotiate (ITN) procurements. To successfully support the development and execution of the eCIRTS procurement, DOEA will utilize an ITN to provide open and fair competition while providing options to negotiate the best value for DOEA. The ITN will be governed by the following ideals:

- **Mitigate the risk of protest:** Address the known steps, procedures, legal requirements, or required reviews of Florida's state procurement requirements, and in applying a discipline and rigor to the process, this will ensure the procurement moves forward in a technically correct and transparent manner.
- **Be precise, and be flexible enough to allow for innovation:** Present the requirements in such a way to allow vendors to bring new, innovative technologies or solutions to the procurement process for consideration, while also clearly and appropriately addressing DOEA's needs.
- **Use Subject Matter Experts:** Identifying DOEA subject matter experts early is imperative when developing the ITN and when implementing the procurement process.
- **Establish a realistic and achievable procurement plan (schedule):** A realistic and achievable schedule leaves ample room for schedule adjustments without sacrificing critical schedule elements like the notice to award date.

#### 4.5 PROJECT SCHEDULE ESTIMATE

Schedule management encompasses the policies, procedures, and documentation for planning, developing, managing, executing, and controlling the timely completion of the project. A project schedule has been developed for the eCIRTS project using the rolling wave approach. Due to the nature of long projects, not all resources will be known at the start of the project. In the Master Project Schedule, a rolling wave process was used to identify detailed tasks and named resources or role placeholders within the defined six-month rolling wave period. The eCIRTS Master Project Schedule is available in eCIRTS project repository and is available upon request.

The high-level duration estimates for the CIRTTS Project Phase I-III are listed in the table below. Phase I is complete and the durations for Phase II and III are estimated and will be further detailed throughout the project using the rolling wave approach as defined in the Schedule Management Plan.

Phase I Project Phases (Complete)							
Initiation		Planning		Execution/Controlling		Closing	
Start	Finish	Start	Finish	Start	Finish	Start	Finish
January 2017	January 2017	January 2017	February 2017	January 2017	May 2017	June 2017	June 2017

Phase II Project Phases (In Progress)							
Initiation		Planning		Execution/Controlling		Closing	
Start	Finish	Start	Finish	Start	Finish	Start	Finish
July 2017	July 2017	August 2017	August 2017	August 2017	June 2018	June 2018	June 2018

Phase III Project Phases (Pending)							
Initiation		Planning		Execution/Controlling		Closing	
Start	Finish	Start	Finish	Start	Finish	Start	Finish
July 2018	August 2018	September 2018	February 2019	February 2019	June 2020	July 2020	July 2020

#### 4.5.1 MILESTONES

The milestones for the CIRTTS Project Phase I-III are listed in the tables below. Phase I has been completed and the milestone targets for Phase II and III are estimated and will be further defined using a rolling wave approach as defined in the Schedule Management Plan.

Major Milestones for Phase I	Actual Completion Date
<b>Milestone I</b> - Statement of Work created and approved, procurement completed, and Contract approved	December 2016
<b>Milestone II</b> - Project Kick-Off, Project Management Plan Finalized, Project Schedule created, and Discovery completed	January 2017
<b>Milestone III</b> - Business process Reengineering and Requirements defined and approved to include: <ul style="list-style-type: none"> <li>▪ Business Process Analysis Process Flows (As-Is and To-Be);</li> <li>▪ Joint Requirements Definition (Requirements Defined); and</li> <li>▪ Validate System Interfaces</li> </ul>	April 2017

Major Milestones for Phase I	Actual Completion Date
<b>Milestone IV</b> - Solution Analysis documented and finalized including the following: <ul style="list-style-type: none"> <li>▪ Market Analysis for Best Value Solution</li> <li>▪ Solution Recommendation</li> <li>▪ LBR Support</li> </ul>	June 2017
<b>Milestone V</b> - Phase I Project Closeout	June 30, 2017

Major Milestones for Phase II	Target Completion Date
<b>Milestone I</b> - Legislative Budget Request and Schedule IV-B created and finalized	September 2017
<b>Milestone II</b> - IAPD developed and DOEA internally approved	September 2017
<b>Milestone III</b> - IAPD approved by CMS	December 2017
<b>Milestone IV</b> - Develop and finalize Use Cases, ITN, and associated documents	February 2018
<b>Milestone V</b> - Develop Organizational Change Management and Workforce Transition Plan	June 2018
<b>Milestone VI</b> - ITN Procurement	June 2018
<b>Milestone VII</b> - Phase II Project Closeout	June 2018

Major Milestones for Phase III	Target End Date
<b>Milestone I</b> - On-board System Integrator and finalize PM Activities	August 2018
<b>Milestone II</b> - Gap/Fit and Design finalization	February 2019
<b>Milestone III</b> - System development and Configuration completion	December 2019
<b>Milestone IV</b> - Test, Train, and Deploy System	June 2020
<b>Milestone V</b> - Project Closeout	June 2020

## 5. PROJECT AUTHORITY

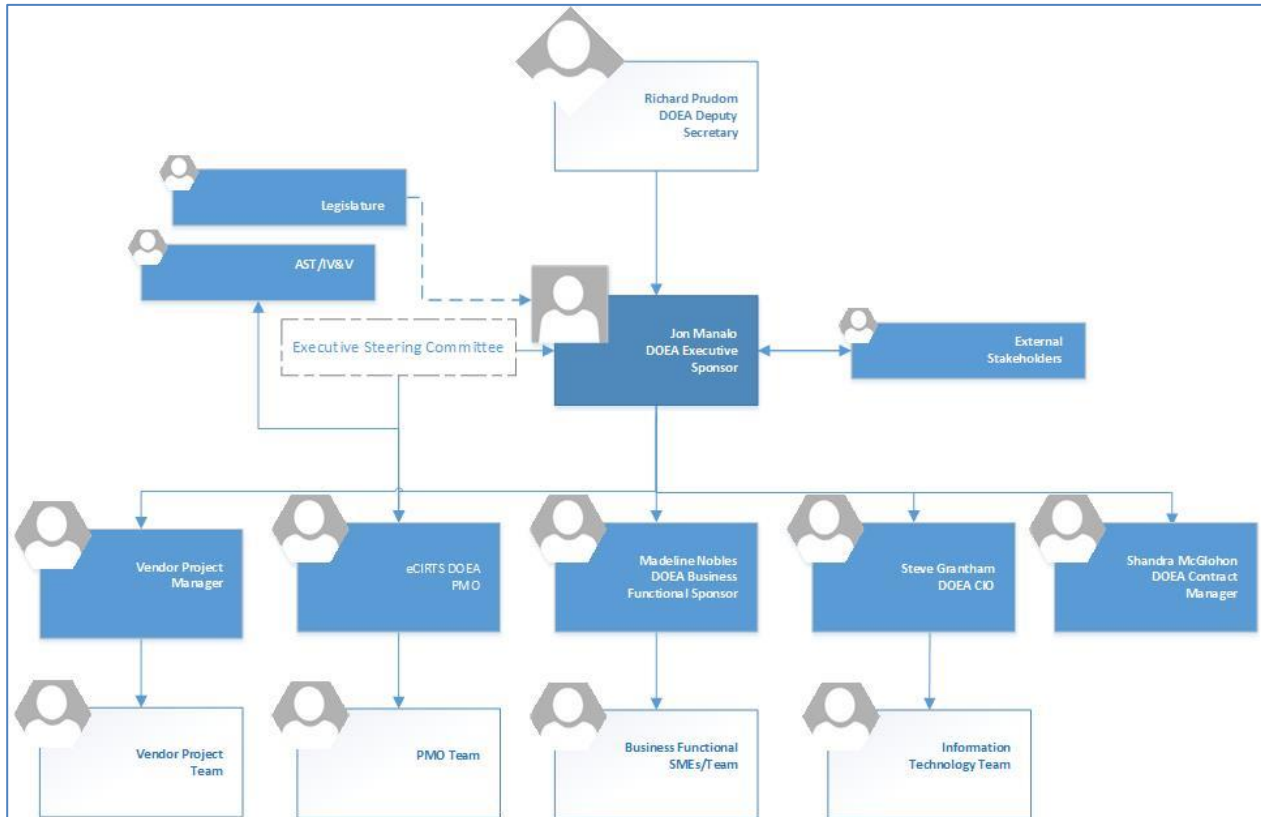
The eCIRTS Project Authority includes the associated roles, responsibilities, and governance required to provide leadership, strategic direction, control, and accountability for the project. The project organization includes the Executive Sponsor, Business Functional Sponsor, Subject Matter Experts, Project Managers, and Project Team Members.

## 5.1 PROJECT ROLES

An appropriate project organization structure is essential to achieving success. The following table depicts the proposed project roles followed by the organization diagram:

Role	Title	Name
DOEA Project Executive Sponsor	Chief Financial Officer	Jon Manalo
DOEA Business Functional Sponsor	Division Director of the Statewide Community-Based Services	Madeleine Nobles
DOEA IT Sponsor	Chief Information Officer	Steve Grantham
DOEA Project Management	Project Manager	TBD
DOEA Contract Management	IT Operations Manager	Shandra McGlohon
DOEA SMEs	Business Functional Experts	See Organization Chart
Vendor Project Management	Vendor Project Manager	TBD with selection of System Integrator
Vendor Delivery Team	Senior Business Analysts	TBD with selection of System Integrator

## 5.2 PROJECT ORGANIZATIONAL AND GOVERNANCE STRUCTURE



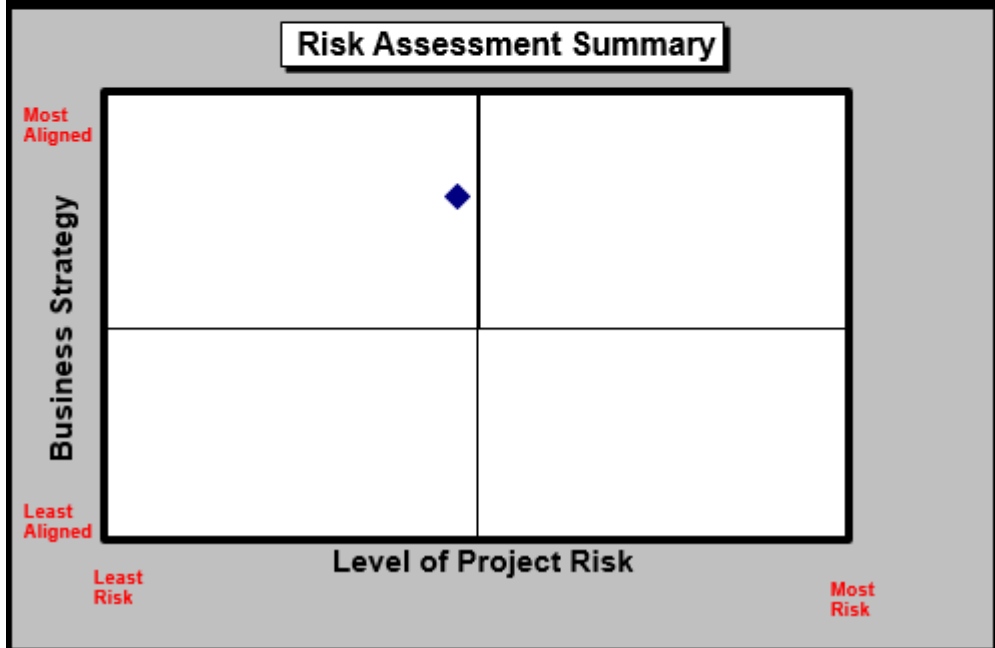
**CIRTS Project Organizational Chart**

## 6. PROJECT RISKS

### 6.1 RISK AND COMPLEXITY CATEGORY

The tables below depict the eCIRTS Project Risk and Complexity Assessment Summary and the project Risk Area Breakdown. DOE key project stakeholders, including the executive project sponsor, business functional sponsor, CIO, budget director, and contract manager met to complete the risk assessment. The detailed Risk Assessment is a component of the Schedule IV-B and is stored in the eCIRTS SharePoint project repository and can be made available upon request.

<b>Project</b>	<i>Client Information and Registration Tracking System</i>	
<b>Agency</b>	<i>Department of Elder Affairs</i>	
<b>FY 2017-18 LBR Issue Code:</b>	<b>FY 2017-18 LBR Issue Title:</b>	
<i>41002C0</i>	<i>CLIENT INFORMATION AND</i>	
<b>Risk Assessment Contact Info (Name, Phone #, and E-mail Address):</b>		
<i>Mark Ervin ----- 850-766-5624 ----- mervin@straitagroup.com</i>		
<b>Executive Sponsor</b>	<i>Jon Manalo, Chief Financial Officer</i>	
<b>Project Manager</b>	<i>Steve Grantham, Chief Information Officer</i>	
<b>Prepared By</b>	<i>Mark Ervin</i>	<i>8/11/2017</i>



**eCIRTS Project Risk Assessment Summary**

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

**eCIRTS Project Risk Area Breakdown**

**6.2 INITIAL PROJECT RISKS**

The eCIRTS Project Risk Area Breakdown displays the Project Complexity Assessment as the single High-Level Risk for the eCIRTS Project. The detailed Risk Assessment can be found in the Schedule IV-B and can be provided upon request.



## 7. PROJECT APPROVALS

By signing this document, you indicate that you understand the scope, goals, and objectives of the proposed project and are providing authority for project leadership to use DOEA resources to execute project activities.

\_\_\_\_\_  
Richard Prudom  
Deputy Secretary/Chief of Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jon Manalo  
Chief Financial Officer/Executive Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Madeleine Nobles  
Business Functional Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Steve Grantham  
Chief Information Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Shandra McGlohon  
Contract Manager

\_\_\_\_\_  
Date

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
1	<b>Phase I - Pre-Design, Develop, and Implement: Market Analysis, Business Process Reengineering, and Requirements Definition</b>	<b>131 days</b>	<b>Fri 1/6/17</b>	<b>Thu 7/6/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
2	<b>Initiation</b>	<b>13 days</b>	<b>Fri 1/6/17</b>	<b>Tue 1/24/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
3	<b>CIRTS Project Charter</b>	<b>13 days</b>	<b>Fri 1/6/17</b>	<b>Tue 1/24/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
4	<b>Develop DED for Charter</b>	<b>10 days</b>	<b>Fri 1/6/17</b>	<b>Thu 1/19/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
5	Develop Draft DED for Charter	3 days	Fri 1/6/17	Tue 1/10/17		John Collins,Deanna Settergren,Shawna Flager				
6	Distribute DED for Internal Review and Approval	1 day	Thu 1/12/17	Thu 1/12/17	5	John Collins,Deanna Settergren,Shawna Flager				
7	Submit Final Draft DED to DOEA for Review/Approval	5 days	Fri 1/13/17	Thu 1/19/17	6	DOEA Contract Manager,DOEA Project Manager,DOEA SMEs				
8	Update DED Based on DOEA Feedback	1 day	Mon 1/16/17	Mon 1/16/17	7	John Collins,Deanna Settergren,Shawna Flager				
9	Submit Updated DED to DOEA for Final Approval/Signoff	2 days	Tue 1/17/17	Wed 1/18/17	8	DOEA Contract Manager,DOEA Project Manager				
10	Approved DED	1 day	Thu 1/19/17	Thu 1/19/17	9	DOEA Project Manager,DOEA Contract Manager				
11	Develop Charter for CIRTS Project	10 days	Wed 1/11/17	Tue 1/24/17		John Collins,Deanna Settergren,Shawna Flager				
12	Distribute Draft Charter for Internal Review and Approval	1 day	Wed 1/11/17	Wed 1/11/17		John Collins,Deanna Settergren,Shawna Flager				
13	Submit Final Draft Charter to DOEA for Review/Approval	5 days	Thu 1/12/17	Wed 1/18/17	12	DOEA Contract Manager,DOEA Project Manager,DOEA SMEs				
14	Update Project Charter based on DOEA Feedback	1 day	Thu 1/19/17	Thu 1/19/17	13	John Collins,Deanna Settergren,Shawna Flager				
15	Submit Updated Charter to DOEA for Final Approval/Signoff	2 days	Fri 1/20/17	Mon 1/23/17	14	DOEA Contract Manager,DOEA Project Manager				
16	Approved Charter	1 day	Tue 1/24/17	Tue 1/24/17	15	DOEA Project Manager,DOEA Contract Manager				
17	<b>Planning</b>	<b>41 days</b>	<b>Fri 1/6/17</b>	<b>Fri 3/3/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
18	Finalize Team Logistics (Workspace, Connectivity, Email, etc.)	11 days	Fri 1/6/17	Fri 1/20/17		Jenny Rojas				
19	Create PowerPoint Slide Presentation	3 days	Wed 1/11/17	Fri 1/13/17		John Collins,Deanna Settergren,Shawna Flager				
20	Prepare for and Conduct Project Kickoff	2 days	Mon 1/16/17	Tue 1/17/17	19	John Collins,Deanna Settergren,Shawna Flager				
21	Identify Stakeholders	6 days	Fri 1/20/17	Fri 1/27/17	20	John Collins,Deanna Settergren,Shawna Flager				
22	Identify Data Sources	14 days	Mon 1/30/17	Thu 2/16/17	21	John Collins,Deanna Settergren,Shawna Flager				
23	<b>Project Management Plan</b>	<b>20 days</b>	<b>Fri 1/6/17</b>	<b>Thu 2/2/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
24	<b>Develop Deliverable Expectations Document (DED) for PMP</b>	<b>9 days</b>	<b>Wed 1/11/17</b>	<b>Mon 1/23/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
25	Develop Draft DED for PMP	3 days	Wed 1/11/17	Fri 1/13/17		John Collins,Deanna Settergren,Shawna Flager				
26	Distribute DED for Internal Review and Approval	1 day	Mon 1/16/17	Mon 1/16/17	25	John Collins,Deanna Settergren,Shawna Flager				
27	Submit Final Draft DED to DOEA for Review/Approval	5 days	Tue 1/17/17	Mon 1/23/17	26	DOEA Contract Manager,DOEA Project Manager,DOEA SMEs				
28	Update DED Based on DOEA Feedback	1 day	Wed 1/18/17	Wed 1/18/17	27	John Collins,Deanna Settergren,Shawna Flager				
29	Submit updated DED to DOEA for Final Approval/Signoff	2 days	Thu 1/19/17	Fri 1/20/17	28	DOEA Contract Manager,DOEA Project Manager				
30	Approved DED	1 day	Mon 1/23/17	Mon 1/23/17	29	DOEA Project Manager,DOEA Contract Manager				
31	<b>Develop Project Management Plan (PMP)</b>	<b>20 days</b>	<b>Fri 1/6/17</b>	<b>Thu 2/2/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
32	Develop PMP	6 days	Fri 1/6/17	Fri 1/13/17		John Collins,Deanna Settergren,Shawna Flager				
33	Distribute PMP for Internal Review/Approval	5 days	Mon 1/16/17	Fri 1/20/17	32	John Collins,Deanna Settergren,Shawna Flager				
34	Submit Final Draft PMP to DOEA for Review/Approval	5 days	Mon 1/23/17	Fri 1/27/17	33	DOEA Contract Manager,DOEA Project Manager,DOEA SMEs				
35	Update PMP Based on DOEA Feedback	2 days	Mon 1/30/17	Tue 1/31/17	34	John Collins,Deanna Settergren,Shawna Flager				

Project: CIRTS Master Project Schedu Date: Wed 10/3/18	Task		External Tasks		Duration-only		External Tasks	
	Split		External Milestone		Manual Summary Rollup		External Milestone	
	Milestone		Inactive Milestone		Manual Summary		Progress	
	Summary		Inactive Summary		Start-only		Deadline	
	Project Summary		Manual Task		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
36	Submit Updated PMP to DOEA for Final Approval/Signoff	1 day	Wed 2/1/17	Wed 2/1/17	35	DOEA Contract Manager,DOEA Project Manager				
37	Approved PMP	1 day	Thu 2/2/17	Thu 2/2/17	36	DOEA Project Manager,DOEA Contract Manager				
38	<b>Microsoft Project Schedule</b>	<b>16 days</b>	<b>Wed 1/11/17</b>	<b>Wed 2/1/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
39	<b>Develop DED for Project Schedule</b>	<b>8 days</b>	<b>Wed 1/11/17</b>	<b>Fri 1/20/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
40	Develop Draft DED for Project Schedule	3 days	Wed 1/11/17	Fri 1/13/17		John Collins,Deanna Settergren,Shawna Flager				
41	Distribute DED for Internal Review and Approval	1 day	Mon 1/16/17	Mon 1/16/17	40	John Collins,Deanna Settergren,Shawna Flager				
42	Submit Final Draft DED to DOEA for Review/Approval	3 days	Tue 1/17/17	Thu 1/19/17	41	DOEA Contract Manager,DOEA Project Manager,DOEA SMEs				
43	Update DED Based on DOEA Feedback	1 day	Wed 1/18/17	Wed 1/18/17	42	John Collins,Deanna Settergren,Shawna Flager				
44	Submit Updated DED to DOEA for Final Approval/Signoff	1 day	Thu 1/19/17	Thu 1/19/17	43	DOEA Contract Manager,DOEA Project Manager				
45	Approved DED	1 day	Fri 1/20/17	Fri 1/20/17	44	DOEA Project Manager,DOEA Contract Manager				
46	<b>Develop Project Schedule</b>	<b>16 days</b>	<b>Wed 1/11/17</b>	<b>Wed 2/1/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
47	Develop Project Schedule	8 days	Wed 1/11/17	Fri 1/20/17		John Collins,Deanna Settergren,Shawna Flager				
48	Distribute Project Schedule for Internal Review/Approval	1 day	Mon 1/23/17	Mon 1/23/17	47	John Collins,Deanna Settergren,Shawna Flager				
49	Submit Final Draft Project Schedule to DOEA for Review/Approval	3 days	Tue 1/24/17	Thu 1/26/17	48	DOEA Contract Manager,DOEA Project Manager,DOEA SMEs				
50	Update Project Schedule Based on DOEA Feedback	1 day	Fri 1/27/17	Fri 1/27/17	49	John Collins,Deanna Settergren,Shawna Flager				
51	Submit Updated Project Schedule to DOEA for Final Approval/Signoff	2 days	Mon 1/30/17	Tue 1/31/17	50	DOEA Contract Manager,DOEA Project Manager				
52	Approved Project Schedule	1 day	Wed 2/1/17	Wed 2/1/17	51	DOEA Project Manager,DOEA Contract Manager				
53	<b>Executing, Monitoring and Controlling</b>	<b>128 days</b>	<b>Wed 1/11/17</b>	<b>Thu 7/6/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
54	Business Process Re-engineering and Requirements Gathering	115 days	Tue 1/17/17	Fri 6/23/17		John Collins,Deanna Settergren,Shawna Flager				
55	Develop DED for Business Process Re-engineering (BPR)	10 days	Mon 1/23/17	Fri 2/3/17		John Collins,Deanna Settergren,Shawna Flager				
56	Develop Draft Deliverable Expectations Document (DED) for BPR	3 days	Mon 1/23/17	Wed 1/25/17		John Collins,Deanna Settergren,Shawna Flager				
57	Distribute DED for Internal Review and Approval	1 day	Thu 1/26/17	Thu 1/26/17	56	John Collins,Deanna Settergren,Shawna Flager				
58	Submit Final Draft DED to DOEA for Review/Approval	3 days	Fri 1/27/17	Tue 1/31/17	57	DOEA Contract Manager,DOEA Project Manager,DOEA SMEs				
59	Update PMP Based on DOEA Feedback	1 day	Wed 2/1/17	Wed 2/1/17	58	John Collins,Deanna Settergren,Shawna Flager				
60	Submit Updated DED to DOEA for Final Approval/Signoff	1 day	Thu 2/2/17	Thu 2/2/17	59	DOEA Contract Manager,DOEA Project Manager				
61	Approved DED	1 day	Fri 2/3/17	Fri 2/3/17	60	DOEA Project Manager,DOEA Contract Manager				
62	<b>Develop DED for Requirements</b>	<b>17 days</b>	<b>Wed 1/11/17</b>	<b>Thu 2/2/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager</b>				
63	Develop Draft Deliverable Expectations Document (DED) for Requirements	8 days	Wed 1/11/17	Fri 1/20/17		John Collins,Deanna Settergren,Shawna Flager				
64	Distribute DED for Internal Review and Approval	1 day	Mon 1/23/17	Mon 1/23/17	63	John Collins,Deanna Settergren,Shawna Flager				
65	Submit Final Draft DED to DOEA for Review/Approval	5 days	Tue 1/24/17	Mon 1/30/17	64	DOEA Contract Manager,DOEA Project Manager,DOEA SMEs				
66	Update PMP Based on DOEA Feedback	1 day	Tue 1/31/17	Tue 1/31/17	65	John Collins,Deanna Settergren,Shawna Flager				
67	Submit Updated DED to DOEA for Final Approval/Signoff	1 day	Wed 2/1/17	Wed 2/1/17	66	DOEA Contract Manager,DOEA Project Manager				
68	Approved DED	1 day	Thu 2/2/17	Thu 2/2/17	67	DOEA Project Manager,DOEA Contract Manager				
69	BPR Definition (As-Is)	39 days	Tue 1/17/17	Fri 3/10/17		John Collins,Deanna Settergren,Shawna Flager				
70	Prepare As-Is JAD Session Agenda	40 days	Mon 1/16/17	Fri 3/10/17		Deanna Settergren,Shawna Flager				
71	Prepare As-Is JAD Session Agenda 1 - BPR	1 day	Mon 1/16/17	Mon 1/16/17		Deanna Settergren,Shawna Flager,DOEA SMEs				

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Task		External Tasks		Duration-only		External Tasks	
Split		External Milestone		Manual Summary Rollup		External Milestone	
Milestone		Inactive Milestone		Manual Summary		Progress	
Summary		Inactive Summary		Start-only		Deadline	
Project Summary		Manual Task		Finish-only			




















ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
72	Prepare As-Is JAD Session Agenda 2 - BPR AAA/ADRC	1 day	Wed 1/18/17	Wed 1/18/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
73	Prepare As-Is JAD Session Agenda 3 - BPR CARES Intake Process	1 day	Mon 1/23/17	Mon 1/23/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
74	Prepare As-Is JAD Session Agenda 4 - BPR AAA/ADRC	1 day	Wed 1/25/17	Wed 1/25/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
75	Prepare As-Is JAD Session Agenda 5 - CARES Staffing	1 day	Mon 1/30/17	Mon 1/30/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
76	Prepare As-Is JAD Session Agenda 6 - BPR AAA/ADRC	1 day	Wed 2/1/17	Wed 2/1/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
77	Prepare As-Is JAD Session Agenda 7 - BPR Recommended Placement / Temporary and Long-Term NF Placement	1 day	Mon 2/6/17	Mon 2/6/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
78	Prepare As-Is JAD Session Agenda 8 - BPR Weekly Review	1 day	Wed 2/8/17	Wed 2/8/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
79	Prepare As-Is JAD Session Agenda 9 - Travel MIA/WPB field offices	1 day	Mon 2/13/17	Mon 2/13/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
80	Prepare As-Is JAD Session Agenda 10 - Travel MIA/WPB field offices	1 day	Wed 2/15/17	Wed 2/15/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
81	Prepare As-Is JAD Session Agenda 11 - Batch file process and claims/eligibility	1 day	Mon 2/20/17	Mon 2/20/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
82	Prepare As-Is JAD Session Agenda 12 - AAA/ADRC	1 day	Wed 2/22/17	Wed 2/22/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
83	Prepare As-Is JAD Session Agenda 13 - Update Contract Manager Jenny Rojas	1 day	Mon 2/27/17	Mon 2/27/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
84	Prepare As-Is JAD Session Agenda 14 - Process Flows	1 day	Wed 3/1/17	Wed 3/1/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
85	Prepare As-Is JAD Session Agenda 15 - Remaining and Tabled Workflows	1 day	Wed 3/8/17	Wed 3/8/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
86	As-Is JAD Session	39 days	Tue 1/17/17	Fri 3/10/17		Deanna Settergren, Shawna Flager				
87	As-Is JAD Session 1 - BPR	1 day	Tue 1/17/17	Tue 1/17/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
88	As-Is JAD Session 2 - BPR AAA/ADRC	1 day	Thu 1/19/17	Thu 1/19/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
89	As-Is JAD Session 3 - BPR/CARES Intake Process	1 day	Tue 1/24/17	Tue 1/24/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
90	As-Is JAD Session 4 - BPR AAA/ADRC	1 day	Thu 1/26/17	Thu 1/26/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
91	As-Is JAD Session 5 - BPR CARES Staffing	1 day	Tue 1/31/17	Tue 1/31/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
92	As-Is JAD Session 6 - BPR AAA/ADRC	1 day	Thu 2/2/17	Thu 2/2/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
93	As-Is JAD Session 7 - BPR Recommended Placement / Temporary and Long-Term NF Placement	1 day	Tue 2/7/17	Tue 2/7/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
94	As-Is JAD Session 8 - BPR Weekly Review	1 day	Thu 2/9/17	Thu 2/9/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
95	As-Is JAD Session 9 - Travel to MIA/WPB field offices	1 day	Tue 2/14/17	Tue 2/14/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
96	As-Is JAD Session 10 - Travel to MIA/WPB field offices	1 day	Thu 2/16/17	Thu 2/16/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
97	As-Is JAD Session 11 - Batch file process and claims/eligibility	1 day	Tue 2/21/17	Tue 2/21/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
98	As-Is JAD Session 12 - AAA/ADRC	1 day	Thu 2/23/17	Thu 2/23/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
99	As-Is JAD Session 13 - Update Contract Manager Jenny Rojas	1 day	Tue 2/28/17	Tue 2/28/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
100	As-Is JAD Session 14 - Process flows	1 day	Thu 3/2/17	Thu 3/2/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
101	As-Is JAD Session 15- Remaining and Tabled Workflows	1 day	Tue 3/7/17	Tue 3/7/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
102	As-Is JAD Session 16 - BPR AAA/ADRC	1 day	Thu 3/9/17	Thu 3/9/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
103	Prepare and Distribute As-Is JAD Session Meeting Minutes	38 days	Wed 1/18/17	Fri 3/10/17		Deanna Settergren, Shawna Flager				
104	Prepare and Distribute As-Is JAD Session Meeting Minutes 1 - BPR	1 day	Wed 1/18/17	Wed 1/18/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
105	Prepare and Distribute As-Is JAD Session Meeting Minutes 2 - BPR AAA/ADRC	1 day	Fri 1/20/17	Fri 1/20/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
106	Prepare and Distribute As-Is JAD Session Meeting Minutes 3 - BPR CARES Intake P	1 day	Wed 1/25/17	Wed 1/25/17		Deanna Settergren, Shawna Flager, DOEA SMEs				

Project: CIRTS Master Project Schedu  
Date: Wed 10/3/18

Task		External Tasks		Duration-only		External Tasks	
Split		External Milestone		Manual Summary Rollup		External Milestone	
Milestone		Inactive Milestone		Manual Summary		Progress	
Summary		Inactive Summary		Start-only		Deadline	
Project Summary		Manual Task		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
107	Prepare and Distribute As-Is JAD Session Meeting Minutes 4 - BPR AAA/ADRC	1 day	Fri 1/27/17	Fri 1/27/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
108	Prepare and Distribute As-Is JAD Session Meeting Minutes 5 - BPR CARES Staffing	1 day	Wed 2/1/17	Wed 2/1/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
109	Prepare and Distribute As-Is JAD Session Meeting Minutes 6 - BPR AAA/ADRC	1 day	Fri 2/3/17	Fri 2/3/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
110	Prepare and Distribute As-Is JAD Session Meeting Minutes 7- BPR Recommended Placement / Temporary and Long-Term NF Placement	1 day	Wed 2/8/17	Wed 2/8/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
111	Prepare and Distribute As-Is JAD Session Meeting Minutes 8 - BPR Weekly Review	1 day	Fri 2/10/17	Fri 2/10/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
112	Prepare and Distribute As-Is JAD Session Meeting Minutes 9 - Travel to MIA/WPB field	1 day	Wed 2/15/17	Wed 2/15/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
113	Prepare and Distribute As-Is JAD Session Meeting Minutes 10 - Travel to MIA/WPB field	1 day	Fri 2/17/17	Fri 2/17/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
114	Prepare and Distribute As-Is JAD Session Meeting Minutes 11 - Batch file process and claims/eligibility	1 day	Wed 2/22/17	Wed 2/22/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
115	Prepare and Distribute As-Is JAD Session Meeting Minutes 12 - AAA/ADRC	1 day	Fri 2/24/17	Fri 2/24/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
116	Prepare and Distribute As-Is JAD Session Meeting Minutes 13 - Update Contract Manager Jenny Rojas	1 day	Wed 3/1/17	Wed 3/1/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
117	Prepare and Distribute As-Is JAD Session Meeting Minutes 14 - Process Flows	1 day	Fri 3/3/17	Fri 3/3/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
118	Prepare and Distribute As-Is JAD Session Meeting Minutes 15 - Remaining and Tabled Workflows	1 day	Wed 3/8/17	Wed 3/8/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
119	Prepare and Distribute As-Is JAD Session Meeting Minutes 16 - BPR AAA/ADRC	1 day	Fri 3/10/17	Fri 3/10/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
120	BPR Definition (To-Be and Requirements)	57 days	Mon 3/13/17	Mon 5/29/17		John Collins,Deanna Settergren,Shawna Flager				
121	Execution of 'To-Be' Processes and Requirements	36 days	Mon 3/13/17	Fri 4/28/17		John Collins,Deanna Settergren,Shawna Flager				
122	Prepare To-Be and Requirements JAD Session Agenda	34 days	Mon 3/13/17	Wed 4/26/17		Deanna Settergren,Shawna Flager				
123	Prepare To-Be and Requirements JAD Session Agenda 1 - CARES Intake Process Flow	1 day	Mon 3/13/17	Mon 3/13/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
124	Prepare To-Be and Requirements JAD Session Agenda 2 - ADRC Intake Process Flow	1 day	Tue 3/14/17	Tue 3/14/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
125	Prepare To-Be and Requirements JAD Session Agenda 3 - CARES Assessment Process	1 day	Mon 3/20/17	Mon 3/20/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
126	Prepare To-Be and Requirements JAD Session Agenda 4 - ADRC Referral and Screening Process Flow	1 day	Tue 3/21/17	Tue 3/21/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
127	Prepare To-Be and Requirements JAD Session Agenda 5 - CARES Staffing/LOC/Recommended Placement Process Flow	1 day	Mon 3/27/17	Mon 3/27/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
128	Prepare To-Be and Requirements JAD Session Agenda 6 - Project Team Account Registration and Login Process Flow	1 day	Wed 3/29/17	Wed 3/29/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
129	Prepare To-Be and Requirements JAD Session Agenda 7 - CARES Follow-Up Process Flow	1 day	Mon 4/3/17	Mon 4/3/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
130	Prepare To-Be and Requirements JAD Session Agenda 8 - ADRC Monitoring Process Flow	1 day	Tue 4/4/17	Tue 4/4/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
131	Prepare To-Be and Requirements JAD Session Agenda 9 - Project Team Dashboard Process	1 day	Wed 4/5/17	Wed 4/5/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
132	Prepare To-Be and Requirements JAD Session Agenda 10 - CARES Document Upload	1 day	Mon 4/10/17	Mon 4/10/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
133	Prepare To-Be and Requirements JAD Session Agenda 11 - ADRC Grievance Process Flow	1 day	Tue 4/11/17	Tue 4/11/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
134	Prepare To-Be and Requirements JAD Session Agenda 12 - Project Team Scheduling Process	1 day	Wed 4/12/17	Wed 4/12/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
135	Prepare To-Be and Requirements JAD Session Agenda 13 - ADRC Document Upload Process	1 day	Tue 4/18/17	Tue 4/18/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
136	Prepare To-Be and Requirements JAD Session Agenda 14 - ADRC Care Plans	1 day	Wed 4/19/17	Wed 4/19/17		Deanna Settergren,Shawna Flager,DOEA SMEs				

Project: CIRTS Master Project Schedule  
Date: Wed 10/3/18

Task		External Tasks		Duration-only		External Tasks	
Split		External Milestone		Manual Summary Rollup		External Milestone	
Milestone		Inactive Milestone		Manual Summary		Progress	
Summary		Inactive Summary		Start-only		Deadline	
Project Summary		Manual Task		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
137	Prepare To-Be and Requirements JAD Session Agenda 15 - Business Analyst Integrations Process Flow	1 day	Wed 4/19/17	Wed 4/19/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
138	Prepare To-Be and Requirements JAD Session Agenda 16 - ADRC Contract/Budget/Billing Process Flow	1 day	Tue 4/25/17	Tue 4/25/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
139	Prepare To-Be and Requirements JAD Session Agenda 17 - Business Analyst Reports F	1 day	Wed 4/26/17	Wed 4/26/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
140	Conduct To-Be and Requirements JAD Sessions	34 days	Tue 3/14/17	Thu 4/27/17		Deanna Settergren, Shawna Flager				
141	Conduct To-Be and Requirements JAD Sessions 1 - CARES Intake Process Flow	1 day	Tue 3/14/17	Tue 3/14/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
142	To-Be and Requirements JAD Session 2 - ADRC Intake Process Flow	1 day	Wed 3/15/17	Wed 3/15/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
143	To-Be and Requirements JAD Session 3 - CARES Assessment Process Flow	1 day	Tue 3/21/17	Tue 3/21/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
144	To-Be and Requirements JAD Session 4 - ADRC Referral and Screening Process Flow	1 day	Wed 3/22/17	Wed 3/22/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
145	To-Be and Requirements JAD Session 5 - CARES Staffing/LOC/Recommended Placement Process Flow	1 day	Tue 3/28/17	Tue 3/28/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
146	To-Be and Requirements JAD Session 6 - Project Team Account Registration and Login	1 day	Thu 3/30/17	Thu 3/30/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
147	To-Be and Requirements JAD Session 7 - CARES Follow-Up Process Flow	1 day	Tue 4/4/17	Tue 4/4/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
148	To-Be and Requirements JAD Session 8 - ADRC Monitoring Process Flow	1 day	Wed 4/5/17	Wed 4/5/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
149	To-Be and Requirements JAD Session 9 - Project Team Dashboard Process Flow	1 day	Thu 4/6/17	Thu 4/6/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
150	To-Be and Requirements JAD Session 10 - CARES Document Upload Process Flow	1 day	Tue 4/11/17	Tue 4/11/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
151	To-Be and Requirements JAD Session 11 - ADRC Grievance Process Flow	1 day	Wed 4/12/17	Wed 4/12/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
152	To-Be and Requirements JAD Session 12 - Project Team Scheduling Process Flow	1 day	Thu 4/13/17	Thu 4/13/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
153	To-Be and Requirements JAD Session 13 - ADRC Document Upload Process Flow	1 day	Wed 4/19/17	Wed 4/19/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
154	To-Be and Requirements JAD Session 14 - ADRC Care Plans	1 day	Thu 4/20/17	Thu 4/20/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
155	To-Be and Requirements JAD Session 15 - Business Analyst Integrations Process Flow	1 day	Thu 4/20/17	Thu 4/20/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
156	To-Be and Requirements JAD Session 16 - ADRC Contract/Budget/Billing Process Flow	1 day	Wed 4/26/17	Wed 4/26/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
157	To-Be and Requirements JAD Session 17 - Business Analyst Reports Process Flow	1 day	Thu 4/27/17	Thu 4/27/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
158	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes	34 days	Wed 3/15/17	Fri 4/28/17		Deanna Settergren, Shawna Flager				
159	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 1 - CARES Intake Process Flow	1 day	Wed 3/15/17	Wed 3/15/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
160	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 2 - ADRC Intake Process Flow	1 day	Thu 3/16/17	Thu 3/16/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
161	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 3 - CARES Assessment Process Flow	1 day	Wed 3/22/17	Wed 3/22/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
162	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 4 - ADRC Referral and Screening Process Flow	1 day	Thu 3/23/17	Thu 3/23/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
163	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 5 - CARES Staffing/LOC/Recommended Placement Process Flow	1 day	Wed 3/29/17	Wed 3/29/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
164	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 6 - Project Team Dashboard Process Flow	1 day	Fri 3/31/17	Fri 3/31/17		Deanna Settergren, Shawna Flager, DOEA SMEs				
165	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 7 - CARES Follow-Up Process Flow	1 day	Wed 4/5/17	Wed 4/5/17		Deanna Settergren, Shawna Flager, DOEA SMEs				

Project: CIRTS Master Project Schedu Date: Wed 10/3/18	Task		External Tasks		Duration-only		External Tasks	
	Split		External Milestone		Manual Summary Rollup		External Milestone	
	Milestone		Inactive Milestone		Manual Summary		Progress	
	Summary		Inactive Summary		Start-only		Deadline	
	Project Summary		Manual Task		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
166	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 8 - ADRC Monitoring Process Flow	1 day	Thu 4/6/17	Thu 4/6/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
167	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 9 - Project Team Dashboard Process Flow	1 day	Fri 4/7/17	Fri 4/7/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
168	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 10 - CARES Document Upload Process Flow	1 day	Wed 4/12/17	Wed 4/12/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
169	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 11 - ADRC Grievance Process Flow	1 day	Thu 4/13/17	Thu 4/13/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
170	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 12 - Project Team Scheduling Process Flow	1 day	Fri 4/14/17	Fri 4/14/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
171	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 13 - ADRC Document Upload Process Flow	1 day	Thu 4/20/17	Thu 4/20/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
172	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 14 - ADRC Document Upload Process Flow	1 day	Fri 4/21/17	Fri 4/21/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
173	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 15 - Business Analyst Integrations Process Flow	1 day	Fri 4/21/17	Fri 4/21/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
174	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 16 - ADRC Contract/Budget/Billing Process Flow	1 day	Thu 4/27/17	Thu 4/27/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
175	Prepare and Distribute To-Be and Requirements JAD Session Meeting Minutes 17 - Business Analyst Reports Process Flow	1 day	Fri 4/28/17	Fri 4/28/17		Deanna Settergren,Shawna Flager,DOEA SMEs				
176	BPR Deliverable	104 days	Tue 1/17/17	Thu 6/8/17		John Collins,Deanna Settergren,Shawna Flager				
177	Develop BPR Deliverable	83 days	Tue 1/17/17	Thu 5/11/17		John Collins,Deanna Settergren,Shawna Flager				
178	Distribute BPR for Internal Review/Approval	5 days	Fri 5/12/17	Thu 5/18/17	177	John Collins,Deanna Settergren,Shawna Flager				
179	Remediate Feedback From Internal Review	1 day	Fri 5/19/17	Fri 5/19/17	178	John Collins,Deanna Settergren,Shawna Flager				
180	Submit Final Draft BPR to DOEA for Review/Approval	5 days	Mon 5/22/17	Fri 5/26/17	179	DOEA Contract Manager,DOEA Project Manager,DOEA SMEs				
181	Remediate DOEA Feedback	1 day	Mon 5/29/17	Mon 5/29/17	180	John Collins,Deanna Settergren,Shawna Flager				
182	Submit review of remediated items to client for second review (if needed)	5 days	Tue 5/30/17	Mon 6/5/17	181	John Collins,Deanna Settergren,Shawna Flager				
183	Remediate Feedback From Second Review (if needed)	1 day	Tue 6/6/17	Tue 6/6/17	182	John Collins,Deanna Settergren,Shawna Flager				
184	Submit Updated BPR to DOEA for Final Approval/Signoff	1 day	Wed 6/7/17	Wed 6/7/17	183	DOEA Contract Manager,DOEA Project Manager				
185	Approved BPR	1 day	Thu 6/8/17	Thu 6/8/17	184	DOEA Project Manager,DOEA Contract Manager				
186	Requirements Deliverable	55 days	Mon 4/10/17	Fri 6/23/17		John Collins,Deanna Settergren,Shawna Flager				
187	Develop Document Requirements Deliverable	35 days	Mon 4/10/17	Fri 5/26/17		John Collins,Deanna Settergren,Shawna Flager				
188	Distribute Requirements for Internal Review/Approval	5 days	Mon 5/29/17	Fri 6/2/17	187	John Collins,Deanna Settergren,Shawna Flager				
189	Remediate Feedback From Internal Review	1 day	Mon 6/5/17	Mon 6/5/17	188	John Collins,Deanna Settergren,Shawna Flager				
190	Submit Final Draft Requirements to DOEA for Review/Approval	5 days	Tue 6/6/17	Mon 6/12/17	189	John Collins,Deanna Settergren,Shawna Flager				
191	Remediate DOEA Feedback	1 day	Tue 6/13/17	Tue 6/13/17	190	John Collins,Deanna Settergren,Shawna Flager				
192	Submit review of remediated items to client for second review (if needed)	5 days	Wed 6/14/17	Tue 6/20/17	191	John Collins,Deanna Settergren,Shawna Flager				
193	Remediate Feedback From Second Review (if needed)	1 day	Wed 6/21/17	Wed 6/21/17	192	John Collins,Deanna Settergren,Shawna Flager				
194	Submit Updated Requirements to DOEA for Final Approval/Signoff	1 day	Thu 6/22/17	Thu 6/22/17	193	John Collins,Deanna Settergren,Shawna Flager				
195	Approved Requirements	1 day	Fri 6/23/17	Fri 6/23/17	194	DOEA Project Manager,DOEA Contract Manager				

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Task		External Tasks		Duration-only		External Tasks	
Split		External Milestone		Manual Summary Rollup		External Milestone	
Milestone		Inactive Milestone		Manual Summary		Progress	
Summary		Inactive Summary		Start-only		Deadline	
Project Summary		Manual Task		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
196	Market Solution Analysis	102 days	Mon 1/30/17	Mon 6/19/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
197	Define Key Goals and Objectives	13 days	Fri 1/6/17	Tue 1/24/17		John Collins,Deanna Settergren,Shawna Flager				
198	Develop DED for Market Solution Analysis Report	27 days	Wed 1/11/17	Thu 2/16/17		John Collins,Mark Ervin				
199	Develop Draft Deliverable Expectations Document (DED) for Market Solution Analysis Report	13 days	Wed 1/11/17	Tue 2/7/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
200	Distribute DED for Internal Review and Approval	1 day	Tue 2/7/17	Wed 2/8/17	199	John Collins,Mark Ervin				
201	Submit Final Draft DED to DOEA for Review/Approval	1 day	Wed 2/8/17	Thu 2/9/17	200	DOEA Contract Manager,DOEA Project Manager,DOEA SMEs				
202	Update PMP Based on DOEA Feedback	1 day	Thu 2/9/17	Fri 2/10/17	201	John Collins,Mark Ervin				
203	Submit Updated DED to DOEA for Final Approval/Signoff	1 day	Fri 2/10/17	Mon 2/13/17	202	DOEA Contract Manager,DOEA Project Manager				
204	Approved DED	3 days	Mon 2/13/17	Thu 2/16/17	203	DOEA Project Manager,DOEA Contract Manager				
205	Identify Resources and Data Sets for Data Collection and Analysis (Internal and External)	50 days	Wed 2/1/17	Mon 4/10/17						
206	Perform Data Collection and Analysis	64 days	Wed 2/1/17	Fri 4/28/17						
207	Contact Comparable States Providing Elder Cares Services to Collect Feedback	58 days	Thu 2/9/17	Fri 4/28/17		John Collins				
208	Conduct Interviews with DOEA Staff as Required for Analysis	50 days	Wed 2/1/17	Mon 4/10/17		John Collins				
209	Review DOEA Data from Past 5 years to Determine Trends and Projections	57 days	Fri 2/10/17	Fri 4/28/17		John Collins				
210	Conduct Market Solution Information Gathering Sessions	53 days	Mon 2/6/17	Tue 4/18/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
211	Market Solution Analysis Meetings 1 - Initial Call with PeerPlace	1 day	Fri 3/3/17	Fri 3/3/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
212	Market Solution Analysis Meetings 2 - Initial Call with Stratoge Partners - ProntoForms/BIR	1 day	Fri 3/3/17	Fri 3/3/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
213	Market Solution Analysis Meetings 3 - Initial Call with CAI	1 day	Mon 3/6/17	Mon 3/6/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
214	Market Solution Analysis Meetings 4 - Initial Call with Mediware/Harmony	1 day	Tue 3/7/17	Tue 3/7/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
215	Market Solution Analysis Meetings 5 - Initial Call with Therap	1 day	Wed 3/8/17	Wed 3/8/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
216	Market Solution Analysis Meetings 6 - Initial Call with Salesforce	1 day	Mon 3/13/17	Mon 3/13/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
217	Market Solution Analysis Meetings 7 - Initial Call with Oracle	1 day	Wed 3/15/17	Wed 3/15/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
218	Market Solution Analysis Meetings 8 - Initial Call with ISC - Care Director	1 day	Thu 3/16/17	Thu 3/16/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
219	Market Solution Analysis Meetings 9 - Initial Call with 180 Consulting - Knowledge Services	1 day	Thu 3/16/17	Thu 3/16/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
220	Market Solution Analysis Meetings 10 - Initial Call with Intact Partners	1 day	Tue 3/28/17	Tue 3/28/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
221	Market Solution Analysis Meetings 11 - Demo with Stratoge Partners - ProntoForms/BIRST	1 day	Wed 3/29/17	Wed 3/29/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
222	Market Solution Analysis Meetings 12 - Demo with PeerPlace	1 day	Wed 3/29/17	Wed 3/29/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
223	Market Solution Analysis Meetings 13 - Demo with Therap	1 day	Thu 3/30/17	Thu 3/30/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
224	Market Solution Analysis Meetings 14 - Demo with Oracle	1 day	Tue 4/4/17	Tue 4/4/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
225	Market Solution Analysis Meetings 15 - Demo with 180 Consulting - Knowledge Services	1 day	Wed 4/5/17	Wed 4/5/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
226	Market Solution Analysis Meetings 16 - Demo with Salesforce	1 day	Thu 4/6/17	Thu 4/6/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
227	Market Solution Analysis Meetings 17 - Demo with Mediware/Harmony	1 day	Fri 4/7/17	Fri 4/7/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
228	Market Solution Analysis Meetings 18 - Demo with CAI	1 day	Wed 4/12/17	Wed 4/12/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
229	Market Solution Analysis Meetings 20 - Demo with Intact Partners - Power line	1 day	Fri 4/14/17	Fri 4/14/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
230	Market Solution Analysis Meetings 19 - Demo with ISC - Care Director	1 day	Tue 4/18/17	Tue 4/18/17		John Collins,Mark Ervin,DOEA Contract Manager,DOEA Project				
231	Develop Market Solution Analysis Report Deliverable	47 days	Fri 4/14/17	Mon 6/19/17		John Collins,Mark Ervin				

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Date: Wed 10/3/18

Task		External Tasks		Duration-only		External Tasks	
Split		External Milestone		Manual Summary Rollup		External Milestone	
Milestone		Inactive Milestone		Manual Summary		Progress	
Summary		Inactive Summary		Start-only		Deadline	
Project Summary		Manual Task		Finish-only			



ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
232	Develop Market Solution Analysis Report and Recommendations	35 days	Fri 4/14/17	Fri 6/2/17		John Collins,Mark Ervin				
233	Distribute Market Solution Analysis Report for Internal Review/Approval	3 days	Mon 6/5/17	Wed 6/7/17	232	John Collins,Mark Ervin				
234	Submit Final Draft Market Solution Analysis Report to DOEA for Review/Approval	5 days	Thu 6/8/17	Wed 6/14/17	233	DOEA Contract Manager,DOEA Project Manager,DOEA SMEs				
235	Update Market Solution Analysis Report Based on DOEA Feedback	1 day	Thu 6/15/17	Thu 6/15/17	234	John Collins,Mark Ervin				
236	Submit Updated Market Solution Analysis Report to DOEA for Final Approval/Signoff	1 day	Fri 6/16/17	Fri 6/16/17	235	DOEA Contract Manager,DOEA Project Manager				
237	Approved Market Solution Analysis Report	1 day	Mon 6/19/17	Mon 6/19/17	236	DOEA Project Manager,DOEA Contract Manager				
238	<b>PMO Recurring Meetings/Reports</b>	121 days	Mon 1/16/17	Fri 6/30/17		John Collins,Deanna Settergren,Shawna Flager				
239	Weekly Internal Status Update Meeting	117 days	Mon 1/16/17	Mon 6/26/17		John Collins,Deanna Settergren,Shawna Flager				
240	Weekly Internal Status Update Meeting 1	1 day	Mon 1/16/17	Mon 1/16/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
241	Weekly Internal Status Update Meeting 2	1 day	Mon 1/23/17	Mon 1/23/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
242	Weekly Internal Status Update Meeting 3	1 day	Mon 1/30/17	Mon 1/30/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
243	Weekly Internal Status Update Meeting 4	1 day	Mon 2/6/17	Mon 2/6/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
244	Weekly Internal Status Update Meeting 5	1 day	Mon 2/13/17	Mon 2/13/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
245	Weekly Internal Status Update Meeting 6	1 day	Mon 2/20/17	Mon 2/20/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
246	Weekly Internal Status Update Meeting 7	1 day	Mon 2/27/17	Mon 2/27/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
247	Weekly Internal Status Update Meeting 8	1 day	Mon 3/6/17	Mon 3/6/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
248	Weekly Internal Status Update Meeting 9	1 day	Mon 3/13/17	Mon 3/13/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
249	Weekly Internal Status Update Meeting 10	1 day	Mon 3/20/17	Mon 3/20/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
250	Weekly Internal Status Update Meeting 11	1 day	Mon 3/27/17	Mon 3/27/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
251	Weekly Internal Status Update Meeting 12	1 day	Mon 4/3/17	Mon 4/3/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
252	Weekly Internal Status Update Meeting 13	1 day	Mon 4/10/17	Mon 4/10/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
253	Weekly Internal Status Update Meeting 14	1 day	Mon 4/17/17	Mon 4/17/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
254	Weekly Internal Status Update Meeting 15	1 day	Mon 4/24/17	Mon 4/24/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
255	Weekly Internal Status Update Meeting 16	1 day	Mon 5/1/17	Mon 5/1/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
256	Weekly Internal Status Update Meeting 17	1 day	Mon 5/8/17	Mon 5/8/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
257	Weekly Internal Status Update Meeting 18	1 day	Mon 5/15/17	Mon 5/15/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
258	Weekly Internal Status Update Meeting 19	1 day	Mon 5/22/17	Mon 5/22/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
259	Weekly Internal Status Update Meeting 20	1 day	Mon 5/29/17	Mon 5/29/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
260	Weekly Internal Status Update Meeting 21	1 day	Mon 6/5/17	Mon 6/5/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
261	Weekly Internal Status Update Meeting 22	1 day	Mon 6/12/17	Mon 6/12/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
262	Weekly Internal Status Update Meeting 23	1 day	Mon 6/19/17	Mon 6/19/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
263	Weekly Internal Status Update Meeting 24	1 day	Mon 6/26/17	Mon 6/26/17		John Collins,Deanna Settergren,Shawna Flager,Mark Ervin				
264	Weekly Project Schedule Update	112 days	Fri 1/27/17	Fri 6/30/17		John Collins,Deanna Settergren,Shawna Flager				
265	Weekly Project Schedule Update 1	1 day	Fri 1/27/17	Fri 1/27/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
266	Weekly Project Schedule Update 2	1 day	Fri 2/3/17	Fri 2/3/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
267	Weekly Project Schedule Update 3	1 day	Fri 2/10/17	Fri 2/10/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				

Project: CIRTS Master Project Schedu Date: Wed 10/3/18	Task		External Tasks		Duration-only		External Tasks	
	Split		External Milestone		Manual Summary Rollup		External Milestone	
	Milestone		Inactive Milestone		Manual Summary		Progress	
	Summary		Inactive Summary		Start-only		Deadline	
	Project Summary		Manual Task		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
268	Weekly Project Schedule Update 4	1 day	Fri 2/17/17	Fri 2/17/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
269	Weekly Project Schedule Update 5	1 day	Fri 2/24/17	Fri 2/24/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
270	Weekly Project Schedule Update 6	1 day	Fri 3/3/17	Fri 3/3/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
271	Weekly Project Schedule Update 7	1 day	Fri 3/10/17	Fri 3/10/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
272	Weekly Project Schedule Update 8	1 day	Fri 3/17/17	Fri 3/17/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
273	Weekly Project Schedule Update 9	1 day	Fri 3/24/17	Fri 3/24/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
274	Weekly Project Schedule Update 10	1 day	Fri 3/31/17	Fri 3/31/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
275	Weekly Project Schedule Update 11	1 day	Fri 4/7/17	Fri 4/7/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
276	Weekly Project Schedule Update 12	1 day	Fri 4/14/17	Fri 4/14/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
277	Weekly Project Schedule Update 13	1 day	Fri 4/21/17	Fri 4/21/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
278	Weekly Project Schedule Update 14	1 day	Fri 4/28/17	Fri 4/28/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
279	Weekly Project Schedule Update 15	1 day	Fri 5/5/17	Fri 5/5/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
280	Weekly Project Schedule Update 16	1 day	Fri 5/12/17	Fri 5/12/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
281	Weekly Project Schedule Update 17	1 day	Fri 5/19/17	Fri 5/19/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
282	Weekly Project Schedule Update 18	1 day	Fri 5/26/17	Fri 5/26/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
283	Weekly Project Schedule Update 19	1 day	Fri 6/2/17	Fri 6/2/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
284	Weekly Project Schedule Update 20	1 day	Fri 6/9/17	Fri 6/9/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
285	Weekly Project Schedule Update 21	1 day	Fri 6/16/17	Fri 6/16/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
286	Weekly Project Schedule Update 22	1 day	Fri 6/23/17	Fri 6/23/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
287	Weekly Project Schedule Update 23	1 day	Fri 6/30/17	Fri 6/30/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
288	Bi-weekly Project Status Meeting	112 days	Wed 1/25/17	Wed 6/28/17		John Collins,Deanna Settergren,Shawna Flager				
289	Bi-weekly Project Status Meeting 1	1 day	Wed 1/25/17	Wed 1/25/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
290	Bi-weekly Project Status Meeting 2	1 day	Wed 2/8/17	Wed 2/8/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
291	Bi-weekly Project Status Meeting 3	1 day	Wed 2/22/17	Wed 2/22/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
292	Bi-weekly Project Status Meeting 4	1 day	Wed 3/8/17	Wed 3/8/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
293	Bi-weekly Project Status Meeting 5	1 day	Wed 3/22/17	Wed 3/22/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
294	Bi-weekly Project Status Meeting 6	1 day	Wed 4/5/17	Wed 4/5/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
295	Bi-weekly Project Status Meeting 7	1 day	Wed 4/19/17	Wed 4/19/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
296	Bi-weekly Project Status Meeting 8	1 day	Wed 5/3/17	Wed 5/3/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
297	Bi-weekly Project Status Meeting 9	1 day	Wed 5/17/17	Wed 5/17/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
298	Bi-weekly Project Status Meeting 10	1 day	Wed 5/31/17	Wed 5/31/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
299	Bi-weekly Project Status Meeting 11	1 day	Wed 6/14/17	Wed 6/14/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
300	Bi-weekly Project Status Meeting 12	1 day	Wed 6/28/17	Wed 6/28/17						
301	Bi-weekly Status Report	112 days	Wed 1/25/17	Wed 6/28/17		John Collins,Deanna Settergren,Shawna Flager				
302	Bi-weekly Status Report 1	1 day	Wed 1/25/17	Wed 1/25/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
303	Bi-weekly Status Report 2	1 day	Wed 2/8/17	Wed 2/8/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				

Project: CIRTS Master Project Schedu Date: Wed 10/3/18	Task		External Tasks		Duration-only		External Tasks	
	Split		External Milestone		Manual Summary Rollup		External Milestone	
	Milestone		Inactive Milestone		Manual Summary		Progress	
	Summary		Inactive Summary		Start-only		Deadline	
	Project Summary		Manual Task		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
304	Bi-weekly Status Report 3	1 day	Wed 2/22/17	Wed 2/22/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
305	Bi-weekly Status Report 4	1 day	Wed 3/8/17	Wed 3/8/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
306	Bi-weekly Status Report 5	1 day	Wed 3/22/17	Wed 3/22/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
307	Bi-weekly Status Report 6	1 day	Wed 4/5/17	Wed 4/5/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
308	Bi-weekly Status Report 7	1 day	Wed 4/19/17	Wed 4/19/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
309	Bi-weekly Status Report 8	1 day	Wed 5/3/17	Wed 5/3/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
310	Bi-weekly Status Report 9	1 day	Wed 5/17/17	Wed 5/17/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
311	Bi-weekly Status Report 10	1 day	Wed 5/31/17	Wed 5/31/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
312	Bi-weekly Status Report 11	1 day	Wed 6/14/17	Wed 6/14/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
313	Bi-weekly Status Report 12	1 day	Wed 6/28/17	Wed 6/28/17		John Collins,Deanna Settergren,Shawna Flager,DOEA Project M				
314	<b>Closing</b>	<b>1 day</b>	<b>Fri 6/30/17</b>	<b>Fri 6/30/17</b>		<b>John Collins,Deanna Settergren,Shawna Flager,DOEA Project M</b>				
315	Perform Lessons Learned Meeting	1 day	Fri 6/30/17	Fri 6/30/17		John Collins,Deanna Settergren,Shawna Flager,DOEA SMEs				
316	Document Lessons Learned	1 day	Fri 6/30/17	Fri 6/30/17		John Collins,Deanna Settergren,Shawna Flager				
317	Ensure All Project Documentation and Deliverables are Archived in DOEA CIRTS SharePoint Site	1 day	Fri 6/30/17	Fri 6/30/17		John Collins,Deanna Settergren,Shawna Flager				
318	Ensure All Vendor Invoices Have Been Submitted	1 day	Fri 6/30/17	Fri 6/30/17		John Collins,Deanna Settergren,Shawna Flager				
319	Perform Internal Team Assessment	1 day	Fri 6/30/17	Fri 6/30/17		John Collins,Deanna Settergren,Shawna Flager				
320	Release Project Resources	1 day	Fri 6/30/17	Fri 6/30/17		DOEA Project Manager,DOEA Contract Manager				
321	Complete Roll off Activities for Vendor	1 day	Fri 6/30/17	Fri 6/30/17		John Collins,Deanna Settergren,Shawna Flager				
322	Acceptance by DOEA to Formally Close Out Project	1 day	Fri 6/30/17	Fri 6/30/17		DOEA Project Manager,DOEA Contract Manager				
323	Project Closeout	1 day	Fri 6/30/17	Fri 6/30/17		John Collins,Deanna Settergren,Shawna Flager				
324	<b>Phase II - Pre-Design, Develop, and Implement: Planning Advanced Planning Document, Schedule IV-B, Update Project Artifacts, Use Case, Procurement, and Organizational Change Management Plan Development</b>	<b>260 days</b>	<b>Mon 7/3/17</b>	<b>Fri 6/29/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs</b>				
325	<b>Phase II Project Initiation (Kickoff)</b>	1 day	Mon 7/24/17	Mon 7/24/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
326	<b>Update Project Management Artifacts</b>	<b>20 days</b>	<b>Mon 7/24/17</b>	<b>Fri 8/18/17</b>		<b>John Collins,Deanna Settergren,Mark Ervin</b>				
327	Update Project Charter	20 days	Mon 7/24/17	Fri 8/18/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
328	Update Project Management Plan (rolling wave update)	20 days	Mon 7/24/17	Fri 8/18/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
329	Update Master Project Schedule	20 days	Mon 7/24/17	Fri 8/18/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
330	<b>Schedule IV-B Activities</b>	<b>40 days</b>	<b>Mon 7/24/17</b>	<b>Fri 9/15/17</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
331	Discovery and Research for Schedule IV-B	5 days?	Mon 7/24/17	Fri 7/28/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
332	Develop Schedule IV-B	19 days?	Mon 7/31/17	Thu 8/24/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
333	Submit Schedule IV-B for Internal Review	2 days?	Fri 8/25/17	Mon 8/28/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
334	Incorporate Feedback from Internal Review	2 days?	Tue 8/29/17	Wed 8/30/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
335	Submit Final Draft Schedule IV-B to DOEA for Review	5 days?	Thu 8/31/17	Wed 9/6/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
336	Incorporate DOEA Comments and Feedback for Schedule IV-B	5 days?	Wed 9/6/17	Tue 9/12/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				

Project: CIRTS Master Project Schedu Date: Wed 10/3/18	Task		External Tasks		Duration-only		External Tasks	
	Split		External Milestone		Manual Summary Rollup		External Milestone	
	Milestone		Inactive Milestone		Manual Summary		Progress	
	Summary		Inactive Summary		Start-only		Deadline	
	Project Summary		Manual Task		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
337	Submit Final Schedule IV-B Deliverable to DOEA for Validation and Signoff	1 day?	Tue 9/12/17	Tue 9/12/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
338	Schedule IV-B Deliverable Approved and Signed by DOEA	3 days?	Wed 9/13/17	Fri 9/15/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
339	Submit Approved LBR and Schedule IV-B to AST for Review	4 days?	Mon 9/18/17	Thu 9/21/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
340	<b>Advance Planning Document Activities</b>	<b>45 days</b>	<b>Mon 7/31/17</b>	<b>Fri 9/29/17</b>		<b>Tom Johnson,John Collins,Deanna Settergren,Mark Ervin,Di</b>				
341	Discovery and Research for Advance Planning Document	5 days?	Mon 7/31/17	Fri 8/4/17		Tom Johnson,John Collins,Deanna Settergren,Mark Ervin,DOEA				
342	Develop Advance Planning Document	23 days?	Fri 8/4/17	Tue 9/5/17		Tom Johnson,John Collins,Deanna Settergren,Mark Ervin,DOEA				
343	Submit Advance Planning Document for Internal Review	2 days?	Wed 9/6/17	Thu 9/7/17		Tom Johnson,John Collins,Deanna Settergren,Mark Ervin,DOEA				
344	Incorporate Feedback from Internal Review	2 days?	Fri 9/8/17	Mon 9/11/17		Tom Johnson,John Collins,Deanna Settergren,Mark Ervin,DOEA				
345	Submit Final Draft Advance Planning Document to DOEA for Review	5 days?	Tue 9/12/17	Mon 9/18/17		Tom Johnson,John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA				
346	Incorporate DOEA Comments and Feedback for Advance Planning Document	5 days?	Tue 9/19/17	Mon 9/25/17		Tom Johnson,John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA				
347	Submit Final Advance Planning Document Deliverable to DOEA for Validation and Signoff	1 day?	Tue 9/26/17	Tue 9/26/17		Tom Johnson,John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA				
348	Advance Planning Document Deliverable Approved and Signed by DOEA	3 days?	Wed 9/27/17	Fri 9/29/17		Tom Johnson,John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA				
349	Submit Approved Advance Planning Document, Invitation to Negotiate, Project Management Plan, Master Project Schedule, and selected vendor proposal to AHCA for Review	10 days?	Mon 10/2/17	Fri 10/13/17		Tom Johnson,John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
350	Submit Approved Advance Planning Document, Invitation to Negotiate, Project Management Plan, Master Project Schedule, and selected vendor proposal to CMS for Review	60 days?	Mon 10/16/17	Fri 1/5/18		Tom Johnson,John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
351	<b>Use Case Activities</b>	<b>71 days</b>	<b>Mon 10/30/17</b>	<b>Mon 2/5/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
352	Discovery for Use Case Development	5 days?	Mon 10/30/17	Fri 11/3/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
353	Use Case Definition Meetings with DOEA	10 days?	Mon 11/6/17	Fri 11/17/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
354	Develop Use Cases	38 days?	Mon 11/20/17	Wed 1/10/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
355	Submit Use Case Draft for Internal Review	2 days?	Thu 1/11/18	Fri 1/12/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
356	Incorporate Feedback from Internal Review	2 days?	Mon 1/15/18	Tue 1/16/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
357	Submit Final Draft Use Cases to DOEA for Review	5 days?	Wed 1/17/18	Tue 1/23/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
358	Incorporate DOEA Comments and Feedback for Use Cases	5 days?	Wed 1/24/18	Tue 1/30/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
359	Submit Final Use Case Deliverable to DOEA for Validation and Signoff	1 day?	Wed 1/31/18	Wed 1/31/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
360	Use Case Deliverable Approved and Signed by DOEA	3 days?	Thu 2/1/18	Mon 2/5/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
361	<b>Organization Change Management and Workforce Transition Plan Activities</b>	<b>95 days</b>	<b>Mon 1/22/18</b>	<b>Fri 6/1/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs</b>				
362	Discovery for Organizational Change Management Development	1 day?	Mon 1/22/18	Mon 1/22/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
363	Develop Organizational Change Management and Workforce Transition Plan	76 days?	Tue 1/23/18	Tue 5/8/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				

Project: CIRTS Master Project Schedu  
Date: Wed 10/3/18

Task		External Tasks		Duration-only		External Tasks	
Split		External Milestone		Manual Summary Rollup		External Milestone	
Milestone		Inactive Milestone		Manual Summary		Progress	
Summary		Inactive Summary		Start-only		Deadline	
Project Summary		Manual Task		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
364	Submit Organizational Change Management and Workforce Transition Plan Draft for Internal Review	2 days?	Wed 5/9/18	Thu 5/10/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
365	Incorporate Feedback from Internal Review	2 days?	Fri 5/11/18	Mon 5/14/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
366	Submit Final Draft Organizational Change Management and Workforce Transition Plan to DOEA for Review	5 days?	Tue 5/15/18	Mon 5/21/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
367	Incorporate DOEA Comments and Feedback for Organizational Change Management and Workforce Transition Plan	5 days?	Tue 5/22/18	Mon 5/28/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
368	Submit Final Organizational Change Management and Workforce Transition Plan Deliverable to DOEA for Validation and Signoff	1 day?	Tue 5/29/18	Tue 5/29/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
369	Organizational Change Management and Workforce Transition Plan Deliverable Approved and Signed by DOEA	3 days?	Wed 5/30/18	Fri 6/1/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
370	Rolling Wave Project Update	1 day?	Mon 1/1/18	Mon 1/1/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
371	<b>Invitation to Negotiate Procurement</b>	<b>230 days</b>	<b>Mon 8/14/17</b>	<b>Fri 6/29/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
372	<b>Invitation to Negotiate Development Activities</b>	<b>128 days</b>	<b>Mon 8/14/17</b>	<b>Wed 2/7/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
373	Develop Invitation to Negotiate	20 days?	Mon 8/14/17	Fri 9/8/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
374	Develop Draft Contract for release with Invitation to Negotiate	5 days?	Mon 9/11/17	Fri 9/15/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
375	Prepare Business Process Reengineering Documents for Release with Invitation to Negotiate	5 days?	Mon 9/18/17	Fri 9/22/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
376	Prepare Requirements Documents for Release with Invitation to Negotiate	5 days?	Mon 9/25/17	Fri 9/29/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
377	Prepare Use Case Documents for Release with Invitation to Negotiate	5 days?	Mon 10/2/17	Fri 10/6/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
378	Prepare Inventory of Reports, Correspondence and Interfaces for Release with Invitation to Negotiate	1 day?	Mon 10/9/17	Mon 10/9/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
379	Submit Draft Invitation to Negotiate and Supporting Documents for Internal Review	2 days?	Tue 10/10/17	Wed 10/11/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
380	Incorporate Feedback from Internal Review	2 days?	Thu 10/12/17	Fri 10/13/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
381	Submit Final Draft Invitation to Negotiate to DOEA for Review	5 days?	Mon 10/16/17	Fri 10/20/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
382	Incorporate DOEA Comments and Feedback for Invitation to Negotiate	5 days?	Mon 10/23/17	Fri 10/27/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
383	Submit Final Invitation to Negotiate Deliverable to DOEA for Validation and Signoff	1 day?	Mon 10/30/17	Mon 10/30/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
384	Invitation to Negotiate Deliverable Approved and Signed by DOEA	3 days?	Wed 11/1/17	Fri 11/3/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
385	<b>Evaluation Preparation</b>	<b>26 days</b>	<b>Thu 12/7/17</b>	<b>Thu 1/11/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
386	Appointment of the Evaluation Team Members	1 day?	Thu 12/7/17	Thu 12/7/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
387	Completion of Conflict of Interest Questionnaires and Certifications	1 day?	Fri 12/8/17	Fri 12/8/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
388	Develop Evaluation Criteria and Instructions	3 days?	Mon 12/11/17	Wed 12/13/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
389	Submit Evaluation Criteria and Instructions for Internal Review	2 days?	Thu 12/14/17	Fri 12/15/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
390	Incorporate Feedback from Internal Review	2 days?	Mon 12/18/17	Tue 12/19/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				

Project: CIRTS Master Project Schedu Date: Wed 10/3/18	Task		External Tasks		Duration-only		External Tasks	
	Split		External Milestone		Manual Summary Rollup		External Milestone	
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	Summary		Inactive Summary		Start-only		Deadline	
	Project Summary		Manual Task		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
391	Submit Evaluation Criteria and Instructions Final Draft to DOEA for Review	7 days?	Wed 12/20/17	Thu 12/28/17		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
392	Incorporate DOEA Comments and Feedback for Invitation to Negotiate	5 days?	Fri 12/29/17	Thu 1/4/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
393	Submit Final Evaluation Criteria and Instructions Deliverable to DOEA for Validation and Signoff	1 day?	Fri 1/5/18	Fri 1/5/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
394	Evaluation Criteria and Instructions Deliverable Approved and Signed by DOEA	3 days?	Mon 1/8/18	Wed 1/10/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
395	Instruct Evaluation Team on Guidelines and Criteria	1 day?	Thu 1/11/18	Thu 1/11/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
396	<b>Negotiation Preparation</b>	<b>19 days</b>	<b>Fri 1/12/18</b>	<b>Wed 2/7/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
397	Develop Negotiation Guidelines and Instructions for Negotiators	5 days?	Fri 1/12/18	Thu 1/18/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
398	Submit Negotiation Guidelines and Instructions for Internal Review	2 days?	Fri 1/19/18	Mon 1/22/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
399	Incorporate Feedback from Internal Review	2 days?	Tue 1/23/18	Wed 1/24/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
400	Submit Negotiation Guidelines and Instructions Final Draft to DOEA for Review	5 days?	Fri 1/19/18	Thu 1/25/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
401	Incorporate DOEA Comments and Feedback for Negotiation Guidelines and Instructions	5 days?	Fri 1/26/18	Thu 2/1/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
402	Submit Final Negotiation Guidelines and Instructions Deliverable to DOEA for Validation and Signoff	1 day?	Fri 2/2/18	Fri 2/2/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
403	Negotiation Guidelines and Instructions Deliverable Approved and Signed by DOEA	3 days?	Mon 2/5/18	Wed 2/7/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
404	<b>Procurement Process Activities</b>	<b>100 days</b>	<b>Mon 2/12/18</b>	<b>Fri 6/29/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
405	Release ITN (Post ITN on Vendor Bid System)	1 day?	Mon 2/12/18	Mon 2/12/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
406	72 Hr. Timeframe for Notice of Intent to Protest - Per Chapter 120, F.S., Proceedings	3 days?	Tue 2/13/18	Thu 2/15/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
407	<b>ITN Question Submission/Response Activities</b>	<b>6 days?</b>	<b>Mon 2/19/18</b>	<b>Mon 2/26/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
408	Allotted Time for Submission of Vendor Questions	5 days?	Mon 2/19/18	Fri 2/23/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
409	Questions Due to DOEA	1 day?	Thu 2/22/18	Thu 2/22/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
410	DOEA Preparation of Questions Responses	1 day?	Fri 2/23/18	Fri 2/23/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
411	Target Submission of Responses to Vendors (Posted on Vendor Bid System)	1 day?	Mon 2/26/18	Mon 2/26/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
412	Notice of Vendor Bid System Pre-Response Conference Meeting	1 day?	Tue 2/27/18	Tue 2/27/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
413	Conduct Mandatory Pre-Negotiation Conference Meeting - Public Meeting	1 day?	Wed 2/28/18	Wed 2/28/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
414	Vendor Timeframe to Prepare Proposal Responses	10 days?	Thu 3/1/18	Wed 3/14/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
415	Vendor Proposals Received and Opened for Mandatory Submission Requirements (Public Meeting)	1 day?	Thu 3/15/18	Thu 3/15/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
416	<b>Proposal Evaluation and Shortlist Selection</b>	<b>12 days?</b>	<b>Fri 3/16/18</b>	<b>Mon 4/2/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
417	Distribute Technical Proposals to Evaluators	3 days?	Fri 3/16/18	Tue 3/20/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
418	Distribute Cost Proposals to Budget for Evaluation	3 days?	Wed 3/21/18	Fri 3/23/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
419	Vendor Demonstrations	5 days?	Mon 3/26/18	Fri 3/30/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				

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Task		External Tasks		Duration-only		External Tasks	
Split		External Milestone		Manual Summary Rollup		External Milestone	
Milestone		Inactive Milestone		Manual Summary		Progress	
Summary		Inactive Summary		Start-only		Deadline	
Project Summary		Manual Task		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
420	Evaluation and Scoring of Technical Proposals	1 day?	Mon 4/2/18	Mon 4/2/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
421	Evaluation and Scoring of Cost Proposals	1 day?	Mon 4/2/18	Mon 4/2/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
422	Total Proposal Scoring	1 day?	Mon 4/2/18	Mon 4/2/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
423	<b>Approval and Posting of Evaluations</b>	<b>64 days?</b>	<b>Tue 4/3/18</b>	<b>Fri 6/29/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
424	Approval and Signoff of Evaluation Submissions	1 day?	Tue 4/3/18	Tue 4/3/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
425	Posting of Intent to Negotiate with Selected Vendors	1 day?	Wed 4/4/18	Wed 4/4/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
426	72 Hr. Timeframe for Notice of Intent to Protest - Per Chapter 120, F.S., Proceedings	3 days?	Thu 4/5/18	Mon 4/9/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
427	Discovery and Submission of Formal Vendor Protest	1 day?	Tue 4/10/18	Tue 4/10/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
428	Disband Evaluation Team	1 day?	Wed 4/11/18	Wed 4/11/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
429	<b>Vendor Negotiations</b>	<b>27 days?</b>	<b>Thu 4/12/18</b>	<b>Fri 5/18/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
430	Appoint Negotiators	1 day?	Thu 4/12/18	Thu 4/12/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
431	Review Negotiation Guidelines	1 day?	Fri 4/13/18	Fri 4/13/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
432	Vendor Demonstrations	5 days?	Mon 4/16/18	Fri 4/20/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
433	Conduct Negotiations	5 days?	Mon 4/23/18	Fri 4/27/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
434	Best and Final Offer (BAFO)	2 days?	Mon 4/30/18	Tue 5/1/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
435	Select Vendor for Intent to Award	3 days?	Wed 5/2/18	Fri 5/4/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
436	Post Intent to Award	10 days?	Mon 5/7/18	Fri 5/18/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
437	<b>Contract Negotiations</b>	<b>30 days?</b>	<b>Mon 5/21/18</b>	<b>Fri 6/29/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
438	Contract Negotiations with Vendor Chosen for Intent to Award	5 days?	Mon 5/21/18	Fri 5/25/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
439	Move Forward to Final Negotiations - Public Meeting	1 day?	Mon 5/28/18	Mon 5/28/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
440	Final Updates to Contract	3 days?	Tue 5/29/18	Thu 5/31/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
441	Draft Contract Complete	1 day?	Fri 6/1/18	Fri 6/1/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
442	Vendor Bid System Notice for Final Recommendation	1 day?	Mon 6/4/18	Mon 6/4/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
443	Final Vendor Recommendation - Public Meeting	1 day?	Tue 6/5/18	Tue 6/5/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
444	Management Review of Award Recommendation	1 day?	Wed 6/6/18	Wed 6/6/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
445	Disband Negotiation Team	1 day?	Thu 6/7/18	Thu 6/7/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
446	Contract Approval	1 day?	Fri 6/8/18	Fri 6/8/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
447	Submit Contract for Executive Review	5 days?	Mon 6/11/18	Fri 6/15/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
448	Update Contract Based on Feedback	3 days?	Mon 6/18/18	Wed 6/20/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
449	Contract Sent to Vendor for Vendor's Review and Signature	5 days?	Thu 6/21/18	Wed 6/27/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
450	Contract Final Execution by the Department	1 day?	Thu 6/28/18	Thu 6/28/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
451	Final Contract Signed	1 day?	Fri 6/29/18	Fri 6/29/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
452	Rolling Wave Project Update	1 day?	Mon 7/2/18	Mon 7/2/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
453	<b>Phase III - Design, Develop, and Implement</b>	<b>520 days?</b>	<b>Thu 7/5/18</b>	<b>Wed 7/1/20</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
454	<b>Project Management Office</b>	<b>519 days?</b>	<b>Thu 7/5/18</b>	<b>Tue 6/30/20</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				

Project: CIRTS Master Project Schedu Date: Wed 10/3/18	Task		External Tasks		Duration-only		External Tasks	
	Split		External Milestone		Manual Summary Rollup		External Milestone	
	Milestone		Inactive Milestone		Manual Summary		Progress	
	Summary		Inactive Summary		Start-only		Deadline	
	Project Summary		Manual Task		Finish-only			




















ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names	20	22	24	26
455	<b>Initiating</b>	<b>18 days?</b>	<b>Mon 7/16/18</b>	<b>Wed 8/8/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
456	eCIRTS Project Kickoff Meeting	1 day?	Mon 7/16/18	Mon 7/16/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
457	Onboard Project Management Office Services and Design, Develop, and Implement Staff	1 day?	Mon 7/16/18	Mon 7/16/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
458	<b>Planning</b>	<b>11 days</b>	<b>Mon 7/16/18</b>	<b>Mon 7/30/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
459	<b>Project Management Office Deliverable Expectation Documents</b>	<b>11 days</b>	<b>Mon 7/16/18</b>	<b>Mon 7/30/18</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
460	Develop Project Management Plan Deliverable Expectation Document	1 day?	Mon 7/16/18	Mon 7/16/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
461	Develop Project Schedule Deliverable Expectation Document	1 day?	Mon 7/16/18	Mon 7/16/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
462	Update Project Schedule	6 days?	Tue 7/17/18	Tue 7/24/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
463	Update Project Management Plan	11 days?	Wed 7/25/18	Wed 8/8/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
464	<b>Monitoring and Controlling</b>	<b>519 days</b>	<b>Thu 7/5/18</b>	<b>Tue 6/30/20</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
465	Weekly Status Reports	519 days?	Thu 7/5/18	Tue 6/30/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
466	Weekly Status Report Meetings	519 days?	Thu 7/5/18	Tue 6/30/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
467	Monthly Steering Committee Meetings	519 days?	Thu 7/5/18	Tue 6/30/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
468	Monthly Steering Committee Reports	519 days?	Thu 7/5/18	Tue 6/30/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
469	Monthly Independent Verification and Validation Reports	519 days?	Thu 7/5/18	Tue 6/30/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
470	Bi-Weekly Organizational Change Management Meetings	519 days?	Thu 7/5/18	Tue 6/30/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
471	Quarterly Status Reports	519 days?	Thu 7/5/18	Tue 6/30/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
472	Quarterly Rolling Wave Schedule Planning	519 days?	Thu 7/5/18	Tue 6/30/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
473	<b>Post-Implementation Closing</b>	<b>1 day</b>	<b>Tue 6/30/20</b>	<b>Tue 6/30/20</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
474	Post-Implementation Closing Activities	1 day?	Tue 6/30/20	Tue 6/30/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
475	<b>System Implementation</b>	<b>113 days</b>	<b>Mon 9/3/18</b>	<b>Wed 2/6/19</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
476	Requirements Gap/Fit Analysis Sessions	10 days?	Mon 9/3/18	Fri 9/14/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
477	System Design	37 days?	Mon 9/17/18	Tue 11/6/18		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
478	System Development/Configuration (Including reports, correspondence, interfaces)	66 days?	Wed 11/7/18	Wed 2/6/19		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Manager,DOEA Contract Manager,DOEA SMEs				
479	<b>Testing</b>	<b>130 days</b>	<b>Wed 1/1/20</b>	<b>Tue 6/30/20</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
480	Unit Test	23 days?	Wed 1/1/20	Fri 1/31/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
481	System Test	26 days?	Mon 2/3/20	Mon 3/9/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
482	User Acceptance Test	24 days?	Tue 3/10/20	Fri 4/10/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
483	Performance/Load Testing	7 days?	Mon 4/13/20	Tue 4/21/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
484	Security Testing	6 days?	Wed 4/22/20	Wed 4/29/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
485	System Training	43 days?	Thu 4/30/20	Mon 6/29/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
486	System Deployment	1 day?	Tue 6/30/20	Tue 6/30/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				
487	<b>Project Closing</b>	<b>1 day</b>	<b>Tue 6/30/20</b>	<b>Tue 6/30/20</b>		<b>John Collins,Deanna Settergren,Mark Ervin,DOEA Project M</b>				
488	Project Closing Activities	1 day?	Tue 6/30/20	Tue 6/30/20		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				

Project: CIRTS Master Project Schedu Date: Wed 10/3/18	Task		External Tasks		Duration-only		External Tasks	
	Split		External Milestone		Manual Summary Rollup		External Milestone	
	Milestone		Inactive Milestone		Manual Summary		Progress	
	Summary		Inactive Summary		Start-only		Deadline	
	Project Summary		Manual Task		Finish-only			



ID	Task Name	Duration	Start	Finish	Predeces	Resource Names	20	22	24	26
489	Operations and Maintenance	1304 days?	Wed 7/1/20	Mon 6/30/25		John Collins,Deanna Settergren,Mark Ervin,DOEA Project Mana				

Project: CIRTS Master Project Schedu  
Date: Wed 10/3/18

Task		External Tasks		Duration-only		External Tasks	
Split		External Milestone		Manual Summary Rollup		External Milestone	
Milestone		Inactive Milestone		Manual Summary		Progress	
Summary		Inactive Summary		Start-only		Deadline	
Project Summary		Manual Task		Finish-only			

**CIRTS**  
**(Client Information &  
Registration Tracking System)**  
**User Guide**

**Florida Department of Elder Affairs**  
**May 2007**

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# Welcome to CIRT (Client Information & Registration Tracking System)!

Double-click the CIRT icon on the Desktop.



Or, select the CIRT link from the Department of Elder Affairs Intranet site.

The screenshot shows the Florida Department of Elder Affairs Intranet site in a Microsoft Internet Explorer browser window. The browser title is 'DOEA Intranet - Microsoft Internet Explorer' and the address bar shows 'http://204.156.255.8/welcome/newsite/indw.jsp'. The page header includes the 'Florida Department of Elder Affairs Intranet' logo and navigation links: Home | Directories | Publications | Notices | Governor's Page | Sitemap. The main content area is divided into several sections: 'Browse' (a vertical menu on the left), 'Mission Statement' (with a sub-section 'Vision: Golden Choice'), 'DOEA Hot Topics' (with links to 'DOEA Digest', 'Disaster Preparedness', and 'Other News from Communications'), 'Search' (with MyFlorida.com and Google search boxes), 'What's New' (with links to 'DOEA Intranet', 'Long-Term Care Community Diversion Program Benefit Grid', 'Downloads', 'DOEA Directories (04032007)', 'DOEA Internet', 'DOEA Media Center (03092007)', 'Groundhog Tornadoes', and 'Ambassadors for Aging Day 2007'), and 'Quick Links' (with links to 'DOEA Policies and Procedures', 'MyFlorida.com', 'DOEA Intranet', 'PeopleFirst.com', 'DOEA Help Desk', and 'Disaster Preparedness'). A yellow arrow points to the 'CIRT' link in the 'Browse' menu. The footer of the page includes 'Last updated: April 06, 2007' and 'This site is developed and maintained by the staff of the Department of Elder Affairs.' The browser status bar at the bottom shows 'Internet'.

The Enterprise Application Services screen will appear.

The screenshot shows a Microsoft Internet Explorer browser window titled "DOEA Oracle Single Sign-On - Microsoft Internet Explorer". The address bar contains the URL: [https://199.250.26.136:4443/ssp/login.jsp?site2pstoretoken=v1.2\\*14C34677~CBAD601F5AC329272E90BF1045E4EEA250F57C28093C55830AD8E2A6D8E3C8C42A995A](https://199.250.26.136:4443/ssp/login.jsp?site2pstoretoken=v1.2*14C34677~CBAD601F5AC329272E90BF1045E4EEA250F57C28093C55830AD8E2A6D8E3C8C42A995A). The main content area features the Department of Elder Affairs logo on the left, which includes a sun icon and the text "DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA". To the right of the logo is the heading "Enterprise Application Services" in blue, followed by the mission statement: "To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime." and "- DOEA Mission Statement". A blue button labeled "Single Sign-On" is positioned below the mission statement. Below this, a link reads "Click here to add this site to Favorites!". The login form consists of two text input fields: "User Name" and "Password", with a "Login" button centered below them. A note at the bottom states: "\* The Single Sign-On (SSO) password is case-sensitive." The browser's status bar at the bottom shows "Done" and "Internet".

- 1) Enter your **CIRTS** User Name.
- 2) Enter your **CIRTS** Password. This password is case-sensitive. If an error occurs, check to see if the Caps Lock is on.
- 3) Click the Login button or press the Enter key.
- 4) The Applications screen will appear.

## Applications Screen

DOEA Enterprise Application Services - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address [https://199.250.26.136/portal/page?\\_pageid=33,32395,33\\_32411&\\_dad=portal&\\_schema=PORTAL](https://199.250.26.136/portal/page?_pageid=33,32395,33_32411&_dad=portal&_schema=PORTAL)

**DEPARTMENT OF ELDER AFFAIRS**  
STATE OF FLORIDA

# Enterprise Application Services

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.  
- DOEA Mission Statement

**Applications** Reports Documents Support

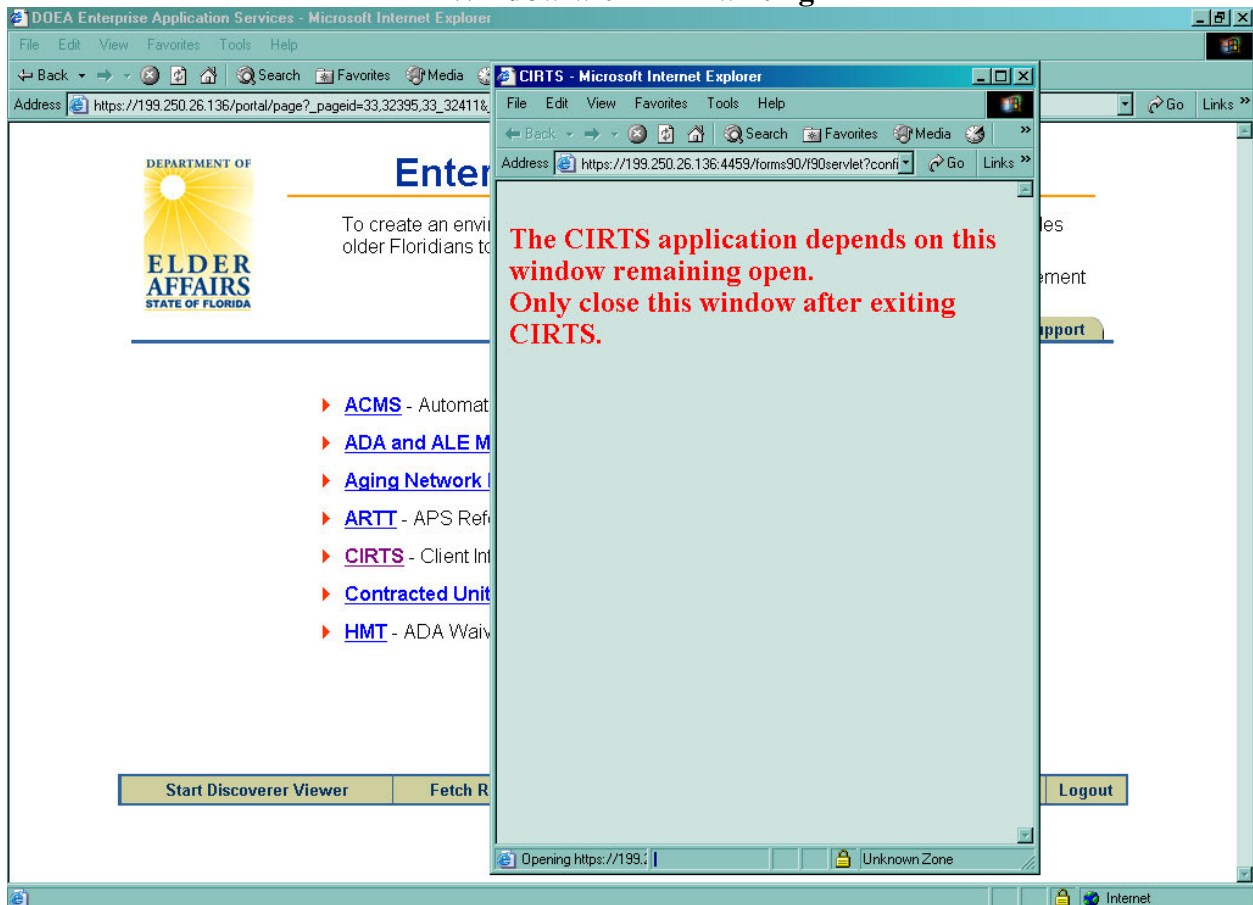
- ▶ [ACMS](#) - Automated Contract Management System
- ▶ [ADA and ALE Medicaid Waiver Paid Claims Query Tool](#)
- ▶ [Aging Network Providers](#)
- ▶ [ARTT](#) - APS Referral Tracking Tool
- ▶ [CIRTS](#) - Client Information and Registration Tracking System
- ▶ [Contracted Unit Rate](#)
- ▶ [HMT](#) - ADA Waiver Holistic Monitoring Tool

Start Discoverer Viewer Fetch Report Output Ad Hoc Query Change SSO Password Logout

Click the CIRTS link.

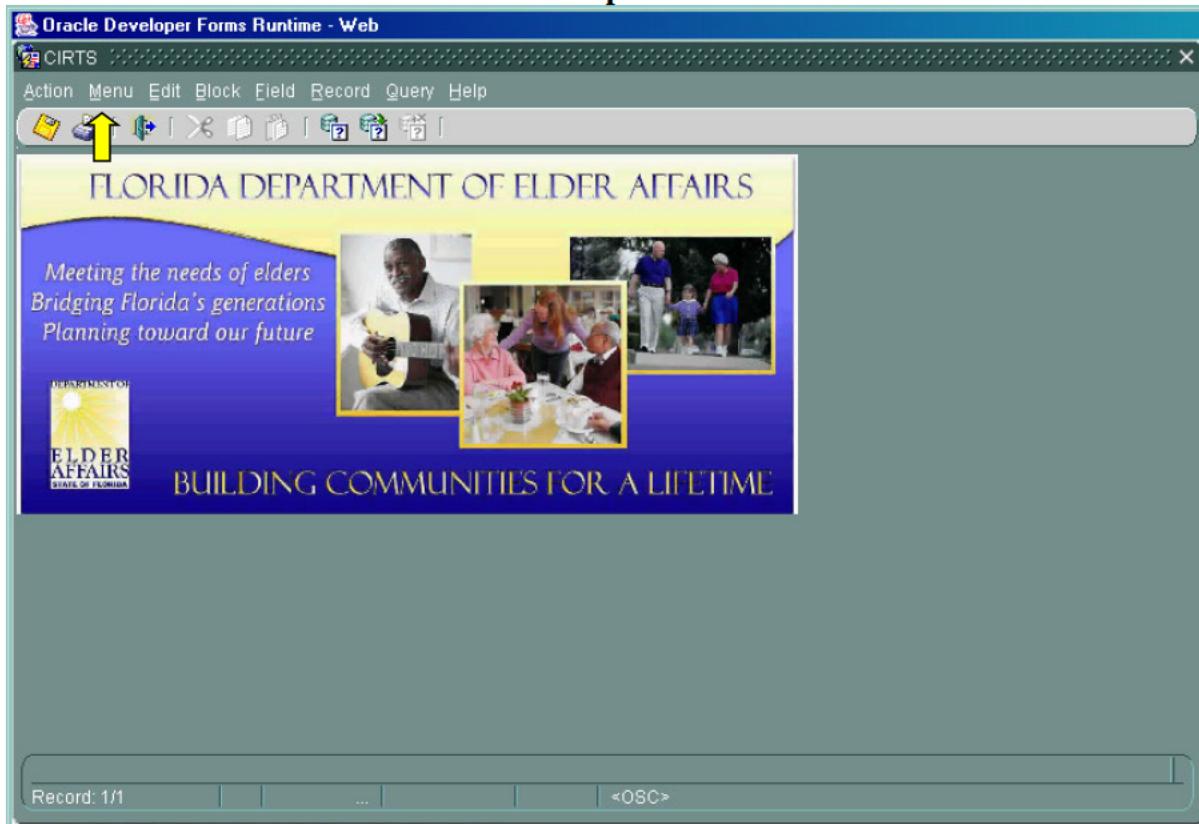
A window will appear with RED writing. This window must remain open while you are using CIRTS. If this window is closed, CIRTS will close.

## Window with RED writing



Wait a few moments for the CIRT splash screen to appear.

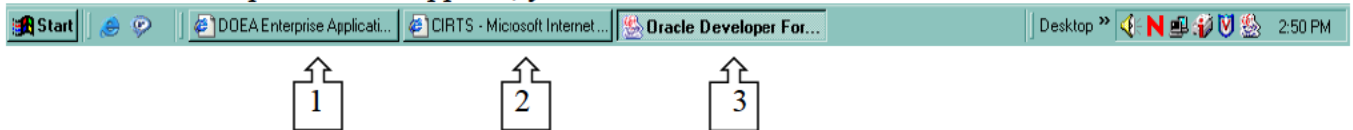
## CIRTS Splash Screen



To access client data, click Menu in the top left-hand corner of the screen.

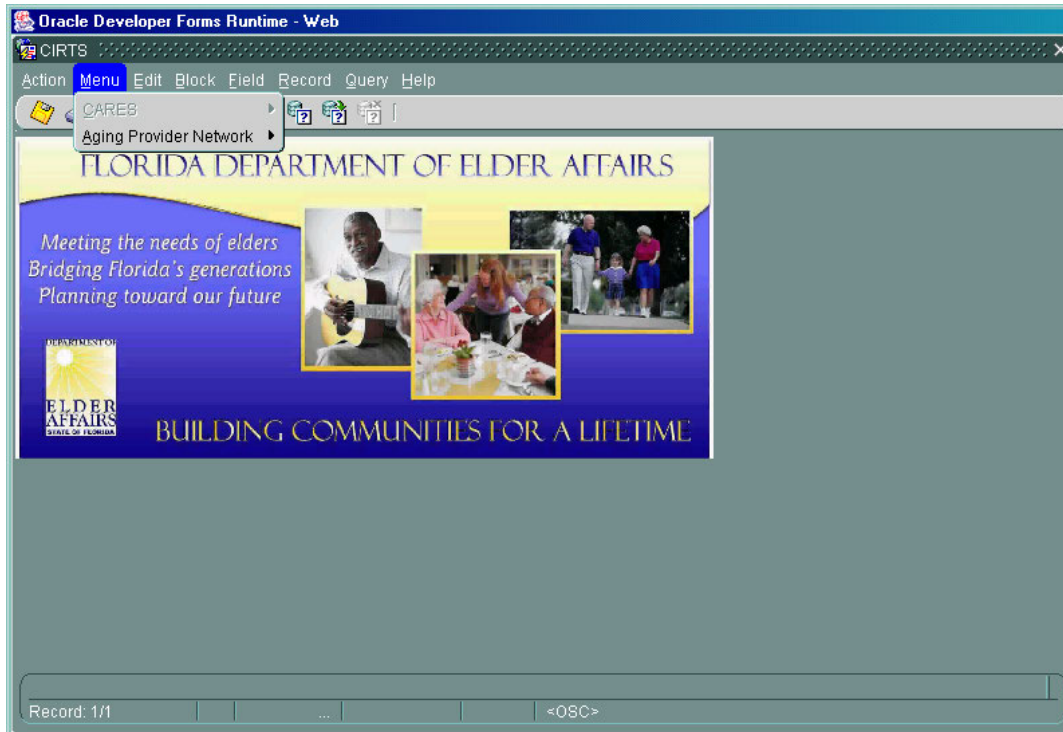
\*\*\*\*\*

When the CIRTS splash screen appears, you should see three items in the Start bar.

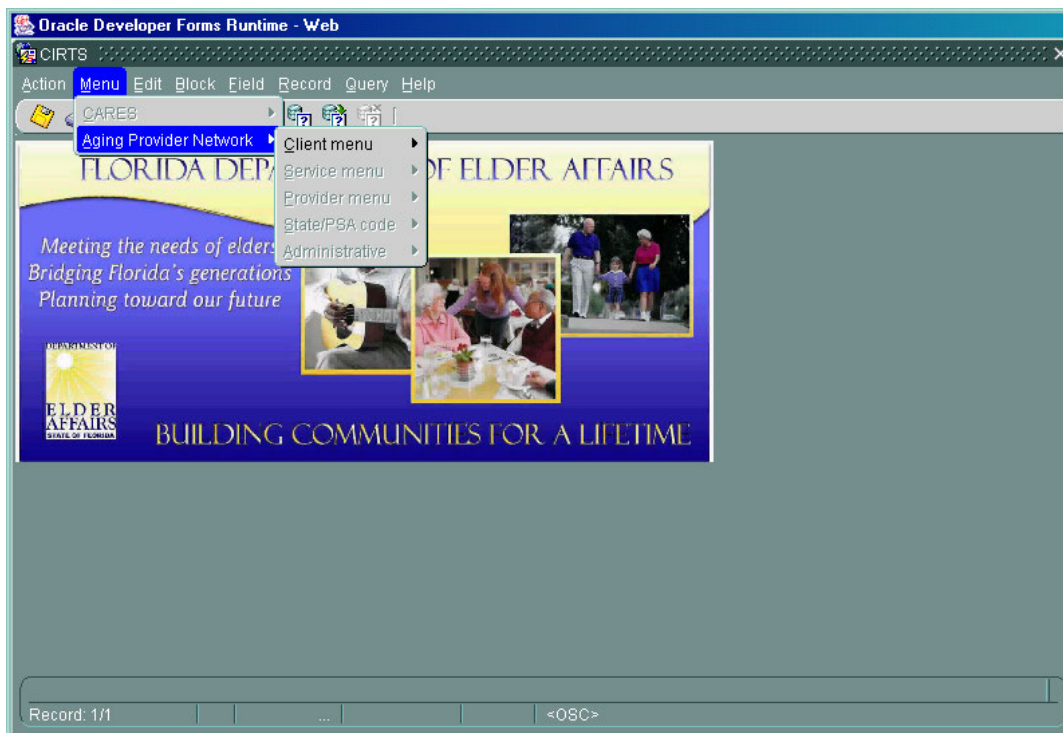


- 1) This item will take you back to the Applications Screen.
- 2) This item will take you to the window with RED writing.
- 3) This item will take you to the CIRTS screen.

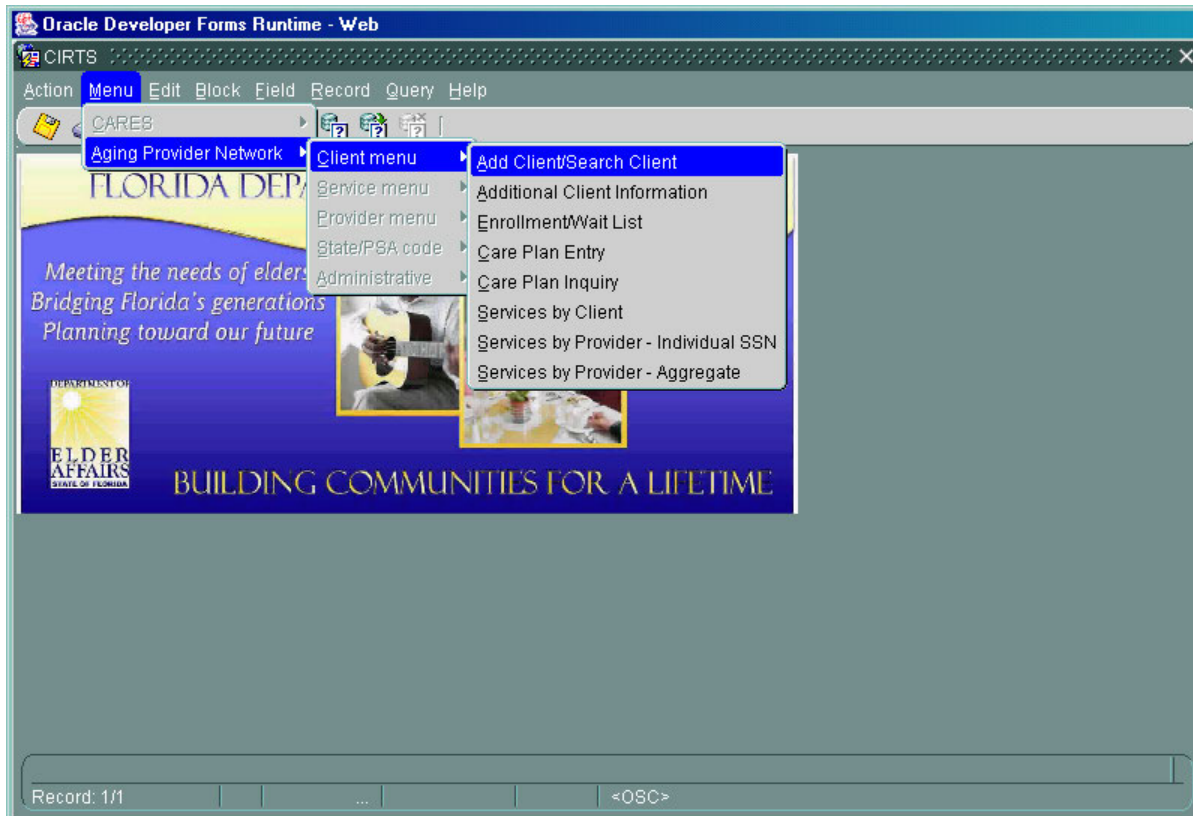




From Menu, select Aging Provider Network.



From Aging Provider Network, select Client menu.



From the Client Menu, you can – search for an existing client, add a new client, or access various screens to display client data.

To search for a client, select the Add Client/Search Client option. The search screen will appear.

## Search Screen

**Search for a Client**

SSN

Last Name

First Name

Medicaid Id

Enter all or part of any of these fields and search will return all clients who match everything entered.

**Results of Search**

PSA	SSN	Owner	Client Name	Date of Birth	Address	Zip

Record: 1/1      ...      <OSC>

**NOTE:** *It is very important for users to perform a thorough search before adding a new client. CIRTIS is now shared by all area agencies on aging, lead agencies, and CARES (Comprehensive Assessment and Review for Long Term Care Services) offices in Florida. Another office could have added the same client with a different Social Security number, or a different variation of the client's name. After searching on the known information, try searching on partial Social Security numbers or partial names to make sure the client does not exist. If a search on the client's Social Security number reveals that it currently belongs to another client in CIRTIS, notify your LAN (Local Area Network) Administrator, and steps will be taken to verify and/or correct the Social Security number.*

## Search Screen

**Search for a Client**

SSN 200611071  
Last Name CLIENT  
First Name TEST  
Medicaid Id

Enter all or part of any of these fields and search will return all clients who match everything entered.

**Results of Search**

PSA	SSN	Owner	Client Name

Record: 1/1 ... <OSC>

Enter the client's Social Security number (SSN), last name, and first name. Click on the Search button.

If the client does not exist, a message will appear indicating no matching records were found. Click the OK button.

You can now click the Clear button and search for the client again or click the Add New Client button.

## Search Screen

The screenshot shows the CIRTS CLIENT SEARCH application window. The title bar reads "CIRTS CLIENT SEARCH". The menu bar includes "Action", "Menu", "Edit", "Block", "Field", "Record", "Query", and "Help". Below the menu bar is a toolbar with various icons. The main area is titled "Search for a Client" and contains a form with the following fields:

- SSN: 2006
- Last Name: CLI
- First Name: TE
- Medicaid Id: (empty)

A "Search" button is located to the right of the Medicaid Id field. To the right of the form, a text box states: "Enter all or part of any of these fields and search will return all clients who match everything entered."

Below the search form is a section titled "Results of Search" which contains a table with the following columns: PSA, SSN, Owner, Client Name, and a partially visible "Date of Birth" column. The table is currently empty. Below the table are buttons for "Add New Client", "Details", "Clear", and "Close".

An "ALERT" dialog box is overlaid on the table, containing a red speech bubble icon and the text: "No matching records were found for the search criteria entered." An "OK" button is at the bottom right of the alert box.

At the bottom of the application window, a status bar shows "Record: 1/1" and "<OSC>" navigation controls.

From the previous screen, this is a search with a partial SSN, last name, and first name. No clients in the system met the specified criteria. Click the OK button.

The client does not exist in CIRTS. Click the Add New Client button.

## Demographics Screen – Add New Client

The cursor will start in the SSN field. **Fields with a pink background are required.** CIRTS will generate an error message when the user tries to save a blank pink field. Enter the client’s SSN, and then press the Tab or Enter key to move to the next field. List fields: County, Sex, Race, Ethnicity, Primary Language, and Marital Status can be accessed with the mouse, arrow keys, or type the first letter of the desired value. For example, to enter a Marital Status of Single, you can use the mouse to access the list and select Single, or use the “up” arrow key to find Single in the list, or type the letter “S.” Typing the letter “S” will take the user to Separated, which is the first “S” alphabetically in the list. Typing “S” again will take the user to Single, the next value alphabetically in the list.

\*\*\*\*\*

**Search Button** – Takes you to the Search Screen.

**LOC Button** – Takes you to the CARES (Comprehensive Assessment and Review for Long Term Care Services) Level of Care screen.

**Referrals Button** – Takes you to a list of referrals CARES has made to the Aging Network.

**NHD Button** – Takes you to the Nursing Home Diversion screen.

**Assessments Button** – Takes you to a list of all Assessments related to the client. The Assessment list contains assessments from the user’s Planning and Service Area (PSA) as well as PSAs throughout the state and assessments conducted by the CARES offices throughout the state.

The screenshot shows a web browser window titled "Oracle Developer Forms Runtime - Web" displaying a form for "CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM". The form is titled "CIRTS" and includes fields for "Date" (04/02/2007) and "User" (MCGLOHNSA). The form is divided into several sections:

- PSA Owner SSN First Name Last Name**: 02, [empty], 200611081, TEST, CLIENT. Checkboxes for "Demographic Complete" and "PAS Complete" are present.
- DEMOGRAPHIC INFORMATION**: SSN (200611081), PSA (02), First Name (TEST), MI ([empty]), Last Name (CLIENT), Medicaid Number ([empty]).
- Home Address**: Street (1234 ANY STREET), City (ANY TOWN), State (FL), Zip (32311), County (LE...).
- Mailing Address**: Street ([empty]), City, State, Zip, County, Phone Number, Extension.
- Date of Birth** (11/08/1916), **Date of Death** ([empty]), **Sex** (FEMALE), **Race** (WHITE), **Ethnicity** (OTHER).
- Primary Language** (ENGLISH), **Marital Status** (SINGLE), **Need outside assistance to evacuate?** (N), **Registered with County Special Needs Registry?** (N).

An "ALERT" dialog box is overlaid on the form, containing a red speech bubble icon and the text "Please enter assessment information." with an "OK" button.

After you answer the question – Registered with County Special Needs Registry? – you can press the F10 key or click the Save button (yellow disk). The message above will appear.

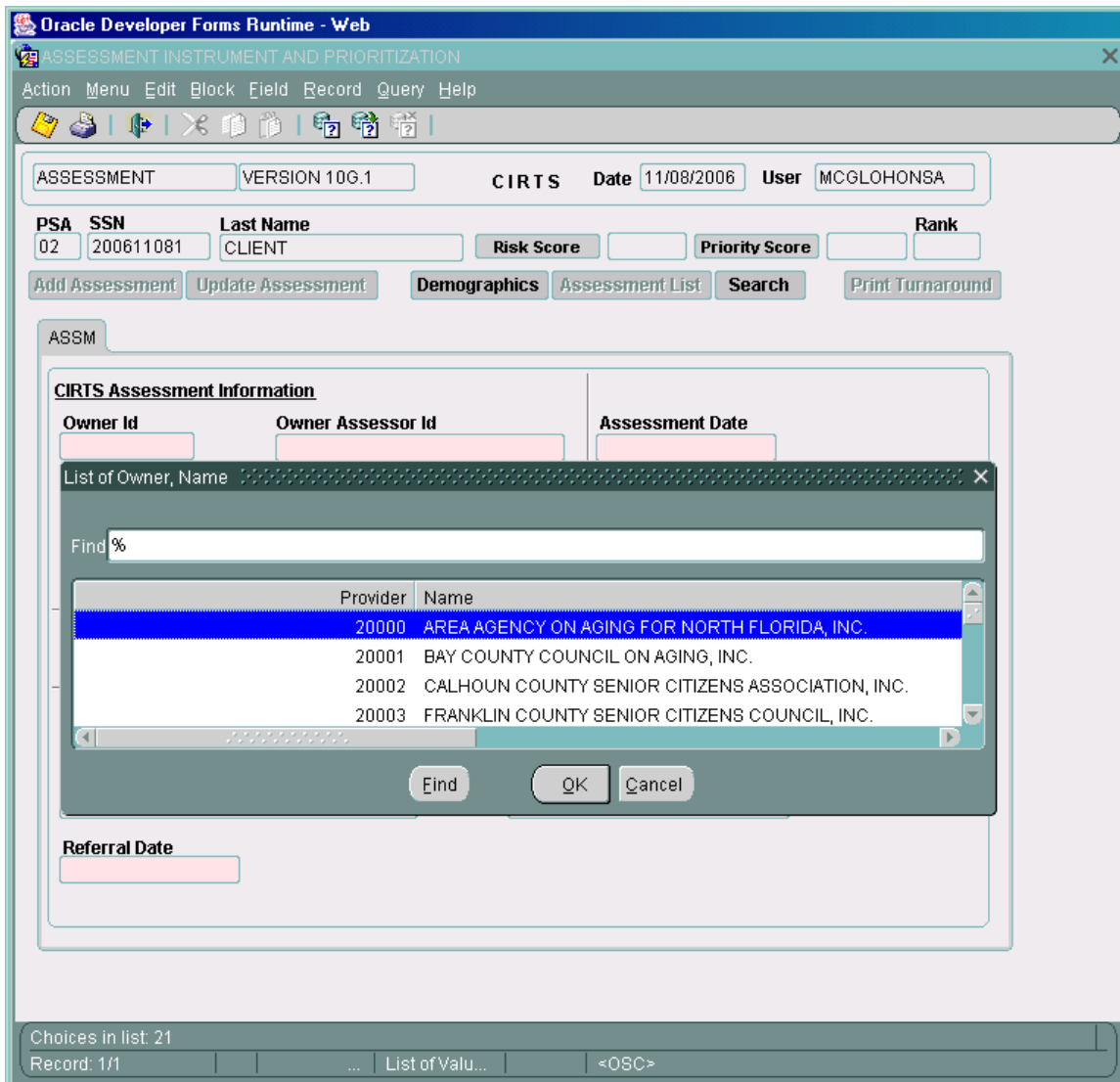
**\*\*\*The client’s demographic information has not saved at this point.** You must click OK with the mouse or press the Enter key to acknowledge this message. When the message clears, you should then press the Tab or Enter key to enter the client’s Assessment.



## Assessment

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' form. The window title is 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. The toolbar contains icons for file operations and help. The form header shows 'ASSESSMENT' and 'VERSION 10G.1'. The 'CIRTS' section includes 'Date' (11/08/2006) and 'User' (MCGLOHONSA). Below this, there are fields for 'PSA' (02), 'SSN' (200611081), 'Last Name' (CLIENT), 'Risk Score', 'Priority Score', and 'Rank'. A row of buttons includes 'Add Assessment', 'Update Assessment', 'Demographics', 'Assessment List', 'Search', and 'Print Turnaround'. The 'ASSM' tab is active, showing 'CIRTS Assessment Information' with fields for 'Owner Id', 'Owner Assessor Id', 'Assessment Date', 'Provider Id', 'Provider Assessor Id', 'Assessment Site' (set to <NULL>), 'Assessor Name', and 'Assessment Type'. Below this are checkboxes for 'Consumer Type', 'Are you the caregiver of a grandchild?', and 'Is this Public Housing?'. Further down are dropdown menus for 'Referral Source' (set to <NULL>), 'Primary Caregiver', 'Risk Level' (set to <NULL>), and 'Living Situation' (set to <NULL>). A 'Referral Date' field is also present. The bottom status bar shows 'Record: 1/1', a 'List of Valu...' button, and '<OSC>'.

All Assessments begin with only the **ASSM** tab. The cursor will start in the Owner Id field. To access the list of available Owner Ids, press the F9 key.



Press the Tab or Enter key to move to the other fields, using the F9 key to access the code list if needed.

When a non-owner user (user who does not work for the owner) enters an Update Assessment or a new Assessment, the Owner Id and Owner Assessor Id fields should be disabled. The non-owner user is required to select their provider from the Provider Id list or enter their Provider Id. The non-owner user is also required to select their Provider Assessor Id from the list or enter the Provider Assessor Id in the Provider Assessor Id field. The Assessment Site field is an alphabetical list, meaning the user can: 1) click the field with mouse and select the appropriate site; 2) use the up/down arrow keys to scroll through the list; or 3) type the first letter alphabetically of the Assessment Site. For example, if the client's Assessment Site was an Assisted Living Facility, the user would type "A" and Assisted Living Facility would appear in the field. **\*\*\*Notice – more tabs have appeared next to the ASSM Tab. The type of Assessment selected will determine how many tabs appear. Appendices A – F identify each Assessment type and the corresponding tabs.**

Press the Tab or Enter key to move to the Consumer Type field.

The screenshot displays the Oracle Developer Forms Runtime interface for 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The window title is 'Oracle Developer Forms Runtime - Web'. The application title bar reads 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. The toolbar contains various icons for navigation and editing. The main form area includes the following fields and controls:

- ASSESSMENT: [VERSION 10G.1]
- CIRTS: [Date: 11/08/2006, User: MCGLOHONSA]
- PSA: [02], SSN: [200611081], Last Name: [CLIENT], Risk Score: [ ], Priority Score: [ ], Rank: [ ]
- Buttons: Add Assessment, Update Assessment, Demographics, Assessment List, Search, Print Turnaround
- Category tabs: ASSM, INC, MEN, PHY, ADL, NUT, HEA, SPS, SOC
- CIRTS Assessment Information** section:
  - Owner Id: [20000], Owner Assessor Id: [MCGLOHONSA], Assessment Date: [11/08/2006]
  - Provider Id: [ ], Provider Assessor Id: [ ], Assessment Site: [CLIENT/RELATIVE'S HOME]
  - Assessor Name: [SHANDRA MCGLOHON], Assessment Type: [INITIAL ASSESSMENT]
- Consumer Type: [ELDER.RECIPIENT] (dropdown), Are you the caregiver of a grandchild?: [N] (checkbox), Is this Public Housing?: [ ] (checkbox)
- Referral Source: [<NULL>] (dropdown), Primary Caregiver: [ ] (dropdown)
- Risk Level: [<NULL>] (dropdown), Living Situation: [<NULL>] (dropdown)
- Referral Date: [ ] (text field)

The status bar at the bottom shows 'Record: 1/1' and '<OSC>'.

You can select the Consumer Type with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type “C” for Caregiver or “E” for Elder Recipient. Press the Tab or Enter key.

Are you the caregiver of a grandchild? – Enter a Y or N. Press the Tab or Enter key.

Is this Public Housing? – Enter a Y or N. Press the Tab or Enter key.

You can select the Referral Source with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. Press the Tab or Enter key.

**Referral Sources:**

A – Abuse/Neglect

C– CARES

D – DCF CCDA

D (pressed twice) – DCF HCDA

H – Hospital

L – Lead Agency  
O – Other  
S – Self  
U – Upstreaming/CARES

You can select the Risk Level with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

**Risk Levels:**

H – High  
I – Imminent Risk  
L – Low  
M – Moderate  
N – None  
T – Transition from ALF to Nursing Home  
T (pressed twice) – Transition from NH to Hospital FY 05-06

Enter the Referral Date – format: MMDDYYYY or MMDDYY. The dashes will be added automatically. Press the Tab or Enter key.

You can select Primary Caregiver with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

**Primary Caregiver:**

N – No Caregiver  
U – Unknown  
Y – Yes

If you select No Caregiver, the Assessment tabs do not change.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC

**CIRTS Assessment Information**

<b>Owner Id</b> 20000	<b>Owner Assessor Id</b> MCGLOHONSA	<b>Assessment Date</b> 11/08/2006
<b>Provider Id</b> 	<b>Provider Assessor Id</b> 	<b>Assessment Site</b> CLIENT/RELATIVE'S HOME
<b>Assessor Name</b> SHANDRA MCGLOHON		<b>Assessment Type</b> INITIAL ASSESSMENT

**Consumer Type:** ELDER RECIPIENT **Are you the caregiver of a grandchild?** N **Is this Public Housing?** N

**Referral Source** OTHER **Primary Caregiver** NO CAREGIVER

**Risk Level** HIGH **Living Situation** ALONE

**Referral Date** 11/08/2006

Record: 1/1 <OSC>

If you select Yes for Primary Caregiver, two new tabs are added to the Assessment. The CAR and CAR2 screen gather information about the client's caregiver.

The screenshot shows the Oracle Developer Forms Runtime - Web interface for the ASSESSMENT INSTRUMENT AND PRIORITIZATION form. The form is titled "ASSESSMENT INSTRUMENT AND PRIORITIZATION" and includes a menu bar with options: Action, Menu, Edit, Block, Field, Record, Query, Help. The form contains several sections and fields:

- Header Section:** Includes fields for "ASSESSMENT" (VERSION 10G.1), "CIRTS", "Date" (11/08/2006), and "User" (MCGLOHONSA).
- Client Information:** Fields for "PSA" (02), "SSN" (200611081), "Last Name" (CLIENT), "Risk Score", "Priority Score", and "Rank".
- Buttons:** "Add Assessment", "Update Assessment", "Demographics", "Assessment List", "Search", and "Print Turnaround".
- Navigation Tabs:** "ASSM", "INC", "MEN", "PHY", "ADL", "NUT", "HEA", "SPS", "SOC", "CAR", and "CAR2".
- CIRTS Assessment Information:**
  - Owner Id:** 20000
  - Owner Assessor Id:** MCGLOHONSA
  - Assessment Date:** 11/08/2006
  - Provider Id:** (empty)
  - Provider Assessor Id:** (empty)
  - Assessment Site:** CLIENT/RELATIVE'S HOME
  - Assessor Name:** SHANDRA MCGLOHON
  - Assessment Type:** INITIAL ASSESSMENT
- Consumer Information:**
  - Consumer Type:** ELDER RECIPIENT
  - Are you the caregiver of a grandchild?:** N
  - Is this Public Housing?:** N
- Referral and Caregiver Information:**
  - Referral Source:** OTHER
  - Primary Caregiver:** YES
  - Risk Level:** HIGH
  - Living Situation:** WITH CAREGIVER
  - Referral Date:** 11/08/2006

The bottom of the form shows "Record: 1/1" and "<OSC>" navigation buttons.

Press the Tab or Enter key.

You can select the Living Situation with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

**Living Situation:**

- A – Alone
- N – Not Required
- U – Unknown
- W – With Caregiver
- W (pressed twice) – With Other

Press the Tab or Enter key to move to the INC (Income) screen of the Assessment.

The cursor will start in the Individual Monthly Income field on the INC (Income) tab. Enter the client's monthly income. Press the Tab or Enter key.

You can select the Individual Assets with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the alphabetic code to select a value.

**Individual Assets:**

M – \$0 - \$2000

N – \$2001 - \$5000

P – Over \$5000

U – Unknown

Follow the same format for the Couple Monthly Income and Couple Assets when the information is required. Press the Tab or Enter key.

*\*\*\*For the OAA, Congregate Meals, and OA3E Assessments, the client's income can be left blank. If the income amount is left blank, the user will be required to enter a Y or N in the "Refused?" fields.*

Receiving Food Stamps? – Enter a Y or N. Press the Tab or Enter key.

You can select who is answering the questions with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

C – Client

O – Other

The cursor will automatically move to the next field. You can select the satisfaction with life with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

1 – Excellent

2 – Good

3 – Fair

4 – Poor

The cursor will automatically move to the next field. You can select the attitude on life with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

1 – Much Better

2 – Better

3 – About the same

4 – Worse

The cursor will automatically move to the next field.

Are behavior problems present? – Enter a Y or N. The cursor will automatically move to the next field.

Does behavior indicate a need for supervision? – Enter a Y or N. If you enter an N and press the Enter key, all of the fields below will populate with an N and the cursor will move to the next screen. To enter a Y for the individual behaviors, enter Y to “Does behavior indicate a need for supervision?” then Y or N for the individual behaviors. Press the Tab or Enter key to move to the MEN (Mental Health) screen.



Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Income Information**

Individual Monthly Income \$1,200.00 Refused?  N

Individual Assets M = \$0 - \$2000 Refused?  N

Couple Monthly Income Refused?  N

Couple Assets Refused?  N

Receiving Food Stamps?  N

Who is answering the questions?  
C - Client

How would you describe your satisfaction with life?  
2 - Good

Compared to a year ago, how is your attitude on life?  
3 - About the Same

ASSESSOR: Are behavioral problems present?  
 N Y = Yes, N = No

ASSESSOR Y = Yes, N = No

Does behavior indicate a need for supervision?  Y

Wandering

Significant memory problems

Depression

Lonely or dangerously isolated

Thoughts of suicide

Abusive, aggressive, or disruptive behavior

Other Problems

Record: 1/1 <OSC>

Enter a Y or N to indicate whether the client answered the date questions correctly or incorrectly.

Use the same procedure for the place questions.

Enter how many numbers the client missed while counting backward from 20 to 1. Ten (10) incorrect responses are the maximum allowed. Press the Tab or Enter key.

Are cognitive problems present? – Enter a Y or N.

Currently receiving mental health services? – Enter a Y or N.

Need for mental health referral? – Enter a Y or N.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Mental Health / Behavior / Cognition**

Ask the consumer the following questions: Y = Correct, N = Incorrect

What is today's date? Month Y Day Y Day of the week Y Year Y

Where are we? Name Y City Y State Y County Y

Count backwards from 20 to 1  
20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 Number of incorrect responses 0

Y = Yes, N = No

ASSESSOR: Are cognitive problems present? N

Currently receiving mental health services? N

ASSESSOR: Need for mental health referral? N

ASSESSOR: Formal and/or informal resources proved services as needed to address the mental health/cognitive needs of the client. 5 - Not Needed

ASSESSOR: Client oriented to time? 1 - Always

ASSESSOR: Client oriented to place? 1 - Always

Record: 1/1 <OSC>

You can select the formal and/or informal resources with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 1 – Always Available
- 2 – Sometimes Available
- 3 – Rarely Available
- 4 – Unavailable
- 5 – Not Needed

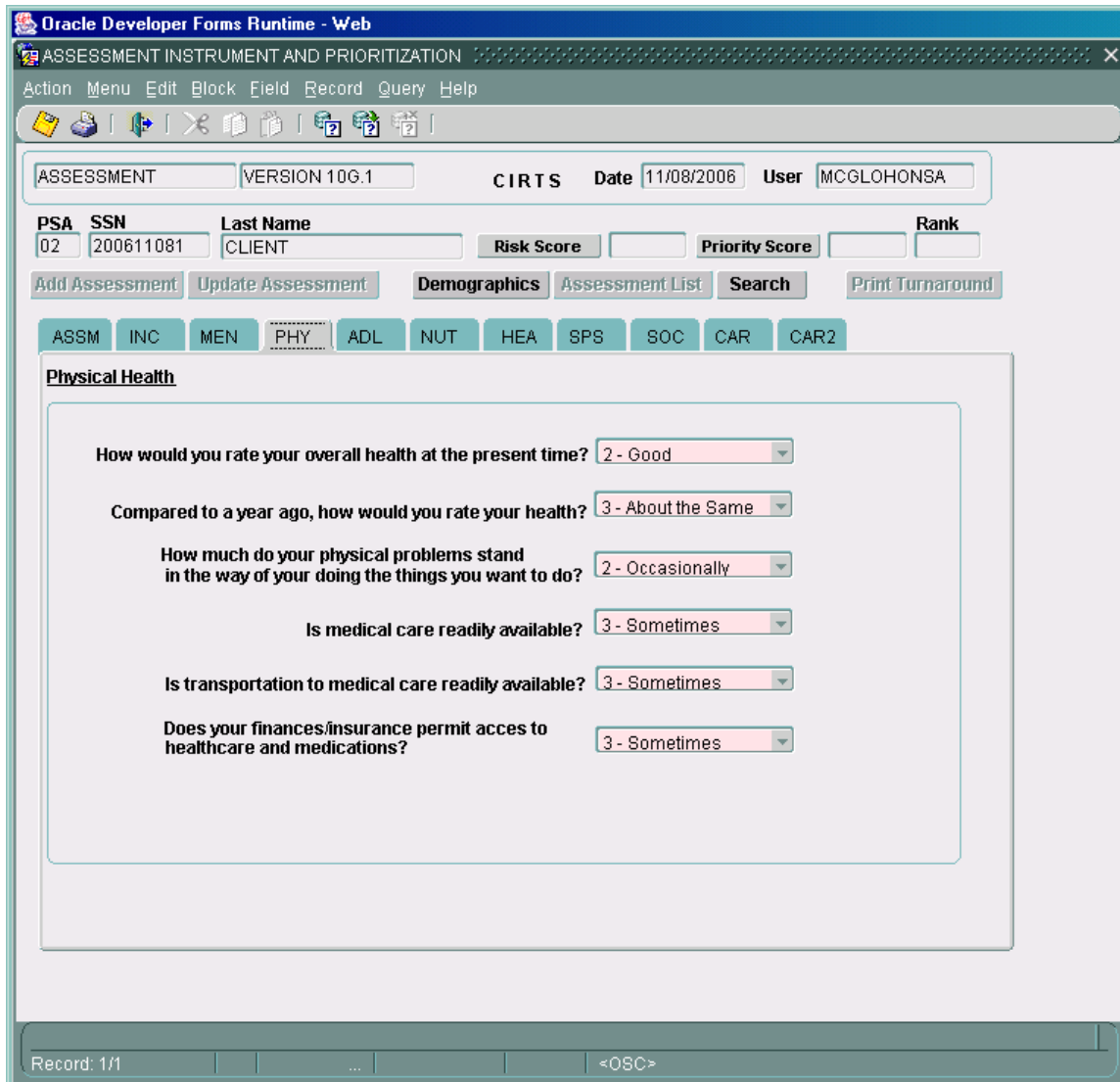
You can select the orientation to time with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 1 – Always
- 2 – Sometimes
- 3 – Rarely
- 4 – Never

You can select the orientation to place with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 1 – Always
- 2 – Sometimes
- 3 – Rarely
- 4 – Never

The cursor will automatically move to the PHY (Physical Health) screen.



You can select the overall health with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 1 – Excellent
- 2 – Good

- 3 – Fair
- 4 – Poor
- 0 – Unknown

You can select the health rating with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 1 – Much better
- 2 – Better
- 3 – About the same
- 4 – Worse

You can select the physical limitations with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 1 – Not at all
- 2 – Occasionally
- 3 – Often
- 4 – All the time

You can select the medical availability with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 4 – Always
- 3 – Sometimes
- 2 – Rarely
- 1 – Never

You can select the transportation availability with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 4 – Always
- 3 – Sometimes
- 2 – Rarely
- 1 – Never

You can select the access to healthcare with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 4 – Always
- 3 – Sometimes
- 2 – Rarely
- 1 – Never

The cursor will automatically move to the ADL (Activities of Daily Living) screen.

On the ADL (Activities of Daily Living) screen, you will answer the questions in this order: ADLS, Resource ADLS, IADLS (Independent Activities of Daily Living), Resource IADLS. The cursor will start in the ADLS section in the Bathe field. You can select the code with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

**ADLS and IADLS:**

- 0 – No Help
- 1 – No Help, but relies on assistive device
- 2 – Supervision/Coaching
- 3 – Some Help
- 4 – Total Help – can't do

**Resource ADLS and Resource IADLS:**

- 0 – Never/No Help needed
- 1 – Rarely

- 2 – Sometimes
- 3 – Always

Need for Assistive Device? – Enter a Y or N.

The cursor will automatically move to the NUT (Nutrition Status) screen.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Nutrition Status** Y = Yes, N = No

N Have you lost or gained 10 pounds or more in the last 6 months without trying?

N Do you take 3 or more kinds of medicine a day?

N Do you have 2 or more drinks of beer, wine, or liquor almost every day?

N Do you have an illness or condition that made you change the food you eat?

Y Do you eat at least 2 meals a day?

Y Do you eat some fruits and vegetables every day?

Y Do you have some milk products every day?

N Do you have any problems with your teeth, mouth, or throat that make it hard for you to chew or swallow?

Y Do you eat alone most of the time?

N Are you usually able to shop for yourself?

Y Are you usually able to cook for yourself?

Y Are you usually able to eat without help?

Y Do you have enough money to buy the food you need?

**ASSESSOR:**

N Does there appear to be a need for food stamps?

**Nutrition Score**

1.5

**Tobacco Use** Y = Yes, N = No

N Do you smoke or use tobacco products?

N Have you ever smoked or used tobacco?

N Do you live with others who smoke?

Record: 1/1 <OSC>

All of the NUT (Nutrition Status) questions require a Y or N. The cursor will move from field to field automatically.

When you enter a Y or N for “Do you live with others who smoke?” the cursor will automatically move to the HEA (Primary Diagnosis and Health Conditions) screen.

The cursor will begin in the Arthritis field. Enter a Y or N for all Primary Diagnosis and Health Conditions. In the Cancer field, if you enter an N and press the Tab or Enter key the fields below Cancer – Lung, Skin, Oral, Other – will automatically populate with an N and the cursor will move to the Dementia field. To select one of the specific Cancer types, you should answer Y to Cancer and the cursor will move through the Lung, Skin, Oral, and Other fields.

When selecting a health condition from the Other list in the Primary Diagnosis and Health Conditions section, you should select the most problematic health condition for the client. You can select the other health condition with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

A – Allergies

A (pressed twice) – Amputation

A (pressed three times) – Anemia

A (pressed four times) – Asthma

B – Bladder or Kidney Problems

B (pressed twice) – Blood Pressure – High

B (pressed three times) – Blood Pressure – Low  
B (pressed four times) – Broken Bones  
D – Dehydration  
D (pressed twice) – Dialysis  
D (pressed three times) – Dizziness  
F – Falls  
G – Gallbladder Problems  
H – Hearing Problems  
H (pressed twice) – HIV/ARC/AIDS  
N – No  
O – Osteoporosis  
O (pressed twice) – Ostomy Care  
O (pressed three times) – Others  
P – Pacemaker  
P (pressed twice) – Paralysis  
P (pressed three times) – Parkinson’s Disease  
P (pressed four times) – Potassium/Sodium Imbalance  
S – Seizure Disorders  
S (pressed twice) – Shingles  
S (pressed three times) – Sleep Problems  
T – Thyroid Problems  
T (pressed twice) – Tuberculosis  
U – Ulcers  
U (pressed twice) – Unknown  
U (pressed three times) – Urinary Incontinence  
V – Vision Problems

The cursor will move to the Other Health Conditions section for you to enter any other health conditions affecting the client. If there aren’t any other health conditions affecting the client, other than what is listed in the Primary Diagnosis and Health Conditions section, select No from the Other list. Selecting No from the Other list will automatically populate the Other Health Conditions section with N and move to the SPS (Special Services) screen.



Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Special Services** Y = Yes, N = No

Physical Therapy  N Occupational Therapy  N

Respiratory Therapy  N Other

**Other Special Conditions** Y = Yes, N = No

Bowel/bladder rehab  N Insulin Therapy  N Skilled Nursing  N

Bowel Impaction Therapy  N Lesion Irrigation  N Speech Therapy  N

Catheter Care  N Oxygen Therapy  N Suctioning  N

Dialysis  N Oxygen Treatment  N Tube Feeding  N

Wound Care  N

Record: 1/1 <OSC>

The cursor will begin in the Physical Therapy field. Enter a Y or N for all questions on the SPS (Special Services) screen.

When selecting a special service from the Other list in the Special Services section, you should select the most significant Special Service need for the client. You can select the special service with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

- A – Aseptic Dressing
- B – Bedsores Treatment
- B (pressed twice) – Bowel Impaction Therapy
- B (pressed three times) – Bowel/Bladder Rehabilitation
- C – Catheter Care
- D – Dialysis
- I – Insulin Therapy
- I (pressed twice) – IV Fluids

I (pressed three times) – IV Medicines  
L – Lesion Irrigation  
N – No  
O – Ostomy Care  
O (pressed twice) – Others  
O (pressed three times) – Oxygen Therapy  
O (pressed four times) – Oxygen Treatment  
R – Respiratory Treatment  
S – Skilled Nursing  
S (pressed twice) – Speech Therapy  
S (pressed three times) – Suctioning  
T – Tube Feeding  
U – Unknown  
W – Wound Care

The cursor will move to the Other Special Conditions section for you to enter any other special conditions needed by the client. If there aren't any other special conditions needed by the client, other than what is listed in the Special Services section, select No from the Other list. Selecting No from the Other list will automatically populate the Other Special Conditions section with N and move to the SOC (Social Resources) screen.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Special Services** Y = Yes, N = No

Physical Therapy <input type="checkbox"/> N	Occupational Therapy <input type="checkbox"/> N
Respiratory Therapy <input type="checkbox"/> N	Other SKILLED NURSING

**Other Special Conditions** Y = Yes, N = No

Bowel/bladder rehab <input type="checkbox"/> N	Insulin Therapy <input type="checkbox"/> N	Skilled Nursing <input checked="" type="checkbox"/> Y
Bowel Impaction Therapy <input type="checkbox"/> N	Lesion Irrigation <input type="checkbox"/> N	Speech Therapy <input checked="" type="checkbox"/> N
Catheter Care <input type="checkbox"/> N	Oxygen Therapy <input type="checkbox"/> N	Suctioning <input type="checkbox"/> N
Dialysis <input type="checkbox"/> N	Oxygen Treatment <input type="checkbox"/> N	Tube Feeding <input type="checkbox"/> N
		Wound Care <input type="checkbox"/> N

Record: 1/1 ... <OSC>

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Social Resources**

Does the client live alone?  **SOCIAL RESOURCE SCORE**

Does client care for grandchildren on a permanent basis?

If needed, could you stay with someone, or they stay with you?

Do you have someone you can talk to when you have a problem (other than caregiver)?

About how many times do you talk to friends, relatives, telephone reassurance volunteers or others on the telephone in a week, either they call you or you call them?

How many times during a week do you spend time with someone who does not live with you - you go see them, they come to visit you, or you do things together?

**ENVIRONMENTAL SCORE**

Record: 1/1 <OSC>

Does the client live alone? – is answered automatically based on your response to Living Situation on the ASSM screen.

Does the client care for grandchildren on a permanent basis? – Enter a Y or N.

If needed, could you stay with someone, or they stay with you? – Enter a Y or N.

Do you have someone you can talk to when you have a problem (other than caregiver)? – Enter a Y or N.

You can select the telephone and personal contact with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the alphabetic or numeric code to select a value.

D – One a day or more

2 – 2 - 6 times a week

W – Once a week

N – Not at all

N (pressed twice) – No phone (Only applies to how many times the client talks on the telephone.)

You can select the environmental score with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 0 – No Risk
- 5 – Low Risk
- 15 – Moderate Risk
- 25 – High Risk

Press the F10 key or click the Save button (yellow disk) to save the Assessment.

*\*\*\*If the client has a caregiver, you must press the Tab or Enter key to move the cursor to the CAR (Caregiver) screen. Or, you can click the CAR (Caregiver) Tab and click the “HCE Caregiver?” field to move the cursor.*

The screenshot shows the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' application. The main window title is 'Oracle Developer Forms Runtime - Web'. The application title bar reads 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. The toolbar contains various icons for navigation and actions. The form fields are as follows:

- ASSESSMENT: VERSION 10G.1
- CIRTS: Date 04/02/2007, User MCGLOHONSA
- PSA: 02, SSN: 200611081, Last Name: CLIENT, Risk Score: [empty], Priority Score: [empty], Rank: [empty]
- Buttons: Add Assessment, Update Assessment, Demographics, Assessment List, Search, Print Turnaround
- Tabs: ASSM, INC, MEN, PHY, ADL, NUT, HEA, SPS, SOC, CAR, CAR2
- Caregiver Assessment**
  - HCE Caregiver?  Y (Y = Yes, N = No)
  - Is Caregiver new to the client?  N (Y = Yes, N = No)
  - Primary Language: ENGLISH
  - Date of Birth: 11/08/1946
  - Social Security Number: 200611082
  - Sex: FEMALE
  - First Name: CARE, MI: [empty], Last Name: [empty]
  - Relationship: CHILD
  - Is Caregiver employed outside the home? FT = FULL-TIME
  - How is your own health? 2 = GOOD
  - Address: Street 123 ANY STREET, City/State/Zip ANY TOWN FL 32311, County LEON
  - How long have you been providing care? 0 = OVER 2 YRS
  - How likely is it that you continue to provide care? 1 = VERY LIKELY
  - How likely is it that you will have the ability to continue to provide care? 1 = VERY LIKELY
  - Caregiver: 1 = VERY LIKELY, Assessor: 2 = SOMEWHAT LI...
  - Race: WHITE, Ethnicity: OTHER
  - If you were unable to provide care, who would? N = NO ONE
  - Initial Assessment or Reassessment: 1 = INITIAL ASSESSMENT

HCE Caregiver? – Enter a Y or N.

Caregiver’s Social Security number (SSN) – enter the Caregiver’s actual SSN or a pseudo SSN. Enter the Caregiver’s name and select the Caregiver’s relationship to the client. You can select the Caregiver’s relationship to the client with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

C – Child  
F – Friend/Neighbor  
G – Grandchild  
O – Other  
O (pressed twice) – Other Relative  
P – Parent  
S – Spouse

Enter the Caregiver's Address then press the Tab or Enter key to move to City/State/Zip. Press the Tab or Enter key.

You can select the Caregiver's county with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically of the desired county. For instance, you would press the "L" key four times for Leon County. Press the Tab or Enter key. Enter the Caregiver's telephone number. Press the Tab or Enter key.

You can select the Caregiver's race with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. Press the Tab or Enter key.

A – Asian or Pacific Islander  
B – Black  
N – Native American  
N – Not Required  
O – Other Minority  
U – Unknown  
W – White

You can select the Caregiver's ethnicity with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. Press the Tab or Enter key.

H – Hispanic  
N – Not Required  
O – Other  
U – Unknown

You can select the Caregiver's primary language with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. For example, you would press the "E" key once for English or the "S" key three times for Spanish. Press the Tab or Enter key.

Enter the Caregiver's date of birth in the format – MMDDYYYY. Dashes will be added automatically. Press the Tab or Enter key.

You can select the Caregiver's sex with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. Press the Tab or Enter key.

F – Female  
M – Male  
U – Unknown

You can select the Caregiver’s employment status with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. The cursor will automatically move to the next field.

F – Full-Time  
P – Part-Time  
N – N/A

You can select the Caregiver’s health with the arrow keys, or by clicking the list and selecting the value, or you can type the numeric code to select a value. The cursor will automatically move to the next field.

1 – Excellent  
2 – Good  
3 – Fair  
4 – Poor

You can select the Length Providing Care with the arrow keys, or by clicking the list and select the value, or you can type the alphabetic or numeric code to select a value. The cursor will automatically move to the next field.

L – Less than 6 months  
6 – 6 months – 1 year  
1 – 1 – 2 years  
O – Over 2 years

You can select the Continue Providing Care value with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the next field.

1 – Very Likely  
2 – Somewhat Likely  
3 – Unlikely

You can select the Ability to Continue Providing Care with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the next field.

1 – Very Likely  
2 – Somewhat Likely  
3 – Unlikely

You can select “Who Would Provide Care?” with the arrow keys, or by clicking the list and selecting the value, or you can type the alphabetic code to select a value. The cursor will automatically move to the next field.

- N – No One
- F – Friend/Neighbor
- C – Close Relative
- O – Other

You can select the Assessment type with the arrow keys, or by clicking the list and selecting the value, or you can type the alphabetic code to select a value.

- I – Initial
- R – Reassessment

The cursor will automatically move to the CAR2 (Caregiver, page 2) screen.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA SSN Last Name Risk Score Priority Score Rank

02 200611081 CLIENT

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Caregiver Assessment - continued**

Your relationship with client? 2 = SAME

Your relationship with other family members? 2 = SAME

Your relationship with friends? 2 = SAME

Your work (if applicable)? 2 = SAME

Your emotional well-being? 2 = SAME

Assessor: Is the caregiver in crisis?  Y = Yes, N = No

If yes, check all that apply  Financial  Emotional  Physical

Record: 1/1 ... <OSC>



You can select the Relationship with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the Relationship with Other Family field.

- 1 – Better
- 2 – Same
- 3 – Worse

You can select the Relationship with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the Relationship with Friends field.

- 1 – Better
- 2 – Same
- 3 – Worse

You can select the Relationship with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the Your Work field.

- 1 – Better
- 2 – Same
- 3 – Worse

You can select the Work value with the arrow keys, or by clicking on the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the Emotional Well-being field.

- 1 – Better
- 2 – Same
- 3 – Worse

You can select the Well-being with the arrow keys, or by clicking on the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the Caregiver in Crisis field.

- 1 – Better
- 2 – Same
- 3 – Worse

Is the caregiver in crisis? – Enter a Y or N. If you enter N, the remaining fields (Financial, Emotional, Physical) will automatically populate with N.

Press the F10 key or click the Save button (yellow disk) to save.

## Title Guardian

When the Assessment Type is Grandparent/Guardian, the Consumer Type is Caregiver, and “Are you the caregiver of a grandchild?” is Y, the TIG (Title Guardian) screen will appear.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611082 Last Name GUARDIAN Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM TIG

**CIRTS Assessment Information**

<b>Owner Id</b> 20000	<b>Owner Assessor Id</b> MCGLOHONSA	<b>Assessment Date</b> 11/07/2006
<b>Provider Id</b> 	<b>Provider Assessor Id</b> 	<b>Assessment Site</b> CLIENT/RELATIVE'S HOME
<b>Assessor Name</b> SHANDRA MCGLOHON		<b>Assessment Type</b> GRANDPARENT/GUARDIAN

**Consumer Type:** CAREGIVER **Are you the caregiver of a grandchild?** Y **Is this Public Housing?** N

**Referral Source** SELF **Primary Caregiver** NO CAREGIVER

**Risk Level** NONE **Living Situation** ALONE

**Referral Date** 11/07/2006

Record: 1/1 <OSC>

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA SSN Last Name Risk Score Priority Score Rank

02 200611082 GUARDIAN

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM TIG

**Grandchild/Child Information**

First Name MI Last Name

TIG CHILD

Date of Birth

11/08/1990

Is the child developmentally disabled? Y

Record: 1/1 <OSC>

Enter the child/grandchild's name, date of birth (Format: MMDDYYYY – dashes will appear automatically), and whether the child is developmentally disabled.

Press the F10 key or the Save button (yellow disk) to save.

## Viewing the Client's Assessments

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM. The window title is "Oracle Developer Forms Runtime - Web" and the application title is "CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM". The menu bar includes Action, Menu, Edit, Block, Field, Record, Query, and Help. The toolbar contains various icons for navigation and editing.

The main form area is titled "CIRTS" and contains the following fields and sections:

- DEMOGRAPHICS\_1226** (Text field)
- VERSION 10G.1** (Text field)
- Date**: 11/08/2006
- User**: MCGLOHONSA
- PSA**: 02
- Owner**: 20000
- SSN**: 200611081
- First Name**: TEST
- Last Name**: CLIENT
- Demographic Complete**
- PAS Complete**

**DEMOGRAPHIC INFORMATION**

SSN	PSA	First Name	MI	Last Name	Medicaid Number
200611081	02	TEST		CLIENT	

**Home Address**

**Street**: 1234 ANY STREET

**Street cont'**: [Empty]

**City**: ANY TOWN

**State**: FL

**Zip**: 32311

**County**: LEON

**Phone Number**: [Empty]

*Extension*

**Mailing Address**

**Street**: [Empty]

**Street cont'**: [Empty]

**City**: [Empty]

**State**: [Empty]

**Zip**: [Empty]

**County**: [Empty]

**Phone Number**: [Empty]

*Extension*

**Date of Birth**: 11/08/1916

**Date of Death**: [Empty]

**Sex**: MALE

**Race**: WHITE

**Ethnicity**: OTHER

**Primary Language**: ENGLISH

**Marital Status**: SINGLE

**Need outside assistance to evacuate?** N

**Registered with County Special Needs Registry?** N

Navigation buttons: Search, LOC, Referrals, **Assessments**

Click the Assessments button on the Demographic screen. A new screen with a list of the client's Assessments will appear.

## List of Assessments Screen

**Client Information**  
TEST CLIENT 200-61-1081

Psa/Cares Office	Date	Assessor Name/ Caseworker	Assessment Site	Assessment Type	Priority Score	Rank
02	11/06/2006	SHANDRA MCGLOHON	CLIENT/RELATIVE'S HOM	INITIAL ASSESSMENT	16	1

Details Add Assessment Demographics Close Print Turnaround

Record: 1/1 <OSC>

All of the client's Assessments, statewide, will appear in the List of Assessments. To view an Assessment, click the Assessment in the list then click the Details button or double-click the Assessment in the list. To add a new Assessment, click the Add Assessment button. Click the Demographics button to go back to the Demographics screen. The Close button will also take you back to the Demographics screen. The Print Turnaround button generates the Assessment Report.

The following buttons are available on the Assessment screen:

- Add Assessment
- Update Assessment
- Demographics
- Assessment List
- Search
- Print Turnaround

## CARES Level of Care (LOC)

Oracle Developer Forms Runtime - Web

CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM

Action Menu Edit Block Field Record Query Help

DEMOGRAPHICS\_1226 C I R T S Date 04/02/2007  
VERSION 100.1 User MCGLOHONSA

PSA Owner SSN First Name Last Name Demographic Complete  
02 20001 200611081 TEST CLIENT PAS Complete

**DEMOGRAPHIC INFORMATION**

SSN PSA First Name MI Last Name Medicaid Number  
200611081 02 TEST CLIENT

**Home Address** Date Address Changed  
Street Street con't 04/02/2007  
1234 ANY STREET

City State Zip County Phone Number:  
ANY TOWN FL 32311 LEON Extension

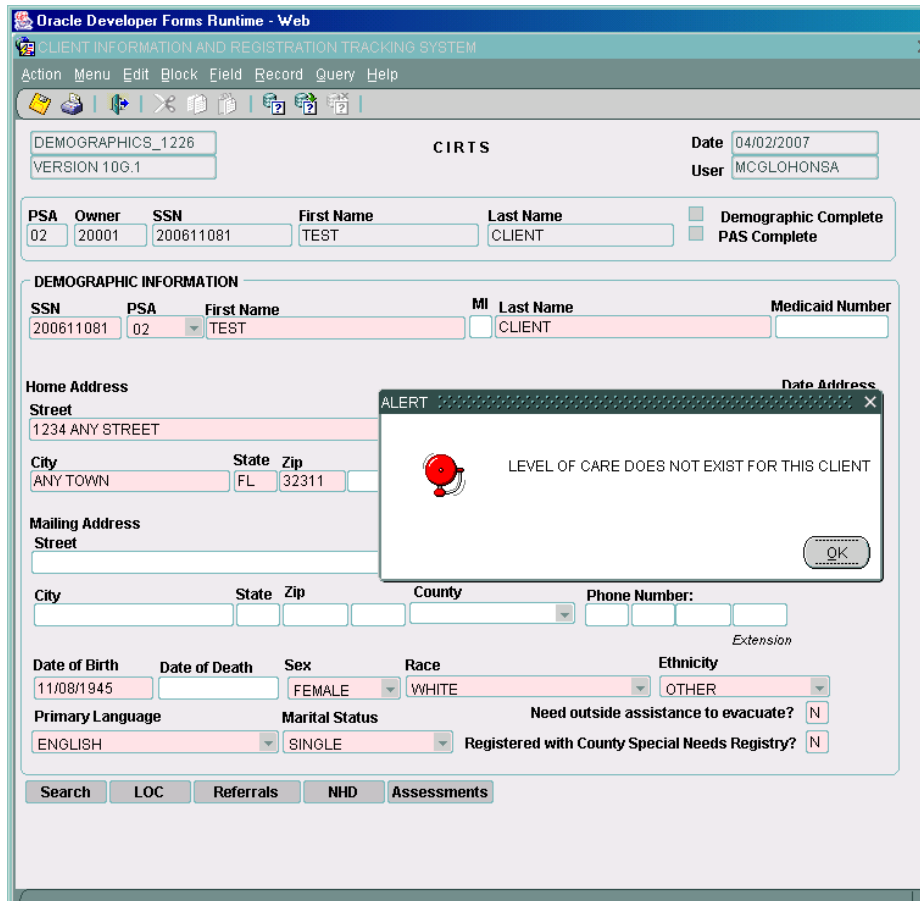
**Mailing Address**  
Street Street con't  
City State Zip County Phone Number:  
Extension

Date of Birth Date of Death Sex Race Ethnicity  
11/08/1945 FEMALE WHITE OTHER

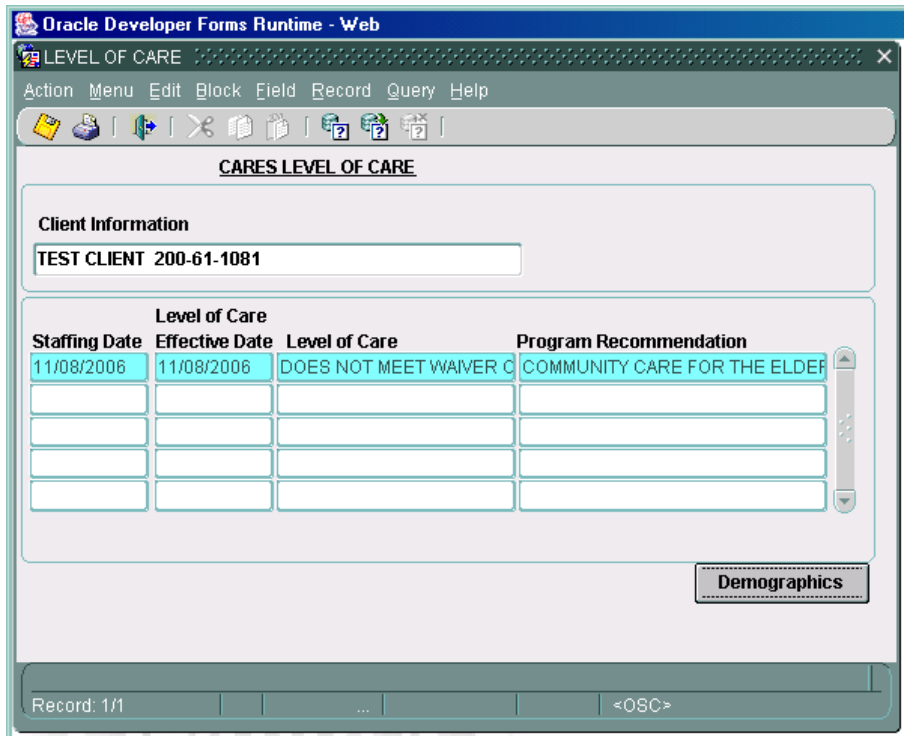
Primary Language Marital Status Need outside assistance to evacuate? N  
ENGLISH SINGLE Registered with County Special Needs Registry? N

Search... LOC Referrals NHD Assessments

Click the LOC button to view the CARES Level of Care for the client.



If the Level of Care (LOC) does not exist, you will receive the message seen above.



If the client has a Level of Care (LOC), you will see a screen with the levels listed. Click the Demographics button to return to the Demographics screen.



## CARES Referrals

Oracle Developer Forms Runtime - Web  
CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM

Demographics\_1226      C I R T S      Date: 04/02/2007  
VERSION 100.1      User: MCGLOHONSA

PSA: 02    Owner: 20001    SSN: 200611081    First Name: TEST    Last Name: CLIENT     Demographic Complete  
 PAS Complete

**DEMOGRAPHIC INFORMATION**

SSN: 200611081    PSA: 02    First Name: TEST    MI:    Last Name: CLIENT    Medicaid Number:   

**Home Address**

Street: 1234 ANY STREET    Street con't:    Date Address Changed: 04/02/2007

City: ANY TOWN    State: FL    Zip: 32311    County: LEON    Phone Number:   

*Extension*

**Mailing Address**

Street:    Street con't:   

City:    State:    Zip:    County:    Phone Number:   

*Extension*

Date of Birth: 11/08/1945    Date of Death:    Sex: FEMALE    Race: WHITE    Ethnicity: OTHER

Primary Language: ENGLISH    Marital Status: SINGLE    Need outside assistance to evacuate?  N

Registered with County Special Needs Registry?  N

...Search...    LOC    Referrals    NHD    Assessments

Click the Referrals button to view referrals from the CARES office to the area agency on aging (AAA) or the lead agency.



If the CARES office has made a referral to the area agency on aging (AAA) or the lead agency, you will see a screen with the referrals listed.

**CARES Referral Information**

**Client Information**  
 TEST CLIENT 200-61-1081

PSA	Employee Name	Referral Date	Imminent Risk	Referred To	Date Received by AAA or LA
02B	TESTING CASEWORKER	11/09/2006	N	LEAD AGENCY	

Demographics... Save

Record: 1/1 <OSC>

The Date Received should be entered, when the area agency on aging (AAA) or the lead agency receive the referral paperwork from the CARES office. After entering the Date Received, click the Save button. Then click the Demographics button to return to the Demographics screen.

**CARES Referral Information**

**Client Information**  
 TEST CLIENT 200-61-1081

PSA	Employee Name	Referral Date	Imminent Risk	Referred To	Date Received by AAA or LA
02B	TESTING CASEWORKER	11/09/2006	N	LEAD AGENCY	11/09/2006

Demographics Save

Record: 1/1 <OSC>

## Nursing Home Diversion

Oracle Developer Forms Runtime - Web  
CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM

Demographics\_1226      C I R T S      Date: 04/02/2007  
VERSION 100.1      User: MCGLOHONSA

PSA: 02    Owner: 20001    SSN: 200611081    First Name: TEST    Last Name: CLIENT     Demographic Complete  
 PAS Complete

**DEMOGRAPHIC INFORMATION**

SSN: 200611081    PSA: 02    First Name: TEST    MI:    Last Name: CLIENT    Medicaid Number:   

**Home Address**

Street: 1234 ANY STREET    Street con't:    Date Address Changed: 04/02/2007

City: ANY TOWN    State: FL    Zip: 32311    County: LEON    Phone Number:   

*Extension*

**Mailing Address**

Street:    Street con't:   

City:    State:    Zip:    County:    Phone Number:   

*Extension*

Date of Birth: 11/08/1945    Date of Death:    Sex: FEMALE    Race: WHITE    Ethnicity: OTHER

Primary Language: ENGLISH    Marital Status: SINGLE    Need outside assistance to evacuate?  N

Registered with County Special Needs Registry?  N

...Search...    LOC    Referrals    NHD    Assessments

FRM-40350: Query caused no records to be retrieved

Click the NHD button to view the client's Nursing Home Diversion status.

Oracle Developer Forms Runtime - Web  
 CARES NURSING HOME DIVERSION HISTORY  
 Action Menu Edit Block Field Record Query Help

CARESNHD122620070314 04/02/2007  
 VERSION 10G.1 CARES Nursing Home Diversion History MCGLOHONSA

Client  
 ASSESSMENT,TEST

CARES Office	PIPELINE		MEDICAID PENDING		
	Date Enter Pipeline	Date Leave Pipeline	Date Referred to Provider	Provider Referred To	Date Withdrawn from Med. Pending

Add More Record(s)

When the individual is determined financially eligible, meets LOC and eligibility criteria, and the completed packet is sent to the Diversion provider, complete the Referral screen and set the Referred To field to 'MCO'.

SAVE DELETE CANCEL CLOSE

Record: 1/1 ... <OSC>

This is a view-only screen. Click the Close button to return to Demographics.

CARES Office – Office processing the client’s referral to the Nursing Home Diversion Waiver.

Date Enter Pipeline – Date the client is determined to be interested and suitable in the NH Diversion Waiver.

Date Leave Pipeline – Date the client, who was previously determined to be interested and suitable for the NH Diversion Waiver, is no longer interested or suitable.

Date Referred to Provider – Date the client, whose financial eligibility status is Medicaid Pending, is referred to the NH Diversion provider.

Provider Referred To – NH Diversion provider to whom the client, whose financial eligibility status is Medicaid Pending, is referred.

Date Withdrawn from Med. Pending – Date the client determines they are no longer interested in the Medicaid Pending option after being referred to a NH Diversion provider, but prior to being officially enrolled.

## Additional Client Information – Mini Menu (F12 – #2)

CIRTS

CICLIENT
X

Action Menu Edit Block Field Record Query Help

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**CIRTS**  
**CLIENT DISPLAY AND LIMITED UPDATE**

**Date**   
**User**

<b>PSA</b>	<b>SSN</b>	<b>Intake Date</b>	<b>Medicaid #</b>
<input type="text" value="02"/>	<input type="text" value="200811081"/>	<input type="text"/>	<input type="text"/>
	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
	<input type="text" value="TEST"/>	<input type="text"/>	<input type="text" value="CLIENT"/>

**Addresses ?**  **Birth Date**  **DOBV**

**Sex**  **Race**  -  **Ethnicity**  -

**Citizen**  **Marital Status**

**Hosp/Emerg**  **Emerg Evac**  **Spcl-Shltr**  **Spcl-Reg**  **Incomes ?**

**Refri Src**  -

**Contacts ?**  **Comments ?**  **Languages ?**

**Handicaps ?**  **OAA ?**  **SSI ?**  **Medicaid Waiver ?**  **EHEAP ?**

**Earliest Intake Date**  **PSA Codes ?**

Enter Client's SSN (F9 for LOV) or F7 to Query on Last Name - Required

Record: 1/1 | ... | <OSC>

To access Additional Client Information for: Incomes, Contacts, Comments, Languages, Handicaps, OAA, SSI, Medicaid Waiver, EHEAP, and PSA Codes, enter a Y in the respective field and press the Enter key. A separate window will appear and will allow you to enter the additional information. On the individual screens, use the F9 key to access the codes list if needed.

## Additional Client Information - Incomes

CIRTS

CICLIENT
X

Action Menu Edit Block Field Record Query Help

**CIRTS**  
**CLIENT DISPLAY AND LIMITED UPDATE**

**Date**   
**User**

<b>PSA</b>	<b>SSN</b>	<b>Intake Date</b>	<b>Medicaid #</b>
<input type="text" value="02"/>			

PSA	Type	Income/Asset Code	Amount	More?
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox" value="N"/>
<b>Address:</b>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<b>Sex:</b>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<b>Citizen:</b>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

<b>Hosp/Emerg</b> <input type="checkbox"/>	<b>Emerg Evac</b> <input type="checkbox"/>	<b>Spcl-Shltr</b> <input type="checkbox" value="N"/>	<b>Spcl-Reg</b> <input type="checkbox" value="N"/>	<b>Incomes ?</b> <input type="checkbox" value="Y"/>
<b>Refri Src</b> <input type="text"/> - <input type="text"/>				
<b>Contacts ?</b> <input type="checkbox" value="N"/>	<b>Comments ?</b> <input type="checkbox" value="N"/>	<b>Languages ?</b> <input type="checkbox" value="N"/>		
<b>Handicaps ?</b> <input type="checkbox" value="N"/>	<b>OAA ?</b> <input type="checkbox" value="N"/>	<b>SSI ?</b> <input type="checkbox" value="N"/>	<b>Medicaid Waiver ?</b> <input type="checkbox" value="N"/>	<b>EHEAP ?</b> <input type="checkbox" value="N"/>
<b>Earliest Intake Date</b> <input type="text"/>		<b>PSA Codes ?</b> <input type="checkbox" value="N"/>		

Enter Code for Income Type (F9 for List) - Required

Record: 1/1    ...    List of Valu...    <OSC>

## Additional Information - Contacts

CIRTS

CICLIENT
X

Action Menu Edit Block Field Record Query Help

CICLIENT\_1236 11/09/2006

VERSION 10

CLIENT CONTACTS
X

<b>PSA</b>	<input type="checkbox"/>	<b>Code</b>	<input type="text"/>	<b>HCE</b>	<input type="checkbox"/>	<b>CG SSN</b>	<input type="text"/>	<b>Contact Relationship to Client</b>	<input type="text"/>
<b>First Name</b>					<b>Last Name</b>				
<input type="text"/>					<input type="text"/>				
<b>Telephone</b>	( <input type="text"/> )	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>			
<b>Race</b>	<input type="checkbox"/>	<b>Ethnicity</b>	<input type="checkbox"/>	<b>Sex</b>	<input type="checkbox"/>	<b>DOB</b>	<input type="text"/>	<b>More?</b>	<input type="checkbox"/> N

<b>PSA</b>	<input type="checkbox"/>	<b>Code</b>	<input type="text"/>	<b>HCE</b>	<input type="checkbox"/>	<b>CG SSN</b>	<input type="text"/>	<b>Contact Relationship to Client</b>	<input type="text"/>
<b>First Name</b>					<b>Last Name</b>				
<input type="text"/>					<input type="text"/>				
<b>Telephone</b>	( <input type="text"/> )	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>			
<b>Race</b>	<input type="checkbox"/>	<b>Ethnicity</b>	<input type="checkbox"/>	<b>Sex</b>	<input type="checkbox"/>	<b>DOB</b>	<input type="text"/>	<b>More ?</b>	<input type="checkbox"/>

**Refri Src**  -

<b>Contacts ?</b>	<input type="checkbox"/> Y	<b>Comments ?</b>	<input type="checkbox"/> N	<b>Languages ?</b>	<input type="checkbox"/> N
<b>Handicaps ?</b>	<input type="checkbox"/> N	<b>OAA ?</b>	<input type="checkbox"/> N	<b>SSI ?</b>	<input type="checkbox"/> N
<b>Medicaid Waiver ?</b>	<input type="checkbox"/> N	<b>EHEAP ?</b>	<input type="checkbox"/> N		
<b>Earliest Intake Date</b>	<input type="text"/>		<b>PSA Codes ?</b>	<input type="checkbox"/> N	

Enter Code for Contact Type (F9 for List) - Required

Record: 1/1 | ... | List of Valu... | <OSC>



## Additional Client Information - Comments

CIRTS

CICLIENT

Action Menu Edit Block Field Record Query Help

**CIRTS**  
**CLIENT DISPLAY AND LIMITED UPDATE**

<b>PSA</b>	<b>SSN</b>	<b>Intake Date</b>	<b>Medicaid #</b>
<input type="text" value="02"/>	<input type="text" value="20"/>		
<b>Addresses ?</b> <input type="text" value="N"/>	<div style="background-color: #333; color: white; padding: 2px; font-weight: bold;">COMMENTS</div> <div style="padding: 5px;"> <p>PSA Use "CTL + e" To Toggle The Text Editor ON and OFF.</p> <input style="width: 100%;" type="text"/> </div>		
<b>Sex</b> <input type="text" value="M"/>	<b>Race</b> <input type="text" value="W"/> - WHITE	<b>Ethnicity</b> <input type="text" value="O"/> - OTHER	
<b>Citizen</b> <input type="text" value=""/>	<b>Marital Status</b> <input type="text" value="S"/> SINGLE		
<b>Hosp/Emerg</b> <input type="text" value=""/>	<b>Emerg Evac</b> <input type="text" value=""/>	<b>Spcl-Shlfr</b> <input type="text" value="N"/>	<b>Spcl-Reg</b> <input type="text" value="N"/> <b>Incomes ?</b> <input type="text" value="N"/>
<b>Refri Src</b> <input type="text" value=""/> - <input type="text" value=""/>			
<b>Contacts ?</b> <input type="text" value="N"/>	<b>Comments ?</b> <input type="text" value="Y"/>	<b>Languages ?</b> <input type="text" value="N"/>	
<b>Handicaps ?</b> <input type="text" value="N"/>	<b>OAA ?</b> <input type="text" value="N"/>	<b>SSI ?</b> <input type="text" value="N"/>	<b>Medicaid Waiver ?</b> <input type="text" value="N"/> <b>EHEAP ?</b> <input type="text" value="N"/>
<b>Earliest Intake Date</b> <input type="text" value=""/>		<b>PSA Codes ?</b> <input type="text" value="N"/>	

Enter <ALT+E> to Enter Comments(upto 256 characters) on full size comment screen

Record: 1/1      ...      <OSC>

## Additional Client Information - Languages

CIRTS

CICLIENT X

Action Menu Edit Block Field Record Query Help

Clipboard Print Save Undo Redo Find Help

**CIRTS**  
**CLIENT DISPLAY AND LIMITED UPDATE**

<b>PSA</b>	<b>SSN</b>	<b>Intake Date</b>	<b>Medicaid #</b>
<input type="text" value="02"/>	<input type="text" value="2001"/>		
	<b>First</b>		
	<input type="text" value="TES"/>		

<b>Addresses ?</b>	<input type="checkbox"/> N	<b>Sex</b>	<input type="text" value="M"/>	<b>Citizen</b>	<input type="checkbox"/>
<b>Hosp/Emerg</b>	<input type="checkbox"/>	<b>Emerg Evac</b>	<input type="checkbox"/>	<b>Spcl-Shltr</b>	<input type="checkbox"/> N
<b>Spcl-Reg</b>	<input type="checkbox"/> N	<b>Incomes ?</b>	<input type="checkbox"/> N		
<b>Refri Src</b>	<input style="width: 100%;" type="text" value=" - "/>				
<b>Contacts ?</b>	<input type="checkbox"/> N	<b>Comments ?</b>	<input type="checkbox"/> N		
<b>Languages ?</b>	<input type="checkbox"/> Y				
<b>Handicaps ?</b>	<input type="checkbox"/> N	<b>OAA ?</b>	<input type="checkbox"/> N	<b>SSI ?</b>	<input type="checkbox"/> N
<b>Medicaid Waiver ?</b>	<input type="checkbox"/> N	<b>EHEAP ?</b>	<input type="checkbox"/> N		
<b>Earliest Intake Date</b>	<input style="width: 100%;" type="text"/>		<b>PSA Codes ?</b>	<input type="checkbox"/> N	

Enter the Language Code (F9 for List) - Required  
 Record: 1/1    ...    List of Valu...    <OSC>

**CLIENT LANGUAGES** X

PSA	Primary (Y/N)	Code	Description	More ?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Y	EN	ENGLISH	<input type="checkbox"/> N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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## Additional Client Information - Handicaps

CIRTS

CICLIENT
X

Action Menu Edit Block Field Record Query Help

**CIRTS**  
**CLIENT DISPLAY AND LIMITED UPDATE**

**Date**   
**User**

<b>PSA</b>	<b>SSN</b>	<b>Intake Date</b>	<b>Medicaid #</b>
<input type="text" value="02"/>	<input type="text" value="200703241"/>	<input type="text"/>	<input type="text"/>
	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
	<input type="text" value="TEST"/>	<input type="text"/>	<input type="text" value="ASSESSMENT"/>

<b>Addresses ?</b> <input type="checkbox" value="N"/>	<b>Birth Date</b> <input type="text"/>
<b>Sex</b> <input type="text" value="F"/>	<b>Race</b> <input type="text"/>
<b>Citizen</b> <input type="checkbox"/>	<b>Marital S</b> <input type="text"/>
<b>Hosp/Emerg</b> <input type="checkbox"/>	<b>Emerg Ev</b> <input type="text"/>
<b>Refri Src</b> <input type="text"/>	<input type="text"/>

<b>Contacts ?</b> <input type="checkbox" value="N"/>	<b>Comments ?</b> <input type="checkbox" value="N"/>	<b>Languages ?</b> <input type="checkbox" value="N"/>
--	--	---

<b>Handicaps ?</b> <input type="checkbox" value="Y"/>	<b>OAA ?</b> <input type="checkbox" value="N"/>	<b>SSI ?</b> <input type="checkbox" value="N"/>	<b>Medicaid Waiver ?</b> <input type="checkbox" value="N"/>	<b>EHEAP ?</b> <input type="checkbox" value="N"/>
<b>Earliest Intake Date</b> <input type="text"/>	<b>PSA Codes ?</b> <input type="checkbox" value="N"/>			

Record: 1/1
... List of Valu...
<OSC>

PSA	Handicap	Description	More?
<input type="checkbox" value="N"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox" value="N"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

<b>Addresses ?</b> <input type="checkbox" value="N"/>	<b>Birth Date</b> <input type="text"/>
<b>Sex</b> <input type="text" value="F"/>	<b>Race</b> <input type="text"/>
<b>Citizen</b> <input type="checkbox"/>	<b>Marital S</b> <input type="text"/>
<b>Hosp/Emerg</b> <input type="checkbox"/>	<b>Emerg Ev</b> <input type="text"/>
<b>Refri Src</b> <input type="text"/>	<input type="text"/>

## Additional Client Information – OAA (Older Americans Act)

CIRTS

CICLIENT X

Action Menu Edit Block Field Record Query Help

<input type="text" value="CICLIENT_1226"/>	<b>CIRTS</b>	Date <input type="text" value="11/08/2006"/>
<input type="text" value="VERSION 10G.1"/>	<b>CLIENT DISPLAY AND LIMITED UPDATE</b>	User <input type="text" value="MCGLOHONSA"/>

PSA <input type="text" value="02"/>	SSN <input type="text" value="200611081"/>	Intake Date <input type="text"/>	Medicaid # <input type="text"/>
	First Name <input type="text" value="TEST"/>	MI <input type="text"/>	Last Name <input type="text" value="CLIENT"/>

Addresses ? <input type="checkbox" value="N"/>	Birth Date <input type="text" value="11/08/1916"/>	DOBV <input type="checkbox"/>
Sex <input type="text" value="M"/>	Race <input type="text" value="OLDER AMERICANS ACT (OAA)"/>	
Citizen <input type="checkbox"/>	Marita <input type="checkbox"/>	
Hosp/Emerg <input type="checkbox"/>	Emerg <input type="checkbox"/>	Incomes ? <input type="checkbox" value="N"/>
Refri Src <input type="text"/>	<input type="text"/>	

Contacts ? <input type="checkbox" value="N"/>	Comments ? <input type="checkbox" value="N"/>	Languages ? <input type="checkbox" value="N"/>
Handicaps ? <input type="checkbox" value="N"/>	OAA ? <input type="checkbox" value="Y"/>	SSI ? <input type="checkbox" value="N"/>
		Medicaid Waiver ? <input type="checkbox" value="N"/>
		EHEAP ? <input type="checkbox" value="N"/>
Earliest Intake Date <input type="text"/>	PSA Codes ? <input type="checkbox" value="N"/>	

Does Client Live in Urban/Rural Area? "U"= Urban, "R"=Rural - Optional

Record: 1/1 <OSC>

OLDER AMERICANS ACT (OAA)

County of Residence is Urban/Rural

Below Poverty Level  -

## Additional Client Information – SSI (Supplemental Security Income)

CIRTS

CICLIENT

Action Menu Edit Block Field Record Query Help

**CIRTS**  
**CLIENT DISPLAY AND LIMITED UPDATE**

**Date**   
**User**

<b>PSA</b>	<b>SSN</b>	<b>Intake Date</b>	<b>Medicaid #</b>
<input type="text" value="02"/>	<input type="text" value="2000110001"/>	<input type="text"/>	<input type="text"/>

<b>Addresses ?</b> <input type="checkbox"/>	<b>Sex</b> <input type="text" value="M"/>	<b>Citizen</b> <input type="checkbox"/>	<b>Hosp/Emerg</b> <input type="checkbox"/>	<b>Refri Src</b> <input type="checkbox"/>	<b>Contacts ?</b> <input type="checkbox"/>
---	---	---	--	---	--

**SUPPLEMENTAL SECURITY INCOME (SSI)**

<b>PSA</b>	<b>Inquiry Date</b>	<b>Screening Date</b>	<b>Application Date</b>	<b>Awarded Date</b>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Denied Date</b>		<b>Screen Out Reason</b>		
<input type="text"/>		<input type="text"/>		
<b>Screened Out Referral (Y/N)</b>				
<b>Reason # 1 - SSA</b> <input type="checkbox"/>		<b>Reason # 2 - State/Local Agency</b> <input type="checkbox"/>		
<b>Program Referred To (Y/N)</b>				
<b>VR</b> <input type="checkbox"/>		<b>Substance Abuse</b> <input type="checkbox"/>		
<b>Housing Assistance</b> <input type="checkbox"/>		<b>Food Stamps</b> <input type="checkbox"/>		
<b>Other Programs</b> <input type="checkbox"/>		<b>Medicaid or Other Medical Assistance</b> <input type="checkbox"/>		

<b>Handicaps ?</b> <input type="checkbox"/>	<b>OAA ?</b> <input type="checkbox"/>	<b>SSI ?</b> <input type="checkbox" value="Y"/>	<b>Medicaid Waiver ?</b> <input type="checkbox"/>	<b>EHEAP ?</b> <input type="checkbox"/>
---	---------------------------------------	---	---	---

**Earliest Intake Date**

**PSA Codes ?**

Enter SSI Inquiry Date (MM/DD/YYYY) - Optional

Record: 1/1 <OSC>

## Additional Client Information – Medicaid Waiver

CIRTS

CICLIENT

Action Menu Edit Block Field Record Query Help

CICLIENT_1226	<b>CIRTS</b>	Date	11/08/2006
VERSION 10G.1	CLIENT DISPLAY AND LIMITED UPDATE	User	MCGLOHONSA

PSA 02	SSN	Intake Date	Medicaid #
-----------	-----	-------------	------------

MEDICAID WAIVER (MW)

<b>Medicaid Number</b>	200611081
<b>Slot Number</b>	<input style="width: 100%;" type="text"/>
<b>Slot Status</b>	<input type="checkbox"/>
<b>Eligibility</b>	<input type="checkbox"/> <input style="width: 150px;" type="text"/>
<b>Eligibility Date</b>	<input style="width: 150px;" type="text"/>
<b>MW Re-Determination Date</b>	<input style="width: 150px;" type="text"/>
<b>CARES Redetermination Date</b>	<input style="width: 150px;" type="text"/>
<b>Voter Registration Assistance</b>	<input type="checkbox"/>

Address			
S			
Citiz			
Hosp/En			N
Refri Src			

Contacts ?	Comments ?	Languages ?	
N	N	N	

Handicaps ?	OAA ?	SSI ?	Medicaid Waiver ?	EHEAP ?
N	N	N	Y	N

Earliest Intake Date	PSA Codes ?
<input style="width: 100%;" type="text"/>	N

Enter Client's Medicaid Slot #-Optional(If Entered Status Must also be Entered).

Record: 1/1      ...      <OSC>



## Additional Client Information – Planning and Service Area Codes

CIRTS

CICLIENT

Action Menu Edit Block Field Record Query Help

CICLIENT\_1226
CIRTS
Date

VERSION 10G.1
CLIENT DISPLAY AND LIMITED UPDATE
User

<b>PSA</b>	<input type="text" value="02"/>	<b>SCN</b>	<input type="text"/>	<b>Intake Date</b>	<input type="text"/>	<b>Medicaid #</b>	<input type="text"/>
------------	---------------------------------	------------	----------------------	--------------------	----------------------	-------------------	----------------------

<b>Addresses ?</b>	<input type="checkbox"/>	<b>Sex</b>	<input type="text" value="M"/>	<b>Citizen</b>	<input type="checkbox"/>	<b>Hosp/Emerg</b>	<input type="checkbox"/>	<b>Emerg Evac</b>	<input type="checkbox"/>	<b>Spcl-Shltr</b>	<input type="checkbox"/>	<b>Spcl-Reg</b>	<input type="checkbox"/>	<b>Incomes ?</b>	<input type="checkbox"/>
<b>Refri Src</b>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<b>Contacts ?</b>		<input type="checkbox"/>		<b>Comments ?</b>		<input type="checkbox"/>		<b>Languages ?</b>		<input type="checkbox"/>		<b>Handicaps ?</b>		<input type="checkbox"/>	
<b>OAA ?</b>		<input type="checkbox"/>		<b>SSI ?</b>		<input type="checkbox"/>		<b>Medicaid Waiver ?</b>		<input type="checkbox"/>		<b>EHEAP ?</b>		<input type="checkbox"/>	
<b>Earliest Intake Date</b>		<input type="text"/>		<b>PSA Codes ?</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Enter "Y" to Enter Another PSA Code, "N" to Return to Client Screen  
 Record: 1/1      ...      <OSC>

PSA	PSA Table	PSA Code	PSA Code Description	More?
<input type="checkbox"/>	EHEAP	HM5Y	CHILD AGE 5 OR YOUNGER	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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## Client Enrollment Screen – Mini Menu (F12 - #3)

CIENROLL\_1226      CIRT      Date 11/08/2006  
 VERSION 10G.1      CLIENT ENROLLMENTS      User MCGLOHNSA  
 (Press Ctrl+Page Down to access Waitlist)

PSA 02      SSN 200611081      DOB 11/08/1916      Owner Provider 20000

First Name TEST      MI      Last Name CLIENT

PSA	Program Comp.	Status	Enrollment Start	Enrollment End	Elig. Code	Provider	Loc	Worker

Enter Client's SSN or F7 to Query on Last Name

Record: 1/1      ...      <OSC>

### Adding a new Enrollment:

Click on a blank row or press the F6 key.

The cursor will begin in the Program Comp. field.

Type the three or four letter code for Program and Status, if known; if not, press the F9 key for a list of values.

Enter the Enrollment Start Date – format: MMDDYYYY or MMDDYY. The dashes will be added automatically.

Enter the three or four letter code for Eligibility, if known; if not, press the F9 key for a list of values.

Enter the Provider Number and Location, if known; if not, press the F9 key for a list of values.

Enter the Worker ID, if known; if not, press the F9 key for a list of values.

### Editing an Enrollment:

Click the Enrollment in the list.

Update the Enrollment information, i.e., Enrollment Start or End Date.

Press the F10 key or click the Save button (yellow disk) to save.

**Accessing the Waitlist screen:**

Press [Ctrl][Page Down] to access the Waitlist screen.

CIENROLL\_1226      CIRT S      Date 04/02/2007  
VERSION 10G.1      CLIENT ENROLLMENTS      User CIRTADMIN  
(Press Ctrl+Page Down to access Waitlist)

PSA 02    SSN 200703241    DOB 03/24/1945    Owner Provider 20002

First Name TEST    MI    Last Name ASSESSMENT

Program Comp	Status	Enrollment Start	Enrollment End	Elig. Code	Provider	Loc	Worker

Wait List Information

PSA	Program Comp	Service	Begin Date	End Date
<input checked="" type="checkbox"/>	CCE		03/24/2007	
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Clear

Enter the client's Waitlist information; press the F10 key to save the Waitlist information. The Waitlist screen will automatically disappear after the record is saved.

## Enrollment Screen Examples

The screenshot displays the CIRT enrollment interface. At the top, the window title is 'CIRT' and the application is 'CIENROLL'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. Below the menu is a toolbar with various icons. The main form contains the following fields:

- CIENROLL\_1226 (text)
- VERSION 10G.1 (text)
- CIRTS (text)
- CLIENT ENROLLMENTS (text)
- (Press Ctrl+Page Down to access Waitlist) (text)
- Date: 11/08/2006 (text)
- User: MCGLOHONSA (text)
- PSA: 02 (text)
- SSN: 200611081 (text)
- DOB: 11/08/1916 (text)
- Owner Provider: 20000 (text)
- First Name: TEST (text)
- MI: (empty text)
- Last Name: CLIENT (text)

Below the form is a table with the following columns: PSA, Program Comp., Status, Enrollment Start, Enrollment End, Elig. Code, Provider, Loc, and Worker. The first row has the following values: PSA (empty), Program Comp. (HCE), Status (empty), Enrollment Start (empty), Enrollment End (empty), Elig. Code (empty), Provider (empty), Loc (empty), and Worker (empty).

A dropdown menu titled 'Program Statuses/Description' is open, showing a list of status codes and their descriptions:

State Code	Description
ACTV	ACTIVE CLIENT
APCL	ASSESSED PRIORITY CONSUMER LIST
APPL	APPLICANT
GOAH	GOAL ACHIEVED

The dropdown menu also includes a search field labeled 'Find %' and buttons for 'Find', 'OK', and 'Cancel'.

F9 key list of values for Status

**CIRTS**  
**CIENTROLL**

Action Menu Edit Block Field Record Query Help

CIENTROLL\_1226      **CIRTS**      Date 11/08/2006  
 VERSION 10G.1      **CLIENT ENROLLMENTS**      User MCGLOHONSA  
 (Press Ctrl+Page Down to access Waitlist)


PSA 02      SSN 200611081      DOB 11/08/1916      Owner Provider 20000

First Name TEST      MI      Last Name CLIENT

PSA	Program Comp.	Status	Enrollment Start	End	Elig. Code	Provider	Loc	Worker
02	HCE	ACTV	11/07/2006		AGE	20005	04	CIRTSADMIN
	MW	ACTV	11/07/2006		AGE	20005	04	CIRTSADMIN

Enter Worker Code; Upto 14 Characters (F9 for List) - Required  
 Record: 2/2      ...      List of Valu...      <OSC>

**ALERT**



FRM-40400: Transaction complete: 1 records applied and saved.

OK

Press the F10 key or click the yellow disk to save the new Enrollment record.

## Care Plan Data Entry – Mini Menu (F12 - #4)

The Care Plan Date Entry screen will begin in the Services Needed section.

Enter the Service, Units, and Frequency needed by the client, using the F9 key to access the code lists if needed.

Type will populate automatically.

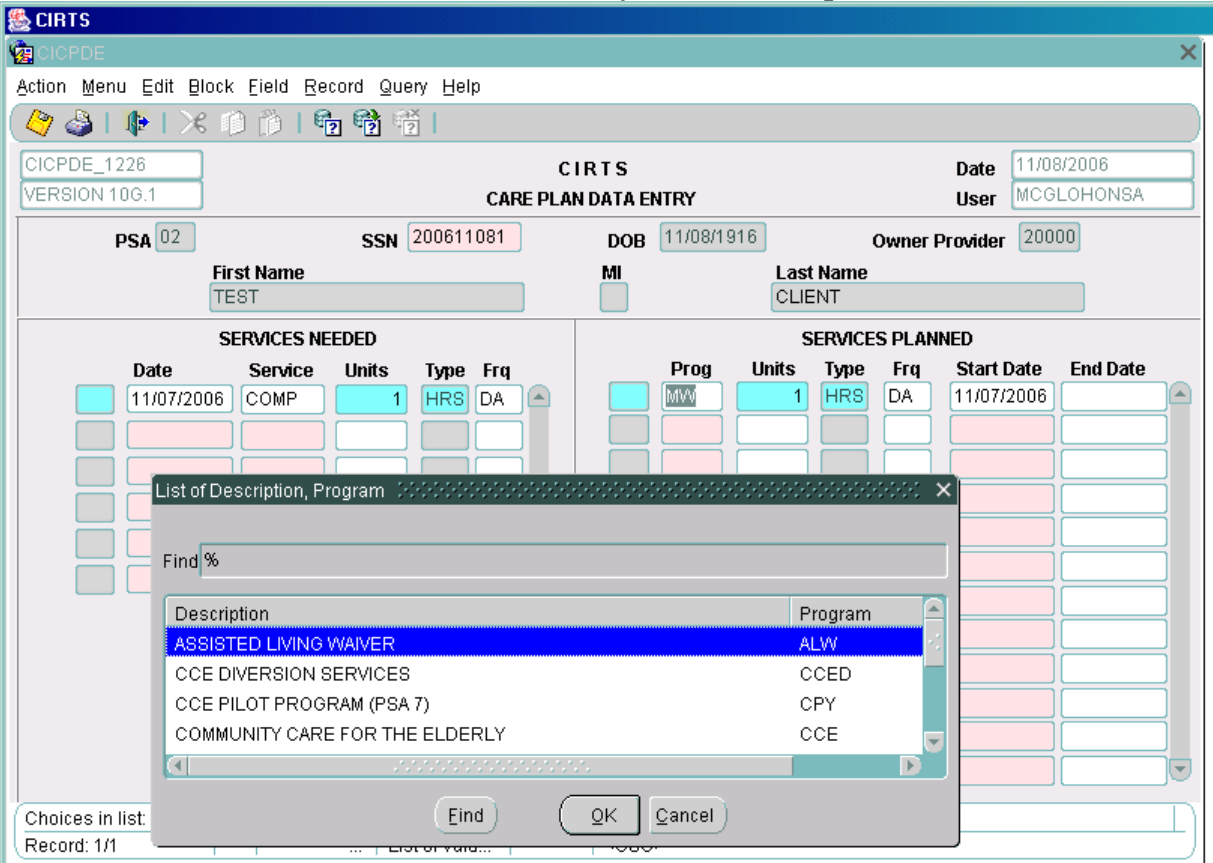
When finished adding Services Needed, press [Ctrl][Page Down] to enter Services Planned.

Enter the Program, Units, Frequency, Start Date, and End Date (if known, or when services are terminated). Multiple entries for Services Planned can be entered for each Service Needed.

Use the F9 key to access the code lists if needed.

Press the F10 key or click the Save button (yellow disk) to save.

### Care Plan Date Entry Screen Examples



F9 key list of values for Services Planned Program

**CIRTS**  
CICPDE

Action Menu Edit Block Field Record Query Help

CICPDE\_1226  
VERSION 10G.1

**CIRTS**  
**CARE PLAN DATA ENTRY**

Date: 11/08/2006  
User: MCGLOHONSA

PSA: 02      SSN: 200611081      DOB: 11/08/1916      Owner Provider: 20000

First Name: TEST      MI:      Last Name: CLIENT

SERVICES NEEDED					SERVICES PLANNED					
Date	Service	Units	Type	Frq	Prog	Units	Type	Frq	Start Date	End Date
11/07/2006	COMP	1	HRS	DA	MW	1	HRS	DA	11/07/2006	12/31/2010

ALERT

FRM-40400: Transaction complete: 2 records applied and saved.

OK

Enter Program which is to Provide the Service (F9 for List) - Required.  
Record: 1/1      ...      List of Valu...      <OSC>

Press F10 or click the Save button (yellow disk) to save the Care Plan information.





## Services by Client – Mini Menu (F12 - #6)

CIRTS  
CISRVRCL

Action Menu Edit Block Field Record Query Help

CISRVRCL\_1226      CIRTS      Date 11/08/2006  
VERSION 10G.1      RECEIVED SERVICES BY CLIENTS      User MCGLOHONSA

PSA 02    SSN 200611081    DOB 11/08/1916    County LEON    Owner/Provider 20000

First Name    MI    Last Name  
TEST       CLIENT

PSA	Provider	Loc	Worker	Program	Service	Service Date	Units	Unit Type	Payment Amount

Enter Provider Id (F9 for List) - Required  
Record: 1/1    ...    List of Valu...    <OSC>

The Services by Client screen is used to enter services for individual clients.

### **Adding new Services:**

The cursor will start in the Provider field.

Enter all required information using the Tab or Enter key to move to the next field.

Use the F9 key to access the code lists if needed.

Press the F10 key or click the Save button (yellow disk) to save the services.

### **Editing Services:**

Click on the service row to be edited.

Update the client's service information.

Press the F10 key or click the Save button (yellow disk) to save the services.

## Services by Client Screen Examples

The screenshot shows the CIRTS application window titled "RECEIVED SERVICES BY CLIENTS". The main window contains several input fields for client information:
 

- PSA: 02
- SSN: 200611081
- DOB: 11/08/1916
- County: LEON
- Owner/Provider: 20000
- First Name: TEST
- MI: (empty)
- Last Name: CLIENT

 Below the input fields is a table with columns: PSA, Provider, Loc, Worker, Program, Service, Service Date, Units, Unit Type, and Payment Amount. The first row is highlighted in cyan and contains: PSA 20009, Provider 01, Worker CIRTSADMIN, and empty cells for Program, Service, Service Date, Units, Unit Type, and Payment Amount.

An "List of Program Information" dialog box is open in the foreground, featuring a search field labeled "Find %" and a list of programs with their descriptions:
 

Program	Description
MW	MEDICAID WAIVER/HCBS
NDP	NON-DOEA PROGRAM
O3C1	TITLE IIIC1 OF OAA
O3C2	TITLE IIIC2 OF OAA
OA3B	TITLE IIIB OF OAA

 The dialog box has "Find", "OK", and "Cancel" buttons at the bottom.

At the bottom of the main window, the status bar shows "Record: 1/1" and "List of Valu...".

F9 key list of values for Program





Enter the client's last name and press the F9 key to search.  
 Select the client's name from the list then click OK or press the Enter key.

PSA	Provider	Loc	Worker	Program	Service	Service Date	Units	Unit Type	Payment Amount
02	20001	01	CIRTSADMIN	MW	HDM	04/02/2007	2.00	MEL	
02	20001	01	CIRTSADMIN	MW	CM	04/01/2007	1.00	HRS	
02	20001	01	CIRTSADMIN	MW	HMK	04/01/2007	3.00	HRS	
02	20001	01	CIRTSADMIN	MW	HDM	03/27/2007	2.00	MEL	
02	20001	01	CIRTSADMIN	MW	HDM	03/26/2007	2.00	MEL	
02	20001	01	CIRTSADMIN	MW	COMP	03/25/2007	4.00	HRS	
02	20001	01	CIRTSADMIN	MW	HDM	03/25/2007	2.00	MEL	
02	20001	01	CIRTSADMIN	MW	CM	03/24/2007	2.00	HRS	

Enter Provider Id (F9 for List) - Required  
 Record: 1/8 | ... | List of Valu... | <OSC>

Press the F8 key (twice) to retrieve the client's information.  
 Press the F7 key to activate Enter Query mode or click the first canister with a question mark (?) on the Tool Bar.

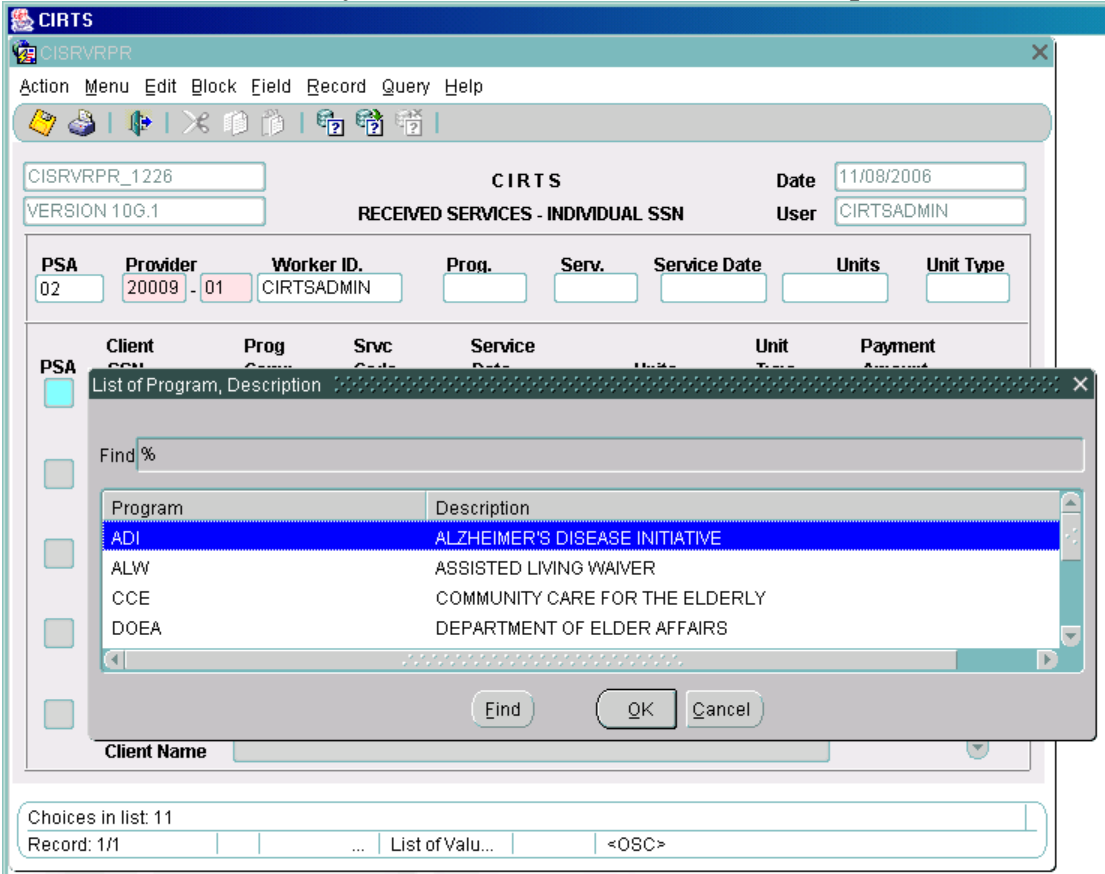
PSA	Provider	Loc	Worker	Program	Service	Service Date	Units	Unit Type	Payment Amount
					CM				

Enter a query; press F8 to execute, Ctrl+Q to cancel.  
 Record: 1/1 | Enter-Qu... | List of Valu... | <OSC>





Services by Provider – Individual Screen Examples



F9 key list of values for Program



**CIRTS**  
CISVRPR

Action Menu Edit Block Field Record Query Help

CISVRPR\_1226      **CIRTS**      Date: 03/26/2007  
 VERSION 10G.1      RECEIVED SERVICES - INDIVIDUAL SSN      User: CIRTSADMIN

PSA	Provider	Worker ID.	Prog.	Serv.	Service Date	Units	Unit Type	
02	20001	01	CIRTSADMIN	MWV	CM	03/24/2007	1.00	HRS

PSA	Client SSN	Prog Comp	Svc Code	Service Date	Units	Unit Type	Payment Amount
02	200703241	MWV	CM	03/24/2007	2.00	HRS	
	Client Name: ASSESSMENT, TEST,						
02	200703151	MWV	CM	03/24/2007	1.00	HRS	
	Client Name: ASSESSMENT, TEST,						
	Client Name:						
	Client Name:						
	Client Name:						

Enter Payment Amount - Required for HCE Services

Record: 1/2      ...      <OSC>

Changes can be made to the individual client service information if needed. For example, you enter services for one hour of case management. Four out of five clients entered received one hour of case management, but one client received two hours. On the service line for the one client, you can change the one-hour to two hours.

**CIRTS**  
CISVRPR

Action Menu Edit Block Field Record Query Help

CISVRPR\_1226      **CIRTS**      Date: 03/26/2007  
 VERSION 10G.1      RECEIVED SERVICES - INDIVIDUAL SSN      User: CIRTSADMIN

PSA	Provider	Worker ID.	Prog.	Serv.	Service Date	Units	Unit Type
02	20001	01	CIRTSADMIN	MW	03/24/2007	1.00	HRS


  

PSA	Client SSN	Prog Comp	Svc Code	Service Date	Units	Unit Type	Payment Amount
02	200703241	MW	CM	03/24/2007	2.00	HRS	
	Client Name: ASSESSMENT, TEST,						
02	200703151	MW	CM	03/24/2007	1.00	HRS	
	Client Name: ASSESSMENT, TEST,						
	Client Name:						
	Client Name:						
	Client Name:						

Enter Payment Amount - Required for HCE Services

Record: 1/2      ...      <OSC>

**ALERT**

 FRM-40400: Transaction complete: 2 records applied and saved.

OK

Press the F10 key or click the Save button (yellow disk) to save the service information.

## Services by Provider – Aggregate – Mini Menu (F12 - #8)

The screenshot shows the CIRTS software interface for "RECEIVED SERVICES - AGGREGATE". The window title is "CIRTS" and the application name is "CISRVRPR". The menu bar includes "Action", "Menu", "Edit", "Block", "Field", "Record", "Query", and "Help". The toolbar contains icons for file operations and help. The main form has input fields for "CISRVRPR\_AGG\_1226", "VERSION 10G.1", "Date" (11/08/2006), and "User" (CIRTSADMIN). Below these are fields for "PSA" (02), "Provider", "Worker ID.", "Prog.", "Serv.", "Service Date", "Units", and "Unit Type". A table with 8 columns (PSA, AGGREGATE SSN, Prog Comp, Svc Code, Service Date, Units, Unit Type, Payment Amount) is shown with 5 rows of input fields. A status bar at the bottom contains the text "Enter Provider Id (F9 for List) - Required", "Record: 1/1", "List of Valu...", and "<OSC>".

The Services by Provider – Aggregate screen allows you to enter services performed by a single provider for many (AGGREGATE) clients. Clients are not identified individually on this screen.

The cursor will start in the Provider field. Use the Tab or Enter key to move to the other fields and enter the related service information.

Service information entered in the fields at the top of the screen will be transferred to the service fields related to the Aggregate SSN.

## Services by Provider – Aggregate Screen Examples

**CIRTS**  
CISRVRPR

Action Menu Edit Block Field Record Query Help

CISRVRPR\_AGG\_1226      **CIRTS**      Date 11/08/2006  
 VERSION 10G.1      RECEIVED SERVICES - AGGREGATE      User CIRTSADMIN

PSA	Provider	Worker ID.	Prog.	Serv.	Service Date	Units	Unit Type
02	20009 - 01	CIRTSADMIN	03C1				

PSA	AGGREGATE SSN	Prog Comp	Svc Code	Service Date	Units	Unit Type	Payment Amount
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

List of Service, Description

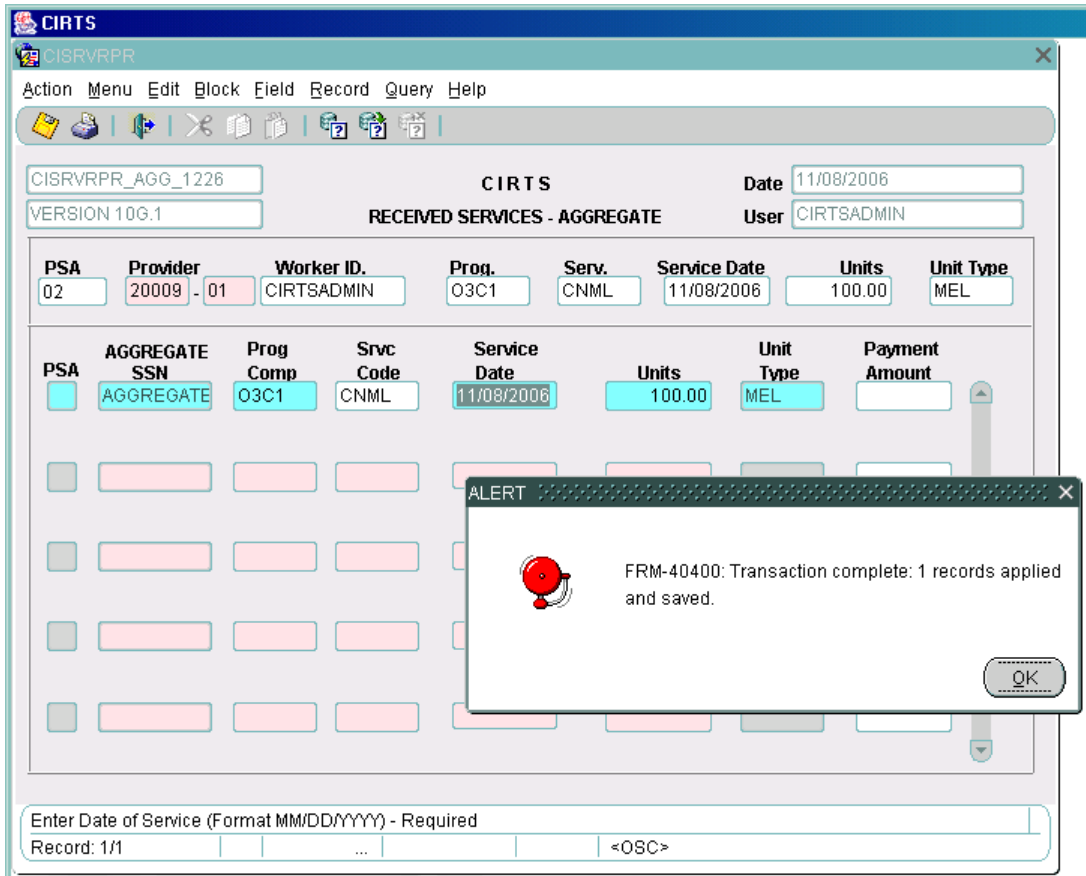
Find %

Service	Description	Hipaa CPT Co...
CNML	CONGREGATE MEALS	98928
NTED	NUTRITION EDUCATION	97804

Find    QK    Cancel

Choices in list: 2  
 Record: 1/1    ...    List of Valu...    <OSC>

F9 key list of values for Service



Press the F10 key or click the Save button (yellow disk) to save the service information.



## Query Results

CIRTS

CISRVPR

Action Menu Edit Block Field Record Query Help

CISRVPR\_AGG\_1226
Date

VERSION 10G.1
User

CIRTS  
RECEIVED SERVICES - AGGREGATE

PSA	Provider	Worker ID.	Prog.	Serv.	Service Date	Units	Unit Type
<input type="text" value="02"/>	<input type="text" value="20001 - 01"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PSA	AGGREGATE SSN	Prog Comp	Svc Code	Service Date	Units	Unit Type	Payment Amount
<input type="text" value="02"/>	<input type="text" value="AGGREGATE"/>	<input type="text" value="O3C1"/>	<input type="text" value="CNML"/>	<input type="text" value="12/29/2006"/>	<input type="text" value="1911.00"/>	<input type="text" value="MEL"/>	<input type="text"/>
<input type="text" value="02"/>	<input type="text" value="AGGREGATE"/>	<input type="text" value="LSP"/>	<input type="text" value="CNML"/>	<input type="text" value="12/29/2006"/>	<input type="text" value="551.00"/>	<input type="text" value="MEL"/>	<input type="text"/>
<input type="text" value="02"/>	<input type="text" value="AGGREGATE"/>	<input type="text" value="O3C1"/>	<input type="text" value="CNML"/>	<input type="text" value="11/30/2006"/>	<input type="text" value="2031.00"/>	<input type="text" value="MEL"/>	<input type="text"/>
<input type="text" value="02"/>	<input type="text" value="AGGREGATE"/>	<input type="text" value="LSP"/>	<input type="text" value="CNML"/>	<input type="text" value="11/30/2006"/>	<input type="text" value="613.00"/>	<input type="text" value="MEL"/>	<input type="text"/>
<input type="text" value="02"/>	<input type="text" value="AGGREGATE"/>	<input type="text" value="LSP"/>	<input type="text" value="CNML"/>	<input type="text" value="10/31/2006"/>	<input type="text" value="710.00"/>	<input type="text" value="MEL"/>	<input type="text"/>

Record: 1/?
<OSC>

## Change Owner and Change Planning and Service Area (PSA)

When you try to add an Assessment for a client or update the Demographic record and receive a message that the client does not reside in your PSA or is owned by another provider, contact your LAN Administrator. The LAN Administrator has the ability to move the client's record into your PSA and change the owner.

Examples of when to contact your LAN Administrator:

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM. The form is titled "CIRTS" and shows client information for "TEST CLIENT". The form includes fields for Demographics, Home Address, Mailing Address, Date of Birth, Sex, Race, Primary Language, Marital Status, and Need outside assistance to evacuate? (N). A warning message is displayed in a dialog box: "This client owned by another provider. Update restrictions apply." The message is accompanied by a red speech bubble icon and an "OK" button. The form also includes a "Change Owner" button and a "Change PSA" button. The status bar at the bottom of the form displays the warning message: "This client owned by another provider. Update restrictions apply."

PSA	Owner	SSN	First Name	Last Name	Date	User
03	20009	200611091	TEST	CLIENT	11/10/2006	MCGLOHONSA

SSN	PSA	First Name	MI	Last Name	Medicaid Number
200611091	03	TEST		CLIENT	200611081

Street	Street con't
1234 ANY STREET	

City	State	Zip	County	Phone Number:
ANY TOWN	FL	32311	COLUMBIA	

Date of Birth	Date of Death	Sex	Race
11/08/1916		MALE	WHITE

Primary Language	Marital Status	Need outside assistance to evacuate?
ENGLISH	SINGLE	N

Registered with County Special Needs Registry?
N

Buttons: Search, LOC, Referrals, Assessments, Change Owner, Change SSN, Delete Client, Change PSA



Oracle Developer Forms Runtime - Web

ASSESSMENT LISTS

Action Menu Edit Block Field Record Query Help


**LIST OF ASSESSMENTS**

**Client Information**

TEST CLIENT 200-61-1091

Psa/Cares Office	Date	Assessor Name/ Caseworker	Assessment Site	Assessment Type	Priority Score	Rank
02	11/09/2006	CIRTS ADMIN		CHANGE OWNER ASSESMEN		
02B	11/08/2006	TEST CASEWORKER	OFFICE / MEDICAL CASE	OTHER		
02	11/06/2006	SHANDRA MCGLOHON	CLIENT/RELATIVE'S HOM	INITIAL ASSESSMENT	16	1

ALERT

 Add Assessment is not allowed. Client does not reside in your psa.

OK

Record: 1/3 ... <OSC>

## Clear Screen

If you want to view a new client on any screen, you must clear the screen by:

- Going to “Action” on the Menu Bar and selecting “Clear All,” or
- Pressing [Shift][F7].

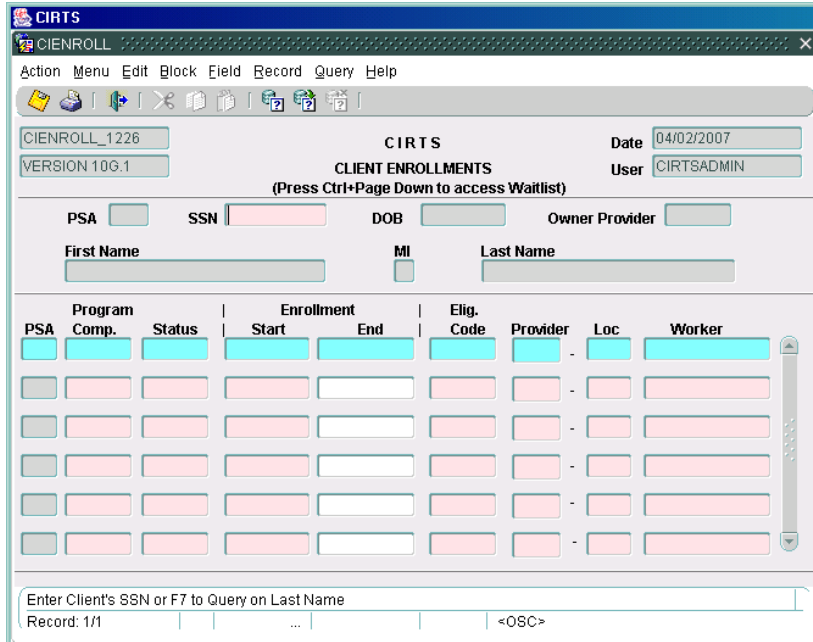
You can then enter a new SSN or client name to query. Once the client information has been retrieved, using F12 to move from screen to screen will keep the client’s information. You will need to clear the screen again to view a different client.

Clear Screen example:

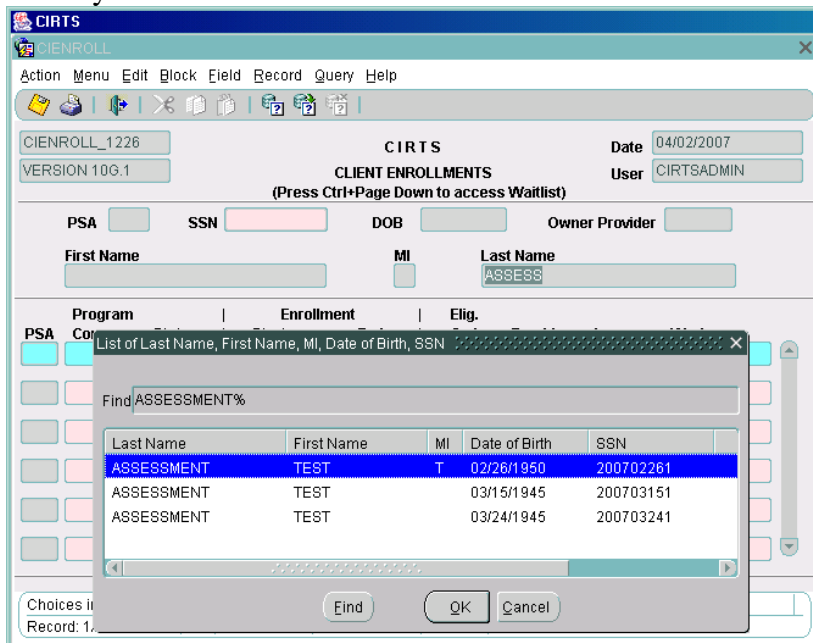
The screenshot shows the CIRTS CLIENT ENROLLMENTS screen. At the top, there is a menu bar with 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. Below the menu bar, there are several input fields for client information: 'PSA' (02), 'SSN' (200703241), 'DOB' (03/24/1945), 'Owner Provider' (20002), 'First Name' (TEST), 'MI' ( ), and 'Last Name' (ASSESSMENT). The date is 04/02/2007 and the user is CIRTSADMIN. Below this information is a table of enrollments with columns: PSA, Program Comp., Status, Enrollment Start, Enrollment End, Elig. Code, Provider, Loc, and Worker. The first row shows PSA 02, Program Comp. CCE, Status ACTV, Enrollment Start 03/24/2007, Elig. Code AGE, Provider 20001, Loc 01, and Worker CIRTSADMIN. The second row shows PSA 02, Program Comp. MWV, Status ACTV, Enrollment Start 03/24/2007, Elig. Code AGE, Provider 20001, Loc 01, and Worker CIRTSADMIN. Below the table, there is a search bar with the text 'Enter Client's SSN or F7 to Query on Last Name' and a 'Record: 1/1' indicator.

PSA	Program Comp.	Status	Enrollment Start	Enrollment End	Elig. Code	Provider	Loc	Worker
02	CCE	ACTV	03/24/2007		AGE	20001	01	CIRTSADMIN
02	MWV	ACTV	03/24/2007		AGE	20001	01	CIRTSADMIN

You have added the client’s CCE enrollment and now need to add enrollment information for another client. Instead of going back to the Search screen, press [Shift][F7] or go to Action, Clear All on the Menu Bar.



The Enrollment Screen has been cleared. Now search for your next client – enter the client’s SSN or press the F7 key to search on the Last Name.



Press the F8 key to retrieve the client’s information, then add the new enrollment information and save [press the F10 key or click the Save button (yellow disk)].

CIRTS  
CIENROLL

Action Menu Edit Block Field Record Query Help

CIENROLL\_1226      CIRTS      Date 04/02/2007  
VERSION 10G.1      CLIENT ENROLLMENTS      User CIRTSADMIN  
(Press Ctrl+Page Down to access Waitlist)

PSA 02B      SSN 200702261      DOB 02/26/1950      Owner Provider

First Name MI Last Name  
TEST T ASSESSMENT

PSA	Program Comp.	Status	Enrollment		Elig. Code	Provider	Loc	Worker
			Start	End				
	MW	ACTV	04/02/2007		AGE	20001	01	CIRTSADMIN

Enter Program Component (F9 for List) - Required  
Record: 1/1      ... List of Valu...      <OSC>

Repeat the same process for your next client.

## Reports Tab Screen

The screenshot shows a web browser window titled "DOEA Enterprise Application Services - Microsoft Internet Explorer". The address bar contains the URL: [https://199.250.26.136/portal/page?\\_pageid=33\\_32395.33\\_32415&\\_dad=portal&\\_schema=PORTAL](https://199.250.26.136/portal/page?_pageid=33_32395.33_32415&_dad=portal&_schema=PORTAL). The page header features the Department of Elder Affairs logo and the title "Enterprise Application Services". Below the title is the DOEA Mission Statement: "To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime." A yellow arrow points to the text "- DOEA Mission Statement". A navigation bar contains tabs for "Applications", "Reports", "Documents", and "Support", with "Reports" being the active tab. A list of report links is displayed, including "ACMS - Automated Contract Management System", "Aging Network Providers", "APS Exception Reports", "CARES - Long-Term Care Services", "CIRTS - Client Information and Registration Tracking System", "Contracted Unit Rate", "HMT Completion Report - ADA Waiver Holistic Monitoring Tool", "Medicaid Waiver Reports for Clients Under 60 or 60 and Older", "Nursing Home Diversion Reports", and "Outcome Measurement Reports". A yellow arrow points to the "CIRTS" link. At the bottom, there is a row of buttons: "Start Discoverer Viewer", "Fetch Report Output", "Ad Hoc Query", "Change SSO Password", and "Logout".

**Enterprise Application Services**

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.

- DOEA Mission Statement

**Applications Reports Documents Support**

- ▶ [ACMS](#) - Automated Contract Management System
- ▶ [Aging Network Providers](#)
- ▶ [APS Exception Reports](#)
- ▶ [CARES](#) - Long-Term Care Services
- ▶ [CIRTS](#) - Client Information and Registration Tracking System
- ▶ [Contracted Unit Rate](#)
- ▶ [HMT Completion Report](#) - ADA Waiver Holistic Monitoring Tool
- ▶ [Medicaid Waiver Reports for Clients Under 60 or 60 and Older](#)
- ▶ [Nursing Home Diversion Reports](#)
- ▶ [Outcome Measurement Reports](#)

Start Discoverer Viewer   Fetch Report Output   Ad Hoc Query   Change SSO Password   Logout

Click the CIRTS link.

## Outcome Measurement Reports

To run Outcome Measurement Reports:  
Click the Outcome Measurement Reports link.

DOEA Enterprise Application Services - Microsoft Internet Explorer

Address: [https://199.250.25.136/portal/page?\\_pageid=33\\_32355\\_33\\_32415&\\_dad=portal&\\_schema=PORTAL](https://199.250.25.136/portal/page?_pageid=33_32355_33_32415&_dad=portal&_schema=PORTAL)

**DEPARTMENT OF ELDER AFFAIRS**  
STATE OF FLORIDA

## Enterprise Application Services

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.  
- DOE Mission Statement

Applications **Reports** Documents Support

- ▶ [ACMS](#) - Automated Contract Management System
- ▶ [Aging Network Providers](#)
- ▶ [CARES](#) - Long-Term Care Services
- ▶ [CIRTS](#) - Client Information and Registration Tracking System
- ▶ [Contracted Unit Rate](#)
- ▶ [HMT Completion Report](#) - ADA Waiver Holistic Monitoring Tool
- ▶ [Medicaid Waiver Reports for Clients Under 60 or 60 and Older](#)
- ▶ [Nursing Home Diversion Reports](#)
- ▶ [Outcome Measurement Reports](#)

Start Discoverer Viewer   Fetch Report Output   Ad Hoc Query   Change SSO Password   Logout

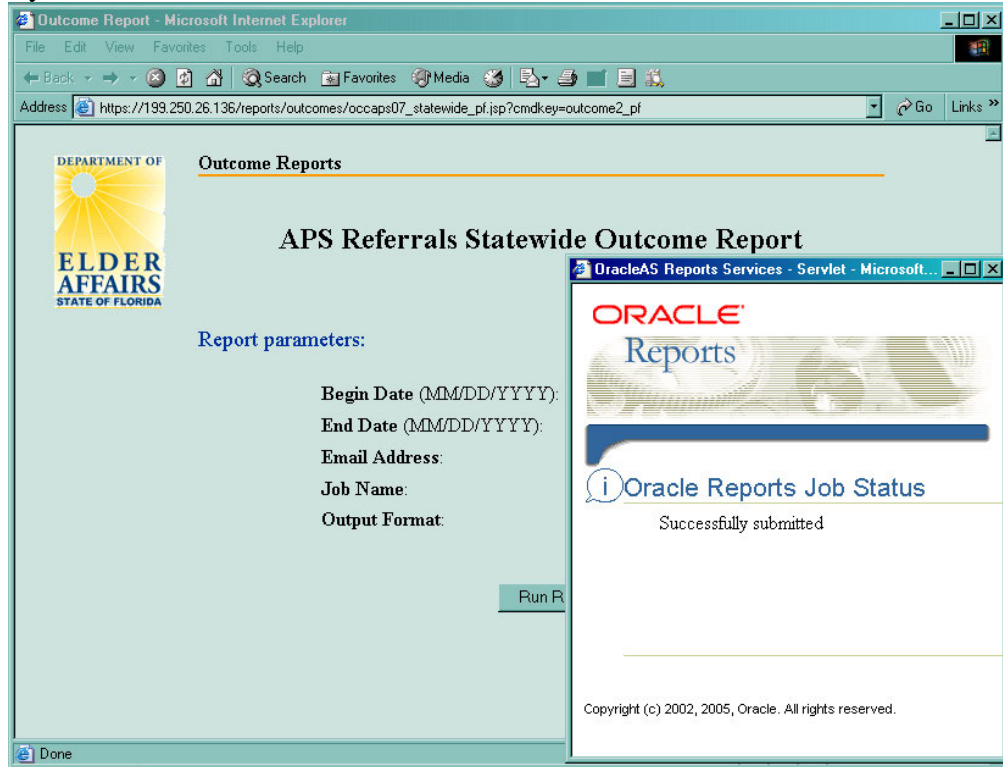


Click the “Run” link for the appropriate report.

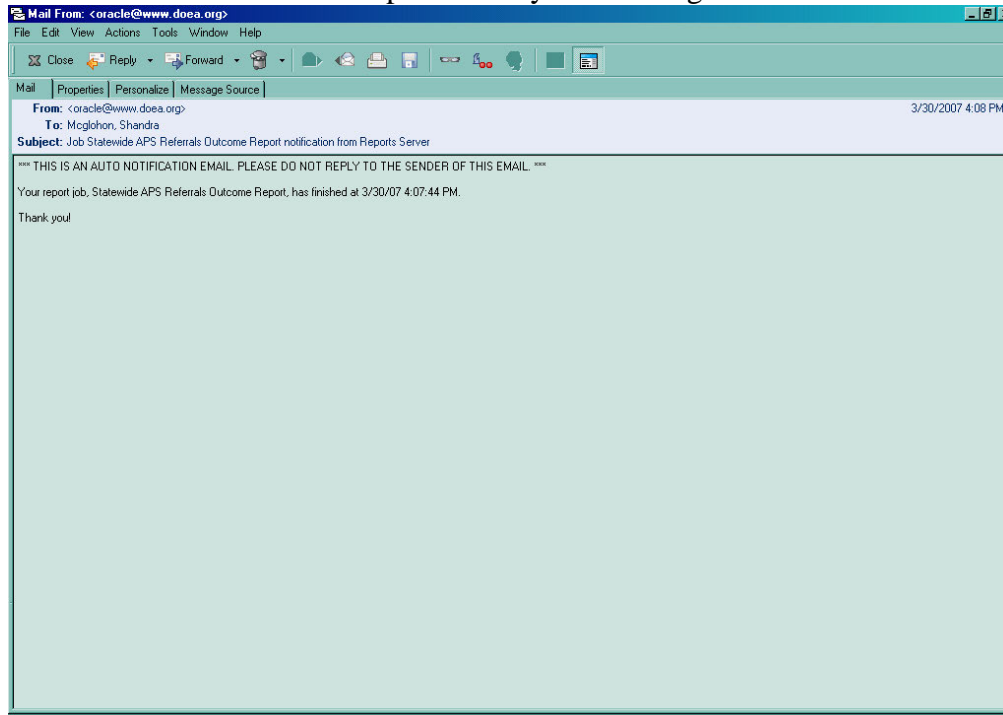
Enter the requested parameters (i.e., PSA, Provider, Begin Date, End Date, E-mail Address) for the report selected. **\*\* Parameters vary depending on the report selected.**

**Start Date**- The Start Date parameter for each outcome report should be the beginning of the Fiscal Year, i.e., 07/01/2006.

Click the Run Report button. The following screen will appear, indicating the report was successfully submitted.

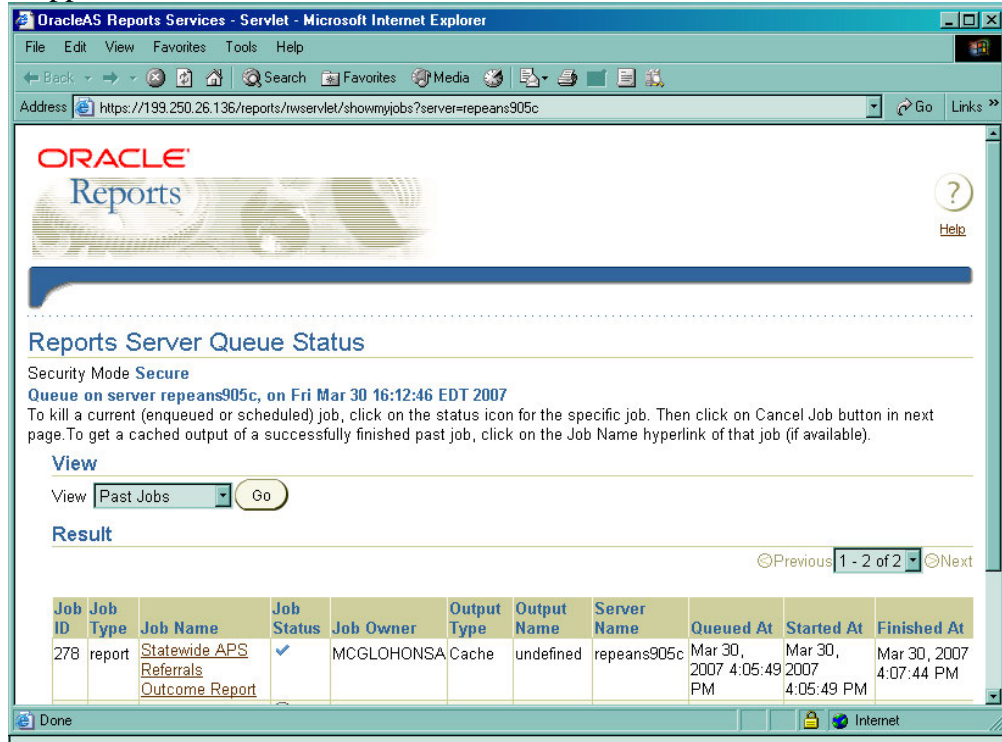


You will receive an e-mail when the report is ready for viewing.

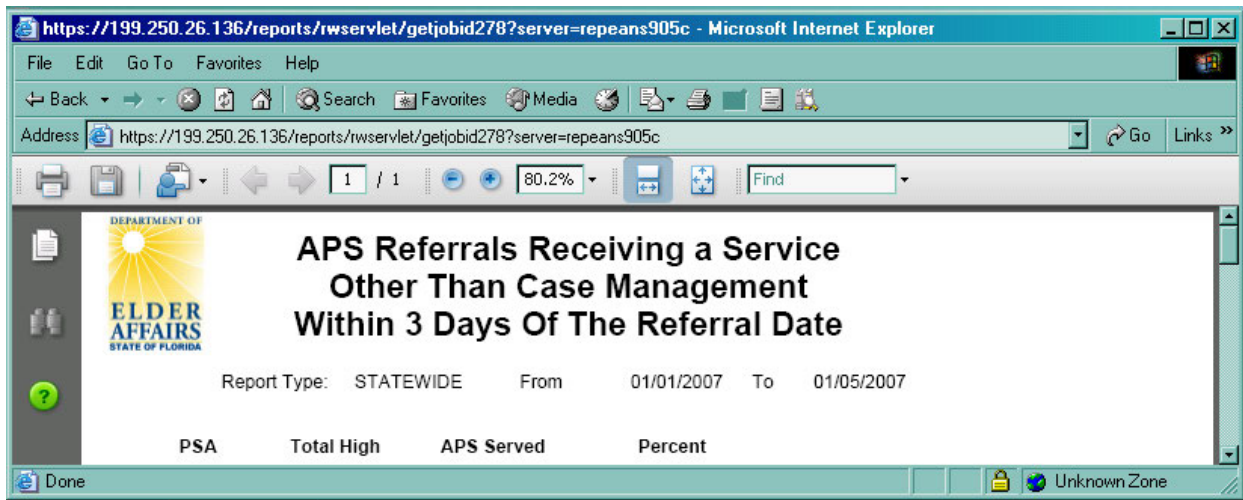




Go back to the Reports page and click the “View” link for the appropriate report. The following screen will appear.



Find the name of your report and your user name as the “Job Owner.” Click the report name to view the results.



## Documentation Tab Screen

User manuals and enhancement documents will be posted on this screen.

DOEA Enterprise Application Services - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address [https://199.250.26.136/portal/page?\\_pageid=33\\_32395\\_33\\_32419&\\_dad=portal&\\_schema=PORTAL](https://199.250.26.136/portal/page?_pageid=33_32395_33_32419&_dad=portal&_schema=PORTAL) Go Links

 **Enterprise Application Services**

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.

- DOE Mission Statement

**Applications** Reports Documents Support

- ▶ [ARTT](#) - Link to the APS Referral Tracking Tool manual, newsletters, MOA and model MOU
- ▶ [HMT Manual](#) - ADA Waiver Holistic Monitoring Tool manual
- ▶ [Long-Term Care Community Diversion Program Enrollment Management Document](#)

Start Discoverer Viewer Fetch Report Output Ad Hoc Query Change SSO Password Logout

Internet

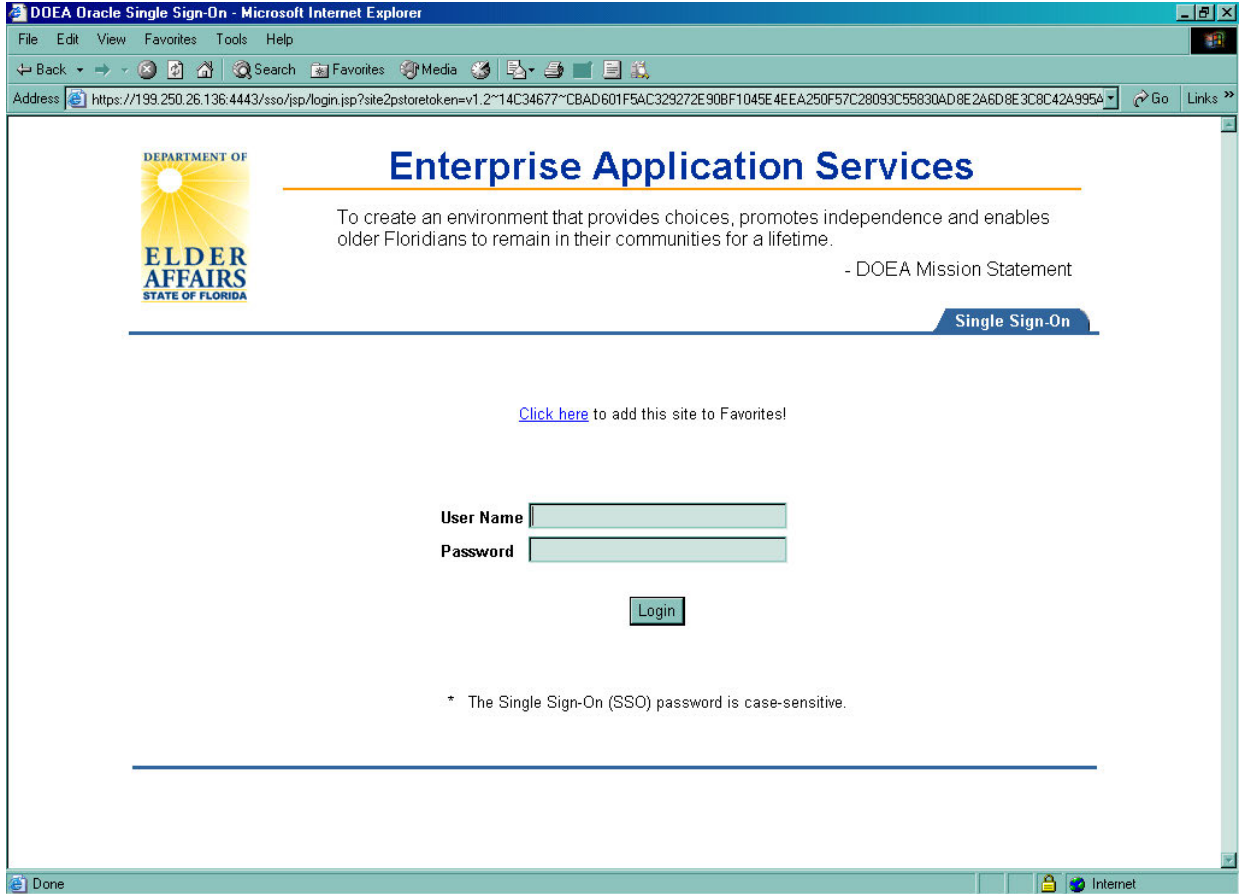
## Support Tab Screen

The screenshot shows a Microsoft Internet Explorer browser window displaying the DOE Enterprise Application Services website. The address bar shows the URL: [https://199.250.26.136/portal/page?\\_pageid=33.32395.33\\_32423&\\_dad=portal&\\_schema=PORTAL](https://199.250.26.136/portal/page?_pageid=33.32395.33_32423&_dad=portal&_schema=PORTAL). The page features the Department of Elder Affairs logo on the left and the title "Enterprise Application Services" in the center. Below the title is the DOE Mission Statement: "To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime." A navigation bar contains tabs for "Applications", "Reports", "Documents", and "Support". The "Support" tab is active, showing a "Download" section with links to "PC Setup Instructions", "Website Certificate", "JInitiator", "JInitiator Certificate", and "Adobe Reader", along with a link for "Items 1-4 in a single file". A "Contact" section provides the email [enterprise\\_support@elderaffairs.org](mailto:enterprise_support@elderaffairs.org). An "FYI" section lists "Steps to prepare a PC for this website" and "Restrictions on the Single Sign-On (SSO) password". At the bottom, a horizontal menu includes buttons for "Start Discoverer Viewer", "Fetch Report Output", "Ad Hoc Query", "Change SSO Password", and "Logout".

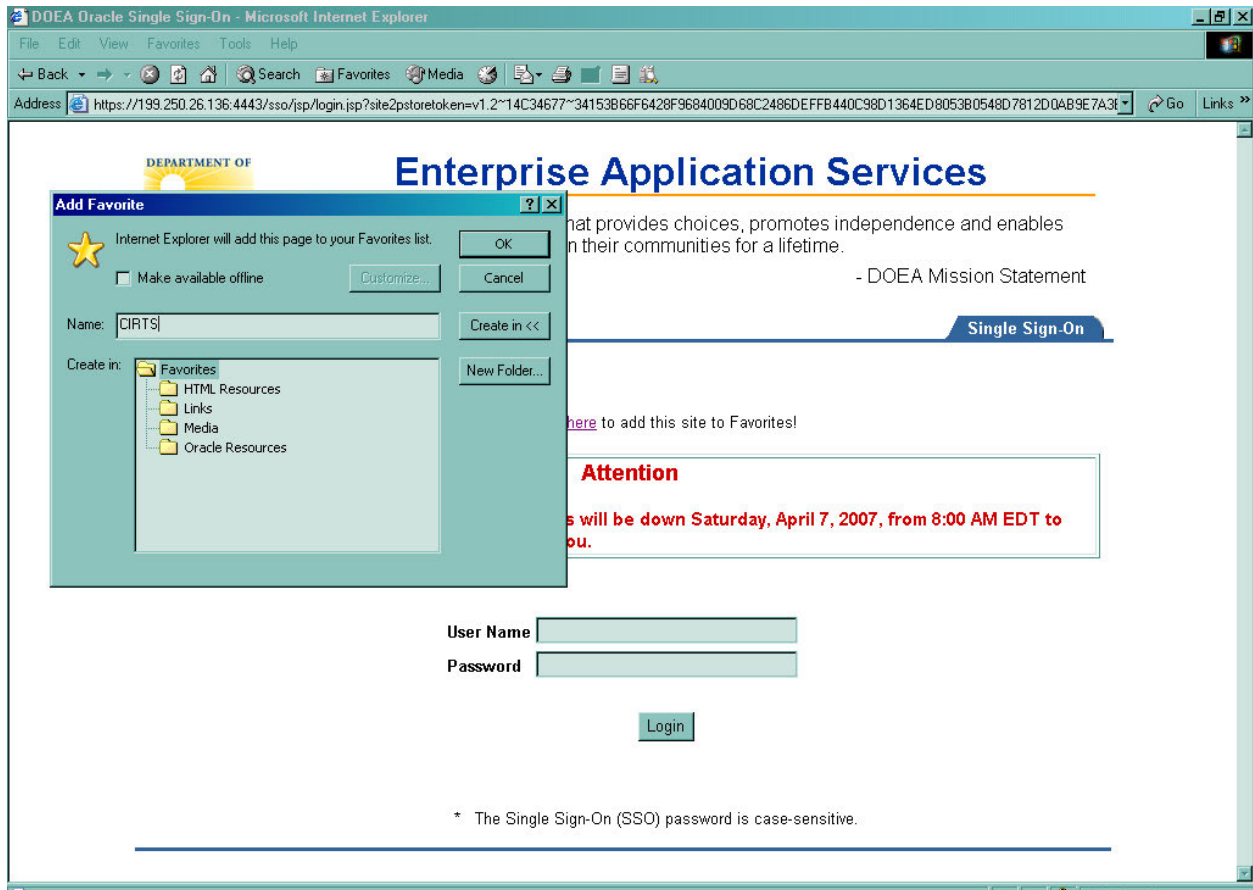
In the event CIRTS stops working on your computer:

- 1) Start at Item 1 in the Download section and click the PC Setup Instructions link.
- 2) Follow all instructions for installing the Web site Certificate, JInitiator (close your Web browser after this step and re-open before running the JInitiator Certificate), and the JInitiator Certificate.
- 3) If CIRTS still does not run on your computer, contact your LAN Administrator.

## Add CIRT'S Icon to Your Desktop



Click the “Click here” link to add the CIRT'S login screen to your Favorites.



- Give your new Favorite a meaningful name, i.e., CIRTS, New CIRTS, etc. Click OK.
- Click Favorites from the Menu Bar.
- Find the Favorite icon for CIRTS.
- Right-click the link and select, Send To -> Desktop (create shortcut).
- Your icon should be visible on the Desktop.

## Changing Your CIRTS Password

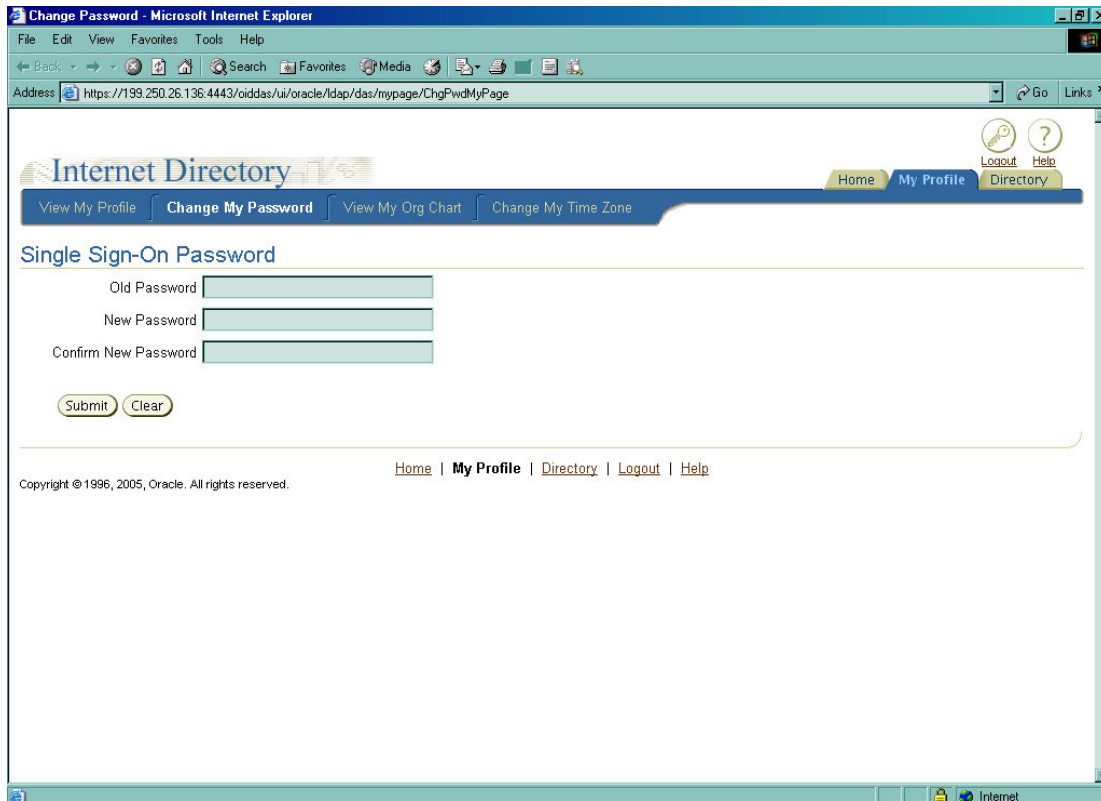
CIRTS will automatically prompt you to change your password every 120 days.

### **Change your password -**

If you want to change your password at any other time, click the Change SSO Password link in the bottom right-hand corner of the screen.



The following screen will appear.



Type your current password in the Old Password field.  
Type your new password in the New Password field (the password is case-sensitive).  
Type your new password in the Confirm New Password field.  
Click the Submit button.

## Appendix A

**Assessment Type:** Annual, Initial, Update, Wait List

**Tabs:** ASSM, INC (Income), MEN (Mental Health), PHY (Physical Health), ADL (Activities of Daily Living), NUT (Nutrition), HEA (Health Conditions), SPS (Special Services), SOC (Social Resources)

The screenshot displays the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' form in Oracle Developer Forms Runtime. The form is titled 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' and includes a menu bar with 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. Below the menu bar is a toolbar with various icons. The form contains several sections and fields:

- Header Section:** Includes 'ASSESSMENT' (value: VERSION 10G.1), 'CIRTS', 'Date' (value: 11/08/2006), and 'User' (value: MCGLOHONSA).
- Personal Information Section:** Includes 'PSA' (value: 02), 'SSN' (value: 200611081), 'Last Name' (value: CLIENT), 'Risk Score', 'Priority Score', and 'Rank'.
- Action Buttons:** 'Add Assessment', 'Update Assessment', 'Demographics', 'Assessment List', 'Search', and 'Print Turnaround'.
- Assessment Categories:** A row of tabs for 'ASSM', 'INC', 'MEN', 'PHY', 'ADL', 'NUT', 'HEA', 'SPS', and 'SOC'. 'ASSM' is currently selected.
- CIRTS Assessment Information Section:**
  - Owner Id:** 20000
  - Owner Assessor Id:** MCGLOHONSA
  - Assessment Date:** 11/08/2006
  - Provider Id:** (empty)
  - Provider Assessor Id:** (empty)
  - Assessment Site:** CLIENT/RELATIVE'S HOME
  - Assessor Name:** SHANDRA MCGLOHON
  - Assessment Type:** INITIAL ASSESSMENT
- Consumer Information Section:**
  - Consumer Type:** ELDER RECIPIENT
  - Are you the caregiver of a grandchild?:** N
  - Is this Public Housing?:** (checkbox)
- Referral and Caregiver Information Section:**
  - Referral Source:** <NULL>
  - Primary Caregiver:** (empty)
  - Risk Level:** <NULL>
  - Living Situation:** <NULL>
  - Referral Date:** (empty)

At the bottom of the form, there is a status bar showing 'Record: 1/1' and '<OSC>'.



## Appendix B

**Assessment Type:** CARES Non\_Com, EHEAP, Other

**Tabs:** ASSM, INC (Income), MEN (Mental Health), ADL (Activities of Daily Living), NUT (Nutrition), HEA (Health Conditions), SPS (Special Services)

The screenshot displays the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' form in Oracle Developer Forms Runtime - Web. The form is titled 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' and includes a menu bar with 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. The main form area contains several sections:

- Header Section:** Includes fields for 'ASSESSMENT' (VERSION 10G.1), 'CIRTS', 'Date' (11/08/2006), and 'User' (MCGLOHONSA).
- Demographics Section:** Includes fields for 'PSA' (02), 'SSN' (200611081), 'Last Name' (CLIENT), 'Risk Score', 'Priority Score', and 'Rank'. Below these are buttons for 'Add Assessment', 'Update Assessment', 'Demographics', 'Assessment List', 'Search', and 'Print Turnaround'.
- Assessment Type Section:** Includes tabs for 'ASSM', 'INC', 'MEN', 'ADL', 'NUT', 'HEA', and 'SPS'. The 'ASSM' tab is selected.
- CIRTS Assessment Information Section:** Includes fields for 'Owner Id' (20000), 'Owner Assessor Id' (MCGLOHONSA), 'Assessment Date' (11/08/2006), 'Provider Id', 'Provider Assessor Id', 'Assessment Site' (CLIENT/RELATIVE'S HOME), 'Assessor Name' (SHANDRA MCGLOHON), and 'Assessment Type' (CARES\_NON\_COM).
- Consumer Type Section:** Includes a dropdown for 'Consumer Type' (ELDER RECIPIENT), a checkbox for 'Are you the caregiver of a grandchild?' (N), and a checkbox for 'Is this Public Housing?'.
- Referral Source Section:** Includes dropdowns for 'Referral Source' (<NULL>), 'Primary Caregiver', 'Risk Level' (<NULL>), and 'Living Situation' (<NULL>).
- Referral Date Section:** Includes a text field for 'Referral Date'.

The bottom of the form shows 'Record: 1/1' and '<OSC>'.

## Appendix C

**Assessment Type:** Change Owner, Demographic, Grandparent/Guardian

**Tabs:** ASSM

Oracle Developer Forms Runtime - Web  
ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM

**CIRTS Assessment Information**

Owner Id 20000	Owner Assessor Id MCGLOHONSA	Assessment Date 11/08/2006
Provider Id	Provider Assessor Id	Assessment Site CLIENT/RELATIVE'S HOME
Assessor Name SHANDRA MCGLOHON		Assessment Type CHANGE OWNER ASSES...

Consumer Type: ELDER RECIPIENT Are you the caregiver of a grandchild? N Is this Public Housing?

Referral Source: <NULL> Primary Caregiver

Risk Level: <NULL> Living Situation: <NULL>

Referral Date

Record: 1/1 ... <OSC>

## Appendix D

**Assessment Type:** Congregate Meals

**Tabs:** ASSM, INC (Income), NUT (Nutrition)

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' form. The window title is 'Oracle Developer Forms Runtime - Web' and the page title is 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. The toolbar contains various icons for navigation and editing.

The form contains the following fields and controls:

- Header Fields:** ASSESSMENT (text), VERSION 10G.1 (text), CIRTS (text), Date (11/08/2006), User (MCGLOHONSA).
- Client Information:** PSA (02), SSN (200611081), Last Name (CLIENT), Risk Score (text), Priority Score (text), Rank (text).
- Buttons:** Add Assessment, Update Assessment, Demographics, Assessment List, Search, Print Turnaround.
- Tabs:** ASSM, INC, NUT.
- CIRTS Assessment Information Section:**
  - Owner Id: 20000
  - Owner Assessor Id: MCGLOHONSA
  - Assessment Date: 11/08/2006
  - Provider Id: (empty)
  - Provider Assessor Id: (empty)
  - Assessment Site: CLIENT/RELATIVE'S HOME (dropdown)
  - Assessor Name: SHANDRA MCGLOHON
  - Assessment Type: CONGREGATE MEALS (dropdown)
- Consumer Information:**
  - Consumer Type: ELDER RECIPIENT (dropdown)
  - Are you the caregiver of a grandchild?: N (checkbox)
  - Is this Public Housing?: (checkbox)
- Referral and Caregiver Information:**
  - Referral Source: <NULL> (dropdown)
  - Primary Caregiver: (empty text)
  - Risk Level: <NULL> (dropdown)
  - Living Situation: <NULL> (dropdown)
  - Referral Date: (empty text)

The bottom status bar shows 'Record: 1/1' and '<OSC>'.

## Appendix E

**Assessment Type:** OA3E, OAA

**Tabs:** ASSM, INC (Income), MEN (Mental Health), PHY (Physical Health), ADL (Activities of Daily Living), NUT (Nutrition), HEA (Health Conditions), SPS (Special Services)

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' form. The window title is 'Oracle Developer Forms Runtime - Web' and the form title is 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The interface includes a menu bar (Action, Menu, Edit, Block, Field, Record, Query, Help) and a toolbar with various icons. The form contains several input fields and buttons:

- Header Fields:** ASSESSMENT (text), VERSION 10G.1 (text), CIRTS (text), Date (11/08/2006), User (MCGLOHONSA).
- Demographics Section:** PSA (02), SSN (200611081), Last Name (CLIENT), Risk Score (text), Priority Score (text), Rank (text).
- Buttons:** Add Assessment, Update Assessment, Demographics, Assessment List, Search, Print Turnaround.
- Navigation Tabs:** ASSM, INC, MEN, PHY, ADL, NUT, HEA, SPS.
- CIRTS Assessment Information Section:**
  - Owner Id: 20000
  - Owner Assessor Id: MCGLOHONSA
  - Assessment Date: 11/08/2006
  - Provider Id: (empty)
  - Provider Assessor Id: (empty)
  - Assessment Site: CLIENT/RELATIVE'S HOME (dropdown)
  - Assessor Name: SHANDRA MCGLOHON
  - Assessment Type: OA3E (dropdown)
- Additional Fields:**
  - Consumer Type: ELDER RECIPIENT (dropdown)
  - Are you the caregiver of a grandchild?: N (checkbox)
  - Is this Public Housing?: (checkbox)
  - Referral Source: <NULL> (dropdown)
  - Primary Caregiver: (text)
  - Risk Level: <NULL> (dropdown)
  - Living Situation: <NULL> (dropdown)
  - Referral Date: (text)
- Footer:** Record: 1/1, ... (navigation), <OSC> (button).

## Appendix F

**Assessment Type:** Telephone, Wait List Screening

**Tabs:** ASSM, INC (Income), PHY (Physical Health), ADL (Activities of Daily Living), NUT (Nutrition)

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' form. The window title is 'Oracle Developer Forms Runtime - Web' and the form title is 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. The toolbar contains various icons for navigation and editing.

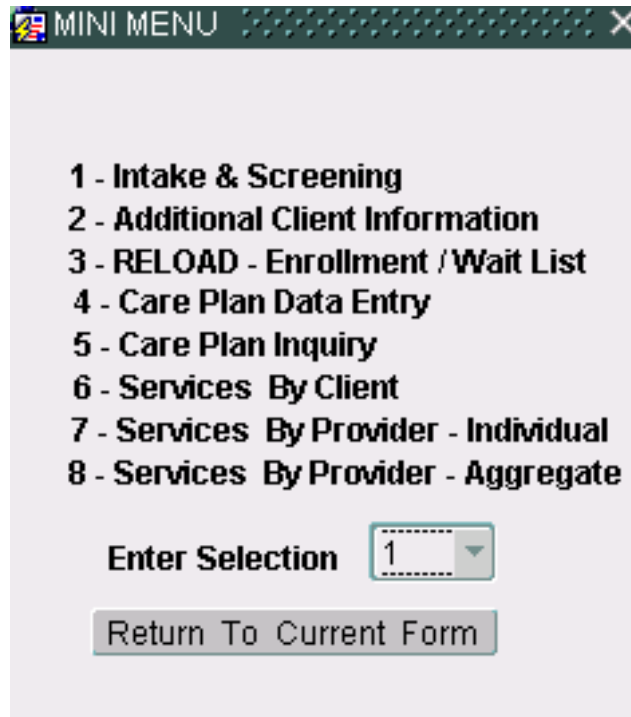
At the top, there are input fields for 'ASSESSMENT' (VERSION 10G.1), 'CIRTS', 'Date' (11/08/2006), and 'User' (MCGLOHONSA). Below this, there are fields for 'PSA' (02), 'SSN' (200611081), 'Last Name' (CLIENT), 'Risk Score', 'Priority Score', and 'Rank'. There are buttons for 'Add Assessment', 'Update Assessment', 'Demographics', 'Assessment List', 'Search', and 'Print Turnaround'.

The main form area has tabs for 'ASSM', 'INC', 'PHY', 'ADL', and 'NUT'. The 'ASSM' tab is selected, showing 'CIRTS Assessment Information'. This section includes fields for 'Owner Id' (20000), 'Owner Assessor Id' (MCGLOHONSA), 'Assessment Date' (11/08/2006), 'Provider Id', 'Provider Assessor Id', 'Assessment Site' (CLIENT/RELATIVE'S HOME), 'Assessor Name' (SHANDRA MCGLOHON), and 'Assessment Type' (TELEPHONE).

Below this, there are three checkboxes: 'Consumer Type' (ELDER RECIPIENT), 'Are you the caregiver of a grandchild?' (N), and 'Is this Public Housing?'. There are also dropdown menus for 'Referral Source' (<NULL>), 'Primary Caregiver', 'Risk Level' (<NULL>), and 'Living Situation' (<NULL>). A 'Referral Date' field is also present.

At the bottom, there is a status bar showing 'Record: 1/1' and '<OSC>'.

## Appendix G – Mini Menu



Press the F12 key to access the Mini Menu.

Type the number of the screen you would like to see and press the Enter key, or click the selection list, select the number with your mouse, and press the Enter key.

Click the “Return To Current Form” button to exit the Mini Menu.

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2020-2021

Department: Elder Affairs

Chief Internal Auditor: Kimberly Jones

Budget Entity: 65000000

Phone Number: (850) 414-2117

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
<p>A-1718DEA-030 Bureau of Community &amp; Support Service's Contract Management &amp; Technical Assistance Unit's Contract Management Activities (BCSS CMTA)</p>	<p>8/14/2018</p>	<p>Division of Statewide Community-Based Services (SCBS)</p>	<p><b>Finding 1:</b> CM&amp;TA management had not clearly identified tasks to be completed by staff to fulfill their duties and responsibilities as related to contract management.</p> <p><b>Recommendation:</b> CM&amp;TA management:</p> <ul style="list-style-type: none"> <li>•Identify tasks to be completed by the staff to fulfill their duties and responsibilities as related to contract management;</li> <li>•Expand current monitoring activities and develop procedures for such activities. According to the Participant Guide, it is the responsibility of the contract manager to monitor contractor's performance and compliance; and</li> <li>•Implement a formal close-out activity to be performed at the end of each contract term and develop a procedure for such activity, especially since the Participant Guide deems this phase of the Contract Management process "extremely important" to reduce the risk of the Department processing a final payment before ensuring the contractor has met the terms and conditions of the contract.</li> </ul>	<p><b>Original response:</b> While the CM&amp;TA unit currently maintains a SharePoint repository for unit policies and procedures, unit management and staff will be coordinating to develop a CM&amp;TA Contract Manager Desk Manual. This desk manual will be based on the contract life-cycle and incorporate the current unit policies as reviewed and updated. Additionally, the CM&amp;TA unit will develop a monthly check-list of activities that will capture all essential activities of the contract manager role with reference to the desk manual for guidance. This checklist will be reviewed monthly with contract management staff. Development of the desk manual is anticipated to be completed by the fall of 2018. Independent of the annual monitoring conducted by the Department's MQA Unit, the CM&amp;TA contract managers will conduct expanded monitoring of the current year's contract performance through routine monthly sampling of supporting documentation associated with program service invoice submissions. Such sampling will be responsive to identified billing patterns or trends, changes in policy associated with service costs or requirements, or other criteria as established by CM&amp;TA management. In addition, CM&amp;TA unit staff will conduct a quarterly comprehensive review of targeted programs. This comprehensive review will include an analysis of contract year-to-date invoice submissions, surplus deficit projections, contract deliverables, and an evaluation of specific program performance as compared to the goals and objectives identified in the respective Area Plan. This review will be conducted as a desk review but may feature an on-site monitoring. CM&amp;TA staff will use the TASP to document the CM&amp;TA contract manager's monitoring activities, identification of issues, technical assistance need and provided, and the results of any on-site monitoring activities. The procedures associated with these expanded monitoring activities will be documented in the Contract Manager Desk Manual. On May 4, 2018, CM&amp;TA contract management staff were provided with the draft Contract Closeout Guide as developed by Contract Administration (CA) in coordination with the Contract Management Workgroup hosted by CA. While this guide is still in draft format, it provides the unit's contract managers with a comprehensive listing of the activities necessary and required as they conduct contract close-out activities. The guide will be maintained in the appropriate SharePoint contract file.</p>	

				<p><b><u>6-Month Follow-up response:</u></b></p> <p>1) The Contract Manager's Desk Manual has been created and is used by staff.</p> <p>2) The contract managers conducted an in-depth review for material aide billing for the 10/19 OAA IIIB invoice. Contract managers requested back up documentation to support the invoice. Each AAA was able to provide the requested documentation to support their invoice. The contract managers conducted an in-depth review for specialized medical equipment billing for the 11/19 OAA IIIB invoice. Contract managers requested back up documentation to support the invoice. Each AAA was able to provide the requested documentation to support their invoice. Plans are to continue in depth reviews of programs throughout the upcoming year.</p> <p>3) The contract managers are utilizing a "Contract Closeout Guide" checklist at the end of each program's contract term. All contract managers are currently in the process of closing out the 2018 OAA contracts which ended 12/31/2018.</p>	



A-1718DEA-030 BCSS CMTA	8/14/2018	SCBS	<p><b>Finding 2:</b> Position Descriptions (PD) were not uniform among staff (contract managers) with the same class title and some PDs contained an incorrect reference to a mandatory requirement in Florida Statute.</p>	<p><b>Original response:</b> Management has revised the respective contract manager PDs in order to ensure consistency in the description of the contract management duties and responsibilities for unit staff. In addition, these PDs now incorporate the correct reference to the mandatory requirements of Section 215.422, F.S.</p>
			<p><b>Recommendation:</b> CM&amp;TA management revise the respective PDs to reflect consistency in description of contract management duties and responsibilities and incorporate the correct reference to the mandatory requirements of Section 215.422, F.S.</p>	<p><b>6-Month Follow-up response:</b> As provided in the initial audit response, all PDs for contract managers have been updated to reflect consistency in description of duties and responsibilities. This same format of the PD was used in routing a request to advertise for a vacant contract manager position this month. We are currently in the process of hiring for this position and the updated PD used in the request to advertise route will be the PD the new hire is provided upon hire.</p>
A-1718DEA-030 BCSS CMTA	8/14/2018	SCBS	<p><b>Finding 3:</b> Contract managers' files did not always contain documents as required by the contracts or those to be maintained as a best practice per the State of Florida Contract and Grant User Guide and Florida Certified Contract Management Participant Guide for Contract and Grant Managers.</p>	<p><b>Original response:</b> In review of the Contract and Grant User Guide and FCCM Participant Guide, the CM&amp;TA unit has adapted and implemented a Contract Management File Checklist. This checklist will be maintained in SharePoint with each contract file and will be reviewed quarterly with contract management staff. Also, Contract file maintenance has been added to the contract manager PDs and will be added to the performance evaluation criteria for CM&amp;TA staff designated as contract managers.</p>
			<p><b>Recommendation:</b> Management identify programmatic and fiscal documentation, those that are required per the contracts as well as those referenced as a best practice, that is to be maintained in the contract files and periodically assess the files to ensure that the documents are present. Also, management consider adding contract file maintenance as a job-specific expectation to the performance evaluations for staff designated as contract managers.</p>	<p><b>6-Month Follow-up response:</b> The Unit developed a Contract Management File Checklist. This checklist is maintained on the SharePoint site and was to be reviewed quarterly. An internal audit has been conducted by the Contract Managers to ensure all required documents for each contract is being maintained on the SharePoint site.</p>
A-1718DEA-030 BCSS CMTA	8/14/2018	SCBS	<p><b>Finding 4:</b> The Cost Analysis form currently used by staff for Non-Competitively Procured Contracts in excess of Category II had not been approved by DFS's Bureau of Auditing.</p>	<p><b>Original response:</b> On 6/27/18 the CM&amp;TA unit was notified by the Department's Bureau of Contract Administration that it had received approval from the Department of Financial Services for the use of the new Cost Analysis form and that use of this new form would be implemented by the Department effective 7/2/2018.</p>

			<p><b>Recommendation:</b> CM&amp;TA management discontinue use of the current Cost Analysis form and enforce the requirement to use the form included in the memo until the Department's Contract Administration &amp; Purchasing Unit obtain the Bureau's approval to use the existing form, if so desired.</p>	<p><b>6-Month Follow-up response:</b> This has been approved and is currently in use.</p>
<p><b>A-1819DEA-018</b> <b>Bureau of Information Technology (BIT)</b></p>	<p>4/5/2019</p>	<p><b>Division of Financial and Support Services (FSS)</b></p>	<p><b>Finding 1:</b> CIRT's access privileges were not always timely deactivated upon employees' separation from Department employment.</p>	<p><b>Original response:</b> The Bureau of Information Technology (BIT) will work in collaboration with the Bureau of Human Resources (HR) and the Division of Statewide Community-Based Services (SCBS) to identify recurring notification delays related to employee separations. A coordinated approach will be taken to address the recurring delays and may include, but not be limited to: written communication to supervisors addressing notification expectations related to employee separations, in-person or online supervisor training addressing notification expectations related to employee separations, or process modification within HR.</p> <p>Additionally, BIT will develop an Off-Boarding auditing report to run daily at 5:15 p.m. Eastern Standard Time (EST). Upon completion, the Off-Boarding auditing report will be delivered daily via email to the Chief Information Officer/Information Security Manager. Off-Boarding tasks related to account access termination that have not been completed by BIT Enterprise Systems Support team members will be completed by the Chief Information Officer/Information Security Manager on the separation date. To further emphasize the importance of and risk associated with account access termination, performance expectations will be developed for BIT Enterprise Systems Support team members that specifically address the termination of account access at 5:00 p.m. EST on the separation date.</p>
			<p><b>Recommendation:</b> BIT management continue their efforts to timely remove user access upon an employee's separation from the Department. Also, proactively verify the Office 365 account and all applications access, including CIRT's, have been</p>	<p><b>6-Month Follow-up:</b> To be conducted in October 2019.</p>

A-1819DEA-018 BIT	4/5/2019	FSS	<p><b>Finding 2:</b> Periodic reviews of access privileges for all CIRT users are not performed by SCBS management.</p>	<p><b>Original response:</b> A coordinated response will be provided through SCBS and BIT. A stepped approach will be used. BIT will develop a report to identify all active CIRT users within each business unit. Each Bureau Chief within the Department will be able to generate this report for their respective business unit, at the direction of the SCBS Division Director. The report will contain the following information: employee name, CIRT username, home PSA, work PSA, CIRT role, and date created. The following questions will drive the next responses: Is the employee still employed? If no, what was termination date? If yes, do they still need CIRT for their daily job duties? Once reviewed for all staff, the supervisor(s) will review, print, strike through accounts that should have access terminated, sign and scan to SCBS Division Director for approval and signature. Final approved documents will be stored by BIT for retention purposes. This report will be run quarterly.</p>
			<p><b>Recommendation:</b> SCBS management establish and document a process to perform periodic reviews of access privileges for all CIRT users to ensure continued appropriateness. Also, BIT management revise the relevant IT policy(ies) to incorporate a provision for periodic reviews of information systems access privileges.</p>	<p><b>6-Month Follow-up:</b> To be conducted in October 2019.</p>
A-1819DEA-018 BIT	4/5/2019	FSS	<p><b>Finding 3:</b> Documentation of DOE management's approval for CIRT access was not always maintained.</p>	<p><b>Original response:</b> BIT will review and verify the management review and approval task, for CIRT access, within the On-Boarding system is working properly. If necessary, action will be taken to repair the functionality of the task if it is found to be malfunctioning. Additionally, BIT's new Help Desk ticket system was implemented on March 27, 2019. The new ticket system was developed in-house and offers the data retrieval and retention the previous ticket system did not.</p>
			<p><b>Recommendation:</b> BIT management ensure a contingency plan is in place for automated systems to retain capability to preserve documentation of management's approval for access to CIRT and all other DOE Applications.</p>	<p><b>6-Month Follow-up:</b> To be conducted in October 2019.</p>

<p><b>A-1819DEA-018</b> <b>BIT</b></p>	<p><b>4/5/2019</b></p>	<p><b>FSS</b></p>	<p><b>Finding 4:</b> The processes for granting CIRTS access to CARES staff lack second-level approval by SCBS management.</p>	<p><b>Original response:</b> A coordinated response will be provided through SCBS and BIT. BIT will develop a CARES specific Request to Hire (RTH) in the Routing System. The CARES specific RTH will contain the question "Is CIRTS access needed? Y/N." Upon receipt of the CARES RTH, the CARES Bureau Chief/Deputy Bureau Chief will determine that CIRTS is, or, is not required to perform their job duties. This will provide at least a secondary level of review for the CARES staff and CIRTS access and utilization. CARES Programming System Analyst will provide quarterly reports of utilizers to Division Director for approval.</p>
			<p><b>Recommendation:</b> SCBS and BIT management collaborate to incorporate SCBS management's approval in the processes for granting CIRTS access to users hired into the CARES Unit.</p>	<p><b>6-Month Follow-up:</b> To be conducted in October 2019.</p>

# Fiscal Year 2020-21 LBR Technical Review Checklist

Department/Budget Entity (Service): Department of Elder Affairs/Comp Elig. Svcs./Home & Comm. Svcs./Exec. Dir. & Supp. Svcs./Cons. Adv

Agency Budget Officer/OPB Analyst Name:

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

Action	Program or Service (Budget Entity Codes)				
	6.5E+07	6.5E+07	6.5E+07	65101000	Dept

## 1. GENERAL

1.1 Are Columns A01, A04, A05, A94, A95, A96, A36, A10, 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)? <b>(CSDI or Web LBR Column Security)</b>	Y	Y	Y	Y	Y
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? <b>(CSDI)</b>	Y	Y	Y	Y	Y

### AUDITS:

1.3 Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. <b>(EXBR, EXBA)</b>	Y	Y	Y	Y	Y
1.4 Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? <b>(CSDR, CSA)</b>	Y	Y	Y	Y	Y
<b>TIP</b> The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. 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 to the portal.					

## 2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 58 of the LBR Instructions?	Y	Y	Y	Y	Y
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y	Y	Y
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 28)? Do they clearly describe the issue?	Y	Y	Y	Y	Y

## 3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift where an appropriation category's funding source is different between A02 and A03? Were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	Y	Y	Y	Y	Y
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### AUDITS:

		Program or Service (Budget Entity Codes)				
Action		6.5E+07	6.5E+07	6.5E+07	65101000	Dept
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? <b>(NACR, NAC - Report should print "No Negative Appropriation Categories Found")</b>	Y	Y	Y	Y	Y
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? <b>(EXBR, EXBC - Report should print "Records Selected Net To Zero")</b>	Y	Y	Y	Y	Y
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.					
<b>4. EXHIBIT D (EADR, EXD)</b>						
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 61 of the LBR Instructions?	Y	Y	Y	Y	Y
4.2	Is the program component code and title used correct?	Y	Y	Y	Y	Y
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
<b>5. EXHIBIT D-1 (ED1R, EXD1)</b>						
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y	Y	Y	Y	Y
<b>AUDITS:</b>						
5.2	Do the fund totals agree with the object category totals within each appropriation category? <b>(ED1R, XD1A - Report should print "No Differences Found For This Report")</b>	Y	Y	Y	Y	Y
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? <b>(EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.)</b>	Y	Y	Y	Y	Y
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? <b>(EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.)</b>	Y	Y	Y	Y	Y
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2018-19 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.					

		Program or Service (Budget Entity Codes)				
Action		6.5E+07	6.5E+07	6.5E+07	65101000	Dept
<p><b>TIP</b> If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a \$5,000 allowance at the department level.</p>						
<b>6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)</b>						
6.1	Are issues appropriately aligned with appropriation categories?	Y	Y	Y	Y	Y
<p><b>TIP</b> Exhibit D-3 is not required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.</p>						
<b>7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)</b>						
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 28 of the LBR Instructions.)	Y	Y	Y	Y	Y
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 66 through 68 of the LBR Instructions.)	Y	Y	Y	Y	Y
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 68 through 70 of the LBR Instructions?	Y	Y	Y	Y	Y
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y	Y	Y	Y	Y
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E.4 through E.6 of the LBR Instructions.)	Y	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	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 94 and 95 of the LBR Instructions.)	Y	Y	Y	Y	Y
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A	N/A	N/A	N/A	N/A
7.9	Does the issue narrative reference the specific county(ies) where applicable?	N/A	N/A	N/A	N/A	N/A
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #20-002?	N/A	N/A	N/A	N/A	N/A
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. <b>(PLRR, PLMO)</b>	N/A	N/A	N/A	N/A	N/A
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A	N/A	N/A	N/A	N/A

Action		Program or Service (Budget Entity Codes)				
		6.5E+07	6.5E+07	6.5E+07	65101000	Dept
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A	N/A	N/A	N/A	N/A
7.14	Do the amounts reflect appropriate FSI assignments?	Y	Y	Y	Y	Y
7.15	Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y	Y	Y	Y	Y
7.16	Do the issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 27 and 90 of the LBR Instructions.)	Y	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 (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y	Y	Y	Y	Y
7.18	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A	N/A	N/A	N/A	N/A
7.19	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y	Y	Y	Y	Y
<b>AUDIT:</b>						
7.20	Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? ( <b>GENR, LBR1</b> )	N/A	N/A	N/A	N/A	N/A
7.21	Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? ( <b>GENR, LBR2</b> )	N/A	N/A	N/A	N/A	N/A
7.22	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? ( <b>GENR, LBR3</b> )	N/A	N/A	N/A	N/A	N/A
7.23	Have FCO appropriations been entered into the nonrecurring column (A04)? ( <b>GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L)</b> )	N/A	N/A	N/A	N/A	N/A
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run <b>OADA/OADR</b> from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 66 through 70 of the LBR Instructions.					
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.					



Action		Program or Service (Budget Entity Codes)				
		6.5E+07	6.5E+07	6.5E+07	65101000	Dept
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 2019-20 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.					
<b>8. SCHEDULE I &amp; RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)</b> <b>(Required to be posted to the Florida Fiscal Portal)</b>						
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?					Y
8.2	Has a Schedule I and Schedule IB been completed in LAS/PBS for each operating trust fund?					Y
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IC, and Reconciliation to Trial Balance)?					Y
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?					N/A
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?					Y
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?					Y
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?					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
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, 001270, 001870, 001970)?					Y
8.10	Are the statutory authority references correct?					Y
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to section 215.20, Florida Statutes, for appropriate General Revenue Service Charge percentage rates.)					Y
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?					N/A
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?					Y
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?					Y

Action	Program or Service (Budget Entity Codes)				
	6.5E+07	6.5E+07	6.5E+07	65101000	Dept
8.15 Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?					Y
8.16 Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?					Y
8.17 If applicable, are nonrecurring revenues entered into Column A04?					Y
8.18 Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?					Y
8.19 Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?					Y
8.20 Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?					Y
8.21 Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?					Y
8.22 Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)					Y
8.23 Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?					Y
8.24 Are prior year September operating reversions appropriately shown in column A01, Section III?					Y
8.25 Are current year September operating reversions (if available) appropriately shown in column A02, Section III?					Y
8.26 Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?					Y
8.27 Has the agency properly accounted for continuing appropriations (category 13XXXX) in column A01, Section III?					Y
8.28 Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?					Y
8.29 Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?					Y
<b>AUDITS:</b>					
8.30 Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).					Y
8.31 Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? If a Schedule IB was prepared, do the totals agree with the Schedule I, Line I? ( <b>SC1R, SC1A - Report should print "No Discrepancies Exist For This Report"</b> )					Y
8.32 Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. ( <b>SC1R, DEPT</b> )					Y

Action		Program or Service (Budget Entity Codes)				
		6.5E+07	6.5E+07	6.5E+07	65101000	Dept
8.33	Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?					Y
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?					Y
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP	Determine if the agency is scheduled for trust fund review. (See page 128 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.					
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
<b>9. SCHEDULE II (PSCR, SC2)</b>						
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? ( <b>BRAR, BRAA - Report should print "No Records Selected For This Request"</b> ) Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 159 of the LBR Instructions.)	Y	Y	Y	Y	Y
<b>10. SCHEDULE III (PSCR, SC3)</b>						
10.1	Is the appropriate lapse amount applied? (See page 92 of the LBR Instructions.)	N/A	N/A	N/A	N/A	N/A
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use <b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.	N/A	N/A	N/A	N/A	N/A
<b>11. SCHEDULE IV (EADR, SC4)</b>						
11.1	Are the correct Information Technology (IT) issue codes used?	Y	Y	Y	Y	Y
TIP	If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.					
<b>12. SCHEDULE VIIIA (EADR, SC8A)</b>						
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	Y
<b>13. SCHEDULE VIIIB-1 (EADR, S8B1)</b>						
13.1	<b>NOT REQUIRED FOR THIS YEAR</b>					
<b>14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)</b>						
14.1	Do the reductions comply with the instructions provided on pages 101 through 103 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	Y

		Program or Service (Budget Entity Codes)				
Action		6.5E+07	6.5E+07	6.5E+07	65101000	Dept
TIP Compare the debt service amount requested (IOE N or other IOE used for debt service) with the debt service need included in the Schedule VI: Detail of Debt Service, to determine whether any debt has been retired and may be reduced.						
<b>15. SCHEDULE VIIC (EADR, S8C) (This Schedule is optional, but if included it is required to be posted to the Florida Fiscal Portal)</b>						
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?	N/A	N/A	N/A	N/A	N/A
15.2	Are the priority narrative explanations adequate and do they follow the guidelines on pages 104-106 of the LBR instructions?	N/A	N/A	N/A	N/A	N/A
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?	N/A	N/A	N/A	N/A	N/A
AUDIT:						
15.6	Do the issues net to zero at the department level? ( <b>GENR, LBR5</b> )	N/A	N/A	N/A	N/A	N/A
<b>16. SCHEDULE XI (UCSR,SCXI) (LAS/PBS Web - see pages 107-111 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)</b>						
16.1	Agencies are required to generate this spreadsheet via the LAS/PBS Web. <b>The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website.</b> (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y	Y	Y	Y	Y
16.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?	Y	Y	Y	Y	Y
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
16.3	Does the FY 2018-19 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? ( <b>GENR, ACT1</b> )	Y	Y	Y	Y	Y
16.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? ( <b>Audit #1 should print "No Activities Found"</b> )	Y	Y	Y	Y	Y
16.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? ( <b>Audit #2 should print "No Operating Categories Found"</b> )	Y	Y	Y	Y	Y
16.6	Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in <b>Audit #3</b> do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)	Y	Y	Y	Y	Y
16.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? ( <b>Audit #4 should print "No Discrepancies Found"</b> )	Y	Y	Y	Y	Y

	Program or Service (Budget Entity Codes)				
Action	6.5E+07	6.5E+07	6.5E+07	65101000	Dept

**TIP** If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.

**17. MANUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to the Florida Fiscal Portal)**

17.1	Do exhibits and schedules comply with LBR Instructions (pages 112 through 156 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y	Y
17.2	Does manual exhibits tie to LAS/PBS where applicable?	Y	Y	Y	Y	Y
17.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y	Y	Y	Y	Y
17.4	Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 132 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: <b>IT@LASPBS.STATE.FL.US?</b>	Y	Y	Y	Y	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) ?	N/A	N/A	N/A	N/A	N/A

**AUDITS - GENERAL INFORMATION**

**TIP** Review *Section 6: Audits* of the LBR Instructions (pages 158-160) for a list of audits and their descriptions.

**TIP** Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.

**18. CAPITAL IMPROVEMENTS PROGRAM (CIP) (Required to be posted to the Florida Fiscal Portal)**

18.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y	Y	Y	Y	Y
18.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A	N/A	N/A	N/A	N/A
18.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y	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	Y
18.5	Are the appropriate counties identified in the narrative?	N/A	N/A	N/A	N/A	N/A
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?	N/A	N/A	N/A	N/A	N/A

**TIP** Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.

**19. FLORIDA FISCAL PORTAL**

19.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?					
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