



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Shevaun Harris
Secretary

LEGISLATIVE BUDGET REQUEST

October 14, 2022

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

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

John Shettle, Interim 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 Children and Families is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our proposed needs for the 2023-24 Fiscal Year.

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

Sincerely,

Shevaun Harris
Secretary

2415 North Monroe Street, Tallahassee, Florida 32303-4190

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

Florida Department of Children and Families
Temporary Special Duty – General Pay Additives Implementation Plan for Fiscal Year 2023-2024

Pursuant to section 110.2035(7)(b), F.S., this is the Florida Department of Children and Families (DCF) written plan for implementing temporary special duties – general pay additives for Fiscal Year 2023-24. DCF requests approval to continue long-standing pay additives. The agency is not requesting any additional rate or appropriations for these additives.

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

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

The DCF submits the following plan granting a temporary special duty pay additive of five (5) percent of the employee's base rate of pay to:

Certified Nursing Assistant Pay Additive

All employees in the Human Services Worker I, Human Services Worker II, and Unit Treatment and Rehabilitation Specialist classes who work within the 13-1E, 13-1W, 32N, or 32S living areas at the Northeast Florida State Hospital or the Specialty Care Unit and Medical Services Unit at Florida State Hospital. Such additive may be awarded only during the time the employees work within those living areas at the Northeast Florida State Hospital.

The Career Service positions within two of these living areas require incumbents to possess a Certified Nursing Assistant (CNA) license and the other two living areas where it is preferred that incumbents possess a CNA license. The individuals served on these living areas are medically complex, in addition to being diagnosed with severe and persistent mental illness. In order to provide care for these complex and multi-medical problem individuals, an extensive skill set above that of the regular direct care staff is required. The staff providing care in these areas have received extensive training and have passed both a written and practical exam in order to be licensed as a CNA by the State of Florida.

Florida State Hospital (FSH) has two residential units (Specialty Care and Medical Services Units) where the majority of residents are medically complex in addition to being diagnosed with severe and persistent mental illness. In order to provide care for these multi-medical problem individuals, an extensive skill set above that of the regular direct care staff is preferred, although not required. Staff who hold a CNA license have received extensive training and have passed both a written and practical exam in order to be licensed as a CNA by the State of Florida. The justification is as follows:

1. This pay additive is necessary for employee retention in these work locations. The additional training and extensive skills of a CNA which are also in demand by outside nursing homes,

medical hospitals, and numerous other facilities. The agency requests approval to offer this pay additive to employees who are hired into these units.

2. This additive will be in effect from the first day the employee is assigned to one of the designated living areas.
3. This additive will be effective until the employee leaves that position/designated living area.
4. NEFSH employees will receive a five percent (5%) pay additive. For FSH, these employees will receive this pay additive in addition to the Temporary Special Duty additive described below.
5. For NEFSH, includes a total of 69.00 F.T.E. Career Service positions in the following classifications:
 - Human Service Worker I
 - Human Service Worker II

For FSH, includes a total of 158 F.T.E. Career Service positions in the following classifications:

- Human Service Worker I
 - Human Service Worker II
 - Unit Treatment and Rehabilitation Specialist
6. At NEFSH, this additive has been provided for at least the past 15+ years.
 7. The annual cost at NEFSH is approximately \$214,795.00. The annual cost at FSH is approximately \$253,692.00.
 8. The classes included in this plan are represented by AFSCME Council 79. Article 25, Section 1 of the AFSCME agreement states, "Pay shall be in accordance with the Fiscal Year 2021-22 General Appropriations Act and other provisions of state law." DCF has a past practice of providing these pay additives to bargaining unit employees.

Temporary Special Duty Additive

The Specialty Care Unit (SCU) at Florida State Hospital (FSH) is a 168-bed residential unit which serves a diverse population of individuals requiring mental health treatment as well as geriatric and long-term care. This geriatric population is frequently composed of individuals with a variety of medically complex conditions in addition to their primary diagnosis of mental illness. Thirty-four (34) beds within this geriatric population are certified as a 'distinct part' by the Centers for Medicare and Medicaid Services and require significant health care resources. The distinction of certification offers a higher degree of state and federal agency oversight for provision of care. The higher level of care required for the resident population also offers great challenges in terms of staffing the unit. Employees hired frequently request transfer to another residential unit soon after hire, creating a perpetual staffing shortage that has been difficult to stabilize. All employees in the Human Services Worker I, Human Services Worker II, and Unit Treatment and Rehabilitation Specialist classes who work within the Specialty Care Unit at the

Florida State Hospital. Such additive may be awarded only during the time those employees work within the Specialty Care Unit at the Florida State Hospital. The justification is as follows:

1. This pay additive is necessary in order for employee retention in these work locations. The agency requests approval to offer this pay additive to employees who are hired into these units.
2. The employees will receive a five percent (5%) pay additive.
3. This additive will be effective until the employee leaves the position/designated area.
4. Includes a total of 106 F.T.E. Career Service positions in the following classifications:
 - Human Service Worker I
 - Human Service Worker II
 - Unit Treatment & Rehabilitation Specialist
5. This additive was previously approved and provided for the past 14+ years for positions under the original agreement/implementation plan.
6. Annual cost is approximately \$170,694.00.
7. The classes included in this plan are represented by AFSCME Council 79. Article 25, Section 1 of the AFSCME Agreement states "Pay shall be in accordance with the Fiscal Year 2021-22 General Appropriations Act and other provisions of state law." DCF has a past practice of providing these pay additives to bargaining unit employees.

The Medical Services Unit (MSU) at FSH provides in-patient, emergency, out-patient, ancillary, and after-hours partial pharmacy services to residents of FSH and the Developmentally Disabled Defendant Program with the Agency for Persons with Disabilities. The individuals served in this unit are medically unstable and require inpatient medical care, in addition to being diagnosed with severe and persistent mental illness. In-patient medical care is provided on a 24-bed medical ward and is staffed with a full-time physician, registered nurses and direct services staff across three shifts. All employees in the Human Services Worker I and Human Services Worker II classes who work within the Medical Services Unit at the Florida State Hospital. Such additive may be awarded only during the time those employees work within the Medical Services Unit at the Florida State Hospital. The justification is as follows:

1. This pay additive is necessary in order for employee retention in these work locations. The agency requests approval to offer this pay additive to employees who are hired into these units.
2. The employees will receive a five percent (5%) pay additive.
3. This additive will be effective until the incumbent leaves the position/designated area.
4. Includes a total of 13 F.T.E. Career Service positions in the following classifications:
 - Human Service Worker I

- Human Service Worker II
5. Annual cost is approximately \$21,924.00.
 6. The classes included in this plan are represented by AFSCME Council 79. Article 25, Section 1 of the AFSCME Agreement states “Pay shall be in accordance with the Fiscal Year 2021-22 General Appropriations Act and other provisions of state law.” DCF has a past practice of providing these pay additives to bargaining unit employees.

Child Protective Investigation Weekend Unit Pay Additive

Child Protective Investigations is an area responsible for conducting investigations regarding allegations of abuse, neglect, abandonment and/or special conditions for children; Collects information through interviews with the children, parents, relatives, neighbors, and other parties associated with the case; and engages families, identifies needs and determines the level of intervention needed to include voluntary services or court ordered dependency services; provides services linkages to agency and community resources based on needs assessment. Employees in these positions were required to be on-call and work weekends which causes an unstable work week and increase workload; this created a high turnover rate and recruitment difficulties. All employees in Child Protective Investigator, Senior Child Protective Investigator and support staff classes who work in a weekend unit. Such additive may be awarded only during the time such employees work in a weekend unit. The justification is as follows:

1. This pay additive is necessary for employee retention in these units. Offering additional compensation for working in a “weekend unit” has significantly improved morale and retention.
2. These additives will be in effect from the first day the incumbent is assigned to the position.
3. This additive will be effective until the employee leaves that position, or the position is moved to standard workweek schedule.
4. The employees will receive a five percent (5%) pay additive.
5. Includes a total of 37.00 F.T.E. Career Service positions in the following classifications:
 - Senior Child Protective Investigator
 - Child Protective Investigator
 - Support Staff Positions
6. This additive has been provided for the past 6 years.
7. Annual cost is approximately \$95,705.00.
8. The classes included in this plan are represented by AFSCME Council 79. The relevant collective bargaining agreement language states as follows: “Increases to base rate of pay and salary additives shall be in accordance with state law and the Fiscal Year 2021-22 General Appropriations Act.” See Article 25, Section 1 (B) of the AFSCME Agreement. We would

anticipate similar language in future agreements. DCF has a past practice of providing these pay additives to bargaining unit employees.

Abuse Hotline Weekend Unit Pay Additive

Abuse Hotline is an area operating 24 hours a day, 7 days a week and is responsible for receiving and assessing allegations of abuse, neglect or abandonment of children, and abuse, neglect of exploitation of vulnerable adults. The Hotline determines if the information meets statutory criteria for an investigation of referral to an appropriate agency. Employees enter abuse reports in the appropriate information system and research appropriate information systems to determine prior history to assist in the safety and risk assessment of alleged victim. All Adult Registry Counselors who work in a weekend unit at the Abuse Hotline. Such additive may be awarded only during the time such employees work in a weekend unit. The justification is as follows:

1. This pay additive is necessary in order for employee retention in these units. Offering additional compensation for working in a “weekend unit” has significantly improved morale and retention.
2. These additives will be in effect from the first day the incumbent is assigned to the position.
3. These additives will be effective until the incumbent leaves that position, or the position is moved to standard workweek schedule.
4. The employees will receive a five percent (5%) pay additive.
5. Includes a total of 9.50 F.T.E. Career Service positions in the following classifications: Abuse Registry Counselor.
6. These pay additives have been provided for the past 7 years.
7. Annual Cost approximately \$17,642.00.
8. The classes included in this plan are represented by AFSCME Council 79. The relevant collective bargaining agreement language states as follows: “Increases to base rate of pay and salary additives shall be in accordance with state law and the Fiscal Year 2021-22 General Appropriations Act.” See Article 25, Section 1 (B) of the AFSCME Agreement. We would anticipate similar language in future agreements. DCF has a past practice of providing these pay additives to bargaining unit employees.

Questions regarding this plan may be directed to Shelby Jefferson, HR Director, at (850) 717-4548 or Debra Johnson in DCF HQ HR at (850) 717-4543.



State of Florida

Department of Children and Families

DEPARTMENT LEVEL EXHIBITS AND SCHEDULES

Schedule VII: Agency Litigation Inventory

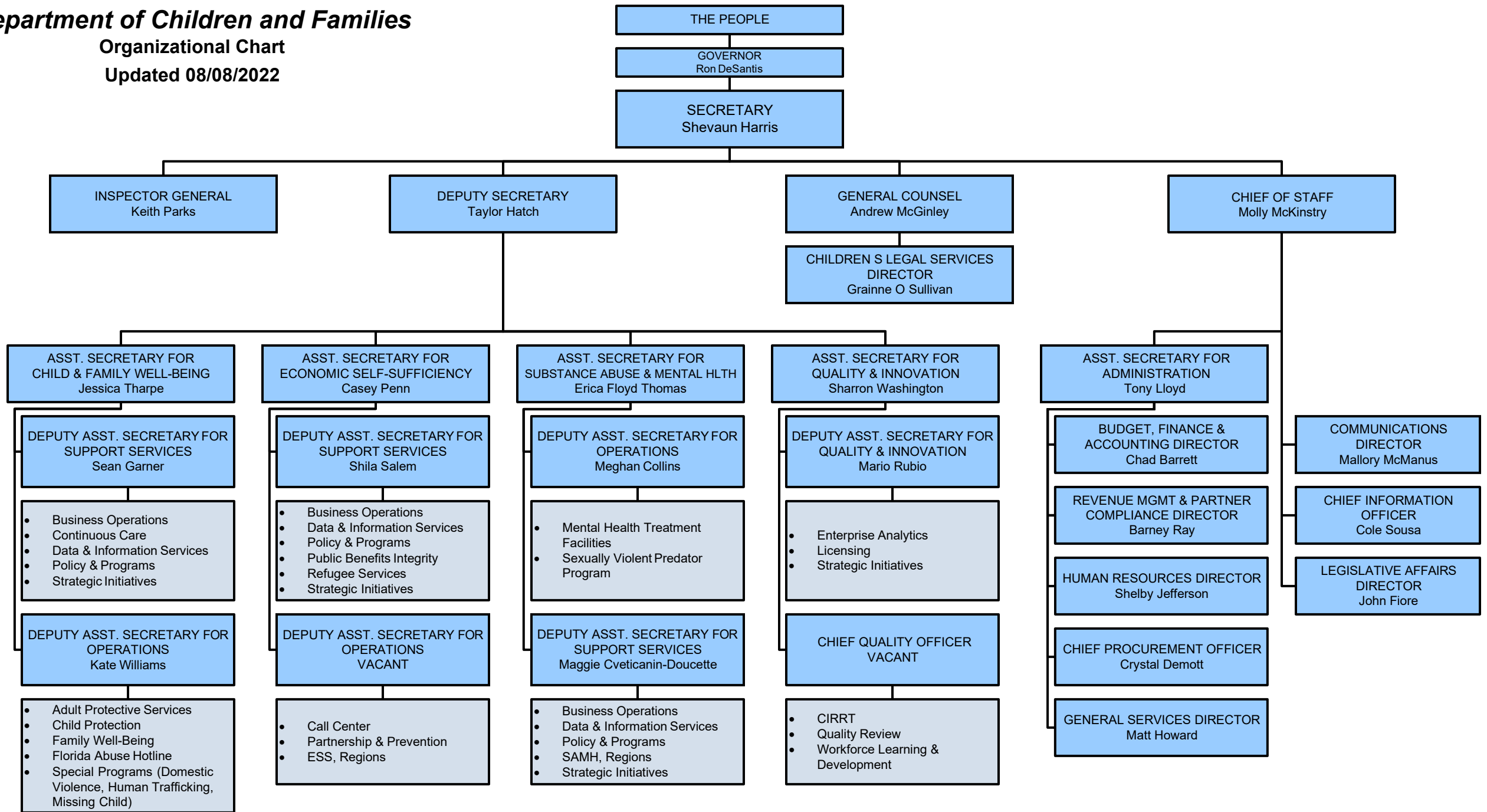
For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Florida Fiscal Portal.

Agency:	Department of Children and Families		
Contact Person:	Andrew McGinley, GC	Phone Number:	850-717-4118
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Estate of SF v. Florida Department of Children and Families et al.		
Court with Jurisdiction:	USDC – Northern District of Florida, Tallahassee Division.		
Case Number:	4:22-cv-00278		
Summary of the Complaint:	Estate of deceased mental health facility patient alleges the Department violated Title II of the ADA by intentionally withholding supervision - resulting in patient’s death. Estate further alleges §1983 violation against hospital administrator and doctor for failing to provide treatment.		
Amount of the Claim:	Plaintiff has demanded >\$1,000,000		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	In discovery with scheduling order entered		
Who is representing (of record) the state in this lawsuit? Check all that apply.		Agency Counsel	
		Office of the Attorney General or Division of Risk Management	
	X	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

Department of Children and Families

Organizational Chart

Updated 08/08/2022



CHILDREN AND FAMILIES, DEPARTMENT OF		FISCAL YEAR 2021-22			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		3,738,778,550		17,801,903	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		1,728,758,568		28,932,364	
FINAL BUDGET FOR AGENCY		5,467,537,118		46,734,267	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					46,734,267
Protective Services * Number of people receiving protective supervision, and protective intervention services and number of investigations completed		42,184	1,291.58	54,483,882	
Healthy Families * Number of families served in Healthy Families		8,474	3,349.10	28,380,263	
Protective Investigations *		164,896	1,592.13	262,535,105	
In-home Supports * Number of children under protective supervision (point in time)		8,688	48,564.09	421,924,832	
Out-of-home Supports * Number of children with a goal of adoption who remain in out-of-home care after 24 months.		4,167	84,888.95	353,732,257	
Child Welfare Legal Services * Number of termination of parental rights petitions filed		4,523	13,894.51	62,844,859	
Emergency Shelter Supports *		4,747	8,715.87	41,374,244	
Report Intake, Assessment And Referral * Number of calls to the Florida Abuse Hotline		292,253	87.05	25,441,350	
Adoption Subsidies * Number of children receiving adoption subsidies		43,798	5,989.36	262,322,201	
Adoption Services * Children receiving adoptive services		8,187	9,575.04	78,390,824	
License Child Care Arrangements * Number of facilities and homes licensed		8,763	2,338.46	20,491,883	
Daily Living * Number of qualified disabled adults (ages(18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver		333	5,161.98	1,718,940	
Home Care For Disabled Adults * Number of qualified disabled adults (ages 18 - 59) in the HCDA Program		1,085	1,810.78	1,964,692	
Emergency Stabilization *		739	6,897.12	5,096,972	
Emergency Stabilization *		12,744	7,857.49	100,135,819	
Provide Forensic Treatment *		3,349	55,680.71	186,474,690	
Provide Civil Treatment * Number of people in civil commitment served		1,654	129,508.97	214,207,843	
Community Support Services *		19,785	6,373.40	126,097,757	
Community Support Services *		2,913	141,770.68	412,977,993	
Assessment *		3,740	8,545.53	31,960,275	
Detoxification *		270	4,198.11	1,133,489	
Treatment And Aftercare *		7,590	10,870.23	82,505,008	
Detoxification *		26,849	2,721.82	73,078,151	
Prevention *		3,433,963	46.05	158,147,391	
Benefit Recovery/Error Rate Reduction * Return on investment from fraud prevention/benefit recovery		39,170,486	0.46	17,899,175	
Refugee Assistance * Number of refugee clients served		135,211	518.42	70,096,660	
Issue Optional State Supplementation Payments * Number of applications processed for Optional State Supplementation payments		126	72,505.66	9,135,713	
Homeless Assistance * Number of grants issued for homeless clients		43,961	33,980.71	1,493,825,998	
Eligibility Determination/Case Management *		657,819	595.84	391,951,825	
Issue Welfare Transition Program Payments * Total number of cash assistance applications		264,263	346.53	91,575,668	
TOTAL				5,081,905,759	46,734,267
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS				68,601	
OTHER					
REVERSIONS				385,562,945	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				5,467,537,305	46,734,267

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

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

SCHEDULE XII: OUTSOURCING OR PRIVATIZATION OF A SERVICE OR ACTIVITY

Schedule XII Cover Sheet and Agency Project Approval	
Agency:	Schedule XII Submission Date:
Project Name:	Is this project included in the Agency's LRPP? Yes No
FY 2023 - 2024 LBR Issue Code:	FY 2023 -2024 LBR Issue Title:
Agency Contact for Schedule XII (Name, Phone #, and E-mail address):	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule XII in support of our legislative budget request. I have reviewed and agree with the information in the attached Schedule XII.	
Agency Head:	Date:
Printed Name:	
Agency Chief Information Officer: <i>(If applicable)</i>	Date:
Printed Name:	
Budget Officer:	Date:
Printed Name:	
Planning Officer:	Date:
Printed Name:	
Project Sponsor:	Date:
Printed Name:	

SCHEDULE XII: OUTSOURCING OR PRIVATIZATION OF A SERVICE OR ACTIVITY

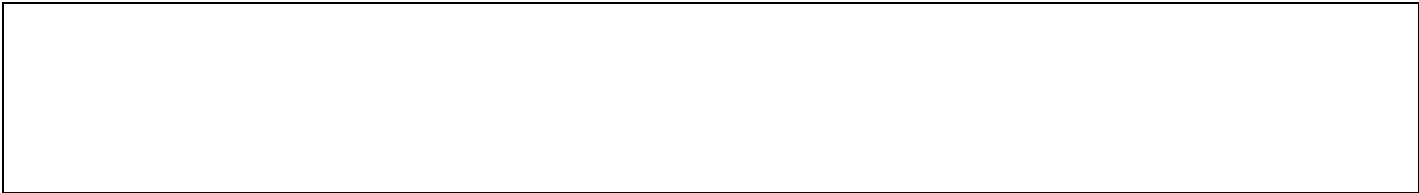
I. Background Information
1. Describe the service or activity proposed to be outsourced or privatized.
2. How does the service or activity support the agency's core mission? What are the agency's desired goals and objectives to be achieved through the proposed outsourcing or privatization and the rationale for such goals and objectives?
3. Provide the legal citation authorizing the agency's performance of the service or activity.
4. Identify the service's or activity's major stakeholders, including customers, clients, and affected organizations or agencies.
5. Describe and analyze how the agency currently performs the service or activity and list the resources, including information technology services and personnel resources, and processes used.
6. Provide the existing or needed legal authorization, if any, for outsourcing or privatizing the service or activity.

7. Provide the reasons for changing the delivery or performance of the service or activity. What is the current cost of service and revenue source?

II. Evaluation of Options
1. Provide a description of the available options for performing the service or activity and list for each option the general resources and processes needed to perform the service or activity. If state employees are currently performing the service or activity, provide at least one option involving maintaining state provision of the service or activity.
2. For each option, describe its current market for the service or activity under consideration for outsourcing or privatizing. How many vendors are currently providing the specific service or activity on a scale similar to the proposed option? How mature is this market?
3. List the criteria used to evaluate the options. Include a cost-benefit analysis documenting the direct and indirect specific baseline costs, savings, and qualitative and quantitative benefits involved in or resulting from the implementation of the recommended option(s).
4. Based upon the evaluation criteria, identify and analyze the advantages and disadvantages of each option, including potential performance improvements and risks.
5. For each option, describe the anticipated impact on the agency and the stakeholders, including impacts on other state agencies and their operations.

6. Identify changes in cost and/or service delivery that will result from each option. Describe how the changes will be realized. Describe how benefits will be measured and provide the annual cost.
7. List the major risks for each option and how the risks could be mitigated.
8. Describe any relevant experience of other agencies, other states, or the private sector in implementing similar options.

III. Information on Recommended Option
1. Identify the proposed competitive solicitation including the anticipated number of respondents.
2. Provide the agency's projected timeline for outsourcing or privatization of the service or activity. Include key events and milestones from the beginning of the procurement process through the expiration of a contract and key events and milestones for transitioning the service or activity from the state to the vendor. Provide a copy of the agency's transition plan for addressing changes in the number of agency personnel, affected business processes, employee transition issues including reemployment and retraining assistance plan for employees who are not retained by the agency or employed by the contractor, and communication with stakeholders such as agency clients and the public.
3. Identify all forms of compensation to the vendor(s) for performance of the service or activity, including in-kind allowances and state resources to be transferred to the vendor(s). Provide a detailed cost estimate of each.



Not Applicable

<p>4. Provide an analysis of the potential impact on federal, state, and local revenues, and expenditures. If federal dollars currently fund all or part of the service or activity, what has been the response of the federal funding agency(ies) to the proposed change in the service delivery method? If federal dollars currently fund all or part of the service or activity, does the change in the service delivery method meet federal requirements?</p>
<p>5. What responsibilities, if any, required for the performance of the service or activity will be retained and performed by the agency? What costs, including personnel costs, will the agency continue to incur after the change in the service delivery model? Provide these cost estimations. Provide the method for monitoring progress in achieving the specified performance standards within the contract.</p>
<p>6. Describe the agency's contract management process for the outsourced or privatized service or activity, including a description of the specific performance standards that must be met to ensure adequate performance and how the agency will address potential contractor nonperformance. Attach a copy of any competitive solicitation documents, requests for quote(s), service level agreements, or similar documents issued by the agency for this competitive solicitation if available.</p>
<p>7. Provide the agency's contingency plan(s) that describes the tasks involved in and costs required for its implementation and how the agency will resume the in-house provision of the service or activity in the event of contract termination/non-renewal.</p>
<p>8. Identify all other Legislative Budget Request issues that are related to this proposal.</p>

<p>9. Explain whether or not the agency can achieve similar results by a method other than outsourcing or privatization and at what cost. Please provide the estimated expenditures by fiscal year over the expected life of the project.</p>
<p>10. Identify the specific performance measures that are to be achieved or that will be impacted by changing the service's or activity's delivery method.</p>
<p>11. Provide a plan to verify vendor(s) compliance with public records laws.</p>
<p>12. If applicable, provide a plan to verify vendor compliance with applicable federal and state law ensuring access by persons with disabilities.</p>
<p>13. If applicable, provide a description of potential differences among current agency policies or processes and a plan to standardize, consolidate, or revise current policies or processes.</p>
<p>14. If the cost of the outsourcing is anticipated to exceed \$10 million in any given fiscal year, provide a copy of the business case study (and cost benefit analysis if available) prepared by the agency for the activity or service to be outsourced or privatized pursuant to the requirements set forth in section 287.0571, Florida Statutes.</p>

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

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

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

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

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

Schedule XIV
Variance from Long Range Financial Outlook

Agency: Department of Children and Families

Contact: Tony Lloyd

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 2022 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 2023-2024 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 2023-2024 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Maintenance Adoption Subsidies	B	419.6	15.2
b	Community-Based Care (CBC) Lead Agencies			0.0
c	Child Abuse Investigations (department and/or sheriff's offices) - see line n			0.0
d	Children's Legal Services - see line n			0.0
e	Foster Care Room and Board Rates - see line n			0.0
f	State Mental Health Treatment Facility Needs and Operating Contracts - see line o			0.0
g	Domestic Violence Victims			0.0
h	Substance Abuse Prevention - see line q			0.0
i	Mental Health Services - see line o			0.0
j	Funding Needs Resulting from Recent Federal Changes - see line n			0.0
k	Fixed Capital Outlay			B
l	Executive Direction & Support Services -36118C0 Florida Palm Agency Implementation -4001A50 - Critical Class Hiring Bonuses	B		6.5
m	Information Technology -36355C0 - Florida Safe Families Network (FSFN) Comprehensive Child Welfare Information System (CCWIS) Transition -36356C0 - Electronic Health Records - Mental Health Treatment Facilities -36316C0 FLORIDA System Modernization -36301C0 Grants to Enhance APS Information Technology	B		61.1
n	Family Safety and Preservation Services -4000210 Foster Parent Cost of Living Adjustment Growth Rate -4000330 Level I Foster Care Board Payments -4001160 Grants to Enhance Adult Protective Services -4000860 - Fleet Leasing Program -3000A10 - Family Navigation Staffing -4002260 - Grants Management Team -4000870 - Local Prevention Grant Program -4002270 - Prevention Grant Services -3000630 - Guardianship Assistance Program (Gap) -4001A60 - Child Protective Investigations Salary Compensation -4001690 - Transition Hillsborough County Local Licensing Child Care Program to the Department of Children and Families	B		68.4

o	Mental Health Services -4000590 - Mental Health Treatment Bed Capacity Maintenance -4000120 - Implement Anti-Ligature Improvements To Comply With Federal Regulation -4A02000 - Mental Health Treatment Facility Safety Findings -4000440 - Mental Health Treatment Facility Patient Transportation -4000380 - Mental Health Treatment Facility Study -4000540 - Environmental Services -4002130 - Jail Based Competency Restoration Program -4004580 - Cost Of Living Adjustment - Mental Health Contracted Agencies -4001A70 - Mental Health Facility Salary Compensation	B		69.6
p	Economic Self Sufficiency Services -4402080 Automated Employment and Income Verification -4000420 - Supplemental Nutrition Assistance Program (SNAP) Education Continuation Funding -3000800 - Additional Authority For Refugee Local Services -3000900 - Refugee Cash Entrant Assistance -4000560 - Homelessness Housing Opportunities -4002180 - Reimagining Education And Career Help Act (REACH) -4002190 - Homelessness Data Management -4008780 - Access Call Center Processing Services -4001A80 - Economic Self Sufficiency Salary Compensation	B		497.7
q	Community Substance Abuse and Mental Health Services -4001360 State Opioid Response Grant Budget Authority Request -4001350 Increase in Community Mental Health Block Grant -4005210 - Juvenile Incompetent To Proceed Program -4000550 - Community Substance Abuse And Mental Health Services Workforce Stabilization	B		269.3

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.

1009.5

The Department of Children and Families identified needs for the Legislative Budget Request associated with its mission and statutory mandates. Following the identification of needs the department analyzed its ability to meet those needs utilizing existing resources (base budget) and resource requests above base (state and federal funds). Utilizing that planning/funding frame the department prioritized its Legislative Budget Request. Differences between the department's request and the Long Range Financial Outlook are related to differences in the planning/funding frame utilized by the department and the those preparing the Long Range Financial Outlook.

* R/B = Revenue or Budget Driver

Office of Policy and Budget - July 2022

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

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

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



State of Florida

Department of Children and Families

BUDGET ENTITY LEVEL EXHIBITS AND SCHEDULES

SCHEDULE IV-B FOR ACCESS FLORIDA SYSTEM MODERNIZATION

For Fiscal Year 2023-24



October 2022
DEPARTMENT OF CHILDREN AND FAMILIES

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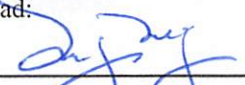
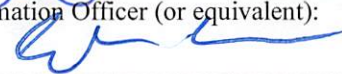
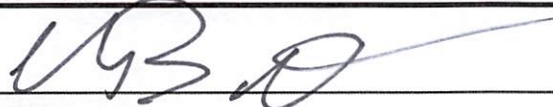

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I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency:	Schedule IV-B Submission Date:
Department of Children and Families	October 2022
Project Name:	Is this project included in the Agency's LRPP?
ACCESS Florida System Modernization	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2023-24 LBR Issue Code:	FY 2023-24 LBR Issue Title:
	Continuation of ACCESS Florida System Modernization
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address):	
Chad Barrett, 850-413-6780, Chad.Barrett@myflfamilies.com	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head:	Date:
	10/13/22
Printed Name: Shevaun L. Harris	
Agency Chief Information Officer (or equivalent):	Date:
	10/13/2022
Printed Name: Cole Sousa	
Budget Officer:	Date:
	
Printed Name: Chad Barrett	10/13/22
Planning Officer:	Date:
	10/13/2022
Printed Name: Timothy Lawson	
Project Sponsor:	Date:
Printed Name: Casey Penn	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Chris Presnell, 850-408-9376, Christopher.Presnell@myflfamilies.com
Cost Benefit Analysis:	Gar Schafer, 850-508-9377, Gar.Schafer@myflfamilies.com
Risk Analysis:	Gar Schafer, 850-508-9377, Gar.Schafer@myflfamilies.com
Technology Planning:	Girish Narayana, Girish.Narayana@myflfamilies.com
Project Planning:	Cole Sousa, 850-544-9065, Cole.Sousa@myflfamilies.com

Schedule IV-B for ACCESS Florida System Modernization

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Agency Head:	Date:
_____	_____
Printed Name: Shevaun L. Harris	
Agency Chief Information Officer (or equivalent):	Date:
<i>Cole Sousa</i>	_____
Printed Name: Cole Sousa	10/12/2022 7:27 AM PD
Budget Officer:	Date:
<i>Chad Barrett</i>	_____
Printed Name: Chad Barrett	10/13/2022 3:32 AM ED
Planning Officer:	Date:
<i>Timothy Lawson</i>	_____
Printed Name: Timothy Lawson	10/12/2022 9:31 AM ED
Project Sponsor:	Date:
<i>Casey Penn</i>	_____
Printed Name: Casey Penn	10/13/2022 12:35 PM E
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
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Project Planning:	Cole Sousa, 850-544-9065, Cole.Sousa@myflfamilies.com

Schedule IV-B for ACCESS Florida System Modernization

A. Executive Summary

The Department of Children and Families (DCF) is responsible for administering the state's Economic Self-Sufficiency (ESS) Program which includes Medicaid, Supplemental Nutrition Assistance Program (SNAP, also known as food assistance or food stamps), and Temporary Assistance for Needy Families (TANF, also known as cash assistance). Nationally, Florida ranks among the highest in households enrolled in these critical human services programs. In FY 2021-22, more than 12.8 million applications for ESS benefits were processed. During this time, nearly 3 million individuals received SNAP benefits, nearly 4.3 million individuals received Medicaid benefits, and more than 46,000 individuals received TANF benefits on average each month.

The ESS eligibility system, known as the ACCESS Florida system, was designed almost 40 years ago as a mainframe system using COBOL and IMS. These outdated technologies are difficult to maintain, increasing the cost and time necessary to implement changes. Updates made over the years to address new business requirements did not replace the core mainframe hardware and software components. Instead, multiple ancillary software applications were developed to offer additional tools and functionality adding on to the technology platforms in use, complexity, and maintenance costs.

To ensure that the critical benefits provided to Florida households are not compromised and to mitigate risks associated with the ACCESS Florida System's dependency on an aging infrastructure, a strategic upgrade of components that rely on the legacy infrastructure is necessary. Migration from the legacy infrastructure also allows for new technologies to be deployed, such as artificial intelligence (AI), that can reduce costs and curtail waste and abuse surrounding public assistance benefits as well as improve the ability to integrate data and functionality across systems (interoperability) as required by §445.011, Florida Statutes.

The ACCESS Florida System modernization is a multi-year project that began in FY 22-23 with \$16.5M (Year 1). Several enterprise architecture components were procured, as well as IV&V services, system integrator services, and business advisory services. Together, a 6-year roadmap was developed to incrementally update the system that streamlines the customer experience, improves worker efficiency, leverages enterprise architecture, and replaces the mainframe legacy infrastructure. This Schedule IV-B for FY 23-24 supports the continuation of the project for Year 2. The total request for FY 23-24 is for \$20.0 million (\$8.6M from General Revenue Fund and \$11.4M from the Federal Grants Trust Fund). The total cost for the 6-year project is \$183.0 million.

The federal funding that is currently available for technology improvements provides an opportunity for DCF to address a necessary modernization of the ACCESS Florida System. To optimize federal funding, DCF proposes utilizing 90/10 federal funding for Medicaid and 100% SNAP funding via the American Rescue Plan (while the latter is still available).

B. Key Issues to be Addressed

The key issues involved in this Schedule IV-B relate to system upgrades that can be viewed under two broad categories: needed and useful.

Needed Upgrades:

At a minimum, upgrades for the current ACCESS Florida System will be needed to address the following business objectives:

1. Mitigate risks associated with the cost of dependency on an aging infrastructure and decades-old legacy code (COBOL).
2. Enhance fraud prevention and detection capabilities.
3. Strengthen controls related to cybersecurity, data security, privacy, Personally Identifiable Information (PII) and confidentiality.
4. Improve system stability, reliability, and agility.
5. Provide mobile-friendly access to services and enhanced customer service.
6. Achieve interoperability with other systems and data streams.
7. Satisfy, at a minimum, the requirements of §445.011, Florida Statutes to cooperate and assist in the implementation of an automated consumer-first workforce system and integrated management system for one-stop service delivery across programs and agencies.

Useful Upgrades and Enhancements:

Upgrades for the current ACCESS Florida System would be useful to address the following business objectives:

1. Improve external customer experience (CX) and internal user experience (UX) with the system and its services.
2. Increase efficiency and productivity.
3. Utilize RPA (robotic process automation) and AI (artificial intelligence) tools.
4. Improve reporting, dashboards, and analytics (predictive and prescriptive) to better leverage data.

Schedule IV-B for ACCESS Florida System Modernization

5. Improve capability to meet family needs and foster economic self-sufficiency by enabling a holistic view of services requested and received across the Department consistent with the *Hope Florida – A Pathway to Prosperity* initiative.
6. Increase long-term system performance with cloud file storage.

C. Recommended Solution

The Department’s solution proposes replacing the antiquated mainframe system with a scalable modern system that will enable a best of breed benefit delivery solution for the citizens of Florida utilizing federal funds.

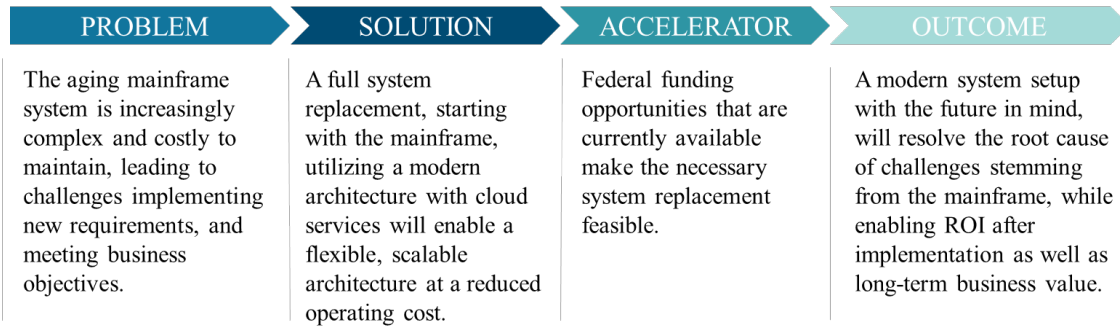


Exhibit I-I: Modernization Overview

The primary challenge with the ACCESS Florida System is that it is built on a mainframe system representing 80’s-era technology. Previous attempts at modernization have resulted in funds sufficient only to add or update singular components connected to the mainframe while with each year, additional risk and cost associated with continuing to operate on this old technology continue to rise. The proposed solution is a three-phase approach that prioritizes implementing key architecture elements in year 1, completing migration of core functionality from the mainframe to the cloud by the end of year 2, and completing migration of the remaining mainframe functionality by year 6. Currently, Northwest Regional Data Center (NWRDC) charges DCF nearly \$20 million per year to host the ACCESS Florida System. The Department expects to realize an improvement in the cost of systems operation when migration to the cloud is completed pursuant to § 282.206, F.S..

The initial phase of our solution sets the groundwork for procuring and implementing critical infrastructure components such as an enterprise document management solution and customer facing modules to improve the customer experience when applying for public assistance benefits and initiates preliminary work toward the replacement of the worker portal and limited core mainframe modules. The initial phase also sets out to establish a PMO and identify the vendors and products for the solution.

The following two phases focus on replacement of the mainframe by developing scalable and flexible modules that provide increased functionality and deliver new value to Florida citizens and DCF staff. Elements of this new functionality include advanced fraud detection, real-time information sharing, optimized efficiency in application determinations, mobile access, improved reporting and dashboards, and new channels for self-service. These enhancements will improve the experience for our internal and external clients. Additionally, this modernization effort will poise our system to interface with other state agencies to share common client information and services to assist Floridians in achieving more meaningful outcomes such as self-sufficiency.

Without replacement, the mainframe will continue to age, exacerbating the challenges and increasing costs to maintain the system. Prioritizing a system replacement now prevents challenges from growing and allows expedited delivery of valuable functionality to the citizens of Florida and maintains Florida’s place as a premiere state for integrated eligibility determinations.

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

A. Background and Strategic Needs Assessment

1. Business Need

Section 414.025, Florida Statutes, states: “It is the intent of the Legislature that families in this state be strong and economically self-sufficient so as to require minimal involvement by an efficient government.” Subsection 20.19(4), Florida Statutes, created within the Florida Department of Children and Families (DCF) an Economic Self-Sufficiency (ESS) Program office. The responsibilities of this office encompass all public assistance benefit eligibility services operated by DCF including SNAP, TANF, and Medicaid services, as well as the Homelessness Program, Public Benefits Integrity and Refugee Assistance Programs.

Schedule IV-B for ACCESS Florida System Modernization

The mission of the Department is to “work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.” The mission of the ESS Program office is to “promote strong and economically self-sufficient communities by providing public assistance to individuals and families on the road to economic recovery through private, community, and interagency partnerships that promote self-sufficiency.” The array of public assistance eligibility services offered by the ESS Program advances these objectives on multiple fronts.



Exhibit II-I: DCF Mission

In accordance with the Department’s mission, the ESS Program is utilizing a care coordination model in conjunction with First Lady Casey DeSantis branded *Hope Florida - A Pathway to Prosperity*, which guides Florida families on an individualized path to prosperity by focusing on community collaboration between the private sector, faith-based community, non-profits, and government entities to break down traditional community silos to maximize resources and uncover opportunities. Care Navigators are essential in helping individuals identify their unique and immediate barriers to prosperity and develop long-term goals. As *Hope Florida - A Pathway to Prosperity* continues to be deployed across the state to help our customers identify goals and remove barriers, we also acknowledge that many of these families will face fiscal cliffs and the challenges overcoming generational poverty while trying to achieve self-sufficiency.

ESS administers public assistance eligibility services for SNAP, TANF, and Medicaid benefits through the ACCESS Florida System, the Department’s eligibility service delivery system. The ACCESS Florida System was based on a nearly 40-year-old design that was originally developed for the state of Ohio. The core processing in the FLORIDA mainframe, a component of the ACCESS Florida System, was developed using COBOL, a relic programming language primarily used on mainframe computer systems first developed in the late 1950’s. COBOL systems that remain in production tend to be heavy with technical debt¹. In most environments where COBOL is still in production, code has been modified, extended, updated, and moved to newer hardware numerous times. Software documentation, if any, is frequently out-of-date, further complicating routine software upgrades and maintenance of platforms coded in COBOL. Systems that still rely on COBOL are also facing a significant talent shortage because the generations of programmers most familiar with COBOL are retiring without viable replacements.

Because of its age, COBOL was not designed to integrate with modern systems and current functionality. It is imperative that a replacement system have the capability to effectively integrate with stakeholder systems and manage data, including data retrieval for reports, analytics (predictive and prescriptive), Robotic Process Automation (RPA), and Artificial Intelligence (AI). The current operating system also includes IMS, a hierarchical database technology. IMS is widely considered fragile and difficult to maintain, increasing the cost and time to implement changes.

Upon the initial rollout of the ACCESS Florida System, DCF entered a new era in its approach to administering Medicaid, SNAP and TANF. Over time, the system has undergone continual evaluation and improvement to adapt to the realities of a changing customer base and persistent caseload with limited financial resources. While technical advances have been made to the system over the last several years, including requirements for Medicaid eligibility determinations, those changes did not replace the core mainframe hardware and software components of the ACCESS Florida System, and did not address broader business process improvements in the SNAP and TANF Programs.

In addition to addressing essential business needs, system upgrades and enhancements will also be needed to satisfy the requirements of §445.011, Florida Statutes. Pursuant to that statute, DCF is required to cooperate and assist in the implementation of an automated consumer-first workforce system and integrated management system for the one-stop service delivery system, including common registration and intake for required one-stop partners, screening for needs and benefits, case management, training benefits management, service and training provider management, performance reporting, executive

¹ Technical debt is a concept in programming that reflects the extra actual and implicit costs incurred as a result of development work that arises when older code that is easy to implement in the short run is deployed instead of upgrading systems to fit the current technology landscape. Source: <https://www.techopedia.com/definition/27913/technical-debt>.

Schedule IV-B for ACCESS Florida System Modernization

information and reporting, and customer-satisfaction tracking and reporting. The system solution should support service integration and case management across programs and agencies by providing for case tracking for participants in workforce programs, participants who receive ESS benefits administered by DCF under Chapter 414, and participants in welfare transition programs under Chapter 445.

To better serve Floridians, ESS is embarking on an enterprise technology modernization effort that is critical to the Department's core mission and is aligned with the state's policy and budget priorities. Technology modernization will focus on individuals and families who will need a variety of ESS services described below to become economically self-sufficient. This approach represents the modernization of the current eligibility system, known as ACCESS Florida System. This includes the Florida Online Recipient Integrated Data Access (FLORIDA) legacy mainframe system and unites other program areas through technology and data sharing to achieve more favorable outcomes for Floridians.

Economic Self-Sufficiency Benefit Programs

Supplemental Nutrition Assistance Program (SNAP) or Food Assistance (FA) helps low-income families meet their household nutritional needs by supplementing their food purchasing power with a monthly benefit allotment based on the number of people in their household and how much money is left after countable expenses are subtracted from their income. Food Assistance benefits may only be used to purchase items such as fruits, vegetable, meat, dairy products, breads, cereals, and other consumable household food items.

SNAP Employment and Training (E&T) is jointly administered by DCF and the Department of Economic Opportunity (DEO) and CareerSource Florida, Inc. Florida's SNAP E&T Program is designed to assist Able-Bodied Adults Without Dependents (ABAWDs) in gaining skills, training, and/or work experience that will increase their ability to obtain regular employment that leads to economic self-sufficiency. ABAWDs are required to meet work requirements to maintain food assistance eligibility. DCF determines ABAWD status and refers these recipients to DEO for engagement. SNAP E&T participants complete an initial orientation, assessment, and interview with DEO and are then assigned to an E&T activity. SNAP E&T activities include job search, education, vocational training, and work experience. Services are provided by local workforce development boards often referred to as Career Source centers across the state. DCF receives information from DEO on client sanctions for non-participation. Per pending FNS requirements, DCF and similar agencies in other states must be aware of work activities but are not required to retain them. Currently, DCF does not anticipate adding retention as a business requirement.

Temporary Cash Assistance (TCA), Florida's designation for the federal Temporary Assistance for Needy Families (TANF) Program, provides cash assistance to families with children under the age of 18, or through age 18 if the 18-year-old is enrolled in a secondary school (high school) full time. This program provides time-limited financial assistance and services intended to help families gain economic self-sufficiency. Families must meet the program's technical, income, and asset requirements. Pregnant women without other children in the home may receive TCA either in the ninth month of pregnancy or in their third trimester of pregnancy if they are unable to work. Children living with relatives other than their parents may be covered by this program based on their needs alone.

Non-Relative/Relative Caregiver provides monthly cash assistance to non-relatives/relatives who have custody of a non-related/related child under age 18, who has been adjudicated dependent by court order, a home study has been completed and filed with the court, and the caregiver is financially unable to care for the child without the assistance. The monthly cash assistance amount for the non-relative/relative caregiver is higher than a TCA grant for one child, but less than the amount for a child in the Guardianship Assistance Program (GAP) or foster care program.

Medicaid provides medical coverage to low-income individuals and families. While eligibility for Medicaid is determined by ESS, services and payment for services are administered by the Agency for Health Care Administration (AHCA). ESS determines Medicaid eligibility for:

- Parents and caretaker relatives of children,
- Children only,
- Pregnant women,
- Former foster care individuals,
- Non-citizens with medical emergencies, and
- Aged and/or disabled individuals not currently receiving Supplemental Security Income (SSI).

The Refugee Assistance Program (RAP) provides cash and/or medical assistance to individuals who have specific immigration statuses (i.e., Refugee, Asylee, Cuban/Haitian Entrants) who are not eligible for Temporary Assistance for Needy Families (TANF) or Medicaid. The RCA and/or RMA benefits are available for a maximum of 12 months from the refugees'

Schedule IV-B for ACCESS Florida System Modernization

date of arrival to the United States.

The Office of Public Benefits Integrity (PBI) is responsible for safeguarding the integrity of public assistance benefits by monitoring compliance, preventing, detecting, and recovering fraud, waste, and abuse. The Benefit Investigations Program uses data from the current system to pinpoint patterns of abuse and fraud before, during, and after eligibility determination. The Benefit Investigations Program also acts on referrals from eligibility workers and tips from the public. The Benefit Recovery Program establishes claims for overpayments of public assistance benefits and collects on those claims. The Quality Management Program ensures the integrity of the administration of public assistance programs through quality assurance and quality control compliance.

Optional State Supplementation/Personal Needs Allowance (OSS/PNA) is a state-funded public assistance program that provides a monthly cash payment to indigent elderly or disabled individuals living in special non-institutional, residential living facilities, including assisted living facilities, adult family care homes, and mental health treatment facilities. To qualify for OSS/PNA, an individual must need assistance with the activities of daily living due to physical and/or mental conditions.

Electronic Benefits Transfer (EBT) is the benefit payment system for the SNAP and TCA Programs. Customers access their benefits using a debit style EBT card. Each month benefits are deposited in the recipient's EBT account. A single card is used to access the account, but the TCA and SNAP benefits are separated within the account.

In 2004, DCF began to modernize its approach to administering the Medicaid, SNAP and TANF Programs. This new business model drastically changed the way DCF staff processes applications and manages caseloads. It also improved the processes the Department uses to interact with customers.

To achieve this dramatic business model change, the Department conducted a complete review of applicable federal and state laws. This review resulted in the elimination of outdated, labor-intensive policies and practices that were not required and added little or no value to the process or outcomes. For example, the face-to-face interview requirement was eliminated for all benefit programs administered by ESS, and verification requirements were simplified with a greater reliance on electronic verifications. Additionally, Customer Call Centers were established to provide customers greater access to the Department to report changes in their household situation.

The initial ESS Program office efforts focused on streamlining workflows and simplifying policy with plans for enhanced technology at the foundation. Florida experienced a food assistance caseload increase of 169 percent since initiating the system completion effort in 2004. The Department managed the tremendous increase in workload without any corresponding increase in manpower, and therefore attempted to meet this expanding workload with the implementation of a variety of new technology applications. Many of these new applications function independently of the others, and some interface with the mainframe. While essential in conducting the business of the Department, the business processes supported by this functionality are extensive and slow.

With passage of the Affordable Care Act (ACA) in March 2013, the Department launched the Medicaid Eligibility System (MES) Project to modify the ACCESS Florida System to support the minimum requirements of the federal act. The project included the addition of the following new system components:

- A business rules engine to determine eligibility for medical assistance programs
- An interface to the Federal Data Services Hub (FDSH)
- Real time interface with the CHIP Agency, Florida Healthy Kids Corporation, and a real time interface for providing verification of Minimum Essential Coverage (MEC)
- A web portal with a single streamlined application for insurance affordability programs (IAPs)
- Partial enhancements to the system architecture to support the additional functionality

The aged infrastructure of the Florida System is not able to maximize efficiencies or mirror the security solutions of more current technology. As a result, the business outcomes the Department must accomplish are diminished. There is a business need to infuse and leverage technology to achieve a higher state of operational efficiency as well as to enhance the quality of the benefit determination process by preventing fraud, trafficking, and identity theft. The gains in operational efficiency and fraud prevention from the infusion of modern, modular, and maintainable technology will allow the Department to focus on improved outcomes and customer self-sufficiency.

Specifically, DCF can maintain the progress it has made, support optimal system integration, and more effectively improve family outcomes and customer self-sufficiency by addressing the following critical business needs:

- Create flexibility to improve customer service and ever-increasing expectations regarding service levels:

Schedule IV-B for ACCESS Florida System Modernization

- Options such as real-time web services and enabling interactive mobile application would increase customer self-service.
- Improve privacy and confidentiality controls:
 - Federal mandates require states to establish and implement critical privacy and security standards as outlined in the Minimum Acceptable Risk Standards for Exchanges (MARS-E), Version 2.0.
- Engage satisfactory and agile prevention and detection tools to reduce incidents of fraud, trafficking, and identity theft:
 - The ability to identify and prevent incidents of fraud, trafficking, and identity theft is limited due to a lack of data integration within and across multiple systems and programs. The system must be able to improve program integrity with enhanced data analytics to be fiscally responsible to taxpayers.
- Accommodate future federal and state legislative, regulatory, and policy changes in a swift and cost-effective manner:
 - The current system architecture lacks the flexibility to cost-effectively accommodate changes.
- Maintain benchmarks by leveraging a modular approach for flexibility and innovation:
 - Increased worker efficiency will allow the Department to re-value staff to focus on more effectively moving a higher number of households to self-sufficiency through *Hope Florida – A Pathway to Prosperity*.
 - Workers are faced with a patchwork of technology requiring multiple logins to a variety of system modules to obtain information to conduct their work.
 - Additionally, the Department has been a leader in public assistance administrative and accuracy performance. With every year that passes, it becomes more of a challenge to maintain this status.

Through operational efficiencies and the migration to a consistent architectural platform, the Department will more effectively utilize valuable staff resources. These resources would then be re-valued to focus on increased customer service and moving customers more quickly toward self-sufficiency.

Exhibit II-II below: Business Functionality, Data and Information, Architecture, and Support and Maintenance. The following paragraphs provide an overview of the Department's needs in each of these categories.



Exhibit II-II: Modernization Needs Categories

a. *Business Functionality*



The ESS Program has an immediate need to address issues related to business processes and tools that are used to meet the daily needs of departmental staff and aid Floridians with their public assistance needs. For the fiscal year ending June 30, 2022, the average monthly number of individuals receiving SNAP, Medicaid and TCA benefits were as follows:

- SNAP – 2.97 million
- Medicaid – 4.25 million
- TCA – 46.7 thousand

To address current and projected future demand levels for ESS services, additional functionality is needed to improve upon performance. The Department can take advantage of technologies currently being implemented which can serve as a foundation to support transition of remaining system functions and, for the first time, serve as a foundational platform to support completion of remaining system components.

System complexity now makes the implementation of modifications a lengthy and expensive process. Federal and state policies continue to evolve, resulting in the need for system changes, while demand increases for tighter controls and increased security. Delaying completion due to increased costs or implementation time constraints leaves the Department open to the risk of non-compliance, litigation, and increased fraud. The unchanged workforce combined with maximum capacity system enhancements has achieved a level of excellence unmatched in the nation but is at risk of stagnancy due to system limitations. The inflexibility and cost of the current system jeopardizes the Department's ability to introduce changes and maintain its benchmarks and national recognition.

The ESS Program's ability to respond quickly to the needs of its customers, staff, state partner agencies, and federal oversight

Schedule IV-B for ACCESS Florida System Modernization

agencies is of critical importance to the mission of the Department. There are near-term opportunities for innovation, customer self-service, and increased worker efficiency by leveraging improvements to the system and changes due to the upgrade of the Medicaid Eligibility System (MES Project). Upgrades to the system should increase the available work capacity for staff in a routine day enabling staff to redirect and reinvest additional capacity into stronger coordination with partners such as workforce programs, increase customer service, and increase efforts to eradicate fraud. These programs in turn empower Floridians to become more economically self-sufficient. Additional business functions, which could benefit from improved technology, include:

- Customer self-service functionality
- Security authentication for various roles in DCF
- Manual validation by DCF staff of data input by customer
- Necessity to view, or toggle between, multiple applications at one time
- A system meeting Federal Center for Medicaid and Medicare (CMS) conditions and standards for:
 - Modularity – use of a modular, flexible approach including the use of open interfaces
 - MITA standards – aligned and ready for 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
 - Compliance with the Minimum Acceptable Risk Standards for Exchanges (MARS-E)
 - Leverage – promotes sharing, leverage, and reuse
 - Business results – supports accurate and timely processing of eligibility with the public
 - Reporting – has the capability to produce reports supporting program evaluation, continuous improvement in business operations, and transparency and accountability
 - Interoperability – supports integration with the appropriate entities providing eligibility, enrollment, and outreach functions

b. *Data and Information*



In 2013, DCF rolled out groundbreaking public assistance fraud fighting initiatives, making Florida the first in the nation to implement aggressive front-end fraud prevention technology to ensure benefits only go to Floridians who are in need. Initiatives included customer authentication techniques, enhanced data matching, automated case closure of cases when a benefit ends, and stronger fraud prevention provisions within EBT contracts. Currently, the Department estimates it is only able to pursue 50% of fraud cases. If staff were able to spend less time performing other non-automated and time-consuming manual tasks, and more time utilizing automated and agile data analysis tools, they would be able to allocate more energy to preventing fraud, trafficking, and identity theft at the front end by addressing all potential fraud

cases, resulting in improved integrity and greater cost avoidance.

Manual processes are widespread throughout the ACCESS Florida System. While system improvements have alleviated some of the manual burden, due to the outdated technology, several persist. This leaves workers more susceptible to engaging in inefficient tasks. Automation of system components and processes should be prioritized to continue benefit accuracy and increase efficiency.

The ESS Program collects data in various areas to determine if the program is meeting predetermined performance measures; however, the staff are lacking tools to assess current performance through customer and process trends over time. Informed strategic decisions could be made through the enhanced ability of executive leadership to look at trends and patterns to predict possible future outcomes or address changing needs. The inability to assess and fully utilize data, compromises program integrity and inhibits DCF's knowledge and ability to enact a higher state of vision for the Department regarding customer and program behavior, therefore negatively impacting management capabilities.

c. *Architecture*



A system that is technically stable and provides interoperability between partners, and the architectural flexibility to adapt to the Department's evolving needs is of utmost importance.

Today, DCF maintains a system consisting of 26 supporting applications and over 110 interfaces operating on multiple architectural platforms. This inherently places the system at risk and results in unnecessary work for state and contracted staff, further increasing costs. Furthermore, the mainframe is built with a hierarchal database that is outdated, difficult, and costly to update. There are significant issues in trying to keep the existing mainframe system synchronized with other software applications due to the inflexibility and cost of the mainframe architecture. Other states have moved to relational databases that have proven much more agile, easier to adapt to changing rules and needs, and less expensive to change or maintain. For example, the State of Ohio

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implemented a COTS-based solution to replace their legacy eligibility and case management system. Ohio’s solution was developed using a Service-Oriented Architecture (SOA) designed to provide flexibility to add, integrate with, or replace solution components with best-of-breed products in conjunction with the core eligibility and case management system. The solution was implemented to operate on a virtual server infrastructure allowing the solution to run on commodity servers without the need for the legacy mainframe, and to provide data center hosting flexibility.

Greater flexibility is needed for many reasons, including the reality that the Department’s customers increasingly demand convenient access to DCF services from smartphones and other devices that are easily accessible and affordable. Cell phones have become ubiquitous: an estimated 20 million individuals nationwide received a free cellular telephone based on receipt of public assistance benefits. While there is no lack of opportunity when it comes to mobile technology, a significant investment is required to bring current applications and portals and take advantage of potential cloud services and technologies to support mobility.

Other Florida agencies have also completed the reengineering of their legacy mainframe systems. The Department of Revenue (DOR) moved off the mainframe with CAMS effectively increasing DCF legacy platform costs, and in November 2014 when DOH completed the migration of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) from the ACCESS Florida System mainframe, the DCF legacy mainframe costs also increased². Florida Safe Families Network (FSFN), the system used by DCF’s Office of Child Welfare, is currently transitioning off the mainframe as well. A gap is widening between DCF’s ESS Program and the technology platforms of other agencies.

d. *Support and Maintenance*



To effectively “keep the lights on,” the Department incurs increasing costs to support the aging mainframe and software components. Hosting services at NWRDC are becoming increasingly costly and as more agencies move away from mainframe architecture, NWRDC charges more for the agencies that continue to rely on that technology. Current mainframe costs, which total nearly \$20 million annually, would be significantly reduced through reengineering and standardizing the technical architecture. In addition, DCF incurs immense expense in trying to update the ACCESS Florida System to comply with policy changes and increasing customer needs as well as regular maintenance. Last year, the Department

spent \$5.9 million to enhance current tools to comply with federal and state mandates in addition to the \$3.9 million maintenance and operations costs to maintain the system. The maintenance and operations expenses are anticipated to be \$4.7 million for the current state fiscal year with \$1.6 million currently allocated for system enhancements with additional enhancements and associated costs pending approval.

2. Business Objectives

The following section describes business objectives which are consistent with the Department’s existing policies per s. 216.023(4)(a)10, F.S.. The overarching business objective of the ACCESS Florida System modernization is to support DCF mission, vision, and goals, as well as program office goals and objectives in support of them.

As noted earlier in this section, the mission of the Department of Children and Families is to work in partnership with local communities to:

1. Protect the vulnerable
2. Promote strong and economically self-sufficient families, and
3. Advance personal and family recovery and resiliency.

The vision of the Department is to empower Floridians with opportunities that support and strengthen resiliency and well-being.

ACCESS Florida System modernization is in line with the Department’s strategic direction, driven by the state’s policy and budget priorities based upon legislative mandate and the governor’s priorities. The following section outlines the main business objectives of the proposed project and provides an overview of how the objectives directly relate to DCF’s goals and the measures utilized to track the success of current and future performance. Project scope, governance structure, and estimated timeframes are discussed in future sections.

Departmental Goals and Objectives

Pursuant to Chapter 216 of the Florida Statutes, the Department has documented its goals and strategic objectives in a Long-Range Program Plan (LRPP). In the 2022-2023 LRPP, priorities for Economic Self-Sufficiency were established primarily by

² NWRDC splits mainframe costs among agencies remaining on mainframe systems, so as more agencies migrate away from mainframes, the remaining agencies incur an increased proportionate share of those costs.

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federal regulations and state law as well as the Department's goal to reduce the number of families in crisis. To achieve this goal, the ESS Program set the following three objectives:

1. Enhance Program Effectiveness to Improve the Customers' Experience
2. Build a System of Accountability, Transparency, and Alignment
3. Enhance Workforce Development Efforts to Improve Stability, Culture, and Continuous Learning

Specific business objectives and outcomes were defined and aligned with the goals for public assistance services and the ESS Program office. These goals will be a core driver to the roadmap that will be developed and are depicted in Exhibit II-III.

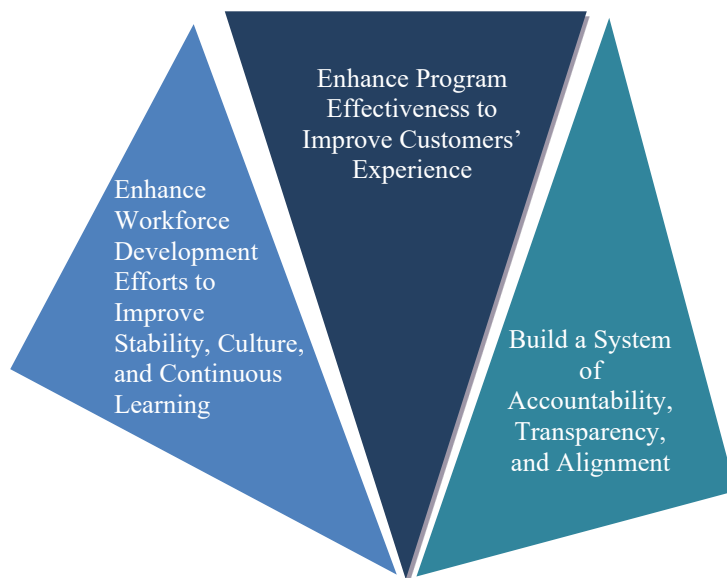


Exhibit II-III: DCF LRPP Goals

Beyond priorities established by requirements provided in federal regulations and state law, the ESS Program also prioritizes actions based on Department goals. The business objective of the ACCESS Florida System transformation will directly affect and further the Department's mission, vision, and goals. The Department's goals are directly promoted by the system completion with both tangible and intangible benefits expected. These benefits are outlined in Section IV of this document. A brief outline of the system replacement objectives aligning with DCF goals is provided below.

The ACCESS Florida System replacement will help Floridians move to empowerment. With the system changes, the Department will:

- Provide mobile and self-service capabilities to applicants and recipients.
- Reduce opportunities for fraud and abuse by improved privacy and confidentiality controls, enhanced technology, data sharing, and data analytics to improve capability for identifying fraud, trafficking, and identity theft prior to disposition.
- Provide access to comprehensive data for complete and accurate trend analysis and statistical reporting, using a data warehouse.
- Consolidate systems to support easy access to information.
- Implement a system that speeds decision-making and maximizes automation.
- Collaborate with other state agencies to cohesively offer ESS programs and services to Floridians.

The ACCESS Florida System replacement will seek partnerships that promote local programs designed to strengthen families. With the system changes, the Department will:

- Make it easier for partners to navigate, enabling them to help customers provide all necessary information, thus speeding eligibility decisions and accuracy as well as other assistance.
- Allow for additional DCF personnel hours to be allocated to coordinate with workforce and self-sufficiency programs.
- Maintain a master client index which will improve the enterprise system of care by removing the silo approach to helping customers.
- Enhance ability to interface with social service programs across the state, linking customers to these critical services.

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- Make it easier for applicants and recipients to navigate and understand the system, enabling them to provide all information needed, and speeding eligibility decisions and accuracy.

The ACCESS Florida System modernization will apply proven best practices and employ state-of-the-art technology to maximize efficiencies and outcomes. With the system changes, the Department will:

- Implement a system that continues to fully comply with state and federal laws, regulations, and be able to adapt to changing policy landscapes quickly with less expense.
- Improve internal and external security via MARS-E 2.0 compliance.
- Fully maximize the proposed enhanced federal matching funds.
- Standardize and maximize business process and tools to achieve efficiencies and leverage capacity to keep pace with the persistent caseload.
- Empower front-line staff by providing immediate access to data to support decision-making processes.
- Develop enhanced report customization capabilities.
- Provide automated data population and cascading of data between input screens to improve productivity and benefit accuracy.
- Implement a system that efficiently interfaces with federal databases and partner agencies to obtain and share data needed to better serve customers, determine benefit eligibility, provide verification, and reduce attempted fraud.
- Provide simultaneous access to data among various users.
- Implement a case management system to store data on applicants, recipients, and benefits, including data needed for federal reports.
- Automate the resource assignments and re-assignments for required work based on the process flow.
- Prioritize alerts to bring important items to the worker's attention.
- Enhance accountability for staff as they monitor their assigned work and through management as they monitor assignments and productivity of operations.
- Eliminate duplicative data entry between disparate systems or within the same system.
- Support staff training to meet desired skill levels.

Performance Measures

The Department uses a robust set of measures to assess the level of performance of its business processes specific to public assistance. These measures are included in Appendix A: Performance Measures Exhibit II-IV: Economic Self-Sufficiency Performance Measures with detailed information on each measure for the ESS Program.

The measures below will evolve over time and continue to become more rigorous to ensure that customers experience an ever-increasing level of service. In addition to the Performance Measures listed in the table below, other measures used to determine the effectiveness of the proposed project can be found in Section III: Success Criteria.

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Number	Performance Measure
ES103	Percent of refugee assistance cases accurately closed at 12 months or less
ES104	Number of refugee cases closed
ES105	Percent of all applications for assistance processed within time standards
ES106	Total number of applications processed
ES107	Percent of food assistance benefits determined accurately
ES108	Percent of cash assistance benefits determined accurately
ES110	Percent of suspected fraud cases referred that result in front-end fraud prevention savings
ES111	Dollars collected through Benefit Recovery
ES112	Number of fraud prevention investigations completed
ES114	Percent of Optional State Supplementation (OSS) applications processed within time standards
ES115	Number of applications processed for OSS payments
ES119	Number of cash assistance participants referred to the Regional Workforce Development Boards
ES219	Percentage of food assistance applications processed within 30 days
ES223	Percent of welfare transition sanctions referred by the Regional Workforce Development Boards executed within 10 days
ES305	Number of cash assistance applications
ES362	Number of refugee cases
ES369	Return on investment from fraud prevention / benefit recovery
ES678	Percent of 2-Parent TANF customers participating in work or work-related activities (2-Parent TANF Participation Rate)
ES733	Percentage of food assistance applications processed within 7 days (expedited)
ES4040	Percent of unemployed active caseload placed in employment
ES5087	Percent receiving a diversion payment / service that remain off cash assistance for 12 months
ES5088	Percent of All Family TANF customers participating in work or work-related activities (All Family TANF Participation Rate)
ES5089	Percent of work able food assistance customers participating in work or work-related activities

Exhibit II-IV: Economic Self-Sufficiency Performance Measures

B. Baseline Analysis

Current Business Process(es)

To begin the process of determining eligibility for ESS services, Floridians in need must apply for benefits. DCF offers several ways to submit an application. Currently, DCF receives 90% of public benefit applications through the online ACCESS portal. The following Exhibit II-V: Customer Application Process is intended to provide a snapshot of the beginning of the eligibility determination process and demonstrate systems and venues that are utilized by DCF and staff to collect applications.

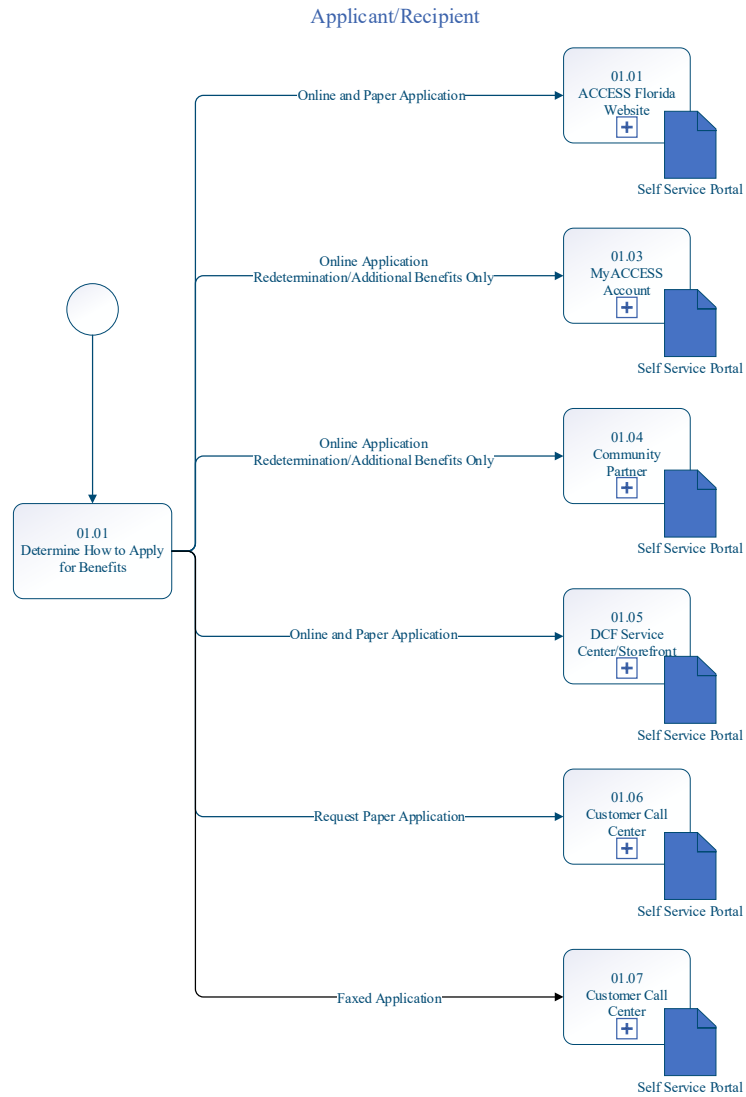


Exhibit II-V: Customer Application Process

The Customer Application Process describes in further detail, each way a potential applicant/recipient can apply for services. DCF understands that to truly reach all those in need, eligibility applications must also be available in non-technical, non-written formats.

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Customer Application Process Narrative			
Index	Actor	Activity Label	Activity Description
01.01	Applicant/Recipient	Determine How to Apply for Benefits	The applicant/recipient determines how to apply for food, cash, and/or medical assistance. The options available to the applicant/recipient include the ACCESS Florida System website, MyACCESS Account, Community Partners, DCF Service Centers/Storefronts, and the Customer Call Center (CCC).
01.02	Applicant/Recipient	MyACCESS Account Self Service Portal – Apply for Benefits	On the ACCESS Florida System website, a new or returning applicant/recipient may access and complete an online application, or the applicant/recipient may download a paper application to complete.
01.03	Applicant/Recipient	MyACCESS Account Self Service Portal	The applicant/recipient may access and complete a pre-populated online application only for redetermination or additional benefits through their MyACCESS Account.
01.04	Applicant/Recipient	Community Partner	The applicant/recipient may access and complete an online application onsite using available Community Partner computer workstations, or the applicant/recipient may request a paper application from a Community Partner.
01.05	Applicant/Recipient	DCF Lobby/Service Center/Storefront	The applicant/recipient may access and complete an online application onsite using available DCF computer workstations, or the applicant/recipient may request a paper application from a DCF Service Center/Storefront.
01.06	Applicant/Recipient	CCC	The applicant/recipient may contact the DCF CCC to request a paper application be sent to their address or apply for his/her benefits determination by phone.
01.07	Applicant/Recipient	CCC	The applicant/recipient may fax their completed paper application for processing.

Exhibit II-VI: Customer Application Process Narrative

Once an application is submitted, a number of processes take place within the Department, some involving multiple external and internal stakeholders. Exhibit II-VII contains an overview of current business processes taking place within the ACCESS Florida System’s Program service delivery model, along with additional activities that support these business processes.

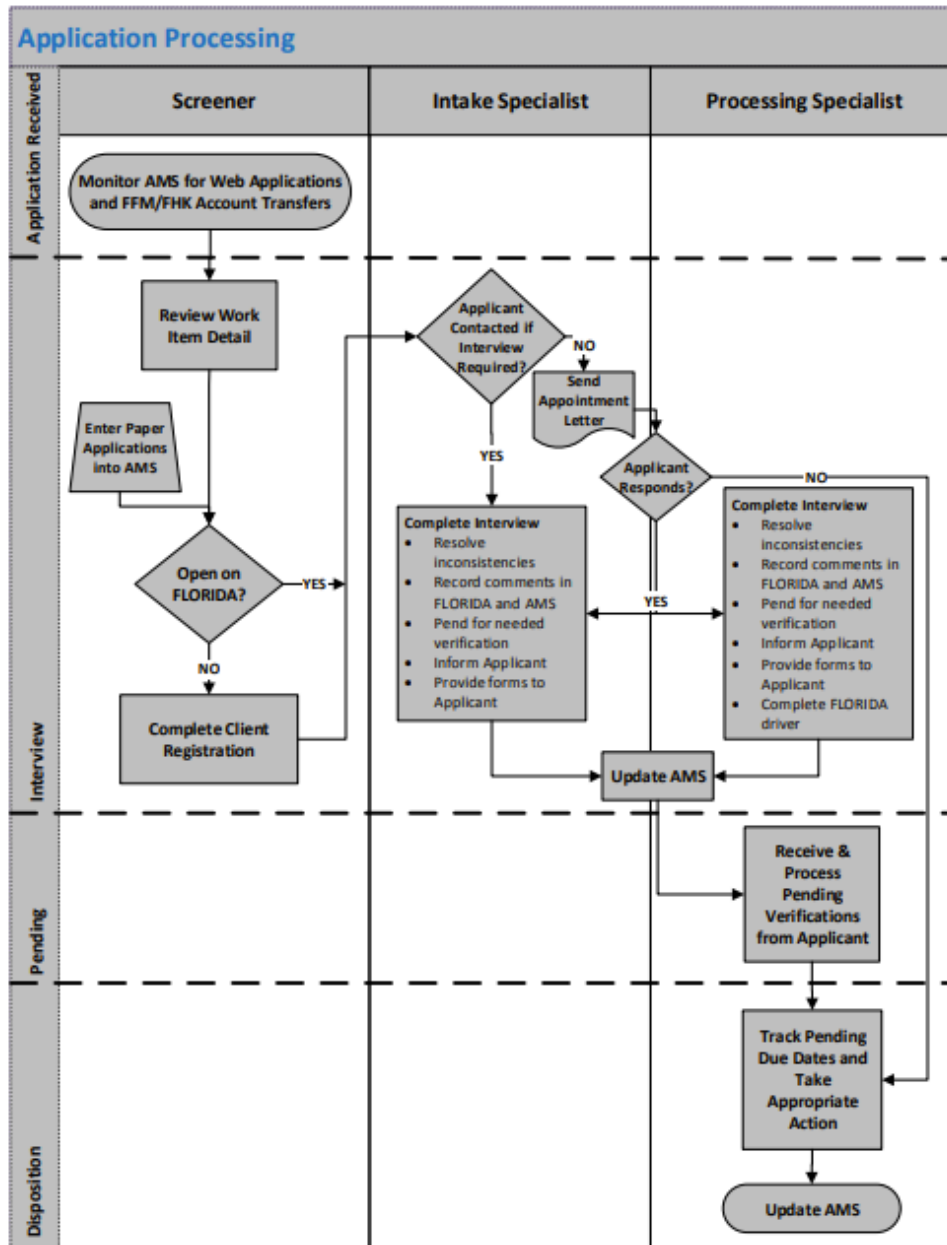


Exhibit II-VII: Internal Application Processing

Eligibility Processing:

- Application/Redetermination Processing:** Staff use a combination of the “ACCESS Summary” a copy of the customer’s web application, ACCESS Management System (AMS), the FLORIDA mainframe systems, SAVE, DAVE, SOLQ, ACCESS Document Imaging, ESS On-lines, CCIS, NAC, eDRS, PARIS, and/or Vital Statistics database to determine program eligibility and benefit level.
- Account Transfers and Interfaces:** This module allows DCF to exchange information with Federal, State, and third-party agencies via real-time web services and file transfer protocol (FTP) batch processes. In addition to the existing batch interfaces, DCF has developed/configured a number of real-time verification services as part of the Affordable Care Act (ACA) implementation. The verification services include Federal Data Service Hub (FDSH) for verification services, State Wage Information Collection Agency (SWICA) to verify state income, AHCA to receive minimum essential coverage (MEC) enrollment data and initiate medical service delivery, FSFN to verify children within or aged out of foster care, Florida Healthy Kids or Federally Facilitated Marketplace for applications from individuals not determined eligible for Medicaid,

Children's Medical Services Network (CMSN) for the determination of clinical eligibility based on applicant/customer input, and the Florida Department of Health.

Customer Call Center (CCC):

- **Customer Call Center:** Call Centers are one of a customer's primary point of contact with ESS staff. Call Center staff provide program information, receive and process reported changes and provide customers with information on their cases. There are several additional tools available to customers with case information without the need to speak with a call agent. The Interactive Voice Response (IVR), an automated telephonic triaging tool, is critical to managing customer contacts by providing customers with both general and case level information. This often eliminates the need to speak to an agent. The MyACCESS Account and online case management tool provides customers the ability to obtain information on the status of their application, check for appointments and outstanding document requirements, report changes, and view copies of notices. Additionally, chatbot technology provides customers scripted responses to frequently asked questions.

Case Maintenance Units:

- **Case Maintenance:** Case Maintenance staff use the ACCESS Florida System to review, evaluate, and process data exchanges received from a variety of federal and state partners and to determine ongoing eligibility for benefits. They process bills received from providers, such as hospitals and pharmacies for customers on share of cost Medicaid. Case Maintenance staff also completes changes such as adding newborns or removing children who have aged out. They also must access several systems to determine the customer's eligibility. Additionally, Case Maintenance staff process non-automated changes reported online through the customer's MyACCESS account.

DCF Lobbies:

- **Customer Service Centers/Storefronts:** Customers are provided the opportunity to self-serve in these centers or storefronts. They can apply for benefits or access their accounts, scan documents to the mail scan center, copy documents, or speak to a representative. Lobbies are generally staffed with clerical staff with professional staff oversight.
- **DCF Lobbies:** Customers can utilize the self-service area at any local ACCESS Service Center location statewide in which they can apply for benefits, register for MyACCESS account, and check the status of their case.
- **Community Partner Management:** Staff engages and works with numerous local, community-based partners that provide alternative lobbies for those in need of ESS services to apply for and receive assistance.

Virtual Intake Units (VIU):

- **VIU:** VIU staff located in all six regions answer and conduct incoming eligibility interview calls routed from the IVR and generate pending letters when necessary. VIU staff use multiple systems including FLORIDA, ACCESS Summary, and DAVID to assist them in obtaining the most accurate information during the interview.

Supporting Activities:

- **Appeals:** The Office of Appeal Hearings is an impartial arbiter that, upon request, will evaluate the merits of a customer complaint, determine if an administrative disqualification should be imposed, and issue a binding decision on the Department's action or fraud investigation results.
- **Self-Service Portal:** Customers use the Self-Service Portal MyACCESS Account to submit their request for assistance or changes online. The application or change is routed to intake and processing staff based on zip code and the type of assistance requested.
- **Benefit Issuance:** Food and cash assistance benefits are issued electronically via the EBT System. Medicaid services are provided via a Medicaid Gold Card issued by AHCA using eligibility data received by the ACCESS Florida System in the Department's Florida Medicaid Management Information System (FMMIS).
- **Public Benefits Integrity (PBI):** The Public Benefit Investigations (PBI) Program is responsible for the detection and prevention of public assistance fraud. PBI staff provides oversight for fraudulent activities in the public assistance programs by investigating cases prior to approval and monitoring active cases to ensure

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the proper receipt of benefits. Working in tandem with ESS eligibility staff, PBI scrutinizes areas in which the Department is vulnerable to fraud (internal or external), as well as provides solutions to minimize departmental exposure. The Benefit Recovery (BR) Program establishes overpayments for collection. PBI works with the Division of Public Assistance Fraud (DPAF) to identify and prosecute individuals receiving benefits fraudulently and are responsible for recovering benefits paid in error. Quality Management (QM) staff review casework to ensure the accuracy of staff processing and decisions, then work with regional staff to identify errors and correct actions for continual program performance improvement.

- **Data Archiving:** A database for individuals in the system has grown larger over the years. The normal database-partitioning scheme has outgrown and required the applications group to develop and implement a data archiving process. In this process, data segments associated with an individual that meet a certain set of criteria are offloaded into an archive database. If an online transaction needs to call up data segments that have been archived, a message is returned to the worker onscreen and instructs the worker to request the individual's data segments to be restored from archive. The restore process then makes the data segments recopied back under the individual's online database record overnight. This process is run by batch on a regular basis.
- **Document Imaging:** The Department went paperless in 2007. The ACCESS Document Imaging (ADI) System is the tool used by staff to collect, index and file documents required for eligibility determinations.
- **Notices:** The notice module of the ACCESS Florida System generates notices to customers providing information on actions taken by the Department regarding their eligibility. Clients can opt to receive notices electronically via their MyACCESS account, which provides rapid information transmission to the customer and savings to the Department via a reduction in printing, postage, and mailing costs.

Within each of the business processes there are varying degrees of performance, operations, and/or fiscal issues that present requirements to be addressed by DCF. Exhibit II-VIII: Current Business Process Issues and Category Mapping shown below identifies these issues for each process listed and organizes processes into four categories outlined within Section II.A.1. These processes will be updated periodically but are provided below to demonstrate the approach that will be taken to document alignment of business processes and the recommended technology solution.

Current Business Process	Specific performance, operational and/or fiscal issues that need to be addressed	Impacts:			
Interfaces	<ol style="list-style-type: none"> 1. Volume of data exchange hits; workers are not able to consistently take action on this huge volume. 2. Eliminate redundant data exchanges (For example: once a social security number (SSN) has been verified, and there is no demographic change, there is no need to check for SSN again). 3. Some information is automatically updated within a case; however, more of this is required for efficiency and accuracy. 4. Integrated real time data exchanges as part of the case process will position the Department in a proactive approach. 	✓	✓	✓	
Self-Service Portal	<ol style="list-style-type: none"> 1. Insufficient communication from the system regarding what documents have been received and what is missing results in customer calls to the CCC. 2. Clients submit duplicate verification documents through the document imaging system. 	✓	✓	✓	
Application/Redetermination Processing	Staff must access and view verification documentation in a separate Document Imaging application and enter data from the verification documents into the appropriate fields within the FLORIDA screens. Interview Clerks perform tasks which can be automated or streamlined.	✓	✓	✓	
Public Benefits Integrity	<ol style="list-style-type: none"> 1. Need to implement a holistic, simplified, automated approach to fraud reduction and detection; and an increase in the accuracy of cases referred to Administrative Hearings (ADH) and SAO. 2. DCF needs to receive any modification to the overpayment amounts for the case from DPAF so that the recovery can be pursued accurately. 3. Workflow automation and further integration is needed to better prosecute public assistance fraud claims with the Division of Public Assistance Fraud. 	✓	✓	✓	
Customer Call Center	<ol style="list-style-type: none"> 1. The CCC's IVR does not have the ability to provide real-time data to clients. Because of a 24-hour lag, these calls are forwarded by the IVR to CCC agents. 	✓	✓		



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Current Business Process	Specific performance, operational and/or fiscal issues that need to be addressed	Impacts:			
Case Maintenance	1. Data exchanges received are not all automatically processed. Worker intervention is needed, and volume is significant.	✓	✓		
Data Archiving	1. Data has been stored since beginning of the FLORIDA system. 2. There is a need to create a comprehensive archive/purge strategy for all systems.		✓	✓	✓
Document Imaging	1. See Issues described in the writeup for MyACCESS Account Enhancements - OSE initiative. 2. Provide clear instructions to clients regarding documentation submission to mitigate duplicate permanent record documents.	✓	✓		
Notices	1. Staff are required to manually generate notices for applications and reviews that require additional information to verify eligibility criteria. 2. Provide the flexibility for notices to be changed with minimal effort and limited costs.	✓		✓	
Quality Management	1. There is a need to provide the ability to maintain staff performance evaluation information and include staff-related statistics or information currently obtained only through data reports. 2. In annual performance reviews, performance evaluators have to manually review reports and look for information pertinent to the staff member being evaluated. 3. Currently QMS is an independent system, data is transferred between systems (AMS to QMS); may need to be integrated in to one system to gain efficiencies.	✓	✓		



Exhibit II-VIII: Current Business Process Issues and Category Mapping

1. Stakeholders

It is important to identify stakeholders to determine a baseline impact on the organization and connected entities. The Project Management Institute (PMI) defines a stakeholder as “anyone who may be positively or negatively impacted by the project.” Exhibit II-IX: Business Process Stakeholder Groups below lists the project’s stakeholders that have been identified to date, as well as a summarization of how each will be affected by, or will participate in, the ACCESS Florida System replacement.

Business Process Stakeholder Groups	
Stakeholder	How affected and/or how group will participate
Florida Department of Children and Families (DCF)	DCF operates multiple programs who serve common customers and therefore all programs and operations housed within the Department are considered stakeholders. Internal stakeholders include: <ul style="list-style-type: none"> • Executive Leadership • ESS Programs • Legislative Affairs • Office of Appeal Hearings • Care Navigators • Office of Child Welfare (OCW) • Office of Substance Abuse and Mental Health (SAMH) • Homelessness • Child Protective Investigators (CPIs) • Refugee Assistance • Office of Adult Protective Services • Information Technology Services • DCF Training • DCF Communications
Public Assistance Applicants and/or Recipients	Any individual who uses ACCESS services to apply for benefits or who currently receives benefits.

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Business Process Stakeholder Groups	
Stakeholder	How affected and/or how group will participate
General Public	A general body of people within the Florida community. The general public can access information regarding Department services, including ACCESS services, through the Department's internet site.
Florida Agency for Health Care Administration (AHCA)	AHCA, as the State Medicaid Agency, receives Medicaid eligibility information from the current system through an interface with FMMIS.
Florida Department of Health (DOH)	DOH, as the state agency responsible for disability determinations, provides information in the public assistance eligibility cases where disability is a factor.
Florida Department of Financial Services (DFS) - Division of Public Assistance Fraud (DPAF)	DPAF safeguards the public and businesses in Florida against acts of public assistance fraud by enforcing federal and state criminal laws in relation to customer eligibility and misuse of public assistance. The division investigates cases of benefit overpayments where fraud is thought to have occurred and works with the Attorney General's office and Florida State Attorney offices to prosecute those cases when evidence indicates criminal intent.
Florida Department of Revenue (DOR)	DOR manages the State's Child Support Enforcement Program. Child support is a determining factor in the public assistance eligibility process.
Florida Department of Economic Opportunity (DEO)	DEO provides mandatory work activities and employment programs for select groups of food and cash assistance recipients. DEO also functions as a community partner in the ACCESS network. DEO is also the purveyor of unemployment compensation data through its CONNECT system. DCF uses this data for verification purposes in its eligibility process.
Florida Healthy Kids Corporation (FHKC)	FHKC administers the Title XXI portion of the Children's Health Insurance Plan (CHIP). FHKC exchanges information on CHIP applicants to ensure that children who are not eligible for Title XXI CHIP are reviewed for Medicaid eligibility by DCF.
Florida Department of Corrections (DOC)	DOC operates in partnership with DCF to suspend benefits when a person enters the DOC State Prison System. The data provided also prevents incarcerated individual identities from being fraudulently used to apply for assistance.
Other State Agencies	Other agencies within the State of Florida that interact and/or are affected by the ESS Program include: <ul style="list-style-type: none"> • Florida Department of Elder Affairs (DOEA) • Florida Agency for Persons with Disabilities (APD) • Florida Department of Law Enforcement (FDLE) • Florida Office of the Attorney General (OAG) • Florida Public Service Commission (PSC) • Florida Division of Early Learning (DEL) • Florida Department of Agriculture and Consumer Services (FDACS) • Florida Department of Education (DOE) • Florida Lottery • Florida Department of Highway Safety and Motor Vehicles (DHSMV) • Clerk of Courts • Auditor General
Northwest Regional Data Center (NWRDC)	NWRDC provides utility computing services to the Department. The center maintains a 24x7x365, Tier II data center operation with redundant power, back-up generators, redundant network connections, and managed services for ACCESS Florida System, along with providing offsite disaster recovery services for the system.
Community Partner Network (CPN)	The 2,400 local, community-based organizations who assist Floridians in applying for benefit assistance.
Contracted Services	Third party vendors contract for various ESS related services. Examples of service contractors include: <ul style="list-style-type: none"> • Notice provider • Asset verification provider • Identity verification provider • EBT service provider • Maintenance & Operations (M&O) provider

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Business Process Stakeholder Groups	
Stakeholder	How affected and/or how group will participate
	<ul style="list-style-type: none"> Benefit recovery collections provider
Other States	<p>Other states share data via interstate data matching services to identify customers receiving public assistance in multiple states in order to prevent fraudulent duplicate participation. Examples of data interfaces include:</p> <ul style="list-style-type: none"> National Accuracy Clearinghouse (NAC) Public Assistance Reporting Information System (PARIS)
Florida Legislature	The Legislature has exclusive authority to determine statute and adopt the budget for state government activities.
Executive Office of the Governor (EOG)	As the leader of the State of Florida, the Executive Office of the Governor directs the executive branch in all functionalities under its purview.
United States Department of Agriculture (USDA) - Food and Nutrition Services (FNS), USDA Office of Inspector General	The federal grantor agency responsible for administering the SNAP Program.
United States Department of Health and Human Services (HHS) – Center for Medicaid and Medicare (CMS), HHS Administration for Children and Families (ACF)	The federal agency responsible for administering the TANF and Refugee Cash and Medical Assistance Programs through ACF, and the Medicaid Program through CMS.
Other Federal Agencies	<p>Other Federal Agencies have an impact on the ACCESS Florida System and provide a source of data used in determinations. They include:</p> <ul style="list-style-type: none"> Social Security Administration (SSA) Internal Revenue Service (IRS) Department of Defense (DoD) Department of Treasury Department of Justice (DOJ) Department of Homeland Security (DHS) Department of Labor (DOL) Office of Child Support Enforcement (OCSE)

Exhibit II-IX: Business Process Stakeholder Groups

2. Services Supported

The primary assistance categories and the detailed functioning components that assist customers in need are outlined in the narrative of Exhibit II-X: ESS Service Area Descriptions below.

ESS Services	
Category	Description/Programs
Medical Assistance	Provides medical coverage to low-income individuals and families who meet the technical, income and asset requirements of the program. The Department determines Medicaid eligibility, and AHCA administers Medicaid services.
Food Assistance	SNAP supplements low-income individuals and families who meet the technical and income requirements of the program to buy the food they need for good health. The Disaster SNAP Program (DSNAP) offers emergency food benefits to victims of hurricanes or other types of disasters.

ESS Services	
Category	Description/Programs
Cash Assistance	TANF provides cash assistance to families with children under the age of 18 or under the age of 19 if full time secondary school students, who meet the technical, income, and asset requirements. The program helps families become self-supporting by assisting in the payment of rent, utilities, and other household expenses through the temporary cash assistance grant. It also provides cash help to non-relative/relative caregivers who have custody of a non-related/related child placed with them by the courts as an alternative to foster care. Additionally, Optional State Supplementation (OSS) provides payments to supplement the income of indigent elderly or disabled individuals who reside in community-based alternative living environments.
Refugee Assistance	The Refugee Assistance Program (RAP) provides short-term (12 months) cash and medical benefits to newly-arrived refugees who are ineligible for TANF cash assistance and/or Medicaid.

Exhibit II-X: ESS Service Area Descriptions

Assumptions and Constraints

The assumptions and constraints that follow were developed regarding the ACCESS Florida System modernization effort.

Assumptions

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

- The replacement system will achieve DCF’s desire to increase process effectiveness and reduce manual steps that rely on the use of ad-hoc tools and processes.
- Any gains in operational efficiency that the Department realizes through these efforts will be used to allocate additional resources to value-added activities, including managing the persistently sustained caseload, reducing the occurrence of fraudulent claims, and improving customer service levels.
- A suitable architecture model exists to facilitate rapid and scalable deployment of the technical and functional initiatives outlined in the proposed solution.
- DCF will employ the Organizational Change Management (OCM) activities required to implement the recommended solution in the most successful fashion.
- Best practices for IT project management will be followed and the project team will be adequately staffed to accomplish the project’s deliverables, milestones, and infrastructure, manage user involvement, ensure proper testing, produce necessary project planning documents, project status reporting and complete other project management tasks.
- The system will invest in building data interfaces with other agencies/departments rather than re-create the storage of duplicate data.
- Data migration from multiple legacy systems will be required.
- Labor rates for contracted staff are assumed to be in accordance with the IT consulting State Term Contract for staff augmentation and comparable to similar projects recently undertaken by other Florida State Agencies.
- The proposed solution will comply with all requirements of the Americans with Disabilities Act (ADA).
- Each fiscal year, upon release of continuation funding for the modernization project, DCF will procure resources and vendors for scoped integration work and IV&V services.

Constraints

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

- Project funding is appropriated annually and may be subject to periodic releases throughout the year, depending upon suitable schedule and cost performance.
- Approval by either the EOG (in consultation with the Legislature) or the Legislative Budget Commission (LBC) may be required before any appropriated funds are made available to the Department.
- All schedules depend on the continual availability and authority of appropriated funds.

- Information requests from external oversight agencies and partners can be time consuming to produce and can affect the project’s timeline.
- State and/or federal statutory changes, changes in administrative rules, and DCF policy changes could affect the project.
- The software tools supporting desired capabilities will be determined based on the solution proposed by the system integration vendor.
- MARS-E 2.0 security and privacy control framework must be maintained.
- Stakeholder involvement with and understanding of the project will be time-consuming.

C. Proposed Business Process Requirements

In the evaluation of alternative solutions for this project, a partial system modernization solution was considered against a complete modernization solution. While partial modernization would be expected to result in reduced scope, shorter implementation time, lower cost and reduced project risk, a partial approach would not resolve the overarching technical infrastructure challenges that limit and constrain the Department’s ability to meet essential business process requirements in the current market environment and into the foreseeable future. Under a partial solution, priority would be assigned to delivering maximum business value rather than migrating from the mainframe architecture. New modules would require some degree of COBOL programming to be “backward-compatible” to the old mainframe and then rewritten once transitioned off the mainframe.

A complete modernization solution would include full migration of the FLORIDA mainframe to a new system platform that meets the Department’s business objectives for a more integrated service delivery model that is customer-centered, outcome-driven, and less costly to maintain. For these reasons, a complete system modernization solution is preferred and recommended over a partial solution.

Proposed business process requirements for the recommended solution are illustrated and described more fully in the subsections below.

Proposed Business Process Requirements

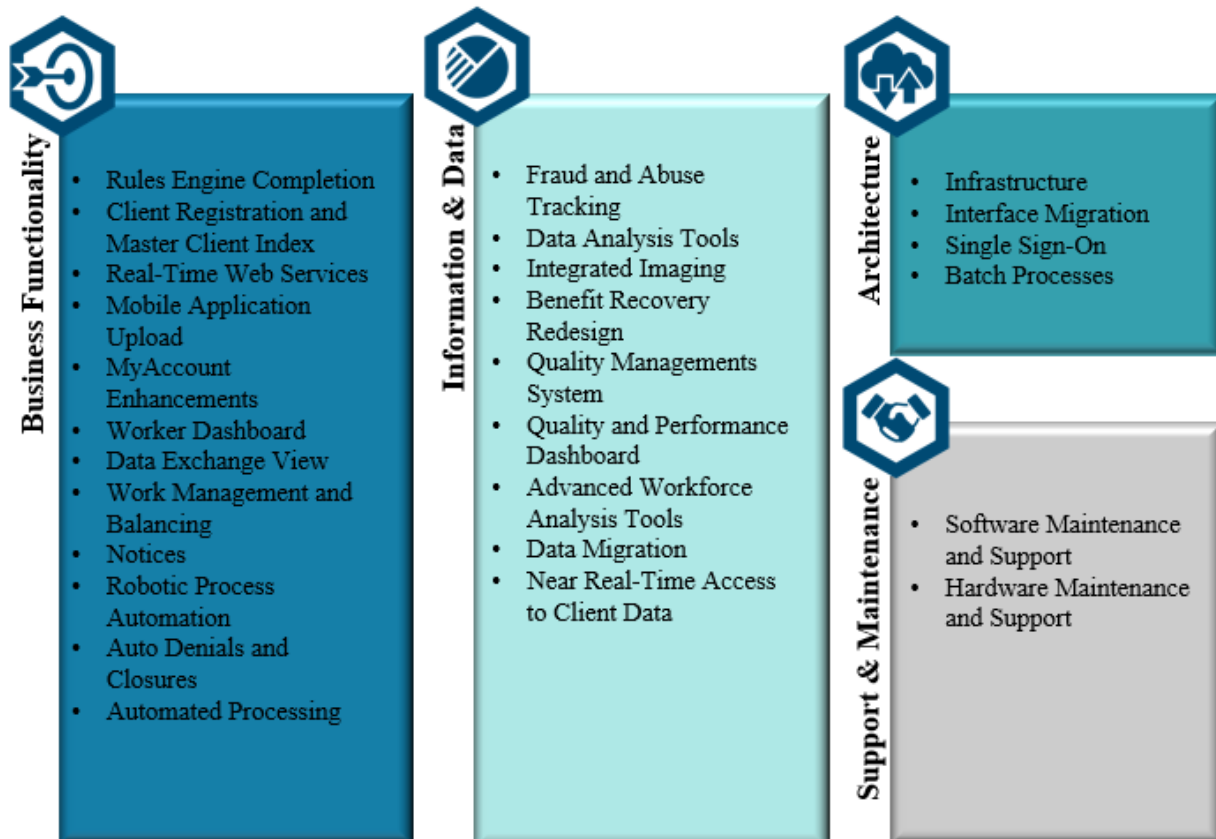


Exhibit II-XI: Proposed System Initiatives

The following sections provide an overview of the business process requirements the system initiatives would support. These high-level requirements are a starting point for a more detailed requirements gathering and elaboration which will be conducted during the Definition Phase of the proposed project.

a. Business Functionality



The business functionality system initiatives (above) involve the addition or improvement of system functionality across several related business areas that are critical to the administration of Florida’s ESS Program. This is including, but not limited to intake, eligibility verification and determination, customer communications and relationship management, work management, and fraud and abuse prevention. The business process requirements for these initiatives are described below.

- **Rules Engine Completion:** The proposed system initiative will migrate the eligibility rules for food and cash assistance programs from Florida to the ACCESS Florida System business rules engine so that all ESS Program eligibility rules will reside in and leverage the business rules engine that was implemented with the MES Project. The solution will also migrate Eligibility Determination and Benefit Issuance system functionality into a new worker portal application to support those business processes. The rules engine will also score incoming applications using a set of proven error and fraud prone profiles so that high risk applications can be assigned to specialized investigative skilled staff. In general, any business rules currently implemented outside of the rules engine will be moved to the rules engine.
- **Client Registration and Master Client Index:** The proposed system initiative will consolidate and strengthen the front-end client registration and clearance process on an enterprise level. This ingenuity will streamline the intake functionality, improve worker application processing productivity, and help reduce fraud.
- **Real-Time Web Services:** The proposed system initiative will provide workers with instant and automated access to customer verification data tracked by external agencies to increase worker productivity, improve application processing accuracy and timeliness, prevent identity theft and fraud, and speed customer access to services and benefits. Web services would be established with a variety of partners, internal and third party. For example, information that is entered into the current ACCESS Florida System by DCF employees is not immediately available to everyone internally. This is because nightly batch processing is used to share information between the subsystems of ACCESS Florida System. In addition, the information that is shared and retrieved between DCF and its external partners such as other state agencies is also delayed by batch processing. The implementation of webservices will make the transfer of information seamless and immediate.
- **Mobile Application Upload:** The proposed system initiative will provide DCF clients the ability to register and file for benefits using an application on a mobile device. This application would be a mobile-optimized version of “MyACCESS Account” Self-Service Portal which will allow clients the ability to capture, upload, and index images of verification documents, and the ability to use location services to find the nearest referral services, all without any assistance from the Department. Mobile devices have become an indispensable tool in the lives of many Americans. In alignment with this societal trend, this initiative promotes the use of mobile devices when interacting with clients.
- **MyACCESS Account Enhancements:** The proposed system initiative will provide increased customer self-service options including maximizing the use of electronic notifications, will allow customers to perform page-by-page indexing of documents by individual and document type, preview submitted documents, view the processing status of each submitted document, view the current status of their application, and receive direct communication from the worker and/or engage in real-time chat on pending verifications and what specific information is needed from the customer to complete processing. In addition, this initiative will allow customers to request an EBT card without Department assistance and include enhanced customer security via multi-factor authentication allowing Florida to continue its status as a leader in security initiatives surrounding fraud prevention and increase its current Benefit Investigations cost avoidance and savings.
- **Worker Dashboard:** The proposed Worker Dashboard system initiative will provide workers with a summarized view of work items that they are responsible for to intelligently track, display, and prioritize work items based on business needs. Currently, workers must sign into approximately 15 screens to complete assignments. Work items to be included are assignments, work in progress, appointments, incoming images, and alerts. The Worker Dashboard will also enable supervisors and administrators to access and monitor the same information for their respective areas of responsibility at the worker, unit, or administration level.
- **Data Exchange View:** The proposed Data Exchange View system initiative would automate searches with third

party systems to verify applicant citizenship status, income, assets, and other relevant information. This information would then be consolidated into a user-friendly format that can be easily accessed during application processing and during claim determination to recover overpaid benefits due to error or fraud.

- **Work Management and Balancing:** The proposed system initiative will automate the balancing and distribution of workload across the State based on pre-defined criteria, including work levels, without requiring supervisor or administrator intervention. This functionality would dynamically throttle and configure the routing of incoming work items to administrative units and balance the load across regions and circuits so that statewide capacity is fully utilized, resources are optimized and virtual, and output is maximized, even and especially in the event of a disaster.
- **Notices:** The proposed system initiative will allow detailed notices to customers and simplify the process of creating and modifying customer notices which will dramatically reduce the associated costs through the implementation of configurable, on demand notices. This initiative will also maximize the use of electronic notifications.
- **Robotic Process Automation:** The proposed system initiative will enhance and secure automated processing of client applications for benefits to maintain benefit accuracy and integrity, improve application processing productivity, and keep historic records for on demand reporting.
- **Auto Denials and Closures:** The proposed system initiative will automatically deny or close client applications based on predefined criteria without requiring worker intervention in order to enhance benefit accuracy and integrity, and workload associated with performing these case actions.
- **Automated Processing:** The proposed system initiative will consolidate and streamline the data entry process for new applications, renewals, and changes to improve worker productivity via automatic data population and identification of conflicting existing customer data.

b. Information and Data



Like all health and human services enterprises, rapid access to high quality data is critical to the integrity, efficient and effective operation of the Department's business model. As such, the Department requires a modern approach to data management so that the information needed for business processes and reporting is available, accurate, and provides internal as well as external stakeholders with reliable data. The proposed initiatives included in this area involve the integration of data that is currently maintained in separate databases and the creation of performance dashboards. The business process requirements for the information and data system initiatives are described below.

Fraud and Abuse Tracking: The proposed system initiative will support the Public Benefits Integrity Program workflows encompassing the entire lifecycle of fraud and abuse referrals, including flagging fraud-prone profiles to help identify and stop fraud before benefits are approved. It would enable case management functions, through the comprehensive identification, capture, tracking, and monitoring of complaints, referrals, investigations, claims, and disposition/outcomes, and the automated generation of alerts when action is needed. The solution will provide workers with the information needed to more efficiently process referrals, including access to multi-state data matches, to accelerate decision-making to prevent fraud and issuance of benefits, and to establish the foundation for future data analysis. It also would enable the Department to retire the current ACCESS Online System and reduce associated operations and maintenance costs.

Data Analytics Tools: The proposed system initiative will provide functionality to analyze current and historical program and customer data to identify trends and underlying factors related to fraud, waste, and abuse. The solution will provide the tools to enable the Department to search, understand, and triage data, detect potential fraud, and misuse of benefits, and improve decision making for workers, supervisors, administrators, and management in an improved manner.

Integrated Imaging: The proposed system initiative will streamline the Department's mail and scan operations and business processes by automating the indexing of documents submitted by customers with state-of-the-art encoding technology, smart forms, and automating the routing of customer documents to workers through predefined workflow criteria. The imaging solution will be integrated with the worker portal to provide staff with seamless access to customer documents directly through the Worker Dashboard and other worker portal screens.

Benefit Recovery Redesign: The proposed system initiative will support the Department's compliance with federal guidelines and benefit recovery business processes within the worker portal to provide enhanced visibility to data

exchanges and alerts, and improve workflow management, enabling the Department to retire the currently fragile Benefit Recovery System, reduce operations and maintenance costs, increase productivity, and reduce the Benefit Recovery backlog. In the past few years, the Benefit Recovery Program has undergone a 40% reduction in staff, business process redesign, and changes in federal policies, yet the system has not kept up with these changes. Manual “workarounds” have become a permanent part of Benefit Recovery processes, limiting the type of productivity increases needed to address the workload. Large portions of Benefit Recovery functionality were retained in the FLORIDA system, requiring repeated reconciliations, manual processes, and alerts to notify IT when the interface between FLORIDA and IBRS fails.

Quality Management System: The proposed system initiative will integrate and support the ESS Program’s quality management (QM) within the new worker portal, including the ability to generate random samples of cases for review, read case records, identify error-prone areas, and compile QM data and results.

- **Quality Control System:** The proposed system initiative will enhance automation of federally mandated quality control (QC) business processes, including auto-population of review findings.

Quality and Performance Dashboard: The proposed system initiative will provide an overview of the ESS Program’s performance, quality rating, and an organizational score card to enable the Department to better manage, monitor, and optimize critical business processes and activities using metrics of business performance that support data driven decision making. The solution would also trigger alerts when a problem arises and provide tools to analyze the root cause of the problem by exploring relevant and timely information from multiple perspectives and at various levels of detail.

Advanced Workforce Analysis Tools: The proposed system initiative will provide easier access to workforce data and an advanced set of data analysis tools and metrics that allows for comprehensive workforce performance measurement and productivity improvements. The solution would support decision-making around planning and forecasting for employment needs and labor cost avoidance, including overtime costs, and enable the identification of inefficiencies that can be addressed through staff training and process improvements.

Data Migration: The proposed system initiative will include data cleanup activities conducted jointly with DCF and appropriate vendor staff, and migration of ESS Program data and processing from all databases including the hierarchical IMS database to improve data access and reduce operations and maintenance costs.

Real to Near Real-time Access to Client Data: The proposed system initiative will provide workers and customers with real or near real-time access to customer data via the worker portal and MyACCESS Account. This functionality would replace the nightly Florida Operational Data Store (FLODS) batch extract containing day-old account information that customers and workers currently receive and rely on to ensure more timely and accurate eligibility determination.

c. Architecture



Over time, a multitude of sub-systems and applications have been added on to the legacy system to support the Department’s evolving business needs. As a result, the ACCESS Florida System has become overly complex and increasingly inflexible. The proposed initiatives included in this area involve replacement and consolidation of servers and a new system infrastructure to better align with and support the Department’s business processes today and well into the future. The business process requirements for these three architecture system initiatives are described below.

- **Infrastructure Upgrade:** The proposed system modernization solution will establish a consolidated, scalable on demand, modern platform residing in the cloud that provides the solid base and flexibility needed to mitigate maintenance and operation costs associated with the legacy mainframe environment. The proposed solution will also better support increased caseloads, facilitate the implementation of future operational efficiencies, allow a more rapid response to future state and federal program changes and constantly evolving challenges related to fraud prevention and detection. From a service perspective, the proposed system solution will help build stronger relationships with customers and enable quicker access to services with improved outcomes.
- **Interfaces Migration:** The proposed system initiative will eliminate the need for data used by the ESS Program’s eligibility verification and case maintenance business processes to be transferred between multiple systems by migrating these interfaces to the new system platform. Interfaces that would be migrated include, but are not limited

to, the Florida Department of Law Enforcement, Florida Department of Revenue, Florida Department of Corrections, United States Department of Agriculture Food and Nutrition Service, U.S. Internal Revenue Service, U.S. Department of Defense, Center for Medicare and Medicaid, Administration for Children and Families, Florida Lottery, Florida Department of Financial Services, Florida Agency for Health Care Administration, and Electronic Benefits Transfer.

- **Batch Processes:** The proposed system initiative will migrate batch processes from the legacy mainframe to the new system platform. In situations where data availability constraints allow it, batch processes will be transformed into real-time processes.
- **Single Sign-On:** The proposed system initiative will include single sign-on user authentication to eliminate redundancies and administrative burden. Single sign-on allows the user to log in once and access services without re-entering authentication factors.

d. Support and Maintenance



The proposed initiatives included in this area involve the activities that are required for the operation and maintenance of the ACCESS Florida System, including but not limited to operating the system, monitoring system performance, fixing defects, testing changes to the system, and performing software maintenance and upgrades. The business process requirements for these two support and maintenance system initiatives are described below.

- **Software Maintenance/Support:** The proposed system initiative will provide the Department with the ability to better manage ongoing software maintenance and support costs.
- **Hardware Maintenance/Support:** The proposed system initiative will provide the Department with the ability to better manage ongoing hardware maintenance and support costs.

Business Solution Alternatives

For a complete system modernization project, the implementation and rollout generally fall under one of the two following options:

- **Big bang:** A big bang approach involves planning out all the work and determining all the requirements up front. Required functionality is subsequently implemented, tested, and deployed sequentially. The result is a single deployment and corresponding cutover from the legacy system to the new system. Modifications involving legacy systems are restricted to only those that support data conversion.
- **Phased:** A phased approach breaks the overall modernization effort into a series of releases, with each release including modernized replacement components and legacy updates to interoperate with the new modernized components. As a result, modifications to legacy systems are more extensive with this approach. The scope includes both development and implementation of the new modules as well as migration of data from the legacy system. The result of each release is a full-featured system comprised of more modernized components and fewer legacy components with each subsequent release.

When considering a phased approach, sequencing of module replacements must be carefully examined. Replacing a tightly coupled component in the middle of the overall process flow can result in excessive effort updating dependent legacy components. Sequencing the work with either the front-end components or the back-end components first will minimize this effort. Both variations of a phased approach are summarized below:

- **Front-End First:** This sequencing prioritizes public-facing aspects of the system prior to backend processing. More changes are required to the backend to support this approach. In the Department's case, this sequencing approach would result in more mainframe changes.
- **Back-End First:** An alternative sequence prioritizes replacing backend components first. Changes resulting from modernization are not publicly visible early in the process as a result. However, this sequencing would result in fewer mainframe changes since modernizing the portion running on the mainframe comes first.

A 4-Year and 6-Year project schedule and timeline were considered. The 6-Year timeline carries less risk by allowing for additional development and testing time, but it carries greater cost, leverages fewer federal matching dollars, and delays realization of full project benefits and return on investment (ROI). However, due to incremental funding allocations, a 4-

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Year implementation timeline and project schedule is not feasible.

Rationale for Selection

A phased back-end first approach for the mainframe migration is the recommended solution based on the selection criteria described below and listed in Exhibit II-11. This approach delivers business value in both the short-term and long-term and mitigates the highest risk the Department faces in terms of replacing current infrastructure.

- Risk:** As previously noted, a primary risk the Department currently faces is high cost and limited flexibility resulting from dependence on mainframe infrastructure. The data center costs have been increasing and are expected to continue to increase as the fixed costs are distributed over a declining user base. Additionally, the availability of staff knowledgeable of both infrastructure operation and application development in a mainframe environment is trending down. The combination of increasing cost and reduced availability of maintenance and operations staffing severely limits the capability of the Department to continue to adapt to future changing needs.

Coupled with the risk of mainframe dependence is the risk that this project does not adequately address that dependence. Schedule delays prior to the completion of the migration from the mainframe exacerbate the concern. Also, loss of funding could stop the mainframe migration altogether.

Selecting the approach for implementation should consider both aspects of the risk in that migrating from the mainframe earlier mitigates the dependency risk earlier and ensures that the impact of delays or loss of funding does not prohibit elimination of the mainframe dependency.

- Funding Availability:** This effort is expected to be funded with a combination of federal and state funds. Spending authority for these funds is provided incrementally. This incremental nature means that funding may not become available when planned, if at all. Selecting the approach for implementation should consider the potential loss of funding at each increment of funding being made available. The following table shows intended funding sources, any time constraints, and expected amounts by year.

Funding Source	Match Amt	Availability	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Medicaid (Federal)	90/10	Historically Available	\$11,519,300	\$9,083,340	\$19,777,500	\$19,777,500	\$19,777,500	\$19,777,500	\$99,712,640
SNAP (Federal)	100/0	Available through 9/30/23	\$4,286,700	\$1,299,000					\$5,585,700
SNAP (Federal)	50/50	Available after 9/30/23		\$6,055,560	\$7,325,000	\$7,325,000	\$7,325,000	\$7,325,000	\$35,355,560
General Revenue	0/100	Upon approval by legislature	\$694,000	\$3,562,100	\$9,522,500	\$9,522,500	\$9,522,500	\$9,522,500	\$42,346,100
Total			\$16,500,000	\$20,000,000	\$36,625,000	\$36,625,000	\$36,625,000	\$36,625,000	\$183,000,000

- Business Value:**
 - Short-Term** – Recognizing business value in the early stages of a multi-year project is often a consideration for priority. In the short term, this can help justify the purpose of the project and gives early benefits to justify the investment in the project. In some circumstances, this can reduce overall costs by enabling process improvements and improving efficiency before the entire effort has been completed. In other circumstances, prioritizing short-term return can lead to band-aid solutions that don't fully resolve the root of the organization's challenges. With the primary challenge of DCF's ACCESS Florida System being the complex and antiquated mainframe, short-term business value may need to be de-prioritized.
 - Long-Term** - With large multi-year projects, delivering business value over the long-term must be considered as well. These long-term benefits typically represent the major goal of the project, solving the root of the organization's challenges. Often, long term benefits are not obtained due to competing desires for

short-term benefits. As a result, long term benefits must be prioritized in many cases at the expense of potential short-term gains. Prioritizing long-term benefits in some circumstances, can set the organization up for better long-term success.

Solution Alternative Selection Considerations			
Item	Big Bang	Phased Front-End First	Phased Back-End First
Risk	<ul style="list-style-type: none"> High (funding could run out before completion) 	<ul style="list-style-type: none"> High (mainframe remains if funding runs out) 	<ul style="list-style-type: none"> Moderate (eliminates mainframe as a priority)
Funding Availability	<ul style="list-style-type: none"> Funding could run out before completion 	<ul style="list-style-type: none"> Incremental delivery can stop when funding no longer is available 	<ul style="list-style-type: none"> Incremental delivery can stop when funding no longer is available
Short Term Business Value	<ul style="list-style-type: none"> No value until completed 	<ul style="list-style-type: none"> Value delivered incrementally 	<ul style="list-style-type: none"> Value delivered incrementally
Long Term Business Value	<ul style="list-style-type: none"> No value until completed 	<ul style="list-style-type: none"> Mainframe remains if funding runs out; continued hindrance of delivery 	<ul style="list-style-type: none"> Mitigates reliance on mainframe even if funding runs out

Exhibit II-11: Selection Criteria for Recommended Solution

Recommended Business Solution

In order to address the primary challenges of DCF’s current ACCESS Florida System up-front, namely the relic mainframe and hierarchical database that sit at the center of the system and account for the majority of the cost and complexity, we recommend that the implementation approach the back-end mainframe components first. Under this approach, the order of operations would start with setting up the solution architecture, then begin prioritizing the development of modules to replace mainframe components, and finally, developing the front-end applications and additional non-mainframe back-end solutions to complete the full system replacement and modernization. Each of the software development and implementation activities highlighted in the roadmap includes the full software development life cycle (SDLC), beginning with requirements-gathering and culminating in production deployments.

Following is a summary of the high-level roadmap activities:

- Management:** The Department has a PMO in place. As part of this modernization effort, the PMO will need to be expanded to encompass all the management and resource planning needed for this project. Given the scale of this undertaking, additional oversight in the form of IV&V (Independent Verification & Validation) and Business Advisory Services are warranted. Additionally, this modernization effort is expected to be transformational for the Department. Moving to cloud hosting, shifting from mainframe technology to a more modern technology stack, and replacing custom modules will require a significant retooling of the workforce from a technical standpoint. To address this, a focused Organizational Change Management process utilizing PMI best practices is required.
- Infrastructure:** A combination of custom-developed software and COTS packages will be used to provide functionality currently provided by mainframe applications. This in combination with new infrastructure software will incur additional licensing costs. Also, the move to cloud infrastructure will require procuring cloud hosting hardware.

Components of the solution architecture are already in place. The business rules engine has been implemented and needs to be extended for all business rule processing in a centralized fashion. An enterprise service bus and integration layer has been selected and is in the process of being implemented. Additionally, DCF has selected other enterprise platforms, such as an enterprise document management solution, as part of Year 1 activities that contribute to the solution architecture development. This sets the foundation for the modernization project from a technical perspective.

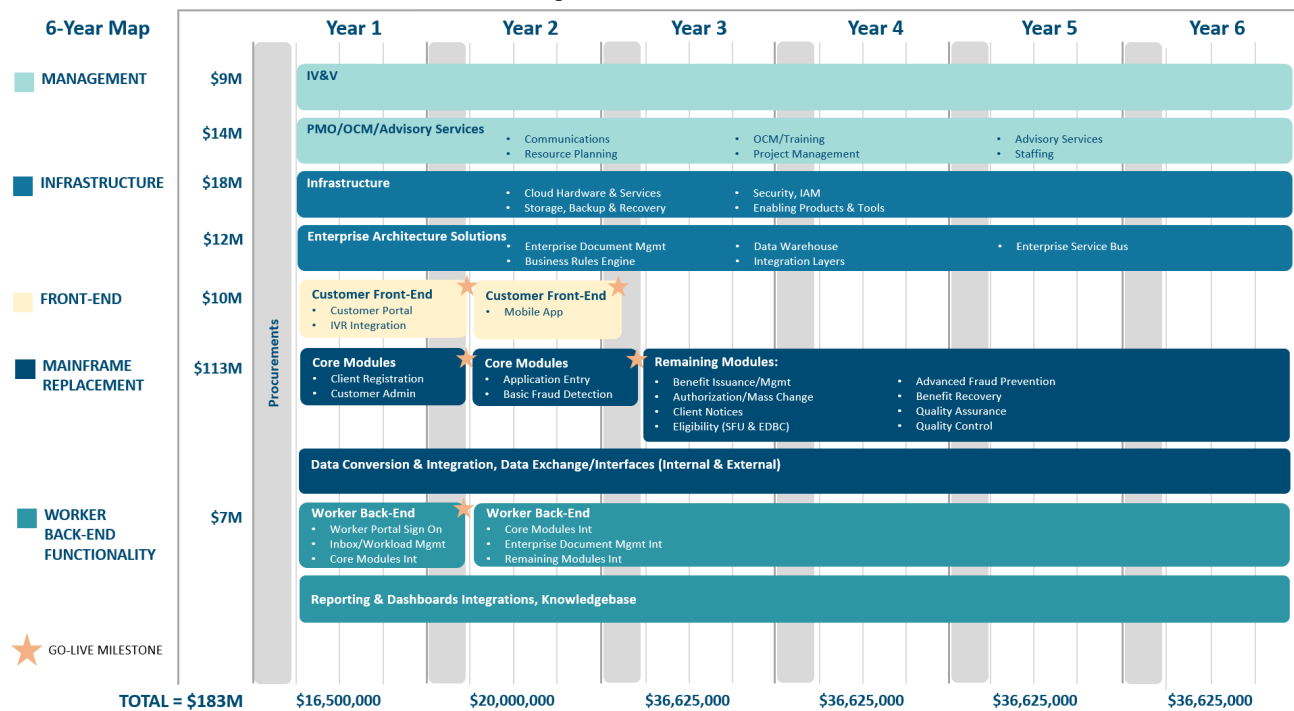
- Front-End:** Front-end applications include a modernized Customer Portal and mobile application. The components will be modernized early in the roadmap to enhance customer service and introduce a new channel for managing benefits.
- Mainframe Replacement:** The retirement of mainframe technology is proposed using two phases. The core phase will replace application processing while the secondary phase will focus on benefit eligibility and issuance processes as well as oversight processes such as fraud detection and quality assurance. As modules are replaced, data

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will need to be converted to a format suitable for the replacement modules. Also, interfaces will need to be developed between legacy and modernized modules to ensure consistent overall operation as well as mitigate any risk resulting from potential loss of funding. This is expected occur throughout the modernization effort after the solution architecture is in place. In addition to the interfaces between modules, integration with systems outside of the Department will need to be maintained as the legacy modules are replaced.

- Worker Back-End Functionality:** Although implemented in a non-mainframe technology, the worker portal is used for managing the benefit processing cases, including both the workload management and case management components, is tightly coupled with the mainframe applications. As a result, they will need to be modernized along with the mainframe replacement efforts.

As explained above, the recommended solution will adopt the 6-Year implementation plan and project timeline illustrated below. Breakdowns for Year 1 and Year 2 are also provided.



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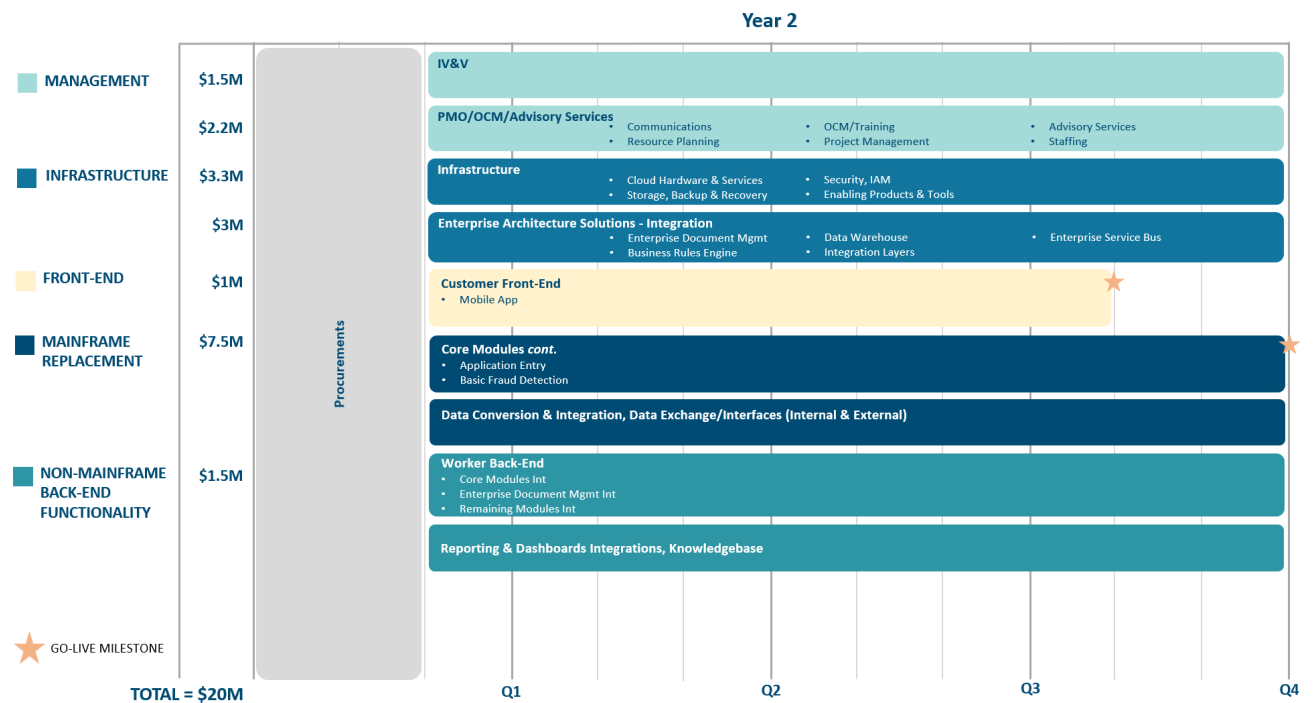
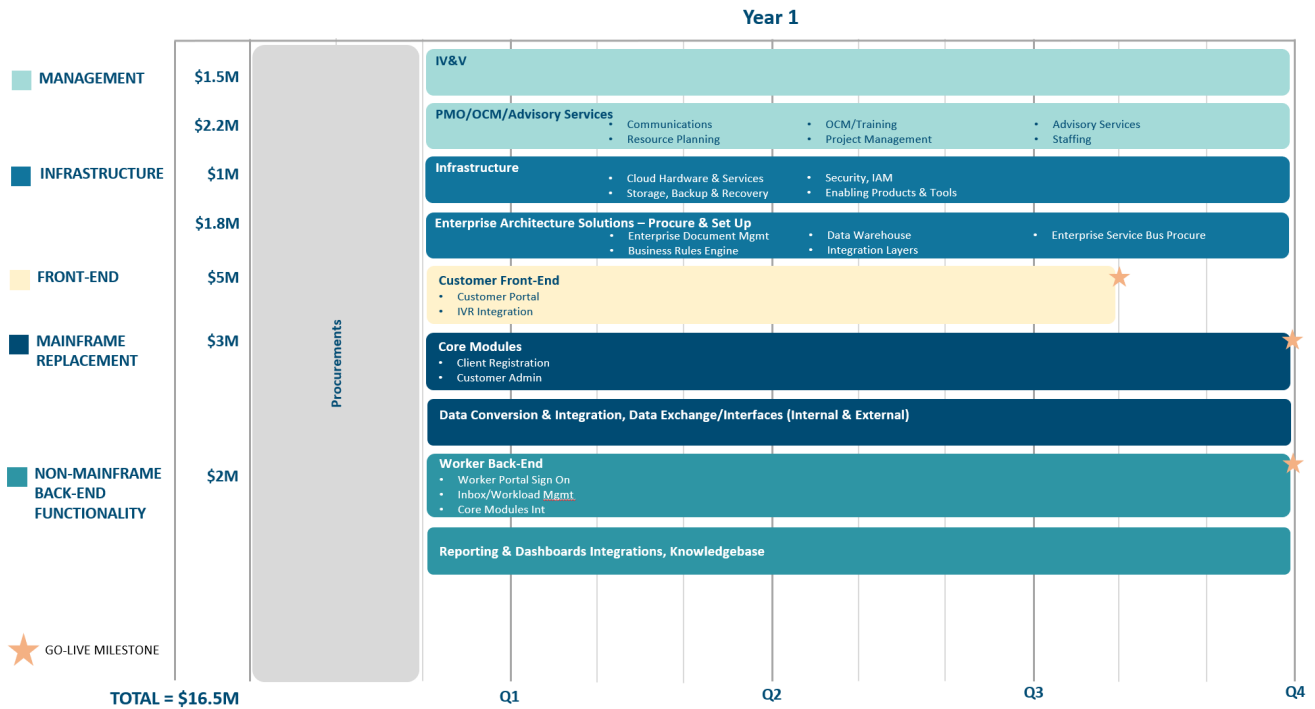


Exhibit II-12: Implementation Roadmaps for Recommended Solution

The recommended solution prioritizes moving DCF away from the complex, costly, and challenging mainframe, and sets up DCF for more flexible, efficient, and future-forward operations. Each of the components of the solution, implemented in phases outlined in the roadmap above, will provide solutions for both the business and technical objectives. The diagram below indicates how the recommended solution achieves those benefits throughout the phases of the roadmap. The technical solution and technical benefits realized are described in more detail in section IV.

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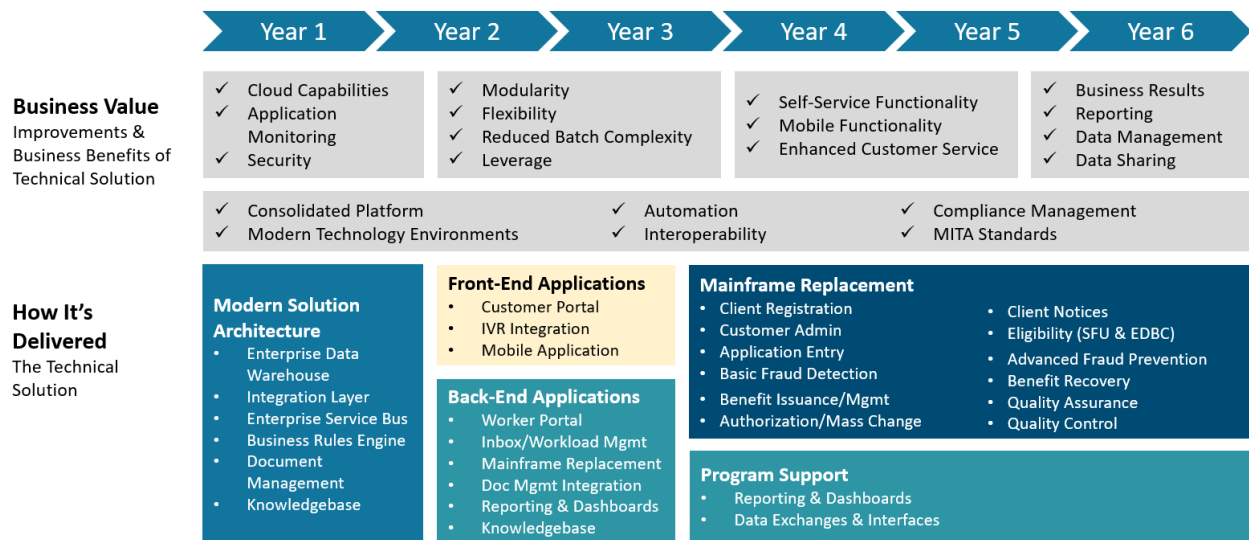


Exhibit II-XII: Implementation Roadmap for Recommended Solution

D. Functional and Technical Requirements

The functional and technical requirements are listed below in Exhibit II-XIII: Functional and Technical Requirements.

Requirement Area	Initiative	Description
Business Functionality	Rules Engine Completion	The solution shall utilize the IODM external business rule engine architecture to define and maintain configurable business and eligibility rules for the public assistance programs including Medical Assistance (Medicaid/CHIP), Food Assistance Program (SNAP), Cash Assistance (TANF), and Refugee Assistance Program (RAP).
Business Functionality	Real-time Web Services	The solution shall provide a real-time interface with Florida Medicaid Management Information System (FMMIS).
Business Functionality	Real-time Web Services	The solution shall provide a real-time interface with the DEO CONNECT system to provide real-time data on unemployment benefits utilized to determine eligibility.
Business Functionality	Real-time Web Services	The solution shall migrate existing web services.
Business Functionality	Mobile Application & Upload	The solution will enable functionality to present customers with a mobile-optimized version of “MyACCESS Account” Self-Service Portal functionality that provides customers the ability to capture, upload, and index images of verification documents, and the ability to use location services to find the nearest referral services, all without any assistance from the Department.
Business Functionality	MyACCESS Account Enhancements	The solution shall provide customers real-time access to the status of new applications, requests for additional benefits, reported changes, renewals, verifications, and benefit amounts.
Business Functionality	MyACCESS Account Enhancements	The solution shall enable customers to engage in direct communication with the worker on pending verifications and what specific information is needed from the customer to complete processing.

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Requirement Area	Initiative	Description
Business Functionality	Worker Dashboard and Data Exchange View	The solution shall display prioritized case information on a configurable worker dashboard with drill-down to detailed information, including data gathered from existing state and federal data exchanges, alerts, and third-party systems relevant to the individuals associated with the work item that is being processed.
Business Functionality	Work Management and Balancing	The solution shall have the ability to throttle and route incoming work items to staff based on a work management model that balances load across regions, circuits, and administrative units.
Business Functionality	Role-Based Routing	The solution shall have the ability to route incoming work items according to skill-based roles.
Business Functionality	Customer Call Center Enhancements	The solution shall integrate with CCC software to allow staff to communicate with customers via chat, email, and text.
Business Functionality	Notices	The solution shall trigger, generate, and publish detailed, configurable notices to customers.
Business Functionality	Notices	The solution shall retain a historic record of all notices for on demand reporting.
Business Functionality	Automated Processing	The solution shall automatically import data from electronic sources such as the existing self-service portal and account transfers into the worker portal system.
Business Functionality	Automated Processing	The solution shall automatically process a case from client registration through enrollment without user involvement when this meets pre-defined eligibility conditions.
Business Functionality	Automated Processing	Where conflicts exist between newly received electronic data and data that already exists in the system, the solution will display the conflicting data to the user so that the user can take action to resolve each conflict and move to the next.
Business Functionality	Automated Processing	The solution shall accurately and automatically re-determine eligibility and send an Automatic Redetermination notice for benefits where electronic verifications are available and allowable by DCF interpretation of policies and regulations.
Business Functionality	Auto Denials and Closures	The solution shall accurately and automatically deny or close cases without worker intervention based on pre-defined eligibility conditions.
Data and Information	Fraud and Abuse Tracking	The solution shall provide comprehensive application triage, workflow, and case management functionality to track and monitor complaints, referrals, investigations, claims, and outcomes for the Benefit Investigations and Benefit Recovery Programs integrated within the worker portal system.
Data and Information	Fraud and Abuse Tracking	The solution shall provide the ability to utilize EBT transaction data to identify fraud, trafficking, and identity theft.

SCHEDULE IV-B FOR ACCESS SYSTEM COMPLETION

Requirement Area	Initiative	Description
Data and Information	Data Analysis Tools	The solution shall provide data analytic and forecasting capabilities for current, future, and historical data provided by the Data Warehouse to identify underlying factors related to fraud, waste, and abuse to detect potential misuse of benefits.
Data and Information	Data Analysis Tools	The solution shall provide the tools to identify trends and forecasting opportunities related to process improvement and training.
Data and Information	Data Analysis Tools	The system shall establish and produce a range of scores to categorize applications and work items by level of risk and priority.
Data and Information	Integrated Imaging	The solution shall provide integrated access to previously submitted and indexed documents to a customer from the self-service portal (should be handled via Enterprise Content Management instead if implemented).
Data and Information	Integrated Imaging	The solution shall utilize a Services-Oriented Approach (SOA) and standards-based approach to imaging.
Data and Information	Integrated Imaging	The solution shall track customer forms and notices using state-of-the-art encoding technology and smart forms to automatically route documents based on document metadata and other predefined conditions.
Data and Information	Integrated Imaging	The solution shall automatically index verification documents based on customer identification through state-of-the-art encoding technology.
Data and Information	Reports Migration	The solution shall migrate legacy reports from the ACCESS Data and Reports system, Integrated Benefit Recovery System (IBRS), Exceptions Management System, and Supplemental Payment System (SPS), and MES Reports to a standardized reporting and analytics platform.
Data and Information	Benefit Recovery Redesign	The solution shall provide an interface to share benefit recovery data with the Department of Public Assistance Fraud (DPAF), Department of Corrections (DOC), Department of Lottery (DOL), and Florida Department of Law Enforcement (FDLE).
Data and Information	Benefit Recovery Redesign	The solution shall enable use of the worker dashboard to identify and recover overpayment of benefits.
Data and Information	Benefit Recovery Redesign	The solution shall provide a multi-program, multi-state interface to interchange information on customers receiving benefits in other states to avoid duplicate participation.
Data and Information	QMS Redesign	The solution shall provide comprehensive quality assurance and control functionality that allows for random sampling and supervisor and second party reviews from within the worker portal system.
Data and Information	Quality/Performance Dashboard	The solution shall provide views of organizational performance based on both qualitative and quantitative metrics in a dashboard format that can be configured based on roles (i.e., executive, supervisor, and worker).
Data and Information	Advanced Workforce Analysis Tools	The solution shall utilize workforce analysis and trend tools to identify potential opportunities to optimize labor costs.

SCHEDULE IV-B FOR ACCESS SYSTEM COMPLETION

Requirement Area	Initiative	Description
Data and Information	Near Real-time Data Access	The solution shall provide workers and customers with real or near real-time access to customer data via the worker portal and MyACCESS account.
Architecture	Single Sign-On	The solution shall require users to sign on only once to access multiple systems that support ESS worker processing.
Architecture	SOA/Standards	The solution architecture shall be modular with open interfaces and business rules that are separate from application-related programming.
Architecture	SOA/Standards	The solution shall comply with CMS 7 Standards and Conditions and leverage an open, standards-based, SOA that aligns with the MITA maturity model as published in 42 CFR Part 433.
Architecture	SOA/Standards	The solution shall be deployed as a web-based, graphical user interface, accessed via a web browser and/or mobile application.
Architecture	SOA/Standards	The solution architecture shall provide an efficient and flexible platform to accommodate legislative and policy changes.
Architecture	SOA/Standards	The solution shall comply with accessibility standards and regulations under Sections 504 and 508 of the Rehabilitation Act of 1973, as well as with the Americans with Disabilities Act of 1990 (ADA).
Architecture	Implementation Approach	The solution shall have the capability to interact with all existent non-modernized components to continue to provide existing business services while legacy ACCESS Florida Systems are undergoing reengineering in a phased implementation.
Architecture	System Performance	The solution shall provide the capability for capacity monitoring via server volume/capacity and network volume/capacity monitoring.
Architecture	System Performance	The solution shall provide the capability for application monitoring for all ACCESS Florida System functionality.
Architecture	System Performance	The solution shall be scalable to accommodate potential surges or gradual increases in processing of existing volume and capacity of ESS worker caseloads.
Architecture	Disaster Recovery	The solution shall provide the ability to create back up customer information, case information, eligibility benefits batch files, and all system components for disaster recovery.
Architecture	Data Migration	The solution shall convert functionality and processes written in COBOL and other third-party supporting software on the ACCESS Florida System to an open systems platform.
Architecture	Data Migration	The solution shall convert customer information such as but not limited to benefit/service history, overpayments, recoupments, benefit clocks, and sanctions from the IMS hierarchical database on the ACCESS Florida System to a relational database.

Requirement Area	Initiative	Description
Architecture	Data Migration	The solution shall provide the capability to convert active (on-line), inactive (i.e., closed, denied) and archived (off-line) records.
Architecture	Data Migration	The solution shall provide a mechanism to clean the data and remove duplicate records.
Architecture	Interface Migration	The solution shall migrate interfaces with the ACCESS Florida System to an architecture based on an Enterprise Service Bus (ESB).
Architecture	Interface Migration	The solution supports the secure transmission of data via the ESB using an established security appliance.
Architecture	Interface Migration	The solution shall provide the ability to import data into the system in multiple formats (i.e., csv, fixed length ASCII, tab-delimited, etc.).
Architecture	Interface Migration	The solution shall provide the ability to maintain external system information for interfaces (i.e., connection strings, file paths).
Architecture	Interface Migration	The solution shall provide the ability to transmit and receive imported and exported data through multiple secure methods compliant with NIST standards (i.e., file output, web service, single and batch transactions).
Architecture	Security	The solution shall meet the minimum security requirements as defined by FIPS through the use of security controls in accordance with NIST standards.
Architecture	Security	The solution shall support full compliance with the controls defined in Volume III: Catalog of Minimum Acceptable Risk Security and Privacy Controls for Exchanges, including the document suite of guidance, requirements, and templates known as the Minimum Acceptable Risk Standards for Exchanges (MARS-E), Version 2.0.
Architecture	Security	The solution shall enable multi-factor authentication for secure access to data.

Exhibit II-XIII: Functional and Technical Requirements

III. Success Criteria

The success of the ACCESS Florida System replacement project will be based on a number of quantitative and qualitative factors. Each of these factors are in alignment with the business objectives and proposed business process requirements outlined in the Strategic Needs Assessment section of this document, as well as the overall vision and mission of the Department. Although the criteria and indicators proposed for the system completion will be reviewed, they are broadly strategic and align to federal and state performance and compliance requirements and may or may not change.

The major success criteria for the project, along with the Key Performance Indicators (KPIs), are listed in the table below. The success criteria and the KPIs form the basis of any contracts pursued to implement the final solution. The Department anticipates the project management team responsible for the implementation of the solution will develop a benefit realization strategy and plan. The benefit realization plan will be designed to contemplate baseline measurement and several interim measurements before the final benefit realization report finishes.

SCHEDULE IV-B FOR ACCESS SYSTEM COMPLETION

Success Criteria		
#	Description of Success Criteria	Key Performance Indicator
1	The solution will enable the Department to provide exceptional customer service demonstrated by efficient processing of applications through integrated enterprise data.	<ul style="list-style-type: none"> • Quality benchmarks • Percent of applications completed within time standards • Customer satisfaction surveys to clients • Accuracy in processing eligibility determinations • Reduction in errors • Increase in data exchange completed
2	The solution will support the Department in its on-going practice of sound fiscal stewardship of its assets, including optimized service delivery, verification of information/ documentation, and program integrity.	<ul style="list-style-type: none"> • Quality benchmarks • Fraud prevention cost avoidance (Possible use of AI) • Overhead costs • Reduced cost in system changes (changes in policy, benefits, notices, etc.) • Case cost • Financial reporting • Reduction in processing time to determine benefit eligibility
3	The solution will promote family and individual self-sufficiency and resiliency.	<ul style="list-style-type: none"> • Number of self-service options • Ease of use for customer-facing components
4	The solution will improve internal operating efficiency through optimized business processes that streamline processes and utilizes automation and robotics to standardized processes where possible.	<ul style="list-style-type: none"> • Percent of applications completed within time standards • Percent of case action completed within time standards (renewals, applications, changes) • Fraud prevention as measured by cost avoidance • Reduce days to process • Reduction of calls to CCC • Number of cross-program customers identified and served holistically • Processing time saved based on the use of automated processes vs manual processes • Reduction of time spent on manual processes • Increase percentage of data exchanges being run and/or automated that improve case processing time and the quality of benefit determinations • Increase percentage of data exchanges to support automation
5	The solution will enable the Department to adapt to emerging trends on the health and human service landscape through modularity; can easily support ongoing State and Federal regulatory changes.	<ul style="list-style-type: none"> • Decrease time and cost to implement future changes • Facilitate the ability for the system to be modernized by implementing new and emerging technologies to better serve clients' future needs
6	The solution will provide value to the Department's customers through additional self-service options such as enhanced client portal functionality to enable additional avenues for interaction and communication with clients.	<ul style="list-style-type: none"> • Number of self-service options available • Usage of self-service options • Percent of applications, renewals and changes completed by use of automation • Percent of applications submitted via mobile technology platforms • Reduction in the number of CCC calls • Reduction of the number of DCF Lobby visits • Service quality surveys for clients • Portal activity metrics • Improve customer service using chatbots (AI)
7	The solution will mitigate the potential risk associated with on-going support and maintenance of the current systems.	<ul style="list-style-type: none"> • On-going support and maintenance costs • Number of unscheduled system outages • Adherence to benchmarks for system response times

SCHEDULE IV-B FOR ACCESS SYSTEM COMPLETION

Success Criteria		
#	Description of Success Criteria	Key Performance Indicator
8	The solution will present program data from the enterprise in an integrated view, providing a holistic, consolidated central client record that shows the customer situation, needs, and services. Improves collaboration/communication within the enterprise and with external agencies/entities through more accurate and timely information sharing.	<ul style="list-style-type: none"> • Number of cross-program customers identified and served holistically • Time spent managing client tasks • Number of duplicate records or records with errors • Service quality surveys for staff and clients • Increased data interfaces/exchanges with other systems to reduce data entry duplication across systems
9	The solution will meet the Federal regulatory requirements for system development and certification.	<ul style="list-style-type: none"> • Cost to implement future changes • Time to implement future changes • Passes federal monitoring and auditing reviews/ evaluations
10	The solution will be aligned with industry standards, such as the Medicaid Information Technology Architecture (MITA) and National Human Services Interoperability Architecture (NHSIA).	<ul style="list-style-type: none"> • Cost to implement future changes • Time to implement future changes • Passes federal monitoring and auditing reviews/ evaluations
11	The solution will positively impact the user experience/employee satisfaction through enhanced and optimized User Interface (UI) functionality, providing ease of use through application integration and a reduction in duplicate data entry that will positively impact the user experience/employee satisfaction and increase efficiency with serving clients.	<ul style="list-style-type: none"> • Employee survey results • Customer survey results • Audits and review results • Reduction in duplicate data entry
12	The solution will enable a standardized data structure through identity linking, enabling the enterprise's data analytics needs and is scalable to meet future growth.	<ul style="list-style-type: none"> • On-going support and maintenance costs • Time to implement • Ability to support data analytics • Number of cross-program customers identified and served
13	The solution will enable the Department to identify sensitive personal information to comply with statutory data sharing requirements.	<ul style="list-style-type: none"> • Audits and review results
14	The solution will provide a positive financial ROI to the State of Florida.	<ul style="list-style-type: none"> • Project ROI • Project IRR
15	The project will be completed on-schedule, in accordance with an approved project plan.	Interim project milestones
16	The project will be completed within the prescribed budget constraints defined in advanced of project initiation.	<ul style="list-style-type: none"> • Project financial performance and data reporting to DCF leadership, DST, and the Legislature • Reporting provided by IV&V
17	The solution will increase detection of identity theft and eligibility fraud before public assistance benefits are approved.	<ul style="list-style-type: none"> • Increased fraud prevention cost avoidance • Increased number of fraud investigations • Reduced number of identity theft claims
18	Provide robust mobile functionality (via Wi-Fi, cellular, offline with sync) to enhance DCF's ability to serve clients and enhance timeliness of benefit delivery and responsiveness.	<ul style="list-style-type: none"> • Number of clients served per day • Time spent on manual processes • Number of errors due to redundant data entry
19	Provide workforce management and workload balancing capabilities with alerts enabling quality oversight, increased integrity, and accountability of client services delivered.	<ul style="list-style-type: none"> • Completion of assigned activities • Staff performance reports for comparative analysis • Retention metrics
20	Provide enhanced reporting and analytics for quality assurance and strategic planning, supporting a preventive/pro-active approach to client services.	<ul style="list-style-type: none"> • Reports and analytics comprised of accurate enterprise data providing a holistic view of the customer • Improved drill-down analysis to improve responsiveness

SCHEDULE IV-B FOR ACCESS SYSTEM COMPLETION

Success Criteria		
#	Description of Success Criteria	Key Performance Indicator
21	Common information exchange and interoperability between internal DCF systems and external systems, supporting data sharing of the shared Medicaid population and enabling interoperability with external agencies and entities.	<ul style="list-style-type: none"> • Time and cost to share data within DCF • Time and cost to share data within external agencies and entities • Adherence to data sharing agreements • Reduction in duplicate data entry through integration
22	A modular solution that enables lower cost and flexibility to incorporate emerging technologies.	<ul style="list-style-type: none"> • Lower cost to extend technical and functional capabilities to improve benefit delivery • Ease of flexibility to incorporate emerging technologies
23	An enterprise content management system providing a foundation for updated and simplified processes and standardization through features such as artificial intelligence, machine learning, and optical character recognition, improving search ability and availability of documentation. Enables ability to assess legitimacy of benefits based on submitted documentation.	<ul style="list-style-type: none"> • Submission of accurate/complete documentation • Increased fraud detection
24	The solution supports identity linking and improves identity management, consequentially enhancing data quality and simplifying data sharing agreements. Helps maximize benefit delivery to achieve self-sufficiency.	<ul style="list-style-type: none"> • Number of eligible payments • Increased identity theft detection
25	Expanded browser compatibility	<ul style="list-style-type: none"> • System access across more devices and web browsers • Responsive design will enable multiple device type support for mobile and web
26	Alignment with strategic technology initiatives to progress toward an enterprise model for DCF and other HRS Agencies	<ul style="list-style-type: none"> • Improved systems integration between DCF and other Agencies promote data sharing • Reduced duplicate data entry, data records, and instances

Exhibit III-I: Success Criteria

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

A. Benefits Realization Table

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

BENEFITS REALIZATION TABLE				
Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Year
Solution Architecture	<ul style="list-style-type: none"> • DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers 	<ul style="list-style-type: none"> • Hosting cost reduction • Transitioning the remaining rules to the modern rules engine allows the business to assume more responsibility for changing and testing eligibility rules • Scalable technology allows the Department to scale their system up and down to meet case demand • More agile system allows system changes to occur quicker 	<ul style="list-style-type: none"> • Cost of hosting services • Cost to implement changes based on new legislature, new requirements, and changes in demand • Cost of future enhancements or additions to system components • Time required to implement system changes 	Completed End Year 1
Core Mainframe Replacement Replacement of core functionality within the mainframe, to include: <ul style="list-style-type: none"> • Client Registration • Customer Admin • Application Entry • Basic Fraud Detection 	<ul style="list-style-type: none"> • DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers 	<ul style="list-style-type: none"> • O&M cost reduction (10%) • Consolidation of entry processing to one system • Reduced number of screens required to process an application • Automated population of customer and administrative data • More robust disaster recovery 	<ul style="list-style-type: none"> • Number of cases processed • Average application/registration processing time • Percentage of applications processed within time standards • Time needed to implement eligibility rules changes • Total O&M costs • Number of qualified midrange and client-server architecture support applicants • Total AST mainframe costs • Number of qualified midrange and client-server architecture support applicants • Average systems change request implementation time 	Completed End Year 2

SCHEDULE IV-B FOR ACCESS SYSTEM COMPLETION

<p>Secondary Mainframe Replacement</p> <p>Replacement of secondary functionality within the mainframe, to include:</p> <ul style="list-style-type: none"> • Benefit Issuance/Mgmt • Authorization/Mass Change • Client Notices • Eligibility (SFU& EDBC) • Advanced Fraud Detection • Benefit Recovery • Quality Assurance • Quality Control 	<ul style="list-style-type: none"> • DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers 	<ul style="list-style-type: none"> • Enhanced fraud detection • Reduced workload for Benefit Recovery • Increased data integrity • Implementation of a single-source of truth for customer data that reduces instances of inconsistent and duplicated data between systems • Reduced fraud, waste, and abuse as a result of decreased probability of approving duplicate benefits • Reduced case processing times through automation of the case flagging for potential fraud, waste, and abuse • Improved benefits accuracy through increased time for QC staff to read cases rather manually sampling them • Increased collections (one month of benefits per claim on average) through the reduced lag time between claim disposition and the start of recoupment activities 	<ul style="list-style-type: none"> • Number of fraud cases detected • Percentage of fraud cases investigated • Percentage of benefit recovery • Percentage of applications found to be duplicative • Negative error rate • Customer service scores • QC process times • Number of random samples • Average lag time between claim disposition and recoupment • Time and cost of implementation of notice changes 	<p>Completed End Year 6</p>
<p>Case Management</p>	<ul style="list-style-type: none"> • DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers 	<ul style="list-style-type: none"> • Implementation of a case management system that tracks and monitors complaints, referrals, investigations, claims and outcomes • Improved benefits accuracy through consolidation of customer data • Improved benefits accuracy through less manually intensive and timely case closures • Implementation of an imaging system that integrates with the worker portal and automatically updates case dashboard with document arrivals • Reduced case processing time resulting from decreased time caseworkers need to manually search for relevant case documentation • Enhanced customer service through a robust business delivery platform 	<ul style="list-style-type: none"> • Number of cases processed • Case processing times • Percentage of applications processed within time standards • Percentage of benefits determined accurately • Number of referrals processed 	<p>Completed End Year 2</p>

SCHEDULE IV-B FOR ACCESS SYSTEM COMPLETION

<p>Workload Management</p>	<ul style="list-style-type: none"> • DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers 	<ul style="list-style-type: none"> • Implementation of dynamic work management functionality that automatically configures routing of incoming work items to the correct administrative unit • Improved work balance across the State to maximize current personnel • Optimized application process flow • Enhanced supplemental payment system workload management • Reduced overall case processing time through improved management of resources against key case processing tasks • Reduced mail costs through more effective initial notices • Reduced calls to the CCC as a result of confusion related to notices 	<ul style="list-style-type: none"> • Amount of work routed properly the first time • Work output by personnel • Cases processed • Calls to the CCC 	<p>Completed End Year 1</p>
<p>Reporting and Dashboards</p>	<p>DCF Staff DCF Customers (Program Participants) DCF Partner Agencies Florida Taxpayers</p>	<ul style="list-style-type: none"> • Reduced case processing times as a result of a simplified and prioritized view of work items and their statuses • Decreased report and systems navigation time related to case processing as a result of the integrated data exchange 	<ul style="list-style-type: none"> • Case processing times 	<p>Completed End Year 6</p>
<p>Customer Portal</p>	<ul style="list-style-type: none"> • DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers 	<ul style="list-style-type: none"> • Reduced calls to the CCC for status updates • Reduced lobby visits related to application and documentation statuses • Reduced calls to the CCC for information captured in the self- service system • Increased online documentation uploads that reduces scanning, indexing searching of mailed case documentation • Enhanced customer service and satisfaction 	<ul style="list-style-type: none"> • Number of calls to the CCC for status updates • Reduced lobby visits • Potential repositioning of lobby staff 	<p>Completed End Year 1</p>
<p>External Interfaces and Data Exchanges</p>	<ul style="list-style-type: none"> • DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers 	<p>Expanding interfaces and data exchanges Implementation of real-time web services Reduced case processing times through reduction of manual inquiries to DAVID and CCIS</p>	<ul style="list-style-type: none"> • Number of data exchanges • Number of data transactions • Case processing times 	<p>Completed End Year 6</p>

Exhibit IV-I: Benefits Realization

B. Cost Benefit Analysis (CBA)

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

Cost Benefit Analysis	
Form	Description of Data Captured
CBA Form 1 - Net Tangible Benefits	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. 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.
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"> • Return on Investment • Payback Period • Breakeven Fiscal Year • Net Present Value • Internal Rate of Return

V. Schedule IV-B Major Project Risk Assessment

A risk assessment of the ACCESS Florida System Modernization Project was performed using the risk assessment tool provided in the Information Technology Guidelines and Forms on the Florida Fiscal Portal. The tool evaluates risk characteristics of the project based on response to 89 questions within a Microsoft EXCEL workbook organized into eight assessment categories (tabs). A completed Risk Assessment Tool and Risk Assessment Summary for this project are included as Appendix C of this Schedule IV-B.

The purpose of the Risk Assessment Tool and Risk Assessment Summary is to produce a standardized and formula-driven project risk rating based upon answers provided to the questions associated with eight assessment areas included as separate tabs within the risk assessment workbook. Answers must be provided only from the response options to each question included in the tool. If response options given are not applicable or do not accurately answer a particular question, a response must nevertheless be selected from the options listed. After answering all the questions included in the Risk Assessment Tool, the Risk Assessment Summary is auto-populated.

A fundamental limitation of the Risk Assessment Tool and Risk Assessment Summary in its current design is that it presupposes the completion of certain activities that are not likely to be completed in a practical sense prior to approval and funding of major technology initiatives.

The overall risk assessment rating of this project will be shown in the assessment tool as “High,” which aligns with expectations for a project of this size and scope regardless of solution or approach. A risk rating of “high” for a system replacement of a complex and mission-critical system is not unreasonable. All categories in which risk is classified as “High” are manageable and unlikely to undermine expected success or benefits of the program. Categories with high classification risks are expected to see a material reduction in in the overall project risk profile within months of project start when a formal project management program, stakeholder sign-off and requirements finalization activities are completed. Until the project and funding are approved, it is unlikely that additional time and effort to reduce identified risks would be prudent or pragmatic.

The Department has established and utilized a project management methodology that has resulted in multiple successful implementations over the past few years. One recent project successfully employing this approach was the Medicaid Eligibility System (MES) modifications to the ACCESS Florida System to ensure compliance with the Affordable Care Act (ACA). ACCESS MES was a multi-year, multi-million-dollar project, interfacing with over 30 partner organizations. This initiative was completed on time and on budget. The Department intends to leverage past successes by utilizing the Project Management and IV&V methodologies used for that engagement and other successful Department initiatives, as described in Section VII Project Management Planning.

Specific factors that contributed to the overall risk assessment rating of “High” include the following items that are anticipated to be addressed within the first year of the project. The overall project risk level will decrease when the following items from each of the eight assessment categories listed below are addressed. Additionally, addressing these items will shift the current position of the project in the risk quadrants of the Risk Assessment Summary to reflect a more accurate alignment with business strategy not currently represented due to limitations associated with the design of risk assessment tool.

- **Strategic Risk**
 - Project objectives will be clearly aligned with DCF’s mission and statutory charge
 - Project objectives will be clearly documented and signed off by the stakeholders
 - Project charter will be signed by the executive sponsor
 - Project requirements, assumptions, constraints, and priorities will be defined
 - Portfolio management will be adapted to incorporate the expansion of the reengineering effort
- **Technology Risk**
 - Detailed hardware and software capacity requirements will be defined
 - Meet Federal mandates that require states to establish and implement critical privacy and security standards as outlined in the Minimum Acceptable Risk Standards for Exchanges (MARS-E), Version 2.0.
- **Change Management Risk**
 - Business process changes will be defined and documented
 - Organizational Change Management Plan will be approved
- **Communication Risk**
 - Communication Plan will be approved
 - Communication Plan will promote the routine use of feedback (at a minimum)
 - Stakeholders will be included in the Communication Plan

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- Key messages will be documented in the Communication Plan
- Desired message outcomes and success measures will be documented in the Communication Plan
- Communication Plan will identify and assign needed staff
- **Fiscal Risk**
 - Spending Plan will be documented and approved for the project lifecycle
 - Project components will be completed timely to maximize use of available federal funds
 - Project expenditures will be identified and documented in the Spending Plan
 - Cost estimates for the project will be accurate within +/- 10%
 - Funds will be available within existing resources to complete the project
 - Tangible benefits will be identified and validated
 - Federal financial participation will be requested and received
 - Procurement strategy will be reviewed and approved
 - Contract manager will be assigned to the project
- **Project Organization**
 - Project organization and governance structure will be defined and documented
 - Project staffing plan will identify and document all staff roles and responsibilities
 - Change review and control board will include representation from all stakeholders
- **Project Management Risk**
 - Requirements and specifications will be defined and documented as a part of the project
 - Requirements and specifications will be traceable to specific business rules as a part of the project
 - Project deliverables and acceptance criteria will be identified
 - Work Breakdown Structure will be defined to the work package level
 - Project schedule will specify all project tasks, go/no-go decision points, milestones, and resources
 - Formal project status reporting will be in place
 - Planning and reporting templates will be available
 - Known project risks and mitigation strategies will be identified
- **Project Complexity** (no material changes are anticipated in this risk assessment category post launch)

The Department's plan to continually identify, assess, and mitigate risk throughout the life of the project is discussed in Section VII. Schedule IV-B Project Management Planning.

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VI. Schedule IV-B Technology Planning

A. Current Information Technology Environment

Over the last several years, there has been a national trend of states significantly retooling or replacing their public assistance delivery systems. These implementations resulted in increased customer self-service and worker efficiencies. Florida has the opportunity to reap similar benefits through incremental enhancements to its existing systems. Further, the risk related to implementing a wholesale system upgrade is minimized by taking an incremental approach. The justification for these enhancements includes:

- **Growing desire to track customers through multiple systems to identify resources and services that assist families in achieving self-sufficiency.** Through the establishment of the *Hope Florida – A Pathway to Prosperity* initiative and the Reimagining Education and Career Help (REACH) Act of 2021 the State of Florida is focused on enhancing the services provided to clients through collaboration among systems and programs to assist families in securing meaningful employment that will lead to economic independence. The REACH act aligns and coordinates Florida’s workforce development system, create a “no-wrong-door” entry strategy where Floridians may access services from any workforce partner with a common intake form and case management system. The REACH Act will allow the state of Florida to continue to empower economic and upward mobility for every Floridian through the strategic alignment of all public services that support workforce education. *Hope Florida - A Pathway to Prosperity* works to unite communities through ‘Care Navigators’ to guide Floridians on an individualized path to prosperity, economic self-sufficiency and hope. DCF utilizes ‘Care Navigators’ to guide Floridians on an individualized path to prosperity by focusing on community collaboration between the private sector, faith-based community, nonprofits and government entities to break down traditional community silos, in an effort to maximize resources and uncover opportunities. Care Navigators are essential in helping individuals identify their unique and immediate barriers to prosperity, develop long term-goals, map out a strategic plan, and work to ensure all sectors of the community have a ‘seat at the table’ and are part of the solution.
- **Need to address increasing number and sophistication attempts to commit fraud against the human service programs.** The ability to deliver needed services to the public is increasingly impacted by people and organizations that attempt to use the programs fraudulently. The number and sophistication of people and organizations that attempt fraud is growing rapidly. Increased real-time integration and data sharing are key enablers to prevent and reduce the number of people and amount of money lost from fraud.
- **Growing need for holistic information about people across department, system, and state boundaries to impact overall program costs.** The research is indicating that social determinants are a major influence in the cost of health care and other human service programs. Programs to identify and address people that are at risk of driving avoidable costs rely on many people that interact with the individual having access to complete and accurate information at the right time. The current systems are not structured to operate in the emerging models that target significant program cost reduction and improved health and social outcomes for people.
- **Increasing challenges and demands for Security and Data Privacy.** The core processing systems were built in a time when self-service, real-time information sharing, and data analytics considerations were not a possibility. Increasing external and internal threats to security and privacy have also grown dramatically. The current systems limit the ability to operate securely and protect the privacy of citizen information. For example, a typical worker has unique ids and passwords for up to 15 different systems that need to be used. Since these are not integrated, the likelihood of people having to write down passwords or of them retaining access to some systems after leaving the Department creates risks to privacy.
- **A complex patchwork of aging software and hardware that does not support Florida’s vision for its citizens.** The aging technology currently in place was never designed to handle the demands of the current (and future) business models. Even with the recent real-time eligibility development, it is increasingly impractical and expensive to support Florida’s current model, let alone make the changes necessary to move the program into its desired state. As the Department becomes increasingly dependent on automated systems to perform rote business functions, a long-term technical strategy based on modern architecture, infrastructure, and hardware/software components is needed.
- **Need for efficiency with reduced operational funding levels.** During a period of dramatically reduced state revenues, government agencies are exploring mechanisms to increase efficiency and “do more with less.” Beginning in 2003 Florida’s ESS Program began staff reductions that ultimately resulted in a loss of 43% FTEs and the closure of more than half of its brick-and-mortar offices. DCF has taken advantage of a variety of new

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technologies, including establishing a modernized business rules engine, to meet this need, all without modifying the core of the FLORIDA mainframe. To gain further efficiencies the Department will need to invest in modern, fully integrated, and modular technology.

- **Data quality and customer expectations.** In an era of advanced technologies, both families in need and staff have reasonably come to expect systems that better support an automated self-service business model. Along with self-service options, the program's customers (families, staff, and state and federal partner agencies) expect, given the technologies available, the Department to provide an improved level of service, faster response times, and more accurate results. It is not possible to meet these expectations with the older technologies currently in use.
- **Loss of technical skills and resources.** Public assistance programs are technically detailed and complex. The Department has relied upon a highly trained staff to maintain the ESS Program. It takes time to get new staff functional in the policies, processes, and systems required to support the program. However, given frequent turnover among skilled staff from attrition and retirement, it is critically important that new technologies are easier to learn and understand and, where possible, help staff through increasing efficiency and automation. In addition, the Department is almost exclusively reliant on contract staff for system support. As contractors roll off projects, it becomes increasingly difficult to maintain knowledgeable contractors to continue supporting the system as well.
- **Limited scalability.** The introduction of a modernized business rules engine brought several advancements in the scalability of the most critical ACCESS Florida System customer facing application, i.e., the new Self-Service portal built with component-based multi-layer architecture. The new Self-Service portal consolidated several disparate silo applications into one platform to reduce the number of network calls between the subsystems. The virtual infrastructure with additional virtual CPUs and more virtual memory was configured to support faster scaling. However, these advancements did not translate into the same level of scalability for other legacy ACCESS Florida Systems including the mission-critical FLORIDA (system of record) and AMS Worker portal, IBRS and ADI systems. The scalability of these legacy systems is limited by archaic, hierarchical databases and application code. Without significant modifications in the underlying architecture of these older systems, the sustained caseload and workload and their rate of growth will pose an enormous burden on the Department in meeting the scalability constraints.

1. Current System

Automation of Florida's ESS Programs first went online in 1992 with the implementation of the FLORIDA mainframe system. In 2003, the Department began to develop additional modern systems to interface with the mainframe. As the plan for improved technology began to evolve, it was determined that certain functionality desired by the Department, such as using customer entered data from the web applications in the mainframe, could not be fully satisfied by the mainframe alone. This led to additional development of applications independent of but connected to the mainframe. These applications included newer technology such as Visual Basic, .NET, and Java. This now leaves the Department with a series of interfaces between multiple platforms and technologies that are challenging and costly to operate and maintain.

a. Description of Current System

The description of the current ACCESS Florida System in the Technology Planning section of this document reflects functional and technical enhancements implemented in December 2014.

1) General system overview

The ACCESS Florida System is comprised of a set of integrated front-end applications and background processes that together facilitate administration of the DCF ESS Program. Exhibit VI-I: Current ACCESS Florida System Architecture below depicts the high-level architecture of the supporting systems:

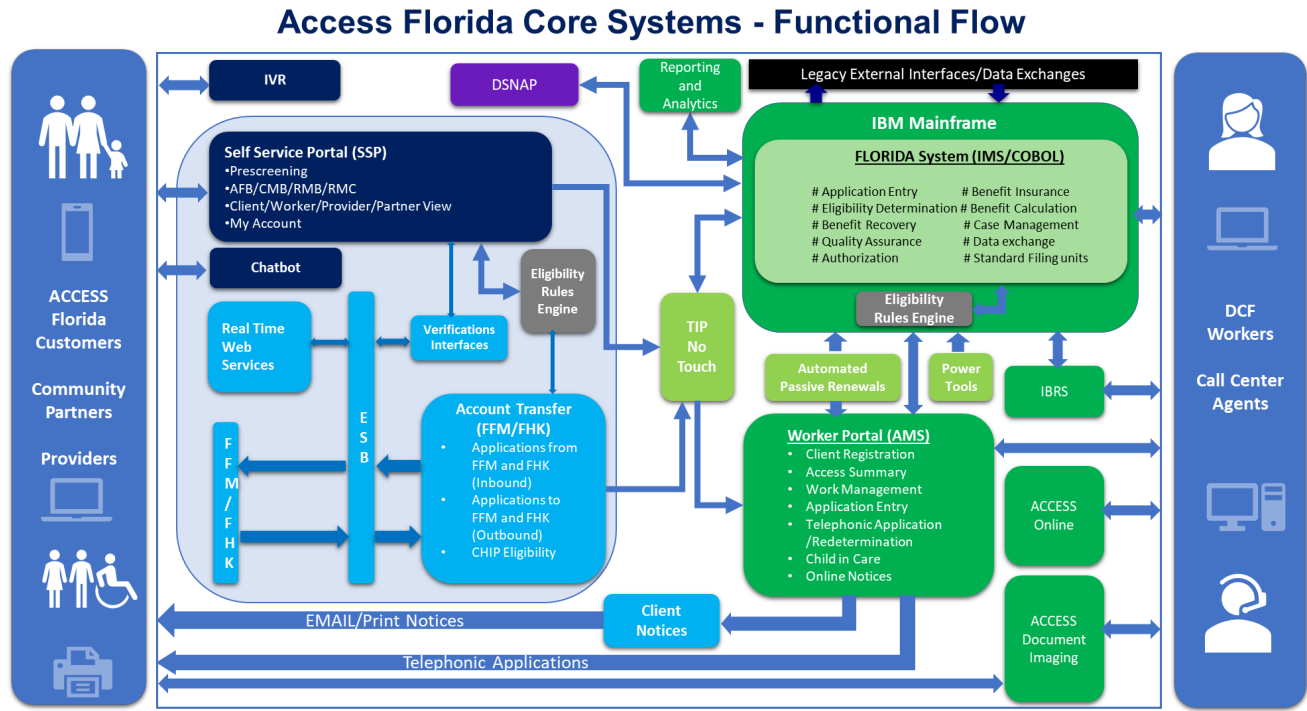


Exhibit VI-I: Current ACCESS Florida System Architecture

The following outlines the high-level functionality of each of the “components” of this architectural framework.

- FLORIDA System (IMS/COBOL)** – FLORIDA System (FLORIDA) is the legacy mission-critical system that contains the business rules, workflow, and interfaces for the public assistance programs. The FLORIDA system is written in IBM COBOL. FLORIDA is hosted on an IBM Mainframe SYSPLEX environment. It uses IMS Database (DB) and Transaction Manager (TM) capabilities. The FLORIDA mainframe system is comprised of Integrated Eligibility functions for SNAP, TANF, and Medicaid programs.
- Worker Portal (AMS)** – AMS (ACCESS Management System) is web-based intranet application used by the DCF staff and call center agents to manage caseload and call center operations. AMS is integrated with FLORIDA and the Self-Service Portal to allow DCF workers to perform Client Registration and Intake processing through a web interface. The business rules remain in FLORIDA. This system does not replace FLORIDA functionality; rather it takes advantage of using customer-entered data in the web applications along with providing staff a web friendly environment to work in. IMS CONNECT is an application program interface product of IBM and enables access to mainframe transactions from AMS and other web applications. The application is written in Java with an Oracle back-end.
- ACCESS Online** – ACCESS Online includes Exception Management System, Quality Management System, legacy Data & Reports, Knowledge Bank, and other applications.
- ACCESS Document Imaging (ADI)** – The ADI provides an integrated approach for storing documents used to determine eligibility and support benefit recovery, quality control, and Public Benefits Investigation findings. The document imaging system allows staff statewide to scan documents and then access those documents, as needed, from any computer statewide that has access to the intranet inside the DCF firewall. The system also includes workflow functionality to facilitate routing and processing of documents. This application is written in .Net with an Oracle back-end.
- Customer Self-Service Portal (SSP)** – The SSP uses eligibility rules based on predefined criteria to allow customers to apply on-line for selected benefits. The system supports streamlined application for medical assistance, Children’s Health Insurance Program (CHIP), and other insurance benefits. The SSP architecture integrates several shared services using a framework-based approach for federal verifications, state verifications, and real-time eligibility determination for MAGI-based medical assistance groups and CHIP. This application is written in Java and Oracle.
- TIP No Touch** – TIP (Timesaving Innovation Process) No Touch is a standalone automated batch process that populates as much information as possible from the application customers submit in the Self-Service Portal (SSP) into AMS and FLORIDA. If the customer does not enter information in the SSP application, or if information collected in FLORIDA is not collected in the SSP, or if additional verifications are required, the system will generate defaults into the applicable fields. TIP No Touch executes the same transactions executed by case workers to complete as much as possible the processing of MAGI-based Medicaid applications. This process uses the IMS CONNECT interface to transfer data to FLORIDA and execute the required transactions. This application is written in Java, Oracle, and utilizes the IMS CONNECT interface.

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- **Reporting and Analytics** – The SAP Business Objects Platform provides DCF staff standard reporting, ad-hoc reporting, and data visualization capabilities. Crystal reports, WEBI, and Xcelsius are used to develop the reports.
- **Client Notices** – ExStream is an HP software platform used by DCF to create, manage, and deliver printed notices as required by government mandates for various state-administered public assistance programs, including SNAP, TANF, Medicaid, and Refugee Assistance. Currently, notices are formatted through ExStream, transferred via FTP to an external vendor (Novitex) for printing, and mailed through the United States Postal Service. Approximately 70,000 to 100,000 notices are transmitted for printing and mailing nightly through a batch process.
- **Disaster Supplemental Nutrition Assistance (DSNAP)** – DSNAP is a stand-alone application that was created as the State’s Emergency Food Assistance (EFA) application after the destructive 2004/2005 hurricane seasons. The system features multiple modules that include a client facing self-service application that allows customers to pre-register (apply) for benefits over the Internet, a disaster service site worker module that allows DCF staff to review and approve or deny applications, and issue EBT cards for approved applications, as well as a function to allow for processing paper applications. In addition, the DSNAP central module features a broad range of functions that include administrative activities to manage disasters, disaster areas, service site locations and users in addition to the capabilities for the backroom processing of paper-based applications (paper or image). The DSNAP system functions in unison with the mainframe FLORIDA system for case creation, benefit calculation, and issuance through the EBT vendor interface. This system is written in Java with an Oracle back end.
- **Account Transfer (FFM/FHK)** – The Account Transfer (FFM/FHK) module is designed to allow DCF to exchange information with Federal, State, and third-party agencies via real-time web services and FTP batch processes. In addition to the existing batch interfaces, DCF has developed and configured a number of real-time verification services as part of the Affordable Care Act implementation. The verification services include FDSH for verification services, Florida Healthy Kids to send or receive applications, SWICA to verify state income, Agency for Health Care Administration to receive enrollment data, FSFN to verify children aged out of foster care, and Florida DOH/Children's Medical Services Network (CMSN) for the determination of clinical eligibility based on applicant/customer input. These interfaces are developed in Java and ESB, accessing an Oracle database.
- **Eligibility Rules Engine** – The IBM Operation Decision Management (IODM) external business rule engine has been implemented to host MAGI-based Medicaid rules exposed to internal and external applications through Enterprise Service Bus. This provides flexibility to allow the same rules execute in both ACCESS Florida System and Open systems. These rules support the Self-Service Portal Real-time Eligibility and Screening modules, FHK CHIP Eligibility, and ACCESS Eligibility system.
- **Interactive Voice Response (IVR)** – The IVR application allows customers 24x7 toll-free access to information about their public assistance case status, eligibility and benefit information, appointment details, verification items required, and information on other ESS programs. Customer input is received via telephone and interpreted by a voice response server. This server is outside the Department firewall and is hosted by a third-party vendor. The voice response server uses stored procedures to access the DCF Oracle databases and retrieve information in response to the customer inquiry. Benefits data is extracted from FLORIDA and loaded into the Oracle database tables on a nightly basis.
- **Chatbot** – Automated chat response technology provides callers with the most recent information related to their case, enabling customers to have their questions answered through self-service.
- **Telephonic Applications** – Telephonic application functionality allows operators to submit applications on behalf of customers.
- **Integrated Benefit Recovery System (IBRS)** – The State of Florida BR Program for recovering overpaid benefits, referring, and reporting related information to the Federal Government uses IBRS. A fully functional and consolidated BR system maintains all customer, budget, claims, and accounting data on a single web-enabled platform. This simplifies the claims, collections, accounting, reporting, and monitoring activity of the BR management and staff. The system is written in JAVA with a Microsoft SQL Server back end.
- **Florida Operational Data Store (FLODS)** – FLODS began as a relational database to store the last 13 months of data for use by the AMS. Over time, it has grown into a consolidated source of data for several systems that need real-time access to data in the official systems of record. FLODS is not categorized as a system but consists of processes on the IBM mainframe to extract data from the FLORIDA system and transform it for easy loading into relational tables. On a nightly basis, hundreds of processes run to extract and transform data to support customer and staff facing web applications.

2) *Internal and external interfaces*

There are a number of major internal and external interfaces within the multiple applications that support the ESS Program. Internal interfaces are reflected on the architecture diagram above. External interfaces include:

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- **FDSH (Federal Data Service Hub)** – SSA Composite (SSN, ID, Date of Birth, Death, Incarceration) verifications for Medicaid eligibility, Verified Lawful Presence (VLP) service for the verification of citizenship for Medicaid eligibility, Verify Current Income (VCI), Remote Identity Proofing (RIDP) and FARS services for validating authenticity of Individuals.
- **LexisNexis** – ID verification for non-Medicaid or composite applications.
- **AHCA (Agency for Healthcare Administration)** – The State Medicaid Agency, receives Medicaid eligibility information from FLORIDA through an interface with the Florida Medicaid Management Information System (FMMIS).
- **FIS (Fidelity National Information Services)** – SNAP and TANF benefits are distributed through EBT ACCESS card.
- **FDACS (Florida Department of Agriculture and Consumer Services)** – Information on students who are receiving public assistance and are thereby eligible for free/reduced meals.
- **USAC (Universal Service Administrative Company)** - Third-party vendor handles the Lifeline Program, in which public assistance recipients are eligible for discounted phone service.
- **DEO (Department of Economic Opportunity)** – State wage data, program sanctions, and job placement, out of state unemployment, and in state unemployment. Department staff also has individual on-line access to the CONNECT System.
- **DOR (Department of Revenue)** – Child Support Enforcement sanctions.
- **OSCA (Office of the State Courts Administrator)** – Verify child support payments via CCIS
- **DOH (Department of Health)** – Vital Statistics.
- **SSA (Social Security Administration)** – Bendex data, numerical identification, prisoner data, SSI data, and work history for non-citizens for 40 quarters. Department staff also has individual on-line access to SSA’s database to verify customers SSN, SSA, and SSI information.
- **DHS (Department of Homeland Security)** – Department staff has individual on-line access to the Systematic Alien Verification for Entitlement (SAVE) database.
- **IRS (Internal Revenue Service)** – Unearned income data from form 1099.
- **DMS (Department of Management Services)** – Florida Retirement data.
- **DOE (Department of Education)** – School age children dropouts and truant data.
- **FFM (Federally Facilitated Marketplace)** – The Department transfers ineligible Medicaid applications and ineligible/terminated Medicaid Case information to FFM via an account transfer process. It also receives applications from FFM for Medicaid eligibility determination.
- **FHK (Florida Healthy Kids Corporation)** – The Department transfers ineligible children Medicaid applications/cases to FHK. It also receives applications from FHK for screening and determining for potential eligibility for Medicaid.
- **AVS (Asset Verification System)** – Verify assets for the elderly/disabled adults
- **TWN (The Work Number)** - Verify employment income.
- **OCSE (Office of Child Support Enforcement)** – The OCSE is a federal office that provides the Department with national new hire data through the National Directory of New Hires (NDNH).
- Electronic application transfers through third party agencies.

3) Requirements for public access, security, privacy and confidentiality

Confidentiality is a hallmark of the ACCESS Florida System. Most applications are only accessible to authorized DCF staff from the DCF network. The client-facing web applications access data through firewalls and gateways, which provide a secure encrypted network to prevent unauthorized access to sensitive information while it is in transit over the internet.

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Services SOP S-13, Data Security Administration, and other applicable data security and privacy standards.

4) ACCESS Systems and technology platforms

Exhibit VI-II: ACCESS Florida Systems and Technology Platforms below lists the related technology platforms supporting the ACCESS Florida Systems.

System	Technology Platform
Florida Online Recipient Integrated Data Access (FLORIDA) System	COBOL, Telon, IMS, IODM
ACCESS Management System (AMS)	Java, JSF, Oracle, TopLink, Hibernate
Customer Self-Service Portal (SSP)	Java, Struts, Spring, Oracle
Medicaid Eligibility System (MES) Real Time Eligibility (RTE)	Java, IODM
Medicaid Eligibility System (MES) Interfaces	Java, Message Broker Services, Data Power
ACCESS Document Imaging (ADI)	.NET, Oracle, Lead Tools, Atalasoft
Client Notices (CN)	ExStream, Java, COBOL
Interactive Voice Response (IVR) or ACCESS Response Unit (ARU)	Oracle, Avaya
FLORIDA Operational Data Store (FLODS)	COBOL ETL, Oracle
Data and Reports (D&R)	.NET, SQL Server
Integrated Benefit Recovery System (IBRS)	Java, SQL Server
Medicaid Eligibility System (MES) Reporting	Pentaho Kettle, SAP BOE
Food for Florida (DSNAP)	Java, Struts, Oracle
Community Partner Tracking System (CPTS)	.NET, SQL Server
User Administration	.NET, SQL Server
SUNCAP Web Reports	.NET, SQL Server
ACCESS Integrity (AI)	.NET, SQL Server
Exception Management System (EMS)	.NET, SQL Server
Quality Management System (QMS)	.NET, SQL Server
Quality Control (QC)	.NET, SQL Server
Power Tools	Visual Basic 6
Access Fraud and Reporting	.NET, SQL Server
Access Knowledge Bank	.NET, SQL Server
DSNAP Volunteer System	.NET, SQL Server
Application Packets	.NET, SQL Server
Interfaces and Data Exchanges	COBOL, IMS, Java, Oracle PL/SQL, Message Broker Services, Data Power, Connect Direct, CyberFusion, FTP, SFTP

Exhibit VI-II: ACCESS Florida Systems and Technology Platforms

5) User types

The tables below list the functional users of the ACCESS Florida System by role.

Full-time State Employee	Other Personnel Services (OPS) Roles
Economic Self-Sufficiency Specialist I	Economic Self-Sufficiency Specialist I

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Investigation Specialist I	Investigation Specialist I
Quality Control Analyst	Economic Self-Sufficiency Specialist II
Economic Self-Sufficiency Specialist II	Operations Analyst / Program Specialist
Investigation Specialist II	Interviewing Clerk
ESS Supervisor / QC Supervisor	Administrative Assistant / Staff Assistant
Investigator Supervisor	Computer System Analyst
Operations Analyst / Program Specialist	
Interviewing Clerk	
Accountant / Revenue Specialist	
Administrative Assistant / Staff Assistant	
Program Administration	
Program Management	

Exhibit VI-III: ACCESS Florida System Employee Roles

b. Current System Resource Requirements

The paragraphs below outline information on the general hardware and software resource requirements associated with the ACCESS Florida System and its supporting systems.

1) Summary of current maintenance and operations cost

Exhibit VI-IV: Current ACCESS Florida System Maintenance & Operations Costs lists the current annual maintenance and operating costs for the ACCESS Florida System. Included are the costs incurred at NWRDC to host both mainframe and midrange services and the system integrator cost to operate the ACCESS Florida System and provide ongoing enhancements.

Cost Category	Annual Cost
NWRDC Mainframe, Midrange Maintenance & Operations	\$19,150,942
ACCESS Florida System Integrator Maintenance & Operations	\$5,369,760*
Total	\$24,520,702

**Base contract amount with limited enhancement hours. The contract is typically amended for additional enhancement expenditures.*

Exhibit VI-IV: Current ACCESS Florida System Maintenance & Operations Costs

c. Current System Performance

The new IODM business rules engine brought highly configurable, multi-layered Service Oriented Architecture (SOA) based sub-systems to the Department’s IT assets. The system is meeting the ESS Program demands adequately and able to match or better prior application processing standards. The introduction of a rules-based architecture along with Real-time Eligibility and No-Touch processing significantly improved the automated case processing without worker intervention. These inconsistencies will eventually lead to system reliability and performance issues without all underlying mission-critical systems being under the umbrella of the overarching MES platform. Integrating technology enhancements into an overall system completion effort will automate many of the Department’s business functions and boast numerous advancements, including:

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

2. Information Technology Standards

ACCESS and its supporting systems are compliant with the applicable Information Technology Standards outlined within the DCF Information Technology Services Standard Operating Procedures (SOPs) in addition to the following standards

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and rules:

- Medicaid Information Technology Architecture (MITA)
- Minimum Acceptable Risk Standards for Exchanges (MARS-E), Version 2.0.
- National Human Services Interoperability Architecture (NHSIA)
- Information Technology Infrastructure Library (ITIL)
- Rule 60GG-2, FAC, which establishes the state standards relating to Information Technology security
- Chapter No. 2019-116, Laws of Florida, directs state agencies to show a preference for cloud-computing solutions

B. Current Hardware and/or Software Inventory

Exhibit VI-V: Current Mainframe Hardware Characteristics lists the hardware characteristics of the IBM mainframe.

Current Mainframe Hardware Characteristics	
Platform	FLORIDA runs on an IBM BC13:z13s – R05 (Model 2965-R05) mainframe computer with Serial# CF8B7. This is a Five CPU, 3 zIIP processor, 184 GB central storage and the operating system is z/OS.
Performance	315 million service units (MSUs)
	2545 purchased million instructions per second (MIPS)
	2545 active MIPS
Logical Partitions (LPARs)	The FLIA LPAR is used for FSFN non-production environments Dev/Test and UAT/Training. FLIA houses two DB2 subsystems to support the above-mentioned environments. FLIA is also used during the system testing, and stress testing by the new FSFN builds.
	The FLIC LPAR is used for generic batch job runs such as FLORIDA security audits. No usage-based subsystems are available here; therefore, heavy batch processes do not impact monthly software billing.
	The FLIF LPAR is used for all FLORIDA nonproduction Dev/Test, Acceptance and System test for DCF (10 IMS regions) and a part of the FLORIDA production batch cycles. DB2 Ad Hoc reporting for FLORIDA.
	The FLIH LPAR is used for FLORIDA production online transactions and production batch processes (IMS).
	The FLIM LPAR is used for operating system test.
	The FLIN LPAR is used for the sysplex network (production) and OMEGAMON (Monitoring tools).
	The FLIS LPAR is used for the FSFN production DB2 database.
	The FLIT LPAR is used for subsystem installation verification.
	The FLIZ LPAR is used for operating system test.
Processor Units	1 – Internal Coupling Facility (ICF) Processor
	1 – Integrated Facilities for Linux (IFL) Processor
	3 – System z Integrated Information Processors (zIIP)
	1 – System z Application Assist Processors (zAAP)
I/O Capacity	8 ports – InterSystem Channel (ISC) coupling links
	8 ports – Fibre Connection (FICON) E8s LX2P (0409)
	8 ports – FICON-E8s SX2P (0410)

Current Mainframe Hardware Characteristics	
	16 ports – FICON-E16s LX 2p (0418)
Communications	8 ports – OSA5s-GbE-SX 2p (0414)
	4 ports – OSA53-1000BT 2p (0417)
Disk Storage	1 – EMC DLm6000 virtual tape library
	1 – Hitachi Data Systems VSP (virtual storage platform) Disk

Exhibit VI-V: Current Mainframe Hardware Characteristics

C. Proposed Technical Solution

1. Technical Solution Alternatives

When performing any modernization effort, the “build versus buy” decision must be considered. Whether to “build” a custom solution or “buy” a commercial-off-the-shelf solution is a choice many governmental agencies, as well as private companies must make. Using capabilities that have already been developed by utilizing a COTS package minimizes risk and reduces implementation time in many cases. However, these potential benefits must be weighed against the solution requirements and potential constraints imposed by a COTS package. On the other hand, a fully custom solution can provide a precise fit to the business, but also carries some associated risks and constraints. This difficult decision is both multifaceted and complex mainly because all the consequences, advantages, and shortcomings can rarely be fully realized in advance. In reality, many organizations conclude that what best fits their needs is some combination of both choices. The following are descriptions of the technical alternatives that were considered.

- **Full COTS:** Some COTS packages can be an overall platform solution. As such all needed capabilities would be provided either by the COTS package directly or with add-on components intended to work seamless with the platform solution. These COTS packages can be tailored to meet specific business requirements through a combination of configuration and customization by software developers experienced with the platform. Solutions using these types of COTS packages do have constraints as a result of the overall platform architecture and capabilities.
- **Custom:** At the other end of the spectrum is a fully custom solution. In this case, flexibility is maximized and the resulting solution will fit the business precisely. However, since the solution is developed specifically based on customer requirements rather than leveraging the capabilities of a COTS package, more effort is required to actually build the solution which involves additional risks.
- **Hybrid:** A hybrid solution utilizes a combination of COTS modules and custom developed modules. In this situation the “build versus buy” decision is made at the module level rather than the platform level. This allows utilizing COTS packages where requirements are closely aligned with package capabilities while avoiding the inflexibility of a COTS package that is ill-suited to be customized in order to meet requirements.
- **Transfer Solution:** A fourth option involves utilizing a transfer solution developed by another state. This can be either a COTS platform, custom, or hybrid solution. Notably, these transfer solutions have been customized to meet the particular requirements of the originating state. One would expect that other states deliver benefits programs in a similar fashion. However, experience has shown that significant effort is required undoing customizations made for the originating state while implementing the receiving state’s requirements.

2. Rationale for Selection

The business requirements drive the selection criteria for a solution to meet those requirements. Those criteria are provided below, along with an explanation of how they correlate to business drivers.

- **Business alignment:** Business alignment assesses the ability of the solution to meet current requirements. For example, a custom solution would be very capable of meeting current requirements whereas a COTS solution would include constraints imposed by the COTS package vendor.
- **Flexibility:** As business alignment assesses current requirements, flexibility assesses the ability meet future requirements as well as future considerations that could hinder meeting new requirements. Custom solutions would be expected to continue to provide maximum flexibility whereas COTS packages would be less flexible.

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- Maintainability:** This criterion assesses the ability for a solution to be maintained and operated after the initial deployment. Factors that affect this include the division of responsibility between a COTS package provider and an application maintenance team in this case of custom development. Also, vendor upgrades can require effort just to remain compatible when new versions are released.
- Complexity:** Custom solutions tend to be more complex since the Department would be responsible for developing significantly more of the solution as opposed to utilizing components that have been proven to be effective elsewhere.
- Time to implement:** Time to implement is largely comparable to the amount of customization required. Thus, a COTS solution would be implemented faster than a COTS solution. Transfer solutions require effort to undo customization for the source agency and then time to implement required departmental customizations.
- Cost:** There are several drivers for cost including licensing fees, application development staff, and continued maintenance and operation costs. Custom development avoids licensing fees which can sometimes be quite expensive, while also incurring the costs of additional application development staff.
- Scalability:** This criterion assesses the ability of the solution to support increased processing requirements as demand increases. Both custom and COTS solutions are expected to be scalable.

3. Recommended Technical Solution

The recommended technical solution is to pursue a hybrid approach, utilizing a combination of COTS products and custom development based on the requirements for each component of the system. This conclusion was reached by evaluating the technical solution alternatives combined with the rationale for selection. The table below provides an assessment of each of the technology solution selection options using the comparison criteria to guide the selection process. Solutions were assessed and provided a score for how well they fulfilled each of the criteria. The Harvey Ball icons provided reflect their score from worst (○) to best (●). Solutions with the most heavily shaded circles represent the best scoring.

Technical Solution Selection Considerations				
	COTS	Custom	Transfer	Hybrid
Business Alignment				
Flexibility				
Maintainability				
Complexity				
Time to Implement				
Cost				
Scalability				

Exhibit VI-VI: Technical Solution Selection Considerations

A full custom solution is simply not advised. It requires developing significantly more software as compared to other options and thus taking on the corresponding application support burden. While a custom solution does provide maximum

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flexibility, it comes with a prohibitive cost.

Based on the requirements of the Department as well as experience gleaned from other states performing similar modernization efforts, a full COTS solution is not a viable choice. The Department’s requirements are determined by Florida statutory requirements and would not be met by any COTS packages without prohibitive customization. The level of customization effectively negates any potential benefits.

Similarly, transfer solutions using a public assistance solution from another state as a starting point are an option, with similar potential benefits as a COTS solution. However, experience from other modernization projects has proven that this approach results in higher costs with less conformity to requirements. Also, transfer solutions typically do not utilize the latest technology which results in the new system needing to be modernized sooner.

However, COTS packages can be utilized effectively when implementing modules of the solution. This allows selecting best of breed solutions at the module level while still retaining the flexibility of a custom developed solution where necessary. Additionally, COTS packages are available that are designed to provide flexibility via configuration rather than customization.

As a result of this analysis, the recommended approach is to develop a hybrid solution using a combination of COTS packages for module replacements combined with custom development where required.

D. Proposed Solution Description

Summary Description of Proposed System

The proposed solution will result in a strategic end-to-end replacement of the ACCESS Florida legacy system function and infrastructure components using a hybrid approach of custom development and COTS products. The resulting application will meet the Department’s business objectives for a more integrated service delivery model that is customer-centered, outcomes-driven, and less costly to maintain. It will be built upon a modern architecture foundation, enhancing efficiency, and greatly reducing the risk of technical obsolescence that exists in the legacy system today. It will maximize technical and business process benefits and provide the flexibility and scalability needed for future enhancements. The diagram below provides an overview of both the proposed business and technical solution, including the business needs and capabilities as well as the technical solution to achieve those capabilities.

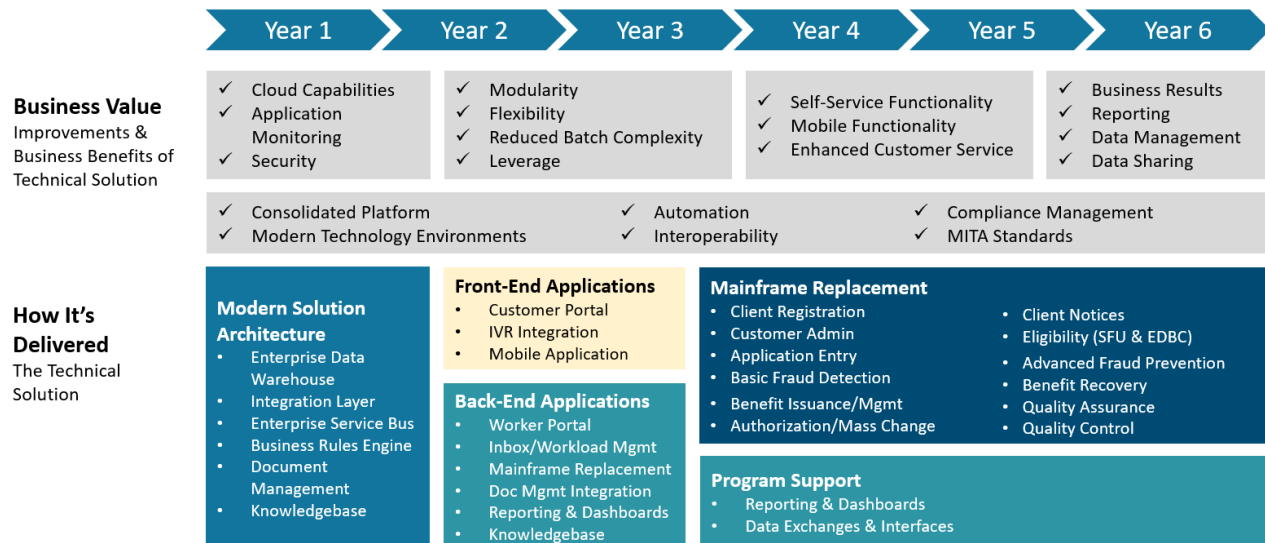


Exhibit VI-VII: Proposed Solution

While the diagram above outlines how the recommended solution will achieve the needs of the program, the Proposed ACCESS Florida System architecture diagram below depicts how each technical component of the recommended solutions fits into the overall future-state system architecture.

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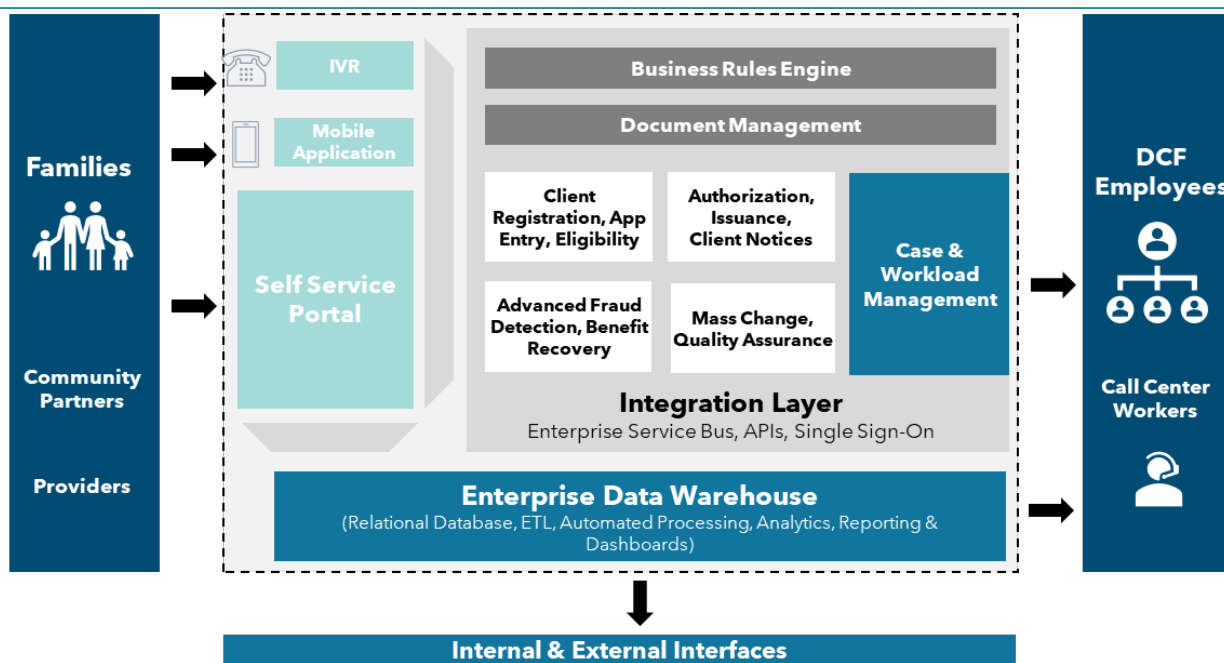


Exhibit VI-VIII: Proposed ACCESS Florida System Architecture

The proposed system consists of a consolidated platform utilizing modern technology with functionality built into modules to enable the ability to enhance and maintain the use of the system based on customer demand, business need, and changing regulation/law. This solution will incorporate a hybrid of custom-built and COTS applications as components of the system. The determination of COTS vs custom-built applications for each individual component of the solution architecture will be determined during the procurement effort, using the requirements and analysis developed to-date. Each of the system components are broken down below and Exhibit VI-IX provides a method for evaluating COTS vs custom-build for each application in the proposed system. The following provides a breakdown of the high-level system components of the proposed solution architecture.

Front-end / User Facing Application Components - These are the applications that users will interact with related to benefits services. The deployment of these applications is planned for Years 3 and 4 in the proposed solution roadmap.

- **Customer Self-Service Portal** – A Self-Service Portal (SSP) that allow customers to apply on-line for selected benefits and would provide verifications and in some cases real-time eligibility determination. The SSP could be COTS based series of components or component or Software-s-a-Service (SaaS) via the Cloud.
- **Interactive Voice Response** – An IVR application that allows customers 24x7 toll-free access to information about their public assistance case status, eligibility and benefit information, appointment details, verification items required, and information on other ESS programs.
- **Mobile Application** – Mobile functionality to provide the ability for both customers, users and technical support staff to employ mobile technologies to more easily perform tasks, acquire information and modify data where needed.

Back-end System Components - This begins with the Solution Architecture components that are planned to be stood up in Year 1, followed by development of the functional modules that will replace the mainframe.

- **Enterprise Data Warehouse** – A consolidate enterprise data warehouse to store, analyze, process, and transform data across the system. The warehouse would be a central component that communicates with each application and module to provide and capture data. Once successfully implemented, this warehouse would serve as the authority of source for the Department’s benefit data.
- **Integration Layer** – A “communication” layer that serves to integrate all modules and applications as part of the overall system.
- **Rules Engine** – A business rules engine that maintains eligibility-based business rules that can be applied across internal and external applications through the Enterprise Service Bus. This provides flexibility to update

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business rules in one place and allow those same rules to execute across system components.

- **Document Management** – An Extensible document management solution that will allow integration with multiple applications and provide management of scanned images for the Ocala Mail/Scan Center.
- **Case and Workload Management Portal** – A “Worker Portal” that comprises multiple functional components for managing benefits applications, cases, and workload.
- **Functional Modules** - The below are functional modules that will replace functionality currently built into the mainframe. The development and deployment of these modules will be in two phases as shown in the proposed solution roadmap.
 - **Client Registration** – Provides registration and clearance of individuals applying for benefits, screening for expedited SNAP assistance, and triggering of Data Exchange requests.
 - **Application Entry** – Collection and maintenance of case and individual demographic, household relationships, other non-financial and financial information (assets, income, expenses).
 - **Eligibility Determination** – Builds filing unit groups of individuals and determines eligibility for benefits. This may be developed as one module for all benefit categories, or as several modules split by benefit category.
 - **Authorization** – Provides for the review of the eligibility determination results and approval, denial, and closure of benefits.
 - **Benefit Issuance** – Automated processes for issuance of benefits, including support for staff functions for auxiliary issuances and interventions.
 - **Client Notices** – Provides functionality that trigger, consolidate, format, store and print client notices. This includes interfacing with print vendor, email notification capabilities, and the ability for customers to view notices within the SSP.
 - **Quality Assurance** – Quality assurance proves that include random sampling and other methods to analyze, measure, and report program quality and error rates.
 - **Mass Change** – Provides functionality to redetermine eligibility and benefits by applying updated eligibility/calculation parameters.
 - **Benefit Recovery** – A fully functional and consolidated benefit recovery system maintains all customer, budget, claims, and accounting data. Supports the State of Florida Benefit Recovery Program for recovering overpaid benefits and reporting related information to the Federal Government.
 - **Fraud & Abuse Detection & Tracking** – Enhanced capabilities to identify, track, and manage fraudulent and/or abusive activity related to state benefits.
 - **External Transfers** – Functionality that will allow DCF to exchange information with Federal, State, and third-party agencies via real-time services.
- **Reporting and Analytics** – A reporting and analytics platform to facilitate DCF staff standard reporting, ad-hoc reporting, advanced analytics, and data visualization capabilities.
- **Internal and external interfaces** – Modernized data exchanges, through the use of the Enterprise Service Bus and solution architecture components, to communicate and provide data in a timely manner to both internal and external interfaces.
- **Food for Florida (DSNAP)** – Functionality for Disaster-SNAP benefits may be developed as an independent application based on requirements for field-based activities that are not required on other functionality modules.

Requirements for Proposed Solution (if any)

The high-level functional and technical system requirements that must be met by the project to achieve the business objectives and business requirements outlined in the Strategic Needs Assessment section of this document are detailed in Section II-D. In addition to those requirements, the proposed solution should be aligned with the following:

Consolidated platform – Move to a single technology platform with integrated objects/components that may be modified without affecting the whole.

Modern Development Environments – Tools and processes to streamline code development, testing, promotion/staging, and stress testing. Environments that promote and enable collaboration.

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Modularity – Use of a modular, flexible approach including the use of open interfaces

Reduce batch complexity – Incorporate sufficient compute power to perform real time processing/automation to decrease dependence on batch architecture.

Mobile Functionality – Ability to employ mobile responsiveness.

Cloud Capabilities – Where feasible and beneficial for reliability, cost efficiency, and visibility into systems behavior.

Application Monitoring – Ability to be alerted immediately on application or any identified system component failure or performance problems.

Data Management – A sound data governance framework including data standards, archiving, and retention policies.

MITA standards – Aligned and ready for 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.

Compliance Management – Integrate Risk Compliance with oversight agencies (CMS, IRS, SSA, AG, etc.) via tool integration.

Compliance with the Minimum Acceptable Risk Standards for Exchanges (MARS-E)

Leverage – Promotes sharing, leverage, and reuse.

Business results – Supports accurate and timely processing of eligibility with the public.

Reporting – Capabilities to produce reports supporting program evaluation, continuous improvement in business operations, transparency and accountability.

Interoperability – Supports integration with the appropriate entities providing eligibility, enrollment, and outreach functions.

The technical solution should be comprised of modern system characteristics including, but not limited to, those outlined in the table below:

Solution Alternative Technology Characteristics Considerations		
Item	Legacy System Characteristics	Modern System Characteristics
Hours of Operation	<ul style="list-style-type: none"> • Online primarily business hours • Online citizen usage 24x7, batch cycle evenings, some scheduled system wide maintenance outages 	<ul style="list-style-type: none"> • 24x7
Users	<ul style="list-style-type: none"> • Internal workers 	<ul style="list-style-type: none"> • Internal, external, and public
User Authentication and Access	<ul style="list-style-type: none"> • Internal system 	<ul style="list-style-type: none"> • Federated authentication extending to external organizations
User Interface	<ul style="list-style-type: none"> • Fixed character screens 	<ul style="list-style-type: none"> • Graphical, browser, mobile device
Integration	<ul style="list-style-type: none"> • Data replication; Data extract, transformation and load (ETL) • Fixed format file interfaces • File transfer 	<ul style="list-style-type: none"> • Real-time data access • Web services • REST, XML data
Data Sharing	<ul style="list-style-type: none"> • External within state enterprise (other state systems) 	<ul style="list-style-type: none"> • Public sector, private sector, academic organizations and citizen

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Solution Alternative Technology Characteristics Considerations		
Item	Legacy System Characteristics	Modern System Characteristics
Security	<ul style="list-style-type: none"> • Emphasis on firewall and perimeter security; Trusted internal staff and infrastructure 	<ul style="list-style-type: none"> • Security hardening in every system component • Encryption of data at rest and in motion • Highly restricted data access
Reporting	<ul style="list-style-type: none"> • Extract to data repository • SQL-based reports 	<ul style="list-style-type: none"> • Real-time operational reporting • Dashboards • Predictive analytics
Business Rules	<ul style="list-style-type: none"> • Embedded in custom application system logic 	<ul style="list-style-type: none"> • Use of rules engine • Written in natural language
Processing Triggers	<ul style="list-style-type: none"> • Batch file records • Online user-entered data 	<ul style="list-style-type: none"> • Messages and event-based from asynchronous and real time messages (often via an ESB)
Batch Processing	<ul style="list-style-type: none"> • Processing nightly driven by mainframe processing capacity / cost and database locking issues 	<ul style="list-style-type: none"> • Processing can be run any time • Asynchronous updates
Workflow	<ul style="list-style-type: none"> • Custom-coded to manage human tasks and work queues of a business process steps performed internally in the organization • Low visibility to status of specific process or overall backlogs and slack resource utilization • Complex to change 	<ul style="list-style-type: none"> • Manages human and machine tasks performed internally and external to the traditional organization • Processing status transparency with internal and external stakeholders • Dynamic workflow definition and updating
Architecture Services	<ul style="list-style-type: none"> • Custom-developed 	<ul style="list-style-type: none"> • Service-oriented architecture • Use of “Best-of-Breed” COTS components or software services
Application Ownership	<ul style="list-style-type: none"> • Internally-owned asset 	<ul style="list-style-type: none"> • COTS, Software as a Service (SaaS) • Reduced internal ownership of assets
Application Development Strategy	<ul style="list-style-type: none"> • Custom development or • Customize a transfer system 	<ul style="list-style-type: none"> • COTS • Reduced Custom development
Application Customization	<ul style="list-style-type: none"> • Business rules defined and • applications customized in response 	<ul style="list-style-type: none"> • Align business rules to match application capabilities
Application Maintenance	<ul style="list-style-type: none"> • In-house on-site • Contracted hourly resources 	<ul style="list-style-type: none"> • SaaS • Application maintenance provider task-based contracting
Infrastructure	<ul style="list-style-type: none"> • Mainframe • Dedicated servers • Using internal hosting services 	<ul style="list-style-type: none"> • Cloud-based • Software as a Services (SaaS) or Infrastructure as a Service (IaaS)

Exhibit VI-X: Solution Alternative Technology Characteristics Considerations

Below are factors that should be considered for each of the modern system characteristics categories.

Hours of Operation / System Availability

Any significant system completion initiative for a system supporting a large number of users should require 24x7 application availability and continuous processing. Today, high availability systems with no single points of failure and automated failover of clustered components are a basic expectation.

Users

The expected number of system users should consider that external users have not historically used the system directly, and

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that they might begin to use the system either directly or via real time web service access. To support an undetermined number of users the application and hosting infrastructure must be horizontally and vertically scalable. Additionally, licensing terms should avoid per user licensing arrangements and restrictions when possible.

User Authentication and Access

User authentications and access controls are important considerations in differentiating technology solution alternatives. The existing systems have internal authentication and internal access controls within each application system. For workers this means they must keep multiple ids with multiple passwords. Architecturally, there are advantages for externalizing access controls from custom application logic. One area for consideration is whether an identity and access management system will support federated access controls. Federated access control is used when an external organization is granted access to use the system with user authentication and role-based management done by the external organization.

User Interface

A common requirement for modern systems is to use responsive graphical design techniques. Responsive design means that the application will be optimized for any device, which is important given the diverse user base. Mobile device usage has a substantial and growing share and mobile device support should be assumed as a significant volume of transactions.

Integration

The expectation of real-time or near real-time integration should be the *de facto* expectation for interface processing in the modernized system. Legacy integration strategies of database replication, cross system data synchronization, file extracts, and other bulk data transfer strategies are being replaced for many reasons. The major reasons being the challenges of data privacy protection and the complexities and overhead of duplicated data. For the modernized system, the use of web services is a default expectation for transactional data sharing. Architecture requirements should use secure web services. Often an Enterprise Service Bus (ESB) is a component of the modernized system that provides a single point of access, common architecture services, and common processing controls for integration. Representational State Transfer (REST) based services are currently the standard for efficient data integration especially supporting mobile device interfaces.

Data Sharing

While there are many interfaces in the current system, the Department should expect data sharing to increase. Data sharing can be complex, especially when dealing with sensitive information or personal information. For this reason, there have been some delays and barriers to sharing data across system and organization boundaries. We expect that the benefits of data exchange are too significant to be a long-term deterrent to data sharing.

The system should secure robust support for data sharing. COTS solutions generally have dealt with this issue, and continue to stay current with industry trends, standard data sharing formats, and data sharing regulations.

Security

Security is an important consideration in system completion. The security threats and challenges that all systems, and government systems in particular, face can consume significant resources. This factor alone may be significant enough to influence the recommended system completion approach.

COTS products will generally have a significant advantage in this area because they invest in security architecture and perform ongoing vulnerability scans and analysis of application and infrastructure. In addition, because their solutions are in use in more locations, the products benefit from the cumulative experience of all customers, which is incorporated in security and data loss prevention techniques.

It is common for systems that run on mainframes to run in state hosting data centers or run in department hosting facilities that emphasize keeping bad actors outside the environment. In the legacy system environment, most emphasis goes to firewalls, identity, and access controls. There is little emphasis on encryption and controls for information that is moving around within what is considered a safe space. The modernized solution should require encryption for both external connections to the system and internal connections within the system. Likewise, a requirement for database encryption and encryption of transmission should be base requirements. Further, most, if not all, system administrators should not be able to access system data.

Reporting

From a technology perspective, the primary reporting considerations include:

- Data Model Updates
- Data Marts
- Tools

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- Access
- Existing Reports

If the modernized systems use a COTS product, the COTS data model will be different from the current system data model. Even if current system data is migrated to data marts or a data warehouse for reporting, effort will be required to rework reports if a new or enhanced data model is used. A new COTS data model will have additional data and data types that allow enhanced reporting. It is important to specify expectations related to reports, because COTS vendors provide limited out of the box reports and often expect customers to customize or develop their own specific reports.

The current systems use reports as a tool to manage and assign work or to communicate outside the organization. Most COTS products and SaaS solutions will have increased online capabilities and real time integration capabilities that can eliminate the need to use current reports to manage and communicate. Therefore, the number of reports needed in the new system may be significantly less than the number of reports used in the existing systems.

Most customers will use an external reporting tool even if COTS products provide some base report development, customization, or delivery capability.

One technical consideration related to reports is report data location. If there is significant network latency between the workstation or reporting server that does report processing and the database server, performance (especially for ad hoc requests) may be slow. Likewise, if data is used from multiple sources in different locations, network latency may become an issue. Reporting requirements should specify report generation time based on peak data volume.

Business Rules

The general approach for a modernized system is to externalize business rules from custom application logic. The ACA MES ACCESS project implemented a rules engine running on the mainframe. In a properly architected modern system, use of an external rules engine can provide flexibility to make rules changes without making other application changes. Vendors that provide dedicated rules engines, use rules engines, or have products that use rules engines often communicate that business staff will be able to maintain business rules in real-time, as needed. In practice, this is not usually practical, because changes in business rules can have ripple impacts to other system components. Additionally, from a configuration management perspective, most organizations strictly control and automate deployment of changes to production environments. Regardless, the expanded use of a rules engine can create improved processing consistency and reduce maintenance effort.

Processing Triggers

In the legacy system, processing triggers primarily originate from user-entered information and batch processing. The modernized system should primarily support real time event-based processing triggers. These real-time events cause workflow updates and system data updates. Requirements to accept real-time updates via web service message will provide the processing capability to support business needs into the future.

Batch Processing

The legacy system has significant batch processing that is mature and efficient for the legacy platform. This processing relies on operations services (provided by the hosting service) to perform job scheduling, restart processing, and processing notifications. Historically, the use of batch processing is usually a legacy strategy driven to encourage use of unused mainframe capacity when users are not online and because legacy application systems did not have data access controls to allow concurrent online and batch processing.

System completion efforts should scrutinize current batch requirements for potential elimination and allow processing to be performed in real-time or asynchronously where possible. The system should encourage external interfaces to move from batch to real time or asynchronous processing.

- Even where batch processing must continue because of external interfaces, system completion work should use techniques that will allow the migration to real-time without significant rework.
- A related consideration for batch processing is the temporal data support. In a modern system, processing can be run independent of the system clock or current date/time. The data stored in the system retains the temporal attributes making it possible to run processing as of a specific date and time in the past. This is useful for cut-off processing and to support re-run processing if operational errors require reprocessing. This capability can often eliminate the need to have production systems be down if nightly processing did not complete successfully.

Work management is one of the most important capabilities of the system. This area of processing requires the most

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scrutiny. It is important to evaluate the usability of the system interfaces that users access to view work items and manage work requests of tasks in the business process. In the legacy system environment, a worker may have to evaluate work item task lists in multiple sub systems.

One important feature in the modernized system is automatic updates to the workflow based on system actions or data changes. For example, if a workflow step is complete after a user enters a set of information, the system will be much more effective if the task detects the change in the data and automatically marks the task complete, as opposed to the worker having to go to a work assignment screen and mark the specific task closed. This feature for specific task types greatly increases user satisfaction and reduces delays in overall processing throughput, while at the same time provides improved program and administration integrity ensuring eligibility staff receives proper credits for completed transactions without the risk of erroneous manual entries.

An additional consideration is how tasks performed by external users can be managed and tracked in the system. This allows external users to perform their steps of a workflow. The ability for external users to integrate their systems with the workflow engine may be a valuable feature. Alternatively, external users may use interactive work management screens to manage work.

Architecture Services

There are many application architecture services that can be performed by COTS, open source solutions, SaaS services, or custom processing. COTS products balance the use of COTS architecture services to make their products cost effective. The use of architecture services reduces risk related to the specific component but increases the integration complexity. For COTS products, the vendor is typically responsible for integration of the COTS products used by their solution. If a customer requires customer-specific architecture components, those need to be specified and responsibility for performing this work should be explicit.

A recommended system completion requirement is to identify the specific architecture services to be used and the process to update or replace architecture services in the future.

Determining the right balance of custom-coded architecture services versus other types of architecture services is a matter of discretion. Architecture services that require specialized skills, must comply with external standards or compliance criteria, are widely used, or are low-cost are candidates to use external architecture services.

Architecture services such as security authentication and access, enterprise service bus and infrastructure monitoring should rarely be custom developed.

Application Ownership

The thinking on application ownership for modern systems has changed for most organizations. When systems provided a unique competitive differentiator or advantage, organizations wanted to retain ownership and control of the application. As organizations recognized that system processing techniques were common to many organizations, there has been a shift to COTS-based solutions.

The other consideration is that the system lifecycle has shortened significantly. When systems were expected to operate largely unchanged, other than normal maintenance for a period of decades, it made sense to own the solution. With the pace of major technology change, most organizations recognize that the expected life of a system is not as long as it has been in the past. For this reason, most organizations are now favoring a rent instead of buy strategy.

From a department budgeting perspective, renting reduces discretion on maintenance expenditures and reduces the effort to secure capital funds needed for major system updates. This can be an advantage to ensure the system receives a base set of maintenance to keep it operational.

Application Development Strategy

Custom development of replacement enterprise applications is generally not considered a viable option because of the large capital expenditure, track record of budget overruns, and delayed implementations. Transfers of custom solutions followed by customization of the system was a popular strategy 10-15 years ago. It was perceived that a transfer strategy was lower risk because the transferred application:

- May have some maturity from iterations of use
- May have eliminated of defects from production use
- Allowed the customer to end up with a custom solution that they owned

The transfer approach is now out of favor because in practice there are not significant savings, especially if there are a

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significant number of customer specific customizations. The application architecture of the transfer system will also influence ongoing maintenance costs and can limit ongoing system evolution.

Enterprise application development is now primarily completed in vendor development centers that concentrate thousands of workers, usually using offshore locations and low-cost resources. Vendors have hiring, management, professional development, and quality management synergies in these centers and prefer to do application development and maintenance work in these locations.

Application Customization

There has been a change in thinking on how to implement modernized systems. The traditional approach that derived from when there were few automated systems is to define requirements and then build or customize the new system to meet specified business requirements. With the introduction of COTS products, organizations are looking at total cost to implement and operate and are finding that instead of business requirements driving the system, it is often faster and more cost effective to change the business processes and requirements to match the capabilities of the COTS product or SaaS solution. These approaches are quite different. If procuring and considering a COTS product or SaaS solution it is important to align the procurement and negotiation strategy with the approach.

Application Maintenance

Application maintenance strategies have evolved and are continuing to change. The traditional application maintenance approach for enterprise custom systems owned by an organization is to have an onsite team of application developers. For government systems, these resources are often contracted resources that perform services for a long period. Organizations focus on minimizing rate per hour paid and work on a capacity basis providing maintenance and enhancement with the contracted capacity.

For organizations that purchase COTS products for enterprise use, it is common to use an application service provider that manages all maintenance of the COTS product. Work includes product customizations and integration work to support COTS product upgrades. The Application Service Provider works closely with the COTS vendor and often supports multiple customers with a shared pool of resources.

For organizations that use SaaS solutions, the service provider handles all application support and maintenance. These services are provided directly by the SaaS provider.

Infrastructure

A major part of modernizing the system is enabling and modernizing the system infrastructure. The system infrastructure is the network, servers, system software, hosting, and systems operations capabilities.

Improvements in technology have standardized and virtualized infrastructure, allowing leveraging of support resources across a much larger number of systems and system infrastructure components. Cloud providers use this standardization to support many customers at a low cost.

For this system, the move from department and state hosted infrastructure has the expected benefits of cost savings and improved service level. From an overall state level, migration and decommissioning of the current mainframe, state, and department data centers is a directional priority. If any system completion option retains existing system components there is work to make the current applications cloud ready.

Exhibit VI-X: Solution Option Support for System Alternatives Analysis shows a way to compare whether a COTS product or custom development would be better suited for each component of the recommended system. The modern system characteristics outlined above should be considered within this analysis. This analysis should occur as part of the procurement effort.

Application/Module	COTS Product(s)	Custom Development
Self-Service Portal		
Case Management		
Workload Management		
Reporting and Dashboards		

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Application/Module	COTS Product(s)	Custom Development
Data Warehouse		
Enterprise Service Bus		
Business Rules Engine		
Document Management		
Knowledgebase		
Mobile Application		
Data Exchanges & Interfaces		
IVR		
Client Registration		
Application Entry		
Authorization		
Basic Fraud Detection		
Benefit Issuance		
Mass Change		
Client Notices		
Eligibility/EDBC		
Advanced Fraud Prevention		
Benefit Recovery		
Quality Assurance		

Exhibit VI-XI: Solution Option Support for System Alternatives Analysis

While analysis and requirements for the high-level technical solution and approach have been outlined herein, the detailed solution and related detailed requirements for each module and application should be assessed and aligned upon in coordination with DCF and one or more third-party vendors based on a procurement effort.

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

Refer to Appendix VIII. B. Cost Benefit Analysis Workbook for Staffing counts and costs for FY 22-23 through FY 2025-26.

E. Capacity Planning

(historical and current trends versus projected requirements)

For this assessment, existing capacity and trends over the past 10 years were reviewed to determine projections for future system use. Present system capacity must accommodate more than 12.8 million applications for ESS services annually. Monthly benefits are distributed to nearly 3.8 million individuals. Fluctuations in annual volume can reach ten percent under normal circumstances and can be significantly greater under emergency circumstances.

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In order to plan for foreseeable capacity requirements, migration from the current mainframe system architecture to a cloud-based system solution is recommended. A cloud-based platform will allow the Department to cost-effectively scale up or down quickly in response to rapid changes or fluctuations in demand for ESS services. With a cloud-based solution, the Department will also pay only for the level of cloud services used.

VII. Schedule IV-B Project Management Planning

A. Project Charter

The program charter establishes a foundation for the program by ensuring that all participants share a clear understanding of the program purpose, objectives, scope, approach, deliverables, and timeline. It serves as a reference of authority for the future of the program. The project management approach established for system completion is described below and is expected to be adopted substantively for the system replacement effort, although work by year may vary and charts and tables relating to that information will be updated.

Program Name

This program is referred to as ACCESS Florida System Transformation.

Purpose

The purpose of the project is to replace an aging legacy mainframe system and associated applications with a modern, agile, cost-efficient system within the specified project period. The tangible benefits of the project include increased satisfaction to customers, worker productivity, enhanced fraud prevention, privacy, and confidentiality, improved compliance with federal and state standards and conditions and reduced operating costs for the ACCESS Florida System. The intangible benefits of the project include improved customer service, maintaining benefit accuracy, program integration, more effective use of resources, and enterprise interoperability. System replacement will require approved federal Planning and Implementation Advance Planning document updates and federal financial and procurement approvals for vendors and proposed technology solutions. The technology option(s) chosen would meet USDA requirements and also CMS requirements for a solution strategy to implement modular components. CMS is guiding states to provide greater speed to value, reuse within the Medicaid Enterprise, encourage more vendor competition, adopt a phased implementation approach, and explore reusable solutions from other states. American Rescue Plan funds can be used to complete the ACCESS Florida System Replacement consistent with a strategic roadmap described in this updated Schedule IV-B.

Objectives

The ACCESS Florida System Transformation project will meet the following objectives:

- Promote personal and economic self-sufficiency
- Prevent fraud, protect privacy and confidentiality
- Advance personal and family recovery and resiliency
- Leverage increased efficiencies and serve Florida citizens in the most effective manner possible
- Position the Department to further maximize the benefit of the state investment in technologies implemented to support the Medicaid eligibility system
- Stabilize and reduce ongoing support costs
- Focus on the benefits of increasing “no touch” and rules engine-based automated processing
- Create a modern, integrated, rules-based system that supports the public assistance programs leveraging modern technology preferably using COTS, Cloud-based, or Software-as-a-service (SaaS) solutions
- Facilitate improved communication within the Department as well as between the Department and its’ external stakeholders
- Provide Department staff with timely access to information necessary for performance measurement and quality management
- Provide better access to data through searching and reporting capabilities
- Employ project management best practices throughout the life of the project
- Complete the project within agreed budget and timeframes

Project Phases

This project will be developed in four phases. Each phase will include the full SDLC:

1. Procurements
2. Solution Architecture
 - a. Data Warehouse
 - b. Integration Layers
 - c. Enterprise Service Bus

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- d. Business Rules Engine
- e. Document Management
3. Front-End Customer Applications
 - a. Customer Portal
 - b. IVR Integration
 - c. Mobile App
4. Worker Back-End Functionality
 - a. Worker Portal
 - b. Inbox/Workload Management
5. Core Mainframe Replacement
 - a. Client Registration
 - b. Customer Administration
 - c. Application Entry
 - d. Basic Fraud Detection
5. Secondary Mainframe Replacement
 - a. Benefit Issuance/Management
 - b. Authorization/Mass Change
 - c. Client Notices
 - d. Eligibility (SFU & EDBC)
 - e. Advanced Fraud Prevention
 - f. Benefit Recovery
 - g. Quality Assurance
 - h. Quality Control
6. Data Conversion & Integration
7. Data Exchanges/Interfaces
8. Reporting & Dashboards
9. Knowledgebase

B. Project Management

The primary project management methodology used by DCF is based on the PMI's Project Management Framework. The DCF Project Manager and the implementation vendor will agree upon an appropriate project management methodology. The Project Director or Project Sponsor may consider changes to the methodology at any phase of the project, as deemed appropriate, including the use of Agile methodologies that focus on customer satisfaction through the early and continuous delivery of working software, close cooperation between business users and software developers, quality improvement, and continuous attention to technical excellence and good design.

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

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

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

- Monitoring project progress; identifying, documenting, evaluating, and resolving project related problems that may arise
- Reviewing, evaluating and making decisions with regard to proposed changes; changes to project scope

Schedule IV-B for ACCESS Florida System Modernization

will be tightly controlled according to a documented change request, review and approval process agreed to by all stakeholders

- Monitoring and taking appropriate actions with regard to risks as required by the risk management plan
- Monitoring and tracking issues as required by a documented issue reporting and management process
- Monitoring the quality of project deliverables and taking appropriate actions with regard to any project deliverables that are deficient in quality

DCF believes successful project management hinges on the following:

- Clearly established project goals and requirements
- Ongoing assessment of quality against established standards
- Constant measurement of success against established deliverables and milestones
- Personal presence and commitment of key project leadership
- Proactive identification and communication of risks and issues

C. Project Scope

The scope of this project will include a significant business process analysis and requirements development effort as well as the design, development, testing, user training, and statewide implementation of a new business system to support the following DCF functional and technical areas across SNAP, TANF, and Medicaid eligibility programs:

- Establishment of a Project Management office
- Organizational Change Management
- Independent Verification and Validation (IV&V)
- Establish solution architecture
- Mainframe replacement (full SDLC)
- Data conversion and integration
- External interfaces (full SDLC)
- Customer portal (full SDLC)
- Case and workload management (full SDLC)
- Reporting functions (full SDLC)
- Statewide system implementation
- Content development for training materials
- End-user training
- Operations and maintenance planning

D. Project Deliverables

The following table contains a preliminary list of project deliverables. The final deliverables list, which will include acceptance criteria, will be developed in conjunction with the selected implementation vendor and will be appropriate to the technology solution chosen.

Name	Deliverable Description
Project Management Status Reports	Weekly status reports to project management team.
Risk and Issue Registers	Prioritized lists of risks and issues identified and reviewed during the course of the project.
Meeting Minutes	Record of decisions, action items, issues, and risks identified during formal stakeholder meetings.
Schedule IV-B Feasibility Study (Updates)	Incorporates information to be submitted with the Department's Legislative Budget Request for follow-on phases.
Project Charter	Issued by the Project Sponsor and formally authorizes the existence of the project and provides the Project Manager with the authority to apply organizational resources to project activities.

Schedule IV-B for ACCESS Florida System Modernization

Name	Deliverable Description
Project Management Plan	<p>Includes the following documents as required by the DCF Project Director and/or the PMO:</p> <ul style="list-style-type: none"> • Work Breakdown Structure • Resource Loaded Project Schedule • Change Management Plan • Communication Plan • Document Management Plan • Scope Management Plan • Quality Management Plan • Risk Management Plan • Risk Response Plan • Issue Management Plan • Resource Management Plan • Conflict Resolution Plan • Baseline Project Budget
As-Is Business Process Flows	Represents, graphically, the current state of public assistance business processes using standard business process notation. This document should include narrative descriptions of key activities, including owners, inputs, and outputs.
To-Be Business Process Flows	Represents the future state of public assistance business processes, as reengineered by the vendor in conjunction with DCF subject matter experts. The process flows are developed using standard business process notation. This document should include narrative descriptions of key activities, including owners, inputs, and outputs.
Technical Design Specification	<p>Detailed technical design for data and information processing in the new business system to include:</p> <ul style="list-style-type: none"> • Data Model/ERD • Data Dictionary • Technical Architecture (to include a hardware usage plan) • User Role/Permissions Security Matrix
Design Demonstration	Review and acceptance of the system integrator’s design required before proceeding to development. Key stakeholders will experience the prototype and then a go/no-go decision will be submitted to the Project Sponsors for action.
Data Conversion Plan	Plan for converting data from existing systems to meet the specifications of the new database design; to include detailed data conversion mapping.
Knowledge Transfer Plan	Details the steps taken to transfer knowledge about the system to the resources that ultimately will be responsible for implementation.
Organizational Change Management (OCM) Plan	Describes the overall objectives and approach for managing organizational change during the project, including the methodologies and deliverables that will be used to implement OCM for the project.
OCM Status Reports	Weekly status reports to project management team.
Stakeholder Analysis	Identifies the groups impacted by the change, the type and degree of impact, group attitude toward the change and related change management needs.
Training Plan	Defines the objectives, scope, and approach for training all stakeholders who require education about the new organizational structures, processes, policies, and system functionality.
Change Readiness Assessment	Surveys the readiness of the impacted stakeholders to “go live” with the project and identifies action plans to remedy any lack of readiness.
IV&V Project Charter	A document issued by the Project Sponsor that formalizes the scope, objectives, and deliverables of the IV&V effort.

Schedule IV-B for ACCESS Florida System Modernization

Name	Deliverable Description
IV&V Status Reports	Quarterly reports to the Executive Management Team.
IV&V Periodic Assessments	Documents the results of IV&V activity to determine the status of project management processes and outcomes including but not limited to: <ul style="list-style-type: none"> • Schedule Review Summary • Budget Review Summary • Business Alignment Summary • Risk Review Summary • Issue Review Summary • Organizational Readiness Summary • Recommended Next Steps/Actions for each of the above areas • Milestone and Deliverable reviews (to determine if the project is prepared to proceed to the next phase in the project work plan) • Current scorecard of the project management disciplines • Strengths and areas for improvement in the project management disciplines • IV&V Next Steps/Actions
IV&V Contract Compliance Checklist	Documents that vendors involved with the project have met all contractual requirements.
Data Migration Plan	Plan for migration of data from existing systems to new databases (as required).
Test Plans	Detailed test plans for unit testing, system testing, load testing, and user acceptance testing.
Test Cases	Documented set of actions to be performed within the system to determine whether all functional requirements have been met.
Implementation Plan	Detailed process steps for implementing the new business system statewide.
Knowledge Transfer Plan	Based on a gap analysis, this plan will detail the steps taken to transfer knowledge about the system to the resources that ultimately will be responsible for post-implementation support.
Functional Business System	Final production version of the new business system.
System Operation and Maintenance Plan	Detailed plan for how the finished system will be operated and maintained.

Exhibit VII-I: Project Deliverables

Project Milestones

It is anticipated the project will be managed according to the table in Exhibit II-I: DCF Mission Exhibit VII-II: Project Milestones and Deliverables to Complete. Go/no-go checkpoints may be added to the project schedule where appropriate based on the chosen solution. Checkpoints will require Project Sponsor sign-off prior to commencing the next activity.

Milestone	Deliverable(s) to Complete
Legislative Approval	<ul style="list-style-type: none"> • Updated Schedule IV-B
Federal Funding Approval	<ul style="list-style-type: none"> • Advance Planning Document
Project Kick-Off	<ul style="list-style-type: none"> • Project Charter
Project Management Documents Completed	<ul style="list-style-type: none"> • Various (See deliverable list)
Business Process Analysis Completed for Each Phase	<ul style="list-style-type: none"> • As-Is Business Process Flows • To-Be Business Process Flows
Acceptance of Functional and Technical Requirements for Each Phase	<ul style="list-style-type: none"> • System Requirements Document • Public Assistance Requirements Document

Schedule IV-B for ACCESS Florida System Modernization

Milestone	Deliverable(s) to Complete
Acceptance of Validated Requirements for Each Phase	<ul style="list-style-type: none"> Validated Functional Requirements Document
Acceptance of User Interface Prototypes for Each Phase	<ul style="list-style-type: none"> User Interface Prototypes
Acceptance of Each Phase's Functional and Technical Design Specifications	<ul style="list-style-type: none"> Functional and Technical Design Specification documents
User Acceptance Testing for Each Phase Completed	<ul style="list-style-type: none"> End-to-end role-based test scripts Log of UAT tickets by status
End User Training for Each Phase Completed	<ul style="list-style-type: none"> On-site training sessions Training materials
System Deployment Phases (based on ACCESS Modernization Roadmap)	<ul style="list-style-type: none"> Functional system released into production
Project Close-out	<ul style="list-style-type: none"> Lessons Learned Knowledge Transfer Contract Compliance Checklist Sunset Plan Project Close-out Checklist

Exhibit VII-II: Project Milestones and Deliverables to Complete

General Project Approach

The following activities are required to finish the ACCESS Florida System Transformation project:

1. Submit a Legislative Budget Request
2. Perform Schedule IV-B Feasibility Study update
3. Prepare federal Planning Advance Planning Document (PAPD)
4. Seek federal funding and procurement approvals for planning phase and to develop Implementation APD (IAPD)
5. Submit IAPD for approval
6. Develop major procurements and submit for prior federal approval
7. Execute procurement(s)
8. Submit proposed award(s) and proposed contract(s) for federal prior approval
9. Execute contract(s)
10. Execute the project
11. Monitor and control the project
12. Develop and test the proposed solution as described in the Technology Planning section per the three-year plan outlined in Exhibit VII-1 Project Scope and Exhibit VII-6 High-Level Project Schedule
13. Implement the proposed solution
14. Conduct Organizational Change Management and Communications activities
15. Develop and Conduct Training
16. Deploy the system to trained users who are fully prepared to use the new system and are supported by on-screen help
17. Conduct knowledge transfer
18. Continued operations, administration, and support of the system through the warranty period
19. Close Out the project
20. Operate and enhance the system throughout its service life

Change Request Process

Projects of this magnitude should expect change as the project progresses through the design, development, and implementation phases. All change requests will be formally documented and validated by the PMO and the Change Control Board (CCB), which will be comprised of key project stakeholders according to the Change Management Plan. Once validation has occurred, the appropriate stakeholders will assess the change, determine the associated time, and cost implications.

Upon acceptance of the change request and its validation by the PMO, the tasks to implement the change will be incorporated into the project plan and a project change order will be initiated. A priority will be assigned, and the request will be scheduled accordingly. Exhibit VII-III illustrates the proposed change request process.

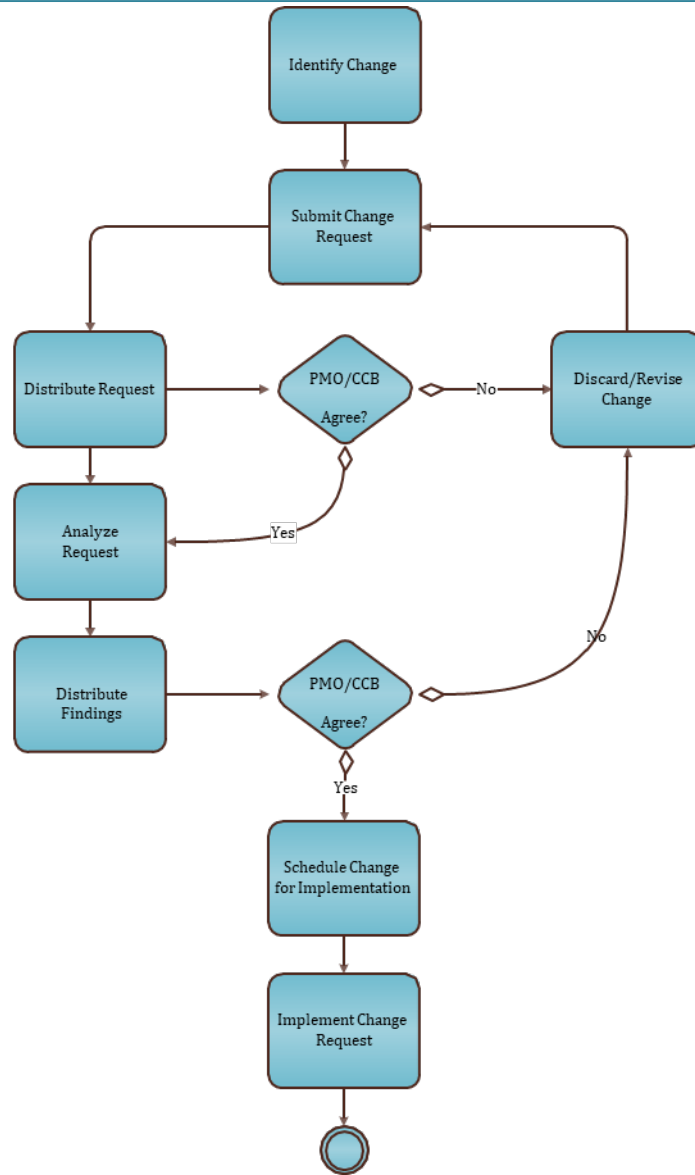


Exhibit VII-III: Proposed Change Process

Schedule IV-B for ACCESS Florida System Modernization

E. Project Schedule

The actual project schedule will be highly dependent upon the business need priority, technical complexities, and solutions available. The development of the actual project schedule will be the responsibility of the DCF project manager and implementation vendor(s). The figure below provides an example of the high-level project schedule for the initial 6 years of the proposed ACCESS System modernization.

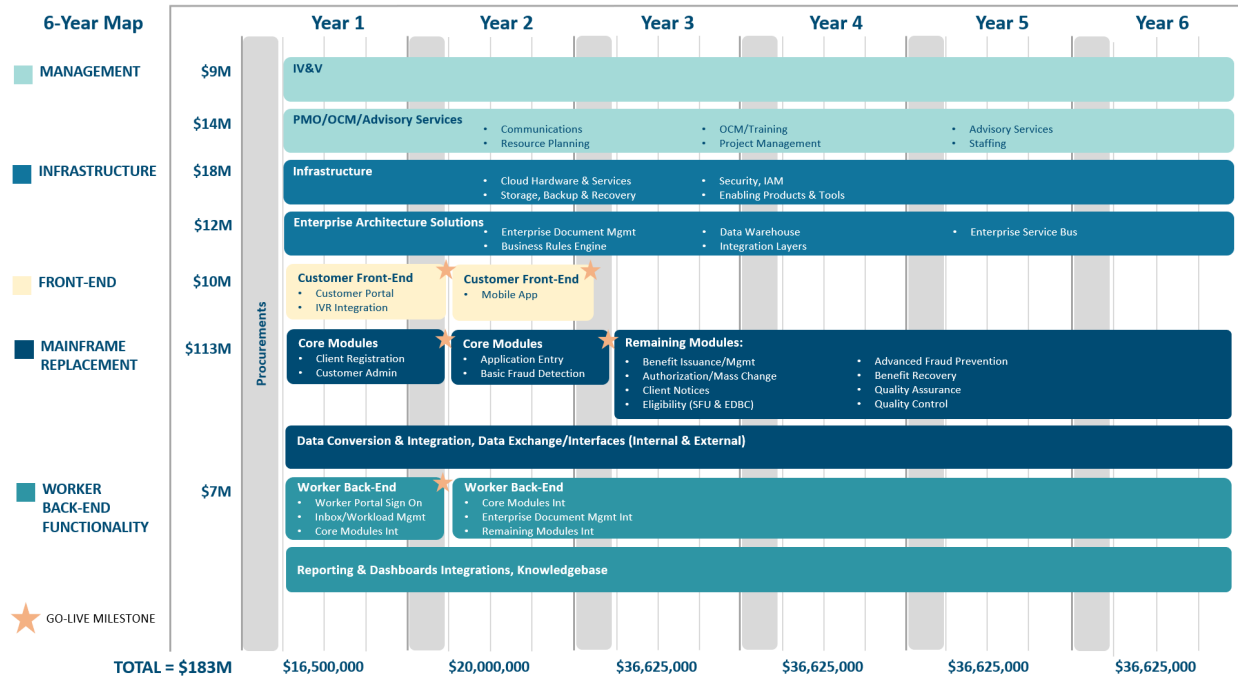


Exhibit VII-IV: High-Level Project Schedule

VIII. Appendices

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

A. Performance Measures

See attached ACCESS Focus Model Placecard IVB 2023 2024.xlsx

See attached Updated EDD PockedCard Min IVB 2023 2024.xlsx

B. Cost Benefit Analysis Workbook

See attached ACCESS Cost Benefit Analysis IVB 2023 2024.xlsx

C. Risk Assessment

See attached ACCESS Risk Analysis IVB 2023 2024.xlsx

D. Requirements

See attached ESS SI Requirements IVB 2023 2024.xlsx

ESS Quick Facts

Month: **September 2021**

Volume	New Applications	Recertifications	Additional Benefits
Work Items Disposed	158,771	167,939	140,385
Approved	71,250	130,443	86,466
Denied	87,521	37,496	53,919
Denial Rate	55.1%	22.3%	38.4%

Element	SNAP	TANF	Medicaid
Work Items Disposed	342,547	31,318	674,356
Approved	224,091	9,541	554,438
Denied	118,456	21,777	119,918
Benefits Paid	\$440,660,511	\$8,400,193	
Families	1,753,884	31,956	2,112,634
Individuals	3,137,994	52,662	4,049,178
ABAWDs	36,532		

Call Center Stats	Received	Self-Service	Answered
Calls	576,796	779,667	279,346
Busy Rate	Abandonment Rate	Talk Time	Wait Time
	50.90%	07:13	42:06
Chatbot	Contacts	Service Rate	Sessions Answered
	128,645	N/A	N/A

ESS Quick Facts

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ESS Quick Facts

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Volume	Applications	Recertifications	
Total AGs Disposed	450,340	597,881	
Approved	225,929	562,141	
Denied	224,411	35,740	
Denial Rate	49.8%	6.0%	

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ESS SCORECARD

Report Date: 07/12/2021

**N/A - No Reporting available for report period.
 **QC Active / QC Capers - Reporting Cumulative and No Reporting after 02/2020 per COVID-19

Performance Metrics

Statewide

Category:	Federal Measures (Source: Datamart / MES reports) ▲																		Lawsuits & Audits Reporting (Source Datamart) ▲						Internal Productivity								
Measure:	Maintain 95% Compliance on Time Standard for All Applications			Maintain 95% Compliance on Time Standard for SNAP Expedited			Maintain 95% Compliance on Time Standard for SNAP Regular			Maintain 95% Compliance on Time Standard for Cash Assistance			Maintain 95% Compliance on Time Standard for Medicaid Regular			Maintain 95% QC Active State Reported Accuracy Rate**			Maintain 99% QC CAPER State Reported Accuracy Rate**			Maintain 95% on Correct Medicaid Terminations & Unborn Coverage**			Maintain 95% on Critical Accuracy for ABAWD Reviews			Maintain 95% on Timely Processing of All Death Alerts within 10 Days of Received			Maintain 60% Processor Completed Interviews ▲		
Month:	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Nov-20	Dec-20	Jan-21	Nov-20	Dec-20	Jan-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21
Statewide	98.3%	98.4%	98.5%	96.3%	97.1%	97.1%	98.0%	97.7%	97.9%	98.8%	98.5%	98.4%	99.4%	99.6%	99.6%	93.9%	93.9%	93.9%	83.6%	80.1%	67.6%	99.6%	99.6%	99.5%	89.1%	87.5%	90.0%	94.0%	99.6%	99.8%	74.7%	75.1%	73.7%

Category:	Measures (Datamart)			Quality Measures (Source QMS) ▲										Program Effectiveness: ESS War (Source: Datamart) ▼						Program Effectiveness: ESS Battle - Reduce Re-Entry (Source: Datamart) ▼													
Measure:	Maintain Average Days to Approve Assistance Groups within 10 Days in FLORIDA System ▼			Maintain 90% on QA FA Payment Eligibility Correct			Maintain 90% on QA FA Negative Reviews			Maintain 90% on QA Medicaid Eligibility Correct			Maintain 90% on ME FA Payment	Maintain 90% on ME FA Negative	Base	Goal (-20%)	Non-disabled adults aged 18-59 on food and/or cash assistance over 21 months			Cumulative reduction ratio compared to Baseline (Goal 20% reduction)			Base	Goal (-25%)	18-59 non-disabled re-entering food and/or cash assistance within 12 months			Total 18-59 non-disabled approved for food and/or cash assistance			Re-entry Ratio		
Month:	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	FFY 2021	FFY 2021	Jun-19	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Jun-19	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21
Statewide	8.2	8.4	8.3	88.9%	89.3%	88.4%	88.0%	87.8%	89.0%	93.6%	94.3%	93.7%	78.7%	77.7%	337,672	270,138	346,651	351,627	353,067	-2.7%	-4.1%	-4.6%	20.6%	15.5%	12,733	14,354	16,450	102,923	85,643	87,529	12.4%	16.8%	18.8%

Region

Category:	Federal Measures (Source: Datamart / MES reports) ▲																		Lawsuits & Audits Reporting (Source Datamart) ▲						Internal Productivity								
Measure:	Maintain 95% Compliance on Time Standard for All Applications			Maintain 95% Compliance on Time Standard for SNAP Expedited			Maintain 95% Compliance on Time Standard for SNAP Regular			Maintain 95% Compliance on Time Standard for Cash Assistance			Maintain 95% Compliance on Time Standard for Medicaid Regular			Maintain 95% QC Active State Reported Accuracy Rate**			Maintain 99% QC CAPER State Reported Accuracy Rate**			Maintain 95% on Correct Medicaid Terminations & Unborn Coverage**			Maintain 95% on Critical Accuracy for ABAWD Reviews			Maintain 95% on Timely Processing of All Death Alerts within 10 Days of Received			Maintain 60% Processor Completed Interviews ▲		
Month:	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Nov-20	Dec-20	Jan-21	Nov-20	Dec-20	Jan-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21
Northwest	98.8%	98.8%	98.7%	98.3%	98.4%	97.8%	98.5%	98.3%	98.2%	97.9%	96.4%	98.0%	99.4%	99.7%	99.7%	98.8%	98.8%	98.8%	92.9%	94.7%	88.9%	99.9%	99.9%	99.9%	89.6%	87.5%	82.5%	100.0%	100.0%	100.0%	77.4%	75.8%	72.8%
Northeast	98.2%	98.4%	98.4%	97.8%	98.0%	97.7%	98.2%	98.4%	98.2%	98.2%	99.2%	99.2%	98.7%	98.9%	98.9%	97.5%	97.5%	97.5%	80.6%	77.4%	67.9%	99.5%	99.4%	99.6%	85.1%	97.5%	95.0%	72.7%	100.0%	100.0%	69.9%	68.6%	73.1%
Central	98.2%	98.4%	98.6%	95.9%	96.6%	97.1%	98.0%	97.7%	98.1%	98.6%	98.4%	97.8%	99.3%	99.6%	99.5%	94.0%	94.0%	94.0%	89.6%	85.4%	89.1%	99.7%	99.6%	99.6%	97.7%	95.0%	100.0%	100.0%	99.8%	100.0%	86.0%	84.2%	79.7%
Suncoast	98.4%	98.7%	98.7%	95.8%	97.2%	96.8%	98.2%	98.2%	98.3%	98.8%	98.8%	97.9%	99.5%	99.7%	99.6%	93.2%	93.2%	93.2%	84.9%	78.7%	72.2%	99.2%	99.3%	98.9%	82.6%	80.0%	85.0%	98.8%	99.5%	99.4%	71.9%	73.5%	72.5%
Southeast	98.1%	98.2%	98.4%	94.7%	96.4%	96.3%	97.8%	97.4%	97.5%	99.3%	98.0%	99.4%	99.3%	99.6%	99.7%	93.2%	93.2%	93.2%	85.3%	82.9%	73.3%	99.8%	99.8%	99.6%	97.8%	87.5%	87.5%	98.8%	99.1%	99.4%	73.3%	77.9%	76.5%
Southern	98.5%	98.2%	98.3%	97.0%	97.4%	97.4%	97.9%	97.0%	96.9%	99.1%	98.8%	98.5%	99.9%	99.9%	99.9%	91.7%	91.7%	91.7%	83.3%	84.4%	65.8%	99.6%	99.6%	99.4%	87.2%	77.5%	90.0%	100.0%	99.1%	100.0%	71.4%	70.8%	68.2%

Category:	Measures (Datamart)			Quality Measures (Source QMS) ▲										Program Effectiveness: ESS War (Source: Datamart) ▼						Program Effectiveness: ESS Battle - Reduce Re-Entry (Source: Datamart) ▼													
Measure:	Maintain Average Days to Approve Assistance Groups within 10 Days in FLORIDA System ▼			Maintain 90% on QA FA Payment Eligibility Correct			Maintain 90% on QA FA Negative Reviews			Maintain 90% on QA Medicaid Eligibility Correct			Maintain 90% on ME FA Payment	Maintain 90% on ME FA Negative	Base	Goal (-20%)	Non-disabled adults aged 18-59 on food and/or cash assistance over 21 months			Cumulative reduction ratio compared to Baseline (Goal 20% reduction)			Base	Goal (-25%)	18-59 non-disabled re-entering food and/or cash assistance within 12 months			Total 18-59 non-disabled approved for food and/or cash assistance			Re-entry Ratio		
Month:	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	FFY 2021	FFY 2021	Jun-19	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Jun-19	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21
Northwest	7.6	7.9	7.4	N/A	93.3%	91.7%	N/A	91.1%	88.7%	N/A	96.8%	96.6%	80.7%	85.0%	22,987	18,390	23,675	24,105	24,435	-3.0%	-4.9%	-6.3%	20.0%	15.0%	815	961	1,174	6,903	6,144	6,568	11.8%	15.6%	17.9%
Northeast	9.3	9.2	9.4	N/A	88.2%	89.2%	N/A	80.7%	88.2%	N/A	91.7%	90.1%	82.5%	70.7%	51,876	41,501	53,649	54,271	54,457	-3.4%	-4.6%	-5.0%	19.7%	14.8%	1,795	2,073	2,578	13,656	11,921	12,993	13.1%	17.4%	19.8%
Central	8.5	8.4	8.2	92.3%	90.8%	90.1%	92.1%	92.4%	90.8%	96.2%	96.4%	96.8%	N/A	N/A	80,225	64,180	84,942	86,307	86,915	-5.9%	-7.6%	-8.3%	21.0%	15.8%	3,251	3,759	4,212	24,800	21,441	21,669	13.1%	17.5%	19.4%
Suncoast	9	8.8	8.8	89.7%	88.9%	89.1%	86.1%	85.8%	89.4%	94.1%	94.6%	95.1%	85.5%	87.8%	68,594	54,875	69,939	70,936	71,155	-2.0%	-3.4%	-3.7%	21.7%	16.2%	2,758	3,074	3,705	22,478	18,446	19,064	12.3%	16.7%	19.4%
Southeast	7.8	7.9	7.7	81.7%	84.6%	82.8%	84.0%	81.4%	83.4%	88.2%	89.0%	86.0%	66.5%	74.2%	48,294	38,635	51,064	52,025	52,233	-5.7%	-7.7%	-8.2%	20.8%	15.6%	2,072	2,461	2,512	17,192	14,317	13,977	12.1%	17.2%	18.0%
Southern	7	8	7.8	90.9%	90.8%	88.5%	89.0%	91.8%	91.3%	98.4%	95.8%	95.4%	79.0%	84.7%	65,696	52,557	63,382	63,983	63,872	3.5%	2.6%	2.8%	19.7%	14.8%	2,042	2,026	2,269	17,894	13,374	13,258	11.4%	15.1%	17.1%

ESS SCORECARD

**N/A - Reporting not done due to COVID-19

Organizational Health

WAR: To reduce by 20% the number of non-disabled adults aged 18-59 on SNAP and/or TANF over 21 months by June 30, 2021.

War Notes: Months counted as receiving benefits include those with interruptions of 1 or 2 months. Individuals should have received benefits in months 1 and 22 of the evaluated period.

BATTLE: To reduce by 25% the percentage of non-disabled adults 18-59 re-approved for SNAP and /or TANF within 12 months after exiting the program.

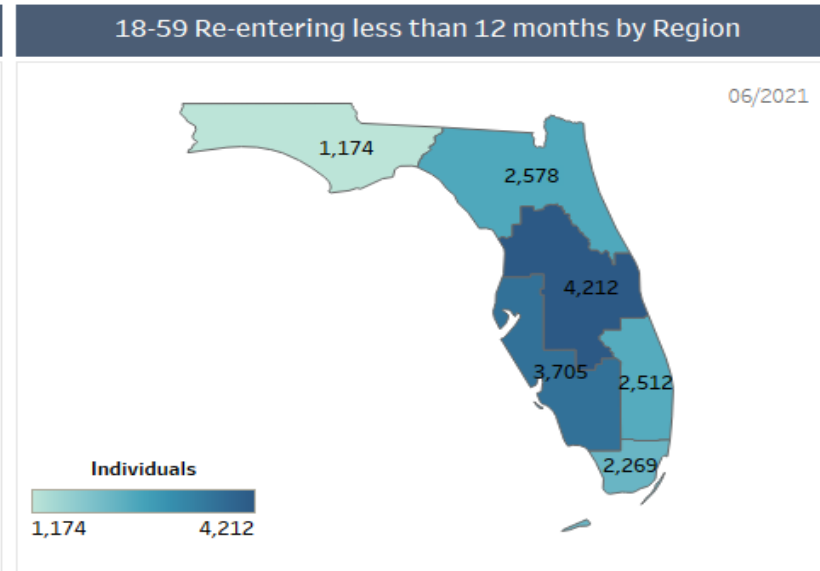
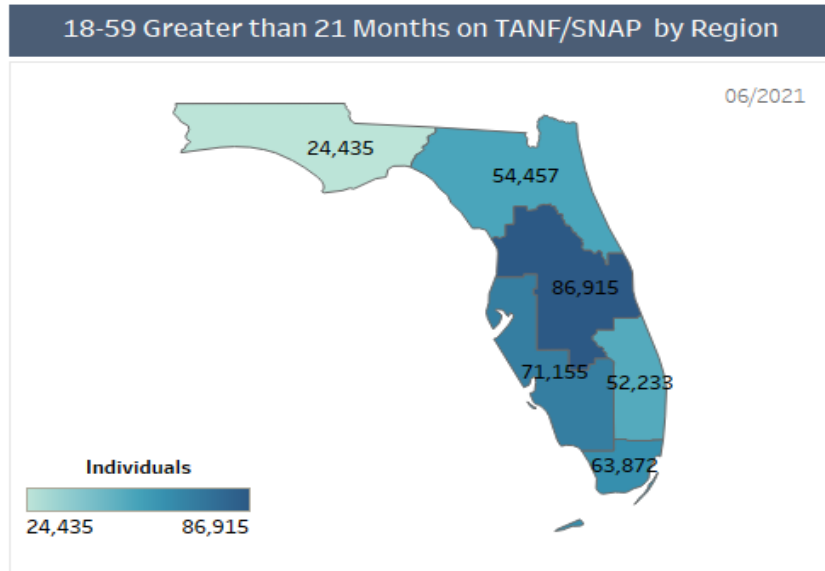
Battle Notes: An individual is considered as re-entering the program after being off benefits for 3 months or more.

War Baseline June 2019: 337,672. **War Goal** is 20% reduction to 270,138. **Battle Baseline** June 2019: 20.6%. **Battle Goal** is 25% reduction to 15.5%

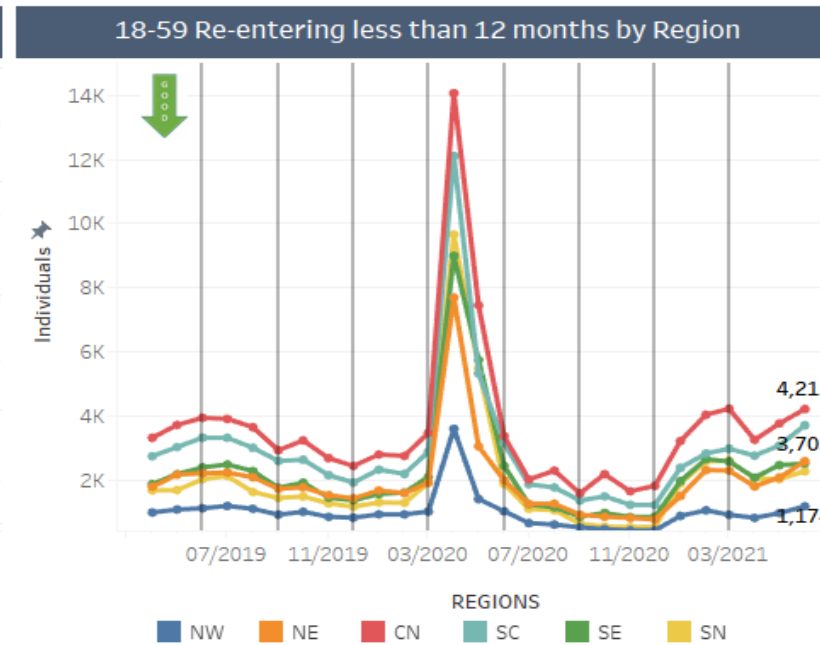
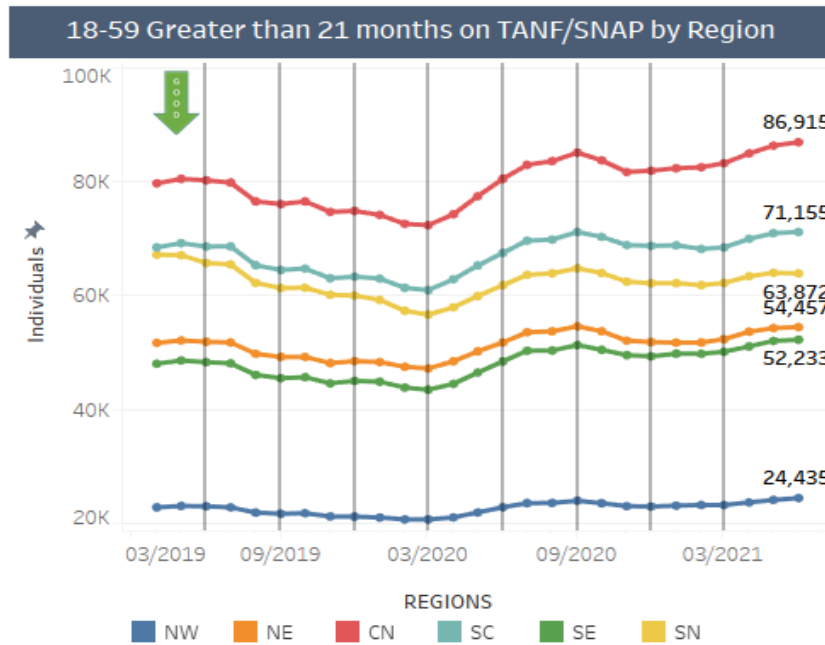
CRISIS

BATTLE

WORKFORCE METRICS



STATE	Period	Vacancies (NO CCC)	Turnover Rate ESS I (NO CCC)	Professional Development Opportunities Offered	Employee Engagement Activities	Dollars Saved	Hours Saved
STATE	Apr-21	139	2.31%	234	360	\$12,776.48	700
	May-21	210	2.84%	165	426	\$10,574.24	650
	Jun-21	226	2.84%	223	321	\$1,138.80	575



REGIONS	Apr-21	Vacancies (NO CCC)	Turnover Rate ESS I (NO CCC)	Professional Development Opportunities Offered	Employee Engagement Activities	Dollars Saved	Hours Saved
	Northwest	6	0.18%	16	11	\$0.00	0
Northeast	21	0.22%	138	31	\$0.00	0	
Central	20	0.80%	23	31	\$0.00	0	
Suncoast	21	0.40%	15	27	\$0.00	0	
Southeast	42	0.40%	1	101	\$12,776.48	700	
Southern	29	0.31%	41	159	\$0.00	0	

REGIONS	May-21	Vacancies (NO CCC)	Turnover Rate ESS I (NO CCC)	Professional Development Opportunities Offered	Employee Engagement Activities	Dollars Saved	Hours Saved
	Northwest	6	0.18%	9	9	\$0.00	0
Northeast	20	0.27%	105	34	\$0.00	0	
Central	36	0.81%	28	28	\$0.00	0	
Suncoast	47	0.59%	22	28	\$0.00	0	
Southeast	58	0.54%	1	95	\$10,574.24	650	
Southern	43	0.45%	0	232	\$0.00	0	

REGIONS	Jun-21	Vacancies (NO CCC)	Turnover Rate ESS I (NO CCC)	Professional Development Opportunities Offered	Employee Engagement Activities	Dollars Saved	Hours Saved
	Northwest	4	0.32%	9	10	\$0.00	0
Northeast	27	0.41%	93	36	\$0.00	0	
Central	50	0.46%	23	47	\$0.00	0	
Suncoast	38	0.69%	27	23	\$0.00	0	
Southeast	70	0.73%	2	99	\$1,138.80	575	
Southern	37	0.23%	69	106	\$0.00	0	

Δ Column: ü - Fresh Data for New Period; U - Updated Data for Same Period; N - New Indicator; R - Revised Indicator				Statewide Current	Trend	Statewide Comparison Regions -- Current									
Indicators	Period	Target	Δ	Current Lev	Current Per	% Δ	Previous Le	Previous Pt	NW	NE	CN	SC	SE	SN	CC
Caseload	Food Assistance End of Month Caseload (by persons)	M	ü	3349531	04/2021	-0.002851	3359109	03/2021	209818	442220	802085	673104	573885	648419	
	Cash Assistance First of Month Caseload (by persons)	M	ü	67515	04/2021	-0.00338	67744	03/2021	5833	12294	19248	17256	8010	4874	
	Medicaid End of Month Caseload (by persons)	M	ü	3923005	04/2021	0.010513	3882193	03/2021	261785	553169	956111	857430	693151	601359	
	Unduplicated Caseload (cases)	M	ü	2966209	04/2021	0.014306	2924374	03/2021	183152	382728	670021	629991	530803	569514	
TimeStand:	Total days to process	M	â	8.2	04/2021	-0.163265	9.8	03/2021	7.6	9.3	8.5	9	7.8	7	
	Time Standard for ALL Applications	M	â	0.9495	04/2021	0.00924	0.974	03/2021	0.988	0.982	0.982	0.984	0.981	0.985	
	Time Standard for Expedited SNAP	M	â	0.9495	04/2021	0.020127	0.944	03/2021	0.983	0.978	0.959	0.958	0.947	0.97	
	Time Standard for Regular SNAP	M	â	0.9495	04/2021	0.015544	0.965	03/2021	0.985	0.982	0.98	0.982	0.978	0.979	
	Time Standard for ALL SNAP	M	â	0.9495	04/2021	0.015609	0.961	03/2021	0.984	0.981	0.975	0.976	0.971	0.977	
	Time Standard for Cash Assistance	M	â	0.9495	04/2021	0.00611	0.982	03/2021	0.979	0.982	0.986	0.988	0.993	0.991	
	Time Standard for Medicaid (Regular)	M	â	0.9495	04/2021	0	0.994	03/2021	0.994	0.987	0.993	0.995	0.993	0.999	
	Time Standard for Medicaid (90 Day)	M	â	0.9495	04/2021	-0.001035	0.966	03/2021	0.964	0.941	0.967	0.975	0.978	0.954	
Quality	SNAP Quality Control Accuracy Rate	FFYTD	â	0.95	10/19-07/2	-0.003497	0.942673	10/19-02/2	0.987627	0.974607	0.939958	0.931703	0.931658	0.916985	
	SNAP CAPERS Accuracy Rate	FFYTD	â	0.99	10/19-07/2	0.07308	0.800613	10/19-02/2	0.928571	0.806452	0.895652	0.849462	0.853333	0.833333	
	Percentage of correct Medicaid Terminations (age 0-4) from QMS	W	â	0.9495	03/2021	-0.000945	0.997344	02/2021	1	0.996094	0.994764	0.996845	0.992248	0.996296	0.997857
	Percentage of correct Medicaid Terminations (age 5-18) from QMS	W	â	0.9495	03/2021	-0.001519	0.999435	02/2021	1	0.99729	0.998947	0.998127	0.996965	0.996047	0.998001
	Percentage of correct Medicaid Terminations (all children)	W	â	0.9495	03/2021	-0.001319	0.998679	02/2021	1	0.9968	0.997374	0.99765	0.99522	0.996134	0.997949
	Percentage of correct Pregnant Women without MN coverage reviews	W	â	0.9495	03/2021	0.001439	0.994068	02/2021	0.999071	0.994405	0.996523	0.991126	0.998521	0.995692	0.996653
	Percentage of correct Medicaid Terminations & unborn coverage	W	â	0.9495	03/2021	0.001098	0.994665	02/2021	0.999129	0.994581	0.996613	0.991556	0.99817	0.995733	0.997457
	Percentage of timely SSI ex parte reviews*	W	â	0.9495	03/2020		0.995	03/2020							
	Percentage of correct critical ABAWD referrals/reviews (from QMS)	W	â	0.9495	04/2021	0.014243	0.878788	03/2021	0.895833	0.851064	0.977273	0.826087	0.931818	0.87234	
	Percentage of correct critical ABAWD Questionables (Lawsuit)**	W	â	0.995	08/2020		0.671079	08/2020							
Customer S	Call Center Calls Answered Monthly by Region	M	â	0.938981	04/2021	0.106613	520239	03/2021	38299	78732	131220	113664	112100	101688	
	Processor Interviews Completed	M	â	0.630252	04/2021	-0.142689	96658	03/2021	5436	10510	17466	15886	13999	19569	
	Processor Interviews Percent of All Interviews	M	â	0.6	04/2021	0.012538	0.737515	03/2021	0.774	0.699	0.86	0.719	0.733	0.714	
	CCC Indicators								Jax		Tampa			Miami	
Quality	Call Center - SNAP Quality Control Error Rate	FFYTD	â	0.032			0								
	Call Center - SNAP CAPERS Error Rate	FFYTD	â	0.01			0								

Δ Column: ü - Fresh Data for New Period; U - Updated Data for Same Period; N - New Indicator; R - Revised Indicator				Statewide Current	Trend	Statewide Comparison Regions -- Current									
Indicators	Period	Target	Δ	Current Lev	Current Per	% Δ	Previous Le	Previous Pt	NW	NE	CN	SC	SE	SN	CC
Caseload	Food Assistance End of Month Caseload (by persons)	M	ü	3366125	05/2021	0.004954	3349531	04/2021	211058	444477	806595	677688	576836	649471	
	Cash Assistance First of Month Caseload (by persons)	M	ü	67215	05/2021	-0.004443	67515	04/2021	5869	12076	19159	17141	8100	4870	
	Medicaid End of Month Caseload (by persons)	M	ü	3965392	05/2021	0.010805	3923005	04/2021	264187	559304	967067	867100	700571	607163	
	Unduplicated Caseload (cases)	M	ü	2975803	05/2021	0.003234	2966209	04/2021	183641	383587	672462	632716	532437	570960	
TimeStand:	Total days to process	M	â	8.4	05/2021	0.02439	8.2	04/2021	7.9	9.2	8.4	8.8	7.9	8	
	Time Standard for ALL Applications	M	â	0.9495	05/2021	0.001017	0.983	04/2021	0.988	0.984	0.984	0.987	0.982	0.982	
	Time Standard for Expedited SNAP	M	â	0.9495	05/2021	0.008307	0.963	04/2021	0.984	0.98	0.966	0.972	0.964	0.974	
	Time Standard for Regular SNAP	M	â	0.9495	05/2021	-0.003061	0.98	04/2021	0.983	0.984	0.977	0.982	0.974	0.97	
	Time Standard for ALL SNAP	M	â	0.9495	05/2021	0	0.976	04/2021	0.983	0.983	0.974	0.979	0.971	0.971	
	Time Standard for Cash Assistance	M	â	0.9495	05/2021	-0.003036	0.988	04/2021	0.964	0.992	0.984	0.988	0.98	0.988	
	Time Standard for Medicaid (Regular)	M	â	0.9495	05/2021	0.002012	0.994	04/2021	0.997	0.989	0.996	0.997	0.996	0.999	
	Time Standard for Medicaid (90 Day)	M	â	0.9495	05/2021	0.004145	0.965	04/2021	0.97	0.955	0.978	0.979	0.98	0.94	
Quality	SNAP Quality Control Accuracy Rate	FFYTD	â	0.95	10/19-07/2	-0.003497	0.942673	10/19-02/2	0.987627	0.974607	0.939958	0.931703	0.931658	0.916985	
	SNAP CAPERS Accuracy Rate	FFYTD	â	0.99	10/19-07/2	0.07308	0.800613	10/19-02/2	0.928571	0.806452	0.895652	0.849462	0.853333	0.833333	
	Percentage of correct Medicaid Terminations (age 0-4) from QMS	W	â	0.9495	04/2021	-0.000537	0.996402	03/2021	1	1	0.996546	0.989324	0.996904	0.985915	0.996821
	Percentage of correct Medicaid Terminations (age 5-18) from QMS	W	â	0.9495	04/2021	0.001055	0.997917	03/2021	1	1	0.998764	0.996132	1	0.993039	1
	Percentage of correct Medicaid Terminations (all children)	W	â	0.9495	04/2021	0.000468	0.997362	03/2021	1	1	0.997839	0.993734	0.99892	0.990683	0.998863
	Percentage of correct Pregnant Women without MN coverage reviews	W	â	0.9495	04/2021	0.000113	0.995498	03/2021	0.9991	0.993378	0.996212	0.992576	0.99811	0.996036	0.996975
	Percentage of correct Medicaid Terminations & unborn coverage	W	â	0.9495	04/2021	0.000163	0.995757	03/2021	0.999157	0.993798	0.996369	0.992648	0.998186	0.995617	0.998154
	Percentage of timely SSI ex parte reviews*	W	â	0.9495	03/2020		0.995	03/2020							
	Percentage of correct critical ABAWD referrals/reviews (from QMS)	W	â	0.9495	05/2021	-0.018293	0.891304	04/2021	0.875	0.975	0.95	0.8	0.875	0.775	
	Percentage of correct critical ABAWD Questionables (Lawsuit)**	W	â	0.995	08/2020		0.671079	08/2020							
Customer S	Call Center Calls Answered Monthly by Region	M	â	0.938981	05/2021	-0.27469	575703	04/2021	27996	60126	95448	81105	82182	70706	
	Processor Interviews Completed	M	â	0.630252	05/2021	-0.154321	82866	04/2021	4487	8773	14747	14138	12489	15444	
	Processor Interviews Percent of All Interviews	M	â	0.6	05/2021	0.006007	0.746762	04/2021	0.758	0.686	0.842	0.735	0.779	0.708	
	CCC Indicators								Jax		Tampa			Miami	
Quality	Call Center - SNAP Quality Control Error Rate	FFYTD	â	0.032			0								
	Call Center - SNAP CAPERS Error Rate	FFYTD	â	0.01			0								

Δ Column: ü - Fresh Data for New Period; U - Updated Data for Same Period; N - New Indicator; R - Revised Indicator				Statewide Current	Trend	Statewide Comparison Regions -- Current													
Indicators	Period	Target	Δ	Current	Lev	Current	Per	% Δ	Previous	Le	Previous	Pt	NW	NE	CN	SC	SE	SN	CC
Caseload	Food Assistance End of Month Caseload (by persons)	M	ü	3362708	06/2021	-0.001015			3366125	05/2021	211434	445919	806196	678404	574208	646547			
	Cash Assistance First of Month Caseload (by persons)	M	ü	64711	06/2021	-0.037254			67215	05/2021	5676	11861	18478	16489	7690	4517			
	Medicaid End of Month Caseload (by persons)	M	ü	4005106	06/2021	0.010015			3965392	05/2021	267004	565003	977480	876464	706624	612531			
	Unduplicated Caseload (cases)	M	ü	2977846	06/2021	0.000687			2975803	05/2021	183499	384539	672241	633998	532188	571381			
TimeStand:	Total days to process	M	â	8.3	06/2021	-0.011905			8.4	05/2021	7.4	9.4	8.2	8.8	7.7	7.8			
	Time Standard for ALL Applications	M	â	0.9495	06/2021	0.001016			0.984	05/2021	0.987	0.984	0.986	0.987	0.984	0.983			
	Time Standard for Expedited SNAP	M	â	0.9495	06/2021	0			0.971	05/2021	0.978	0.977	0.971	0.968	0.963	0.974			
	Time Standard for Regular SNAP	M	â	0.9495	06/2021	0.002047			0.979	05/2021	0.982	0.982	0.981	0.983	0.975	0.969			
	Time Standard for ALL SNAP	M	â	0.9495	06/2021	0.001025			0.977	05/2021	0.981	0.981	0.979	0.979	0.973	0.97			
	Time Standard for Cash Assistance	M	â	0.9495	06/2021	-0.001015			0.984	05/2021	0.985	0.992	0.978	0.979	0.994	0.985			
	Time Standard for Medicaid (Regular)	M	â	0.9495	06/2021	0			0.996	05/2021	0.997	0.989	0.995	0.996	0.997	0.999			
	Time Standard for Medicaid (90 Day)	M	â	0.9495	06/2021	0.007224			0.976	05/2021	0.974	0.964	0.973	0.985	0.983	0.972			
Quality	SNAP Quality Control Accuracy Rate	FFYTD	â	0.95	10/19-07/2	-0.003497			0.942673	10/19-02/2	0.987627	0.974607	0.939958	0.931703	0.931658	0.916985			
	SNAP CAPERS Accuracy Rate	FFYTD	â	0.99	10/20-12/2	-0.122348			0.859122	10/19-07/2	0.888889	0.678571	0.891304	0.722222	0.733333	0.657895			
	Percentage of correct Medicaid Terminations (age 0-4) from QMS	W	â	0.9495	05/2021	-0.002119			0.995867	04/2021	1	1	0.983945	0.993399	0.987342	0.987342			0.9984
	Percentage of correct Medicaid Terminations (age 5-18) from QMS	W	â	0.9495	05/2021	0.000396			0.99897	04/2021	1	1	1	1	1	1	0.998539		
	Percentage of correct Medicaid Terminations (all children)	W	â	0.9495	05/2021	-0.000589			0.997829	04/2021	1	1	0.99375	0.997368	0.995455	0.995582	0.998487		
	Percentage of correct Pregnant Women without MN coverage reviews	W	â	0.9495	05/2021	-0.001186			0.995611	04/2021	0.998844	0.996177	0.995736	0.98882	0.995718	0.994137	0.998408		
	Percentage of correct Medicaid Terminations & unborn coverage	W	â	0.9495	05/2021	-0.001169			0.99592	04/2021	0.998914	0.996388	0.995585	0.989309	0.995695	0.994254	0.998458		
	Percentage of timely SSI ex parte reviews*	W	â	0.9495	03/2020				0.995	03/2020									
	Percentage of correct critical ABAWD referrals/reviews (from QMS)	W	â	0.9495	06/2021	0.028571			0.875	05/2021	0.825	0.95	1	0.85	0.875	0.9			
	Percentage of correct critical ABAWD Questionables (Lawsuit)**	W	â	0.995	08/2020				0.671079	08/2020									
Customer S	Call Center Calls Answered Monthly by Region	M	â	0.938981	06/2021	0.116758			417563	05/2021	31630	68589	110787	91786	89879	73646			
	Processor Interviews Completed	M	â	0.630252	06/2021	0.104412			70078	05/2021	4725	9943	16317	16464	13198	16748			
	Processor Interviews Percent of All Interviews	M	â	0.6	06/2021	-0.019456			0.751248	05/2021	0.728	0.731	0.797	0.725	0.765	0.682			
	CCC Indicators											Jax		Tampa		Miami			
Quality	Call Center - SNAP Quality Control Error Rate	FFYTD	â	0.032					0										
	Call Center - SNAP CAPERS Error Rate	FFYTD	â	0.01					0										

Methodology Location
 Turnover rate <http://eww.dcf.state.fl.us/myhr411/dashboard/turnover.shtml>
 Vacancies HR Report from <https://tableau.dcf.state.fl.us/#/site/OS/views/Workforce/Workforce?iid=1>
 QC ACTIVE COMMON/PDESBS\1Riles\CCC Error Rates
 QC CAPERS COMMON/PDESBS\1Riles\CAPERS
 FFY 20XX ME ME Report from Terri Lynch

Desc
 Formula to Calculate Turnover = # of Employees Separated / Average number of Employees

Calc is AVERAGE(all emements not including timeliness and negative)

CCC Supervisors	
Last	First
ABBOTT	ANIQUE
ALNORD	RONY
BAKER	TAMMIE
BALL	TERESA
BRITT	CHRISTOPHER
BROWN	JACK
CARTER	CLYDE
CARVAJAL	ALEJANDRO
COSTA	HILDA
DELCAMPO	PEDRO
FARRINGTON	REGINA
GAMBLE	TAWANDRA
GLOVER	PAULINE
GRACIA	YURI
HARB	MAHER
HOLCOMB	MARVETTE
HUDSON	MAUDRIANNA
KARKHECK	ANGELA
KENNEDY	ESTHER
LATTIMORE	BEVERLY
LLOYD	JAIDEE
MARTIAL	REGINALD
MORRISON	DELORES
NEWBERRY	JONESHIA
NICHOLS	SHEMAYNE
NIEVES	JON
NIEVES	MYRNA
ORTA-NEGRON	ELBA
PEREZ	EMILY
REYES	JACQUELINE
RICHARDSON	CHANTELL
RODRIGUEZ	YUDMILA
SAULAN	CYNTHIA
SMITH	TERRIA
SUAREZ	NOHELIA
THALACKAL	PHILOMINA
VIDAL	IVETH
WEATHERSPOON	ALAN
YAKEEN	ELVIS

		Turnover			
NW	7	0.003207	2182.5	0.003207331	0.001659
NE	9	0.004124	2182.5	0.004123711	0.002903
CN	10	0.004582	2182.5	0.004581901	0.005391
SC	15	0.006873	2182.5	0.006872852	0.004561
SE	16	0.007331	2182.5	0.007331042	0.002903
SN	5	0.002291	2182.5	0.002290951	0.002488
ST	62	0.028408	2182.5	0.028407789	0.019905
Vacancies					
NW	6				
NE	21				
CN	20			0.001672241	
SC	21			0.002090301	
SE	42			0.003344482	
SN	29			0.003762542	
ST	139			0.002926421	
				0.001672241	
				0.015468227	

CBAForm 1 - Net Tangible Benefits

Agency	Department of Children & Families	Project	ESS Florida System Transform
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Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A															
Agency <i>(Recurring Costs Only -- No Project Costs)</i>	FY 2022-23			FY 2023-24			FY 2024-25			FY 2025-26			FY 2026-27		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Cost Change Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
A. Personnel Costs -- Agency-Managed Staff	\$26,813,450	\$0	\$26,813,450	\$26,813,450	\$0	\$26,813,450	\$26,813,450	\$0	\$26,813,450	\$26,813,450	-\$1,123,353	\$25,690,097	\$25,690,097	-\$2,316,736	\$23,373,362
A.b Total Staff	466.00	0.00	466.00	466.00	0.00	466.00	466.00	0.00	466.00	466.00	-21.40	444.60	444.60	-43.00	401.60
A-1.a. State FTEs (Salaries & Benefits)	\$24,290,709	\$0	\$24,290,709	\$24,290,709	\$0	\$24,290,709	\$24,290,709	\$0	\$24,290,709	\$24,290,709	-\$1,123,353	\$23,167,356	\$23,167,356	-\$2,316,736	\$20,850,621
A-1.b. State FTEs (#)	450.00	0.00	450.00	450	0.00	450.00	450	0.00	450.00	450	-21.40	428.60	429	-43.00	385.60
A-2.a. OPS Staff (Salaries)	\$2,047,805	\$0	\$2,047,805	\$2,047,805	\$0	\$2,047,805	\$2,047,805	\$0	\$2,047,805	\$2,047,805	\$0	\$2,047,805	\$2,047,805	\$0	\$2,047,805
A-2.b. OPS (#)	12.00	0.00	12.00	12	0.00	12.00	12	0.00	12.00	12	0.00	12.00	12	0.00	12.00
A-3.a. Staff Augmentation (Contract Cost)	\$474,936	\$0	\$474,936	\$474,936	\$0	\$474,936	\$474,936	\$0	\$474,936	\$474,936	\$0	\$474,936	\$474,936	\$0	\$474,936
A-3.b. Staff Augmentation (# of Contractors)	4.00	0.00	4.00	4	0.00	4.00	4	0.00	4.00	4	0.00	4.00	4	0.00	4.00
B. Application Maintenance Costs	\$8,498,995	\$0	\$8,498,995	\$8,498,995	\$0	\$8,498,995	\$8,498,995	\$0	\$8,498,995	\$8,498,995	\$0	\$8,498,995	\$8,498,995	-\$849,900	\$7,649,096
B-1. Managed Services (Staffing)	\$6,314,494	\$0	\$6,314,494	\$6,314,494	\$0	\$6,314,494	\$6,314,494	\$0	\$6,314,494	\$6,314,494	\$0	\$6,314,494	\$6,314,494	-\$631,449	\$5,683,045
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-4. Other Specify	\$2,184,501	\$0	\$2,184,501	\$2,184,501	\$0	\$2,184,501	\$2,184,501	\$0	\$2,184,501	\$2,184,501	\$0	\$2,184,501	\$2,184,501	-\$218,450	\$1,966,051
C. Data Center Provider Costs	\$19,914,022	\$0	\$19,914,022	\$19,914,022	\$0	\$19,914,022	\$19,914,022	\$0	\$19,914,022	\$19,914,022	\$0	\$19,914,022	\$19,914,022	-\$13,150,942	\$6,763,080
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-3. Network / Hosting Services	\$19,150,942	\$0	\$19,150,942	\$19,150,942	\$0	\$19,150,942	\$19,150,942	\$0	\$19,150,942	\$19,150,942	\$0	\$19,150,942	\$19,150,942	-\$13,150,942	\$6,000,000
C-4. Disaster Recovery	\$763,080	\$0	\$763,080	\$763,080	\$0	\$763,080	\$763,080	\$0	\$763,080	\$763,080	\$0	\$763,080	\$763,080	\$0	\$763,080
C-5. Other Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Facility Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Other Costs	\$0	\$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 Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total of Recurring Operational Costs	\$55,226,467	\$0	\$55,226,467	\$55,226,467	\$0	\$55,226,467	\$55,226,467	\$0	\$55,226,467	\$55,226,467	-\$1,123,353	\$54,103,114	\$54,103,114	-\$16,317,577	\$37,785,537
F. Additional Tangible Benefits:		\$0			\$0			\$0			\$0			\$0	
F-1. Specify		\$0			\$0			\$0			\$0			\$0	
F-2. Specify		\$0			\$0			\$0			\$0			\$0	
F-3. Specify		\$0			\$0			\$0			\$0			\$0	
Total Net Tangible Benefits:		\$0			\$0			\$0			\$1,123,353			\$16,317,577	

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 50%
Placeholder	<input type="checkbox"/>	Confidence Level

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
1 Department of Children & Families	ACCESS Florida System Transformation																						
Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.																							
2	Item Description (remove guidelines and annotate entries here)	Project Cost Element	Appropriation Category	Current & Previous Years Project-Related Cost	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	FY2027-28	TOTAL												
3				\$ -	\$ 16,500,000	\$ 20,000,000	\$ 36,625,000	\$ 36,625,000	\$ 36,625,000	\$ 36,625,000	\$ 183,000,000												
4					YR 1 #	YR 1 LBR	YR 1 Base Budget	YR 2 #	YR 2 LBR	YR 2 Base Budget	YR 3 #	YR 3 LBR	YR 3 Base Budget	YR 4 #	YR 4 LBR	YR 4 Base Budget	YR 5 #	YR 5 LBR	YR 5 Base Budget	YR 6 #	YR 6 LBR	YR 6 Base Budget	TOTAL
5	Costs for all state employees working on the project.	FTE	S&B	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -
6	Costs for all OPS employees working on the project.	OPS	OPS	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -
7	Staffing costs for personnel using Time & Expense.	Staff Augmentation	Contracted Services	\$ -	0.00	\$ 1,921,176	\$ -	0.00	\$ 2,475,458	\$ -	0.00	\$ 2,475,458	\$ -	0.00	\$ 2,475,458	\$ -	0.00	\$ 2,475,458	\$ -	0.00	\$ 2,475,458	\$ -	\$ 14,298,466
8	Project management personnel and related deliverables including procurement support in YR 1.	Project Management	Contracted Services	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -
9	Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	Project Oversight	Contracted Services	\$ -	0.00	\$ 1,500,000	\$ -	0.00	\$ 1,500,000	\$ -	0.00	\$ 1,500,000	\$ -	0.00	\$ 1,500,000	\$ -	0.00	\$ 1,500,000	\$ -	0.00	\$ 1,500,000	\$ -	\$ 9,000,000
10	Staffing costs for all professional services not included in other categories.	Consultants/Contractors	Contracted Services	\$ -	0.00	\$ -	\$ -	0.00	\$ 1,500,000	\$ -	0.00	\$ 1,500,000	\$ -	0.00	\$ 1,500,000	\$ -	0.00	\$ 1,500,000	\$ -	0.00	\$ 1,500,000	\$ -	\$ 7,500,000
11	Separate requirements analysis and feasibility study procurements.	Project Planning/Analysis	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -
12	Hardware purchases not included in data center services.	Hardware	OCO	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -
13	Commercial software purchases and licensing costs. Excess costs shown in YR 1 represent costs associated with setting up the Solution Architecture.	Commercial Software	Contracted Services	\$ -		\$ 146,000	\$ -		\$ 2,000,000	\$ -		\$ 4,000,000	\$ -		\$ 4,000,000	\$ -		\$ 4,000,000	\$ -		\$ 4,000,000	\$ -	\$ 18,146,000
14	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables	Contracted Services	\$ -		\$ 9,050,000	\$ -		\$ 9,050,000	\$ -		\$ 23,675,000	\$ -		\$ 23,675,000	\$ -		\$ 23,675,000	\$ -		\$ 23,675,000	\$ -	\$ 112,800,000
15	All first-time training costs associated with the project.	Training	Contracted Services	\$ -		\$ 950,000	\$ -		\$ 950,000	\$ -		\$ 950,000	\$ -		\$ 950,000	\$ -		\$ 950,000	\$ -		\$ 950,000	\$ -	\$ 5,700,000
16	Excess costs shown in YR 1 represent costs associated with setting up the Solution Architecture.	Data Center Services - One Time Costs	Data Center Category	\$ -		\$ 631,995	\$ -		\$ 1,131,995	\$ -		\$ 1,631,995	\$ -		\$ 1,631,995	\$ -		\$ 1,631,995	\$ -		\$ 1,631,995	\$ -	\$ 8,291,970
17	Other contracted services not included in other categories.	Other Services	Contracted Services	\$ -		\$ 300,000	\$ -		\$ 300,000	\$ -		\$ 300,000	\$ -		\$ 300,000	\$ -		\$ 300,000	\$ -		\$ 300,000	\$ -	\$ 1,800,000
18	Include costs for non-state data center equipment required by the project and the proposed solution (insert additional rows as needed for detail)	Equipment	Expense	\$ -		\$ 1,838,748	\$ -		\$ 892,547	\$ -		\$ 392,547	\$ -		\$ 392,547	\$ -		\$ 392,547	\$ -		\$ 392,547	\$ -	\$ 4,301,483
19	Include costs associated with leasing space for project personnel.	Leased Space	Expense	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -
20	Other project expenses not included in other categories.	Other Expenses	Expense	\$ -		\$ 162,081	\$ -		\$ 200,000	\$ -		\$ 200,000	\$ -		\$ 200,000	\$ -		\$ 200,000	\$ -		\$ 200,000	\$ -	\$ 1,162,081
21		Total		\$ -	0.00	\$ 16,500,000	\$ -	0.00	\$ 20,000,000	\$ -	0.00	\$ 36,625,000	\$ -	0.00	\$ 36,625,000	\$ -	0.00	\$ 36,625,000	\$ -	0.00	\$ 36,625,000	\$ -	\$ 183,000,000
22																							
23						\$ 16,500,000.00																	
24						\$ -																	
25		Year 1																					
26		Year 2																					
27		Year 3																					
28		Year 4																					
29		Year 5																					
30		Year 6																					
31																							
32																							
33																							
34																							
35																							
36																							

CBAForm 2 - Project Cost Analysis

Agency	<u>Department of Children & Families</u>	Project	<u>ACCESS Florida System Transformation</u>
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PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)						TOTAL
	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	
TOTAL PROJECT COSTS (*)	\$16,500,000	\$20,000,000	\$36,625,000	\$36,625,000	\$36,625,000	\$36,625,000	\$183,000,000
CUMULATIVE PROJECT COSTS <i>(includes Current & Previous Years' Project-Related Costs)</i>	\$16,500,000	\$36,500,000	\$73,125,000	\$109,750,000	\$146,375,000	\$183,000,000	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.							

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B						TOTAL
	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	
General Revenue	\$694,000	\$3,562,100	\$9,522,500	\$9,522,500	\$9,522,500	\$9,522,500	\$42,346,100
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match <input checked="" type="checkbox"/>	\$15,806,000	\$15,138,900	\$27,102,500	\$27,102,500	\$27,102,500	\$27,102,500	\$139,354,900
Grants <input type="checkbox"/>	\$0	\$1,299,000	\$0	\$0	\$0	\$0	\$1,299,000
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$16,500,000	\$20,000,000	\$36,625,000	\$36,625,000	\$36,625,000	\$36,625,000	\$183,000,000
CUMULATIVE INVESTMENT	\$16,500,000	\$36,500,000	\$73,125,000	\$109,750,000	\$146,375,000	\$183,000,000	

Characterization of Project Cost Estimate - CBAForm 2C			
Choose Type	Estimate Confidence	Enter % (+/-)	
Detailed/Rigorous	Confidence Level		
Order of Magnitude	Confidence Level	50%	
Placeholder	Confidence Level		


CBAForm 3 - Project Investment Summary

Agency	<u>Department of Children & Families</u>	Project	<u>SS Florida System Transfor</u>
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COST BENEFIT ANALYSIS -- CBAForm 3A							
	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2026-27	TOTAL FOR ALL YEARS
Project Cost	\$16,500,000	\$20,000,000	\$36,625,000	\$36,625,000	\$36,625,000	\$36,625,000	\$183,000,000
Net Tangible Benefits	\$0	\$0	\$0	\$1,123,353	\$16,317,577	\$2,849,972	\$223,581,804
Return on Investment	(\$16,500,000)	(\$20,000,000)	(\$36,625,000)	(\$35,501,647)	(\$20,307,423)	(\$33,775,028)	(\$162,709,098)
Year to Year Change in Program Staffing	0	0	0	(21)	(43)	402	0

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	NO PAYBACK	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	NO PAYBACK	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	(\$115,234,335)	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	NO IRR	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C						
Fiscal Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
Cost of Capital	3.30%	3.42%	3.51%	3.63%	3.80%	3.92%

	B	C	D	E	F	G	H						
3	Project		<i>Release of Funds for ACCESS Florida Modernization</i>										
4													
5	Agency		<i>Florida Department of Children & Families</i>										
6	FY 2022-23 LBR Issue Code:			FY 2022-23 LBR Issue Title:									
7	<i>Issue Code</i>			<i>Release of American Rescue Plan Funds for ACCESS Florida</i>									
8	Risk Assessment Contact Info (Name, Phone #, and E-mail Address):												
9	<i>Name ----- Phone # ----- E-mail address</i>												
10	Executive Sponsor		<i>Maggie Mickler</i>										
11	Project Manager		<i>Project Manager Name</i>										
12	Prepared By		<i>Kit Goodner, 850-363-2574, kit.goodner@myffamilies.com</i>			<i>11/20/2021</i>							
14	Risk Assessment Summary												
15													
16	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="text-align: center; vertical-align: top;">Business Strategy</td> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center; vertical-align: bottom;">Level of Project Risk</td> <td style="text-align: center;"><i>Least Risk</i></td> <td style="text-align: center;"><i>Most Risk</i></td> </tr> </table>							Business Strategy			Level of Project Risk	<i>Least Risk</i>	<i>Most Risk</i>
Business Strategy													
Level of Project Risk								<i>Least Risk</i>	<i>Most Risk</i>				
17								Most Aligned					
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28	Least Aligned												
29													
30													
31													
32													
34	Project Risk Area Breakdown												
35	Risk Assessment Areas						<i>Risk Exposure</i>						
36	Strategic Assessment						MEDIUM						
37													
38	Technology Exposure Assessment						HIGH						
39													
40	Organizational Change Management Assessment						HIGH						
41													
42	Communication Assessment						HIGH						
43													
44	Fiscal Assessment						MEDIUM						
45													
46	Project Organization Assessment						MEDIUM						
47													
48	Project Management Assessment						MEDIUM						
49													
50	Project Complexity Assessment						HIGH						
51													
52													
53	Overall Project Risk						HIGH						

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

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

	B	C	D	E
1	Agency: Florida Department of Children & Families		Project: Release of Funds for ACCESS Florida Modernization	
3	Section 3 -- Organizational Change Management Area			
4	#	Criteria	Values	Answer
5	3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Moderate changes to organization structure, staff or business processes
6			Moderate changes to organization structure, staff or business processes	
7			Minimal changes to organization structure, staff or business processes structure	
8	3.02	Will this project impact essential business processes?	Yes	Yes
9			No	
10	3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	41% to 80% -- Some process changes defined and documented
11			41% to 80% -- Some process changes defined and documented	
12			81% to 100% -- All or nearly all processes defined and documented	
13	3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	Yes
14			No	
15	3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	1% to 10% FTE count change
16			1% to 10% FTE count change	
17			Less than 1% FTE count change	
18	3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	Over 10% contractor count change
19			1 to 10% contractor count change	
20			Less than 1% contractor count change	
21	3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Moderate changes
22			Moderate changes	
23			Minor or no changes	
24	3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Moderate changes
25			Moderate changes	
26			Minor or no changes	
27	3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with fewer change requirements
28			Recently completed project with fewer change requirements	
29			Recently completed project with similar change requirements	
30			Recently completed project with greater change requirements	

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

	B	C	D	E
1	Agency: Florida Department of Children & Families Project: Release of Funds for ACCESS Florida Modernization			
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
5	5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	Yes
6			No	
7	5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	81% to 100% -- All or nearly all defined and documented
8			41% to 80% -- Some defined and documented	
9			81% to 100% -- All or nearly all defined and documented	
10	5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Greater than \$10 M
11			Greater than \$10 M	
12			Between \$2 M and \$10 M	
13			Between \$500K and \$1,999,999	
14			Less than \$500 K	
15	5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	No
16			No	
17	5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Order of magnitude -- estimate could vary between 10-100%
18			Order of magnitude -- estimate could vary between 10-100%	
19			Placeholder -- actual cost may exceed estimate by more than 100%	
20			Placeholder -- actual cost may exceed estimate by more than 100%	
21	5.06	Are funds available within existing agency resources to complete this project?	Yes	No
22			No	
23	5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
24			Funding from local government agencies	
25			Funding from other state agencies	
26	5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Requested and received
27			Requested but not received	
28			Requested and received	
29			Not applicable	
30	5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	Most project benefits have been identified but not validated
31			Some project benefits have been identified but not validated	
32			Most project benefits have been identified but not validated	
33			All or nearly all project benefits have been identified and validated	
34	5.10	What is the benefit payback period that is defined and documented?	Within 1 year	More than 5 years
35			Within 3 years	
36			Within 5 years	
37			More than 5 years	
38			No payback	
39	5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
40			Stakeholders have not been consulted re: procurement strategy	
41			Stakeholders have reviewed and approved the proposed procurement strategy	
42	5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Combination FFP and T&E
43			Firm Fixed Price (FFP)	
44			Combination FFP and T&E	
45	5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
46			Purchase all hardware and software at start of project to take advantage of one-time discounts	
47			Just-in-time purchasing of hardware and software is documented in the project schedule	
48	5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager assigned is not the procurement manager or the project manager
49			Contract manager is the procurement manager	
50			Contract manager is the project manager	
51			Contract manager assigned is not the procurement manager or the project manager	
52	5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
53			No	
54	5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	All or nearly all selection criteria and expected outcomes have been defined and documented
55			Some selection criteria and outcomes have been defined and documented	
56			All or nearly all selection criteria and expected outcomes have been defined and documented	
57	5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
58			Multi-stage evaluation not planned/used for procurement	
59			Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
60	5.18	For projects with total cost exceeding \$10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	No, bid response did/will not require proof of concept or prototype
61			No, bid response did/will not require proof of concept or prototype	
62			Yes, bid response did/will include proof of concept or prototype	
			Not applicable	

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

	B	C	D	E
1	Agency: Florida Department of Children & Families		Project: Release of Funds for ACCESS Florida Modernization	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
5	7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
6			Project Management team will use the methodology selected by the systems integrator	
7			Yes	
8	7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
9			1-3	
10			More than 3	
11	7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
12			Some	
13			All or nearly all	
14	7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
15			41 to 80% -- Some have been defined and documented	
16			81% to 100% -- All or nearly all have been defined and documented	
17	7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	41 to 80% -- Some have been defined and documented
18			41 to 80% -- Some have been defined and documented	
19			81% to 100% -- All or nearly all have been defined and documented	
20	7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	41 to 80% -- Some are traceable
21			41 to 80% -- Some are traceable	
22			81% to 100% -- All or nearly all requirements and specifications are traceable	
23	7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	Some deliverables and acceptance criteria have been defined and documented
24			Some deliverables and acceptance criteria have been defined and documented	
25			All or nearly all deliverables and acceptance criteria have been defined and documented	
26	7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
27			Only project manager signs-off	
28			Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
29	7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	0% to 40% -- None or few have been defined to the work package level
30			41 to 80% -- Some have been defined to the work package level	
31			81% to 100% -- All or nearly all have been defined to the work package level	
32	7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	Yes
33			No	
34	7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	Yes
35			No	
36	7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team uses formal processes
37			Project team uses formal processes	
38			Project team and executive steering committee use formal status reporting processes	
39	7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
40			Some templates are available	
41			All planning and reporting templates are available	
42	7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
43			No	
44	7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	All known risks and mitigation strategies have been defined
45			Some have been defined and documented	
46			All known risks and mitigation strategies have been defined	
47	7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
48			No	
49	7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
50			No	

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

Acronym/Words	Compound Meaning/Definition
ABAWD	Able Bodied Adult Without Dependents
ACA	Affordable Care Act
ACCESS	Automated Community Connection to Economic Self-Sufficiency
ACF	Administration for Children and Families
ADA	Americans with Disabilities Act
ADH	BI Administrative Disqualification Hearing
ADI	ACCESS Document Imaging
AHCA	Agency for Health Care Administration
AIP	ACCESS Integrity Program
AMS	ACCESS Management System
APD	Agency for Persons with Disabilities
ARU	ACCESS Response Unit
AST	Agency for State Technology
AVS	Asset Verification System
BARCODE	A barcode is an optical, machine-readable, representation of data; the data usually describes something about the object that carries the barcode.
BI	Business Intelligence
BR	Benefit Recovery
BRE	Business Rules Engine
BRG	Business Requirements Gathering
CA	Customer Authentication
GAMS	Child Support Enforcement Automated Management System
CAPER	Case and Procedural Error Rate
CBA	Cost Benefit Analysis
CBC	Community Based Care
CCB	Change Control Board
CCC	Customer Call Centers
CCIS	Comprehensive Case Information System
CEFP	Certified Educational Facility Planner
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CIO	Chief Information Officer
GMS	Center for Medicaid and Medicare
CMS	Children's Medical Services
CMU	Case Maintenance Units
COBOL	Common Business Oriented Language
CONFIGURABLE	The ability to arrange or order (a computer system or an element of it) so as to fit it for a designated task.
COTS	Commercial Off-the-Shelf
CPN	Community Partner Network
CPTS	Community Partner Tracking System
CPU	Control Processing Unit
DACS	Department of Agriculture and Consumer Services
DAVID	Driver and Vehicle Information Database
DCF	Department of Children and Families or Department
DDDAS	Dynamic Data Driven Applications Systems is a new paradigm whereby the computation and instrumentation aspects of an application system are dynamically integrated in a feed-back control loop, in the sense that instrumentation data can be dynamically incorporated into the executing model of the application, and in reverse the executing model can control the instrumentation. Such approaches have been shown that can enable more accurate and faster modeling and analysis of the characteristics and behaviors of a system and can exploit data in intelligent ways to convert them to new capabilities, including decision support systems with the accuracy of full scale modeling, efficient data collection, management, and data mining. The DDDAS concept - and the term - was proposed by Frederica Darema for the National Science Foundation (NSF) workshop in March 2000.
DEO	Department of Economic Opportunity
DFS	Department of Financial Services
DHS	Department of Homeland Security
DHSMV	Department of Highway Safety and Motor Vehicles
DMS	Department of Management Services
DOC	Department of Corrections
DOE	Department of Education
DOEA	Department of Elder Affairs
DOH	Department of Health
DOL	Department of Labor
DOR	Department of Revenue
DPAF	Department of Public Assistance Fraud
EBT	Electronic Benefits Transfer
EDBC	Eligibility Determination Benefit Calculation
EDR	Economic and Demographic Research
EFA	Emergency Food Assistance
EMS	Exception Management System
EMT	Executive Management Team
ENCODING	Encoding is the process of converting data into a format required for a number of information processing needs, including program compiling and execution, data transmission, storage and compression/decompression, application data processing such as file conversion.
EOG	Executive Office of the Governor
ESB	Enterprise Service Bus
ESS	Economic Self-Sufficiency
ETL	Extract Transformation and Load
FA	Food Assistance. Also see SNAP.
FDLE	Florida Department of Law Enforcement
FDSH	Federal Data Services Hub

FEMA	Federal Emergency Management Agency
FFF	Food for Florida
FFM	Federally Facilitated Marketplace
FFP	Federal Financial Participation
FHK	Florida Healthy Kid's
FHCC	Florida Healthy Kid's Corporation
FICON	Fiber Connections
FIPS	Federal Information Processing Standard
FLODS	Florida Operational Data Store
FLORIDA	Florida Online Recipient Integrated Data Access
FMMIS	Florida Medicaid Management Information System
FNS	Food and Nutrition Service
FSFN	Florida Safe Families Network
FTP	File Transfer Protocol
HCBS	Home and Community Based Services
HCDA	Home Care for Disabled Adults
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability
IBM	International Business Machines Corporation
IBRS	Integrated Benefit Recovery System
ICF	Intermediate Care Facility
ICP	Institutional Care Program also may refer to as Nursing Home Coverage
IE&E	
IFL	Integrated Facilities for Linux
IMS	Information Management System
IPV	Intentional Program Violation
IRS	Internal Revenue Service
ITN	Invitation to Negotiate
IVR	Interactive Voice Response system
LBC	Legislative Budget Commission
LBR	Legislative Budget Request
LIFE CYCLE	Status beyond ESS disposition. Includes BR Collections/Fair Hearings/Etc.
LOE	
LRPP	Long-Range Program Plan
MAGI	Modified Adjusted Gross Income
MARS-E	Minimum Acceptable Risk Standards for Exchanges
MCI	The Master Client Index is a repository of the DCF clients. The MCI stores the client information and provides an unique ID (PIN) to the client which can be shared across DCF programs.
MDB	A Multi-dimensional database is a type of database that is optimized for data warehouse and online analytical processing (OLAP) applications. Multidimensional databases are frequently created using input from existing relational databases. Whereas a relational database is typically accessed using a Structured Query Language (SQL) query, a multidimensional database allows a user to ask questions like "How many Aptivas have been sold in Nebraska so far this year?" and similar questions related to summarizing business operations and trends. An OLAP application that accesses data from a multidimensional database is known as a MOLAP (multidimensional OLAP) application.
MDM	Master data management is a comprehensive method of enabling an enterprise to link all of its critical data to one file, called a master file, that provides a common point of reference. When properly done, MDM streamlines data sharing among personnel and departments.
MEC	Minimum Essential Coverage
MES	Medicaid Eligibility System
METADATA	Data that serves to provide context or additional information about other data.
MFA	Multi-factor authentication is a method of computer access control in which a user is granted access only after successfully presenting several separate pieces of evidence to an authentication mechanism – typically at least two of the following categories: knowledge (something they know), possession (something they have), and inherence (something they are).
MIPS	Million Instructions Per Second
MITA	Medicaid Information Technology Architecture
MSSI	SSI-Related Medicaid
MULTIDIMENSIONAL	Having or relating to Multiple dimensions or aspects.
MULTIPLE LABELS	Eligible and responsible adults on the case at the time of the overpayment
NAC	National Accuracy Clearinghouse
NCOA	National Change of Address
NDNH	National Directory of New Hires
NH	Nursing Home may also be referred to ICP coverage
NHSIA	National Human Services Interoperability Architecture
NIST	National Institute of Standards and Technology
OCM	Organizational Change Management
OCSE	Office of Child Support Enforcement
OCW	Office of Child Welfare
OEL	Office of Early Learning
OLAP	Online Analytical Processing is the technology behind many Business Intelligence (BI) applications. OLAP is a powerful technology for data discovery, including capabilities for limitless report viewing, complex analytical calculations, and predictive "what if" scenario (budget, forecast) planning.
OMB	Office of Management and Budget
OPS	Other Personal Services
OSS	Optional State Supplement
OVS	Office of Vital Statistics
PAF	Public Assistance Fraud
PARIS	Public Assistance Reporting Information System

PBI	Public Benefits Integrity
PMI	Project Management Institute
PMO	Project Management Office
QA	Quality Assurance
QC	Quality Control
QMS	Quality Management System
QR CODE	Quick Response Code is the trademark for a type of matrix barcode or two-dimensional barcode.
RAMP	Rapid Application for Medical Programs (electronic applications)
RENEWAL	Redetermination/Renewal/Recertification
RIDP	Remote Identity Proofing
RMP	Risk Management Plan
ROI	Return On Investment
RTM	Requirements Traceability Matrix
SAMH	Substance Abuse and Mental Health
SAO	State Attorney's Office
SCALABLE	Capable of being easily expanded or upgraded on demand.
SFU	Standard Filing Unit
SI	System Integrator
SNAP	Supplemental Nutrition Assistance Program. Also known as food assistance or food stamps.
SOA	A service-oriented architecture (SOA) is a style of software design where services are provided to the other components by application components, through a communication protocol over a network.
SOC	Share of Cost. Also known as Medically Needy Program.
SOLQ	State On
SOP	Standard Operating Procedures
SPS	Supplemental Payment System
SQL	Structured Query Language. SQL is used to communicate with a database. According to ANSI (American National Standards Institute), it is the standard language for relational database management systems.
SSA	Social Security Administration
SSN	Social Security Number
SSP	Self Service Portal
TANF	Temporary cash Assistance for Needy Families aka cash assistance
TBD	To Be Determined
THROTTLE	In software, a throttling process, or a throttling controller as it is sometimes called, is a process responsible for regulating the rate at which application processing is conducted, either statically or dynamically. For example, in high throughput processing scenarios, as may be common in online transactional processing (OLTP) architectures, a throttling controller may be embedded in the application hosting platform to balance the application's outbound publishing rates with its inbound consumption rates, optimize available system resources for the processing profile, and prevent eventually unsustainable consumption. In something like an enterprise application integration (EAI) architecture, a throttling process may be built into the application logic to prevent an expectedly slow end-system from becoming overloaded as a result of overly aggressive publishing from the middleware tier.
TOP	Treasury Offset Program
UAT	User Acceptance training
USDA	United States Department of Agriculture
VIU	Virtual Intake Units
VLP	Verified Lawful Presence
WIDGET	A module on a website, in an application, or in the interface of a device that allows users to access information or perform a function
WORKAROUND	A temporary fix that implies a solution to the problem is needed. Bypass a recognized problem in a system.
WMT	BR Workload Management Tool, which is an excel spreadsheet

INITIATIVE GROUPS	CATEGORY	INITIATIVE
1. Architecture/Infrastructure	ARCHITECTURE	A.1 Single Sign-On
2. Benefit Recovery / Collections		A.2 Interfaces Migration
3. Benefits Integrity		A.3 Batch Processes
4. Case Processing		A.4 Infrastructure Upgrade
5. Customer Experience		A.5 Single Architecture for Importing and Exporting Data
6. Data Analytics & Reporting	BUSINESS FUNCTIONS	B.1 Rules Engine Completion or Replacement
7. Eligibility		B.2 Client Registration and Master Client Index
8. Quality		B.3 Notices
9. Work Management		B.4 Automated Data Processing / Auto Closure / Denial and Sanctions
		B.4.1 Automated Data Processing Workaround
		B.5 Work Management and Balancing
		B.6 Worker Dashboard and Data Exchange View
		B.7 Shared Customer Repository
		B.8 Self-Service Portal
		B.9 Mobile Application and Document Upload
		B.10 Real Time Web Services
		B.11 Advanced Fraud Detection and Predictive Data Analysis Tools
		B.12 Customer Call Center Initiatives
		B.13 Comprehensive Fraud & Abuse Tracking System
	B.14 Benefit Overpayment Recovery and Collections	
	INFORMATION AND DATA	I.1 Integrated Imaging
		I.2 Quality Management System Redesign
		I.2.1 Quality Control Redesign
		I.3 Quality and Performance Dashboard
		I.4 Advanced Workforce Analysis Tools
		I.5 Data Warehouse
		I.6 Reports
		I.7 Data Conversion
		I.8 Data Migration
		I.9 Real Time Access to Customer Data
		I.10 Historical Data Maintenance
	I.11 Data Analysis Tool	
	SUPPORT AND MAINTENANCE	S.1 EDBC / SFU / Rules Engine / BI / Authorization
		S.2 Software Maintenance and Support
		S.3 Hardware Maintenance and Support
		S.4 System Disaster Recovery System



Architecture/Infrastructure	
These initiatives are more general activities required by the system upgrade. Although communicated on only one line, infrastructure upgrades and system architecture decisions will be large LOE items with many underlying requirements.	
A.1	Single Sign On
A.2	Interfaces Migration
A.3	Batch Processes
A.4	Infrastructure Upgrade
A.5	Single Architecture for Importing and Exporting Data
B.3	Notices
B.10	Real Time Web Services
B.4	Automated Data Processing / Auto Closure / Denial and Sanctions
B.4.1	Automated Data Processing Workaround
B.12	Customer Call Center Enhancements
I.1	Integrated Imaging
I.10	Historical Data Maintenance
I.5	Data Warehouse
I.7	Data Conversion
I.8	Data Migration
I.9	Real Time Access to Customer Data
S.2	Software Maintenance and Support
S.3	Hardware Maintenance and Support
S.4	System Disaster Recovery System

Work Management	
These initiatives are related to general DCF workforce efficiency, effectiveness, utilization and workload balancing.	
B.5	Work Management and Balancing
B.6	Worker Dashboard and Data Exchange View
I.3	Quality and Performance Dashboard
I.4	Advanced Workforce Analysis Tools

Case Processing	
These initiatives are focused on improving the efficiency and effectiveness of DCF employees working on recipient case activities by providing readily available data.	
B.10	Real Time Web Services
B.11	Advanced Fraud Detection and Predictive Data Analysis Tools
B.12	Customer Call Center Initiatives
B.4	Automated Data Processing / Auto Closure / Denial and Sanctions
B.4.1	Automated Data Processing Workaround
I.1	Integrated Imaging
I.9	Real Time Access to Customer Data

Eligibility	
These initiatives are focused on the application, master identification, and the tools and data needed to determine eligibility for DCF program recipients.	
B.1	Rules Engine Completion
B.2	Client Registration and Master Client Index
B.4	Automated Data Processing / Auto Closure / Denial and Sanctions
B.4.1	Automated Data Processing Workaround
B.6	Worker Dashboard and Data Exchange View
B.7	Shared Customer Repository
S.1	EDBC / SFU / Rules Engine / BI / Authorization

Data Analytics/Reporting	
These initiatives are focused on providing functionality to analyze current and historical program and customer data to identify trends and underlying factors and improve decision making for the program.	
I.5	Data Warehouse
I.6	Reports
I.7	Data Conversion
I.8	Data Migration
I.9	Real Time Access to Customer Data
I.10	Historical Data Maintenance
I.11	Data Analysis Tool
A.5	Single Architecture for Importing and Exporting Data

Quality	
This initiative is related to integrating and supporting the Program's Quality Management (QM) System within the new worker portal and enhancing automation in the Quality Control (QC) business processes.	
B.12	Customer Call Center Enhancements
I.2	Quality Management System Redesign
I.2.1	Quality Control Redesign

Benefits Integrity	
These initiatives are focused on protecting the integrity of the state's public assistance programs through fraud and abuse detection, prevention and investigation; quality assurance; and recovery of benefit overpayments.	
B.11	Advanced Fraud Detection and Predictive Data Analysis Tools
B.13	Comprehensive Fraud & Abuse Tracking Workflow and Case Management System

Benefit Recovery/Collections	
This initiative is focused on integration of streamlined compliance support Benefit Recovery business processes within the worker portal, enhancing workflow management and case processing.	
B.6	Worker Dashboard and Data Exchange View
B.14	Benefit Overpayment Recovery and Collections

Customer Experience	
These initiatives are related to improving the efficiency and effectiveness of recipient touch points including enhancement of self service options and additional methods of communicating with recipients.	
B.3	Notices
B.4	Automated Data Processing / Auto Closure / Denial and Sanctions
B.8	Self Service Portal
B.9	Mobile Application and Document Upload
B.12	Customer Call Center Enhancements

Grey initiatives are currently in two buckets. Need to determine if they can be covered in just one bucket or not.

Gen Req?	UID	Initiative Group	Initiative	Overall Requirement	Notes	Appendix Library Region Handouts	Appendix Library SI Vendors
Y	001	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall support role-based permissions and provisioning.		N/A	N/A
Y	002	1. Architecture/Infrastructure	A.1 Single Sign-On	The solution shall increase workforce efficiency by providing the capability for single sign-on to all internal applications when allowable under regulatory restrictions.	The system shall allow single sign-on to external partner systems. Note: There could be some compliance issues with this. Follow-up with IT for security compliance and any other issues.	List of internal system verses external	List of internal system verses external
Y	003	1. Architecture/Infrastructure	A.1 Single Sign-On	The solution's single sign-on functionality shall be capable of role/permission-based controls for internal, and external partner accessibility when allowable under regulatory restrictions.	Single sign-on shall be role/permission-based to control internal and external partner accessibility.	List of internal system verses external	N/A
Y	004	1. Architecture/Infrastructure	A.1 Single Sign-On	The solution's system access management and provisioning functionality shall be managed centrally for individual users, with any changes reflected in real-time.	System access management and provisioning decisions shall be managed universally and reflected in real-time. Ex: Hiring/terminations.	N/A	N/A
Y	005	1. Architecture/Infrastructure	A.2 Interfaces Migration	The solution shall provide the ability to transmit and receive imported and exported data through multiple secure methods compliant with standards from the National Institute for Standards and Technology (NIST).	(i.e., file output, web service, single and batch transactions).	N/A	N/A
Y	006	1. Architecture/Infrastructure	A.3 Batch Processes	The solution shall support batch processes based on the business need or capability of internal and external systems from various file formats.		List of Batch Processes - Such as: SSI Termination. Cyber-security requirements	List of Batch Processes - Such as: SSI Termination. Cyber-security requirements
Y	007	1. Architecture/Infrastructure	A.3 Batch Processes	The system shall support migration and conversion of batch interfaces to use real-time or near real-time integration capabilities.		N/A	N/A
Y	008	1. Architecture/Infrastructure	L10 Historical Data Maintenance	The solution shall maintain a historical audit log of actions, changes, and screen views within the system, including both automated and employee actions. These audit reports should be configurable and sortable by data.	Historical Log: Includes case actions. Employee actions – audit trail – to help account for potential employee fraud – easily accessible for reports. Note: These audit reports should be configurable by date, staff ID, case number, and screen views. Ease of use/readability.	Enhancing of IQCT and IQWT	N/A
Y	009	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall be compatible with modern technology standards using a graphical user interface, and accessible through all appropriate and available technologies such as web browsers, mobile applications, and other emerging devices or interfaces, etc.	The solution shall be deployed as a web-based, graphical user interface, accessed via a web browser, mobile application,	List of Browsers and OS: Mozilla Firefox, Google Chrome, Safari, Opera, Internet Explorer, Maxthon, YouTube, Netscape, UC, Avant etc. Operating Systems: Microsoft Windows 7-10; MAC OS, Linux etc.	N/A
Y	010	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall comply with regulations with accessibility standards and Sections 504 and 508 of the Rehabilitation Act of 1973, as well as with the Americans with Disabilities Act of 1990 (ADA).		N/A	N/A
Y	011	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall have the capability to interact with the current ACCESS Florida system to continue to provide all existing business services while the legacy ACCESS system is undergoing reengineering in a phased implementation.		N/A	N/A
Y	012	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall enable enhanced agency planning and capacity forecasting by providing the capability for capacity monitoring via server volume/capacity and network volume/capacity monitoring.		N/A	N/A
Y	013	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall provide the capability for application monitoring, along with failure and performance alarms with configurable thresholds and the appropriate role-based staff assignment by application, for all ACCESS system functionality.		N/A	N/A
Y	014	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall be scalable to accommodate processing of business capacity of ESS with acceptable response times as defined by DCF.	The solution shall include infrastructure based on the MES architecture to accommodate processing of existing volume and capacity of ESS worker caseloads which have had a 30% cumulative growth over the last five-year period.	N/A (based on SLA) See definition of scalable	N/A (based on SLA)
Y	015	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall meet the minimum security requirements as defined by Federal Information Processing Standards (FIPS) using security controls in accordance with standards from the National Institute for Standards and Technology (NIST).		N/A	N/A
Y	016	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall support full compliance with the controls defined in the Catalog of Minimum Acceptable Risk Security and Privacy Controls for Exchanges, including the most recent version of the document suite of guidance, requirements, and templates known as the Minimum Acceptable Risk Standards for Exchanges (MARS-E).		N/A	Refer to MARSE
Y	017	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall support full compliance with the cybersecurity standards defined in Rule 74-2, F.A.C., Florida Cybersecurity Standards.		N/A	N/A
Y	018	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall support multi-factor authentication (MFA) for customer identification and authentication.	Should this be under SSP or Case Processing?	See definition of MFA	Refer to Definitions
Y	019	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall provide and receive real-time or near real-time verification of customer information where allowable by DCF rules and policies and the capability of the partner data source. The solution shall allow for integration with various third-party entities and partner agencies for data exchange	Note: Lexus/Nexus, EDRS, Work Number, Customer Authentication, AVS - Asset Verification System, Data integration with EBT, DCF Office of Appeal Hearings, EDRS, DFS, Lottery, and U.S. Treasury, PCG, etc.	See Interfaces List/Partner Agency	See Interfaces List/Partner Agency
Y	020	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall retain and make available all customer entered information.	Include customer schema in data warehouse – want everything that the customer enters for program, fraud or risk analysis.	N/A	N/A

Y	021	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall ensure web-based or hardware-based tools or solutions included by the vendors will be browser / Operating System (OS) agnostic.		List of examples of Browsers and OS: Mozilla Firefox, Google Chrome, Safari, Opera, Internet Explorer, Maxthon, YouTube, Netscape, UC, Avant etc. Operating Systems: Microsoft Windows 7-10; MAC OS, Linux etc.	List of examples of Browsers and OS: Mozilla Firefox, Google Chrome, Safari, Opera, Internet Explorer, Maxthon, YouTube, Netscape, UC, Avant etc. Operating Systems: Microsoft Windows 7-10, MAC OS, Linux etc.
Y	022	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall convert and enhance all current functionality of the ACCESS Florida system to the new system platform.	This includes all current program processes needing conversion and enhancements and automation.	Flow Chart List Interfaces List 12-29-17 Manual Processes Needing Automation List	Flow Chart List Interfaces List 12-29-17 Manual Processes Needing Automation List
Y	023	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall support all new functionality in the system platform accommodating enhancements in the future.	Once implemented, can support any future enhancements/growth		
Y	024	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall support multi-dimensional search capability.	Within case management system, search should be possible within multiple dimensions	See definition of multidimensional search	See definition of multidimensional search
Y	025	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall allow interface with partner agencies based on profile.	General role-based access to outside entities	N/A	
	026	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall retain an audit history of customer usage of the Self-Service Portal (SSP) and provide the ability to report on customer SSP usage profiles.	History and audit of customer history (data) Capture number of times a customer utilizes the SSP (counts of use) as well as audit of usage	N/A	N/A
Y	027	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall maintain an audit trail for all staff initiated system updates and access history.	Update and maintain audit trail Note: All staff changes to item with unique identifiers, like cases changes, reviewer work changes, configuration changes, workload management changes	N/A (enhanced IQWT)	
Y	028	1. Architecture/Infrastructure	A.5 Single Architecture for Importing and Exporting Data	The solution shall allow for files, data, and information from the system to be importable and exportable in multiple file formats as defined by the Department (such as csv, fixed length ASCII, tab-delimited) for viewing, analysis, sharing, and printing.		N/A Excel? Check with William	
Y	029	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall support configurable changes to the Department's administrative structure.	Including changes in Logo's, leadership, and geographic changes, etc.	See definition of configurable	
Y	095	1. Architecture/Infrastructure	B.7 Shared Customer Repository	The solution shall utilize a master data management (MDM) solution to include master client index (MCI) functionality to uniquely identify customers who may be participating in multiple programs via a shared customer repository.		N/A	
Y	102	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall help improve the accuracy of mailing address information to reduce returned mail. Anticipated techniques include recurring validation of optimized address format information and checks to National Change of Address (NCOA) databases.	This is more technical and would help both customer and Department staff.	See definition of scalable	
Y	103	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall check and edit the format for email and phone and address. The agency preference is for a system generated confirmation process.	Validate email/text Confirmation of correct info. Edit check the format for email and phone; validate the address. Need to discuss in detailed requirements on self-service functionality that compares and suggests more than just formatting corrections when presenting to the customer.		
Y	117	1. Architecture/Infrastructure	B.10 Real Time Web Services	The solution shall provide and receive (including bi-directional) real-time and/or near real-time data to/from internal and external partners.	Send real-time customer data to Front-end Fraud Analytics and providers Ex: All providers and partners have real-time access	IRS, etc	
Y	118	1. Architecture/Infrastructure	B.10 Real Time Web Services	The solution shall enable real-time and/or near real-time integration with (migration of) current and new data sources and add new data sources with minimal effort. The solution shall be able to display new content using data driven dynamic interfaces.	Add new real-time sources that explicitly asked for, currently being used. Vendor must have capability to add new real-time sources not explicitly asked for.		
Y	121	1. Architecture/Infrastructure	B.12 Customer Call Center Initiatives	The solution shall support the Customer Call Center infrastructure by providing caller case information when call center agents communicate with customers via chat, email, text or phone.	Enhance existing screen pop with existing case information. Include IVR also.	See definition of configurable	
Y	122	1. Architecture/Infrastructure	B.12 Customer Call Center Initiatives	The solution shall integrate with the Customer Call Center software to receive call information.	Historical Log of employee actions – audit trail – to help account for potential employee fraud – easily accessible for reports. These audit reports should be configurable by date, staff ID, case number, and screen views. Solution must integrate with CCC software receive call information from the call.	N/A	
Y	123	1. Architecture/Infrastructure	B.12 Customer Call Center Initiatives	The solution shall integrate in real-time or near real-time with the Customer Call Center Interactive Voice Response (IVR) system to allow for improved automated customer service and more accurate and effective Customer Call Center staff response.	System shall integrate with CCC solution for improved customer service and the CCC staff response.	N/A	
Y	133	1. Architecture/Infrastructure	I.1 Integrated Imaging	The solution shall utilize a Services-Oriented Approach (SOA) and standards-based approach to imaging.	Web Services Model. Technical language Can SOA be applied to other models? Kit/Kevan	List of Manual Processes to be automated	
Y	134	1. Architecture/Infrastructure	I.1 Integrated Imaging	The solution shall track customer forms and notices using encoding technology and smart forms to automatically index and route documents based on document metadata and other predefined conditions and attach to a case through encoding technology.	The solution shall automatically index verification documents based on customer identification and attach to a case through state-of-the-art encoding technology. Note: this includes scanned and non-scanned (electronic) documents.	N/A	
	149	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall allow for direct reference to cited acronyms, codes, or reference tables.	Link to code dictionary, glossary, or reference tables.	See definition of MCL CSAD Flowchart	
Y	163	1. Architecture/Infrastructure	A.5 Single Architecture for Importing and Exporting Data	The solution shall integrate data from various modules throughout the system, in real-time.	PBI Data, QMS, POE, KPIs, Data & Reports, etc.	List of Manual Processes to be automated	

Y	170	1. Architecture/Infrastructure	A.5 Single Architecture for Importing and Exporting Data I.5 Data Warehouse I.6 Reports	The solution shall have a data repository that has the capability to support data analytics.	Descriptive, Predictive and Prescriptive analytics	N/A	
Y	176	1. Architecture/Infrastructure	A.5 Single Architecture for Importing and Exporting Data I.5 Data Warehouse I.6 Reports	The solution shall have the capacity to ensure high performance for reporting even during periods of high-transaction processing.	System should have the capacity to avoid slow reporting performance during high-traffic periods. Make sure there are separate req; One for Reporting and High Performance Transaction Capability (System Performance)	See definition of configurable	
Y	194	1. Architecture/Infrastructure	I.9 Real Time Access to Customer Data	The solution shall provide customers with real-time access to case information via the SSP, IVR, mobile app, and other customer facing systems.	CUSTOMER FACING DISPLAY- Note: Need consistency for how self-service portal is defined and used throughout RTM and ITN (Interactive Voice Response, Mobile, Self-Service Portal)	N/A	
Y	195	1. Architecture/Infrastructure	I.9 Real Time Access to Customer Data	The solution shall expand the worker portal data access to display the same real-time information available to the customer using the SSP.	INTERNAL DISPLAY	N/A	
Y	196	1. Architecture/Infrastructure	I.9 Real Time Access to Customer Data	The solution shall access and provide real-time or near real-time display of data from all identified and available external (such as DAVID, DEO SUNTAX, CCIS, FDLE, DOC, Florida Shots, DOE/OEL, SSA SOLQ), and internal sources (such as FSN and FASAM) based on partner policy and agreements.	Note: Create Master List of interfaces – DAVID, FSN, MMIS, etc. Reference: DAVID - Driver and Vehicle Information Database DEO SUNTAX - (Department of Economic Opportunity) SUNTAX CCIS - Comprehensive Case Information System FDLE – Florida Department of Law Enforcement DOC – Florida Department of Corrections Florida SHOTS - Florida State Health Online Tracking System DOE – Department of Education OEL – Office of Early Learning SSA SOLQ – Social Security Administration State On-Line Query FSFN – Florida Safe Family Network FASAM – Financial and Services Accountability	LIST: Career Source for specific area, PBI Rebuttals, Fair Hearings (career source address for specific area, PBI snippet ?)	
Y	224	1. Architecture/Infrastructure	S.4 System Disaster Recovery System	The solution shall provide the capability for best practice disaster recovery.	The solution shall provide the ability to create back up customer information, case information, eligibility benefits batch files, and all system components for disaster recovery.	CSC Lobby	
Y	231	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall utilize Artificial Intelligence to enhance and expedite workflow processes.		N/A	
Y	234	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall be intuitive and easy to use.		N/A	
Y	235	1. Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall support conditional formatting functionality to set thresholds and rules to automatically display data with color highlighting, directional arrows, etc. for easy data interpretation.		N/A	
Y	051	1. Architecture/Infrastructure 5. Customer Experience	A.4 Infrastructure Upgrade B.3 Notices	The solution shall not restrict notice content including the length of individual reason code descriptions and shall allow inclusion of multiple reason codes.	This solution shall not impose unnecessary character limits when entering text for Reason Descriptions. The solution should allow multiple Reason codes.	N/A	
Y	053	1. Architecture/Infrastructure 5. Customer Experience	A.4 Infrastructure Upgrade B.3 Notices	The solution shall have the ability to provide mass notices and notifications based on specific population criteria.	Per selected criteria, the system shall be able to send electronic communications to large groups of customers ad hoc.	N/A	
Y	055	1. Architecture/Infrastructure 5. Customer Experience	A.4 Infrastructure Upgrade B.3 Notices	The solution shall enable the Department to stage and stagger release of notices and notifications.	Release notices and related communications in coordination with capacity to support customers, in compliance with state and federal laws and department workload.	N/A	
Y	058	1. Architecture/Infrastructure 5. Customer Experience	A.4 Infrastructure Upgrade B.3 Notices	The solution shall reduce return mail to the maximum extent possible. The system shall support efficient processing of return mail, minimize manual processes, and support data analytics.		N/A	
Y	061	1. Architecture/Infrastructure 5. Customer Experience	B.4.1 Automated Data Processing Workaround	The solution shall enhance the Department's ability to automatically import data from electronic sources such as the SSP, interfaces, and account transfers into the worker portal system.	The solution shall automatically import data from electronic sources such as the existing self-service portal and account transfers into the worker portal system. This includes third party data imports for application processing. Note: RAMP Rapid Application for Medical Programs (electronic applications) enhance the details to make clear what the data means – this is the mirroring requirement to what is in Eligibility	N/A	
Y	062	1. Architecture/Infrastructure 5. Customer Experience	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall automatically process case actions for entire life cycle of case and automatically send notices without staff involvement when it meets pre-defined eligibility conditions.	The solution shall enhance the Department's ability to automatically process a case and automatically send notices from client registration (new applicants) through enrollment (additional benefits, renewals, anything else customer submits via electronic, etc.) without staff involvement when this meets pre-defined eligibility conditions (for example: excluding disqualifications, potential fraud cases). Note: User-friendly, ease of use. Pre-defined conditions can include: excluding disqualifications, potential fraud cases	N/A	
Y	063	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall display conflicting/inconsistent data to staff so that the staff can act to resolve each conflict and move to the next in instances where conflicts/inconsistencies exist between newly received electronic data and data that already exists in the system. The business rules that determine conflicts should be configurable and with the ability to automatically accept specific data as determined by DCF rules and policy.	Business Rules that determine conflicts are configurable. Possible red text or "X" marks next to conflicting data.	N/A	

Y	064	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall accurately and automatically perform redeterminations/renewals and send an automatic redetermination/renewal notice for benefits where electronic verifications are available and allowable by DCF rules and policy.	Make sure to include EDB power tool functionality. Note: EDB power tool for SSI auto renew (customer driven and auto)	N/A	
Y	066	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall provide automated eligibility determinations not requiring department staff intervention. (Ex: PEPW, PH, SSI start notices, etc.)	A web service that provides eligibility determinations based on full set of data without having to go through the worker portal, available for use by DCF partners. For example: Presumptive eligibility for Hospitals, etc. Involve AHCA.	N/A	
Y	067	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall automatically identify and link case related work items in process.	Subsequent/duplicative application information received should have the ability to be merged with existing information.	List of Interfaces and Partner Agencies	
Y	068	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall directly provide the specific associated supporting policy/procedures electronically which supports a case action.	The solution shall automatically and clearly indicate business rule or policy which supports the approval/denial/change. No additional development required as rules are added or changed. (Internal facing) - including the designated re-views (case readings).	See definition of Life Cycle	
Y	071	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall have the capability to automatically match and populate missing demographic information from data sources.	Automatically match Office of Vital Statistics/Social Security Administration and add SSN for anyone. Data which is considered verified upon receipt. Note: SSN assigned to non-citizens. Non-citizens and newborns.	N/A	
	072	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall automatically determine missing information, send electronic notifications/required forms when necessary, and send the customer in accordance with DCF rules and policies.	Automatically determine missing information and send the customer.	(Enhance existing auto processing for Medicaid)	
	073	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall forecast case changes based on certain criteria (includes tracking time limited months) and execute automated data processing and notification to the extent possible.	Worker's scheduled expected future changes should trigger/send auto-request notices. Blue Zone currently. Ex: Child turns age 1 - system automatically updates the child's status and eligibility qualifications. Pregnant woman - In Sinos sends notice about baby status. Will help reduce overpayments. Time limited months, TANF lifetime limits - system will calculate, not manually tracked/counted FAWA, include children Aging out of Foster Care - send advance notice.	N/A	
	074	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall have the capability to automatically initiate referrals to other agencies based on DCF rules and policy.	ACA Medicaid cases (required) - renewal application needs current information from their case. For client verification. Limited to Medicaid currently. Consistent with SSP renewal functionality.	N/A	
	075	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall have the capability to streamline the renewal process by pre-populating paper renewals using the most current information from their case. This is currently an ACA requirement.	ACA Medicaid cases (required) - renewal application needs current information from their case. For client verification. Limited to Medicaid currently. Consistent with SSP renewal functionality.	N/A	
Y	076	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall automatically impose disqualifications and sanctions as appropriate.	Impose IPV disqualifications automatically.	N/A	
	077	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall automatically track medical bills to calculate the remaining Share of Cost (SOC) for customers currently enrolled in the medically needy program. The solution shall automatically open the Medicaid coverage for the month once the Share of Cost (SOC) is met.	Auto bill-tracking. Note: Emergency Medicaid for Aliens (EMA) should be handled separately and correctly.	N/A	
	078	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall auto-process Supplemental Security Income (SSI) termination.		CMU Alert Codes Exceptions List Manual Processes	
Y	079	1. Architecture/Infrastructure 5. Customer Experience 7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall automatically determine if an individual has met the work requirement based on case information and accurately code the case with the exception or exemption, or make the mandatory work referral to Department of Economic Opportunity (DEO). As time-limits for work requirements are reached, the solution shall notify staff of compliance status in coordination with the Department of Economic Opportunity's tracking.	ABAWD time-limited data is automatically updated based on interface with DEO. System based on rules and policies will create the proper referral to DEO. Lifetime-limit/family cap for cash assistance needs to be automatically tracked by the system. Note: Look at ABAWD policies and make recommendation for reducing errors. Update SSP so customer can claim "good cause." Review with HQ SMEs		
	031	1. Architecture/Infrastructure 6. Data Analytics & Reporting	A.5 Single Architecture for Importing and Exporting Data	The solution shall be scalable (system capacity to support timely exports and imports of data) and support unlimited file formats and file sizes.		N/A	
	033	1. Architecture/Infrastructure 6. Data Analytics & Reporting	A.5 Single Architecture for Importing and Exporting Data	The solution shall accommodate state and federal data security standard requirements.	System shall accommodate data security standard requirements and needs. E.g. IRS data, GIS data.	List of Sanctions and Disqualifications Reasons	
	034	1. Architecture/Infrastructure 6. Data Analytics & Reporting	A.5 Single Architecture for Importing and Exporting Data	The solution shall have the ability to distribute data to content optimized stores as defined by DCF.	This has to do with different data types, like images, text or structured/unstructured data. Content optimized stores for different types of data. Review with HQ SMEs	N/A	

	168	1. Architecture/Infrastructure 6. Data Analytics & Reporting	A.5 Single Architecture for Importing and Exporting Data L5 Data Warehouse L6 Reports	The solution shall have the capability to integrate data from internal / external sources, create a central data repository for current and historical data, and identify and/or resolve data conflicts.	System shall have the ability to sync/ interface with external and internal DCF systems e.g. FMMIS and DPAF, Front-End Fraud Analytics Service, Florida Healthy Kids Create Master List of system and DCF partners	N/A	
	171	1. Architecture/Infrastructure 6. Data Analytics & Reporting	A.5 Single Architecture for Importing and Exporting Data L5 Data Warehouse L6 Reports	The solution shall have the capability to capture, store, and manage metadata.	Ex: Metadata to be captured on uploaded and imaged documents, but not limited just to imaging. Submission of application information, etc. Refer to IP address or details of document date, time of upload, etc.	N/A	
Y	172	1. Architecture/Infrastructure 6. Data Analytics & Reporting	A.5 Single Architecture for Importing and Exporting Data L5 Data Warehouse L6 Reports	The solution shall have a centralized and enterprise-wide data repository of real-time or near real-time production data accessible by staff.	Production data loaded into the repository Data that we want that is not accessible. Ex: FFF or Data in Data Mart All data in one place, accessible, and in real-time Ex: Fields not already captured such as Retro	See ESS Workaround Guide	Workaround guides from ESS and PBI
Y	173	1. Architecture/Infrastructure 6. Data Analytics & Reporting	A.5 Single Architecture for Importing and Exporting Data L5 Data Warehouse L6 Reports	The solution shall not limit dimensions and measures of data.	Ex: Filtering raw data Follow up - Margie	N/A	
Y	174	1. Architecture/Infrastructure 6. Data Analytics & Reporting	A.5 Single Architecture for Importing and Exporting Data L5 Data Warehouse L6 Reports	The solution shall have the capability of indexing.	Examples of unstructured data. CLRC.	See definition of throttle.	
Y	186	1. Architecture/Infrastructure 6. Data Analytics & Reporting	L7 Data Conversion L8 Data Migration	The solution shall migrate all existing data from the ACCESS Florida System to the New System in accordance with an approved data conversion plan.	The solution shall convert customer information such as but not limited to benefit/service history, overpayments, recoupments, benefit clocks, and sanctions from the current systems to the new system database platform. The solution shall provide the capability to convert active (online), inactive (closed, denied), and archived (offline) records. Include imaged documents. Data Storage - Cust Data from FLORIDA from FLODS	N/A	
Y	187	1. Architecture/Infrastructure 6. Data Analytics & Reporting	L7 Data Conversion L8 Data Migration	The solution shall develop automation to support data cleansing activities to the extent possible prior to the migration.	Garbage In - Garbage Out Ex: Data that is not useful should not be migrated. Withdrawn CRADs. Duplicate PINS, merging PINS. Est data retention threshold automate conversion	N/A	
Y	193	1. Architecture/Infrastructure 6. Data Analytics & Reporting	L1 Integrated Imaging L7 Data Conversion L8 Data Migration	The solution shall convert any non-PDF imaged documents to PDF format prior to migration.		N/A	Performance Reports?
Y	197	1. Architecture/Infrastructure 6. Data Analytics & Reporting	L10 Historical Data Maintenance	The solution shall support automated data retrieval/archival processes within minimum time windows, as defined by DCF rules and policy.		N/A	
Y	198	1. Architecture/Infrastructure 6. Data Analytics & Reporting	L10 Historical Data Maintenance	Data shall be retained in accordance with records retention policies and historical data maintenance schedules.	Ex: Fraud, health, PII, BR Note: Create master list.	N/A	
Y	130	2. Benefit Recovery / Collections	B.14 Benefit Overpayment Recovery and Collections	The solution shall enable / enhance identification overpayment, establishing a claim, and tracking recovery of overpayment of benefits.	IBRS does not help ID the overpayment. Worker has to go to FLORIDA and FLMMS to calculate overpayment. All the benefits payments in one place	List Templates ESS PBI CCC VIU	
Y	131	2. Benefit Recovery / Collections	B.14 Benefit Overpayment Recovery and Collections	The solution shall enhance the Treasury Offset Program (TOP) processes, collections, and refunds through automation.	Multiple libels able to be prioritized for collections	N/A	
Y	132	2. Benefit Recovery / Collections	B.14 Benefit Overpayment Recovery and Collections	The solution shall have the ability to perform periodic vital statistics checks for death matches on closed cases that have active benefit recovery claims; and take appropriate automatic action.	Periodic (monthly) vital statistics checks for death match Note: Coordinate with Eligibility during Region Discussion Take case action based on match Note: multiple libels, auto-closures, etc. See UID #62	List of Agencies/Partner examples of referrals for automation, ODD, Fair Hearings, BI, CARES, MRT, AI List of current referral forms that need to be prepopulate	
Y	119	3. Benefits Integrity	B.13 Comprehensive Fraud & Abuse Tracking System	The solution shall convert and enhance all current functionality of the Benefits Integrity System into the new system platform.		See above AI, DEC ODD	
Y	120	3. Benefits Integrity	B.11 Advanced Fraud Detection and Predictive Data Analysis Tools	The solution shall provide data analytic and forecasting capabilities for current and historical data from multiple sources to identify underlying factors related to fraud, waste, and abuse to detect potential misuse of benefits.		N/A	
Y	127	3. Benefits Integrity	B.13 Comprehensive Fraud & Abuse Tracking System	The solution shall provide comprehensive triage and flag capabilities of applications, renewals, additional benefits, changes, associated documents. Also includes work management functionality as stated in requirements UID #62 and #63.	Internal Facing Requirement Support triage functionality	See definitions of MDM and MCI	
	128	3. Benefits Integrity	B.13 Comprehensive Fraud & Abuse Tracking System	The solution shall allow for automated retrieval of all historical case information upon assignment in the fraud and abuse case management system.	Real time automated restoration of old case information from archive (universal) Specific to work flow and Benefits Recovery. Note: DCF policy decision to be made re-garding how far Benefits Recovery should trace back a case for violations.	N/A	
	227	3. Benefits Integrity	B.11 Advanced Fraud Detection and Predictive Data Analysis Tools	The solution shall have real-time risk analysis capability based on case events, newly identified or modified risk, and new data.		N/A	

	229	3. Benefits Integrity	B.13 Comprehensive Fraud & Abuse Tracking System	The solution shall provide comprehensive case management functionality to track and monitor customer reports of suspected fraud outcomes for the Benefits Integrity and Benefit Recovery programs integrated as a module of the ACCESS Florida System. Also includes work management functionality as stated in requirements UID #82 and #83.	External Facing Requirement Tracking and monitoring of customer reports	N/A	
	081	4. Case Processing	B.4.1 Automated Data Processing Workaround	The solution shall automate all existing system workarounds. Refer to work around guide (attachment).	PBI provided list of manual processes but not system issues that require system WA	List of browser and OS	
	230	4. Case Processing	B.5 Work Management and Balancing	The solution shall display real-time status of where the case is in the processing lifecycle.	This includes BI referrals during the application. Also the Fair Hearing Status. Show when BI referral has been completed.	N/A	
	043	5. Customer Experience	B.3 Notices	The solution shall ensure consistent plain language communication through all customer-facing channels.	Provide customers with plain language Note: Business rules discussion	N/A	
Y	044	5. Customer Experience	B.3 Notices	The solution shall automatically identify, trigger, generate, populate and communicate configurable notices to customers, including applicants, recipients and claimants based on customer transaction data, status and case situations.		N/A	
Y	045	5. Customer Experience	B.3 Notices	The solution shall pre-populate internal/external notices/forms to the extent possible as dictated by DCF policies.		N/A	
	046	5. Customer Experience	B.3 Notices	The solution shall retain a record and electronic copy of all notices as presented to customers.	The solution shall retain a historic record of all notices for on demand reporting. (Define Retention Period)	OSS Flowchart	
	047	5. Customer Experience	B.3 Notices	The solution shall support the efficient development of customizable content of notices allowing inclusion of predefined language. The solution shall allow Department staff to add and maintain predefined and customized language options. Predefined language options shall support merging customer transaction information within language snippets.	Develop easily, quickly customizable content of notices. Certified translation company.	Linking Account Information?	
	048	5. Customer Experience	B.3 Notices B.5 Work Management and Balancing	The solution shall interface with certified language option services.		See definition of Metadata and list of what metadata we want to capture	
	049	5. Customer Experience	B.3 Notices	The solution shall include configurable criteria that allows notice generation and notice content types and options to be turned on and off at the program, category, and individual level.			
	050	5. Customer Experience	B.3 Notices	The solution shall allow incorporation of static and system generated graphics and chart information in notices.	This solution shall allow for use of graphics within notices.	N/A	
	052	5. Customer Experience	B.3 Notices	The solution shall identify and track receipt of notice and confirm customer accessed notice.	Current functionality. Need to keep.	N/A	
	054	5. Customer Experience	B.3 Notices	The solution shall have the ability to send electronic messages regarding the status of posted notices, regardless of "opt-in" participants.		N/A	
	056	5. Customer Experience	B.3 Notices	The solution shall enable electronic, certified translation of notices from English into all department supported languages.		Types of Metadata	
	057	5. Customer Experience	B.3 Notices	The solution shall support automated spelling, grammar check, data loss protection and acceptable language usage analysis.	Spell check, grammar check, and check Personal Identifiable Information (PII) from worker input sections of all notices and communications, in accordance with policies.	List: Thumbprint, Face Recognition, pass word	
	059	5. Customer Experience	B.3 Notices	The solution shall enable expedited development and modification of notices.	Support development and modification of notices in an expedited fashion.	List Barcodes QR code, and define QR Code	
	060	5. Customer Experience	B.3 Notices	The solution shall allow for the attachment of forms in notices.		N/A	
Y	096	5. Customer Experience	B.8 Self-Service Portal	The solution shall allow customers to view eligibility determination status in real time prior to application submission.	Needs lots of discussion and formal acceptance. Discuss during HQ Review	List of providers/agencies Interface managing entities	See UID #120 List of existing system interfaces. EBT. Non-existing system interfaces (Desired). DPAF (Disqualifications) / HCDA Managing entities (AHCA) Benefit balance information (FIS) OC (FMS)
Y	097	5. Customer Experience	B.8 Self-Service Portal	The solution shall be intuitive and easy to use.		Define Dynamic Data Driven Application Systems (DDAS)	
	098	5. Customer Experience	B.8 Self-Service Portal	The solution shall have the flexibility for modifications to ensure the SSP keep pace with trending technology.		N/A	
	099	5. Customer Experience	B.8 Self-Service Portal	The solution shall be browser / Operating System agnostic.	Ensure we have a comparable requirement in the worker portal (including supporting existing functionality - Reference UID #021	N/A	
	100	5. Customer Experience	B.8 Self-Service Portal	The solution shall include communication channels such as: chat, email, text and enabled with monitoring capabilities.		N/A	
	101	5. Customer Experience	B.8 Self-Service Portal	The SSP shall include notifications via email or text to perform self-service account management functions (change password, unlock account, forgot id / password).		N/A	
	105	5. Customer Experience	B.8 Self-Service Portal	The solution shall provide enhanced customer self-service options to include but not limited to allow customer to edit fields/selections, information in real time, allowing customers to track the detailed status of their applications, reviews, and reported changes, provide clear language on requested information needed, also enhance indexing/uploading and display features and provide direct communication channel with the Department.	For example: Supplemental Payment System (SPS), Optional State Supplementation (OSS), Patient Responsibility, Bill-tracking, Share of Cost (SOC), claim balances, disqualification timeframes outside of benefit recovery, etc. This dashboard has integration with the document imaging solution- so documents can be included in the worker assignment workflow.	N/A	
	106	5. Customer Experience	B.8 Self-Service Portal	The solution shall provide the best method to establish customer accounts and maintain customer information to ensure data integrity and confidentiality.	Eliminates temporary accounts and customer linking. There are special conditions that preclude auto linking. (e.g. automated bot data entry prevention) to prevent fraudulent transaction entry.	N/A	

	108	5. Customer Experience	B.8 Self-Service Portal	The solution shall capture usage metadata (e.g. IP address, mac address, browser version) related to a customer use of the SSP to enable investigation or user experience reporting.		N/A	
	109	5. Customer Experience	B.8 Self-Service Portal	The solution shall notify customers of errors in submission of applications, entry of information, non-acceptance of applications or customer information updates and applications that have not been submitted.	Auto-generate a reason for non-acceptance	N/A	
Y	110	5. Customer Experience	B.8 Self-Service Portal	The solution shall track and retain customer interaction with the SSP prior to e-Signature, in accordance with DCF business rules.	This really needs a lot of discussion. Really need to discuss with Andy.		
	111	5. Customer Experience	B.9 Mobile Application and Document Upload	The solution shall include a mobile-optimized version of "SSP" functionality and use the customer's mobile device to capture, upload, and index images of verification documents, and include location services to find the nearest referral and community resource services, without any assistance from the Department.		N/A	
	112	5. Customer Experience	B.9 Mobile Application and Document Upload	The solution shall include other communication channels such as chat, video capabilities; such as: Skype or Face Time.	Face Time-Like capabilities, skype	BR Flowcharts	
	113	5. Customer Experience	B.9 Mobile Application and Document Upload	The solution shall capture device and owner information (e.g. device type, browser version, IP address, phone number, geolocation, device id, etc)	Type of Device, IP address, cell phone number verification	BR Flowcharts	
	114	5. Customer Experience	B.9 Mobile Application and Document Upload	The solution should allow customers to use identity authentication and authorization capabilities available on mobile devices when customers use mobile devices to interact with the Department.	Thumbprint, Face Recognition This should be included with the global requirement that functionality between the self-service portal and mobile should be consistent.	N/A	
	115	5. Customer Experience	B.9 Mobile Application and Document Upload	The solution shall provide cutting-edge unique identification read capability on a mobile device or document and options for indexing.	QR codes, etc.	See definition of SOA.	
	116	5. Customer Experience	B.9 Mobile Application and Document Upload	The solution shall support mobile outbound communication capability (E.g. push notifications via text or application screen alerts on mobile devices) with mass messages and outbound campaigns.	Coordinate with mass messages/outbound campaigns.	See definition of encoding and metadata ADI Flowchart	
Y	125	5. Customer Experience	B.12 Customer Call Center Initiatives	The solution shall provide consistent language and dialect between Interactive Voice Response (IVR), SSP and other notifications to client.	Integrating mass Notices - Language supplied to worker and Interactive Voice Response	See definition of configurable List of categories and review types. (See QMS website and Guide). This is automation piece, need to ensure flexibility of ease of changing sampling pull work on examples of categories and review types. Use QMS manual	
Y	126	5. Customer Experience	B.12 Customer Call Center Initiatives	The Interactive Voice Response (IVR) shall align with SSP equivalent functionality.	Align Self-Service Portal to the extent possible to Interactive Voice Response Password reset	N/A	
Y	206	5. Customer Experience	B.8 Self-Service Portal	The solution shall enable electronic notifications (in the self-service portal, prior to e-Signature) to contain links to rules and policies referenced for automatic eligibility determinations.	Provide/display basis for determination automatically linked to rule and policy, in client-consumable format. (External facing) Has to do with ACA policies. MAGI process; Family-related Medicaid.	N/A	
Y	030	6. Data Analytics & Reporting	A.5 Single Architecture for Importing and Exporting Data	The solution shall be flexible to support compatibility with the Department's evolving data analysis and visualization standards and tools.	System will be compatible with whatever analysis tool will be used across the enterprise, not limiting content types.	N/A	
Y	032	6. Data Analytics & Reporting	A.5 Single Architecture for Importing and Exporting Data	The solution shall incorporate a data validation service or function that will minimize the need for data cleansing.		N/A	
Y	167	6. Data Analytics & Reporting	L11 Data Analysis Tool	The solution shall provide analytical tools to include root cause analysis to identify trends, forecasting opportunities, and create efficiencies.	Worker Data and Customer Case Data. Identify Process Improvements Training Needs Long-Range Planning, Budgeting Case load and expenditure planning Note: social services estimating conference Ability to analyze and compare data exports across regions based on administrative functions.	N/A	
Y	175	6. Data Analytics & Reporting	A.5 Single Architecture for Importing and Exporting Data L5 Data Warehouse L6 Reports	The solution shall migrate legacy reports from all existing reporting platforms within the ACCESS Florida system to a scalable, flexible, customizable, configurable, enterprise-wide reporting solution.	The solution shall migrate legacy reports from the ACCESS Data & Reports system, Integrated Benefit Recovery System (IBRS), Exceptions Management System, and Supplemental Payment System (SPS) and Expectations Management to a scalable, flexible, customizable, configurable, enterprise-wide reporting solution. Examples of non-exhaustive list of reporting platforms: Data & Reports, QMS, IBRS, Exceptions Management System, SPS, Expectations Management, etc.	List of examples of current codes	
	177	6. Data Analytics & Reporting	L6 Reports	The solution shall support the capability to automatically schedule and distribute reports, including both new and existing packaged reports.	Canned Report, Clean up unused reports?	General	
	178	6. Data Analytics & Reporting	L6 Reports	The solution shall ensure that additional reports and data are available as new processes and changes are incorporated into the overall solution.	The solution shall ensure that as current manual work around processes are incorporated that reports are available for them.	N/A	
	179	6. Data Analytics & Reporting	L6 Reports	The solution shall support conditional formatting functionality to set thresholds and rules to automatically display data with color highlighting, directional arrows, etc. for easy data interpretation.		N/A	
	181	6. Data Analytics & Reporting	L6 Reports	The solution shall automate and allow for customization of state and federal reports, resulting in reduced manual processes.	Example: FNS reporting coordination and automation Modify report	See definition of configurable	
	182	6. Data Analytics & Reporting	L6 Reports	The solution shall provide and enable ad-hoc reporting by specified staff. This includes the need for specific, configurable, role-based permissions.	Create a report	Example of Reports	

	184	6. Data Analytics & Reporting	L7 Data Conversion	The solution should allow for Call Management System (CMS) data to generate into reports based on DCF rules and policy, and for these reports to be formatable and exportable into multiple file formats.	Currently, copy and paste raw data from CMS into DCF excel spreadsheet to conditionally format reports. Example: Daily Supervisor Unit Production, Daily Statewide Call Center Production.	N/A	
	201	6. Data Analytics & Reporting	L11 Data Analysis Tool	The solution shall have the capability to interactively run what-if and predictive analysis tools/toolkits in a timely manner.	Ex. Machine learning, K-Means, K-Nearest Neighbor, Neural Network, Deep Learning, Text Analysis, Deep Forest, Dimensionality Reduction	N/A	
	202	6. Data Analytics & Reporting	L11 Data Analysis Tool	The solution shall support longitudinal analysis of services and benefits delivered to both individuals, households, related persons, and their impact on self-sufficiency.		N/A	
	203	6. Data Analytics & Reporting	L11 Data Analysis Tool	The solution shall include data analysis tools that support temporal data analysis (for example an as-of date).		N/A	
	204	6. Data Analytics & Reporting	L11 Data Analysis Tool	The data analysis tool shall support the analysis of natural language content sources.	Examples: automated text transcriptions of call center calls, content of chat sessions, emailed text, narrative case notes, court records, interview notes, inspection records, etc. Natural language is a broader category than unstructured narrative text. Natural language picks up tone, sentiment, emphasis and other linguistic factors.	See definition of CAPER	
Y	035	7. Eligibility	B.1 Rules Engine Completion or Replacement	The solution shall include a complete, configurable, and centralized business rules engine (BRE) that supports all ESS service delivery functions; both programmatic and operational.	The solution shall utilize/replicate the business rules engine (BRE) to define and maintain configurable business rules for the triage of error-prone profiles.	N/A	
Y	037	7. Eligibility	B.6 Worker Dashboard and Data Exchange View	The solution shall display information at the case level such as data exchange, EBT account, NAC, and outstanding requested (pending) information and Managed Care coverage.	Display/flag profiles/PIN numbers of whom is associated with currently active EBT account, and multiple accounts. Worker should make determination. The solution shall display the client's managed care selection or assignment in the worker portal. Dashboard replaces call center screen pop.	List of widgets (Ex: CCC Zip Code Look Up, Glossary, Calculator, FA Calculator, etc).	
Y	038	7. Eligibility	B.6 Worker Dashboard and Data Exchange View	The solution shall notify staff when automated data processing cannot be completed and intervention is required to complete case processing.	Exceptions handling when automatic processing of a case is not possible. This includes when No-Touch cannot be completed or ACCESS On-Line Exceptions List.	N/A	
Y	039	7. Eligibility	B.4.1 Automated Data Processing Workaround	The solution shall reduce manual processes by automatically determining eligibility in alignment with DCF rules and policies.	Automate more eligibility by reducing manual processes for eligibility determinations by integrating with external information pulled from SSP.	N/A	
Y	040	7. Eligibility	B.1 Rules Engine Completion or Replacement	The solution shall provide an analytical tool with the ability to analyze and report potential impacts of proposed policy and rule changes. Example: "what if" scenarios for bill analysis.	Provide the ability to report projected impact of policy and rules changes. The "what if" scenario.		
	041	7. Eligibility	B.2 Client Registration and Master Client Index	The solution shall integrate with DCF's existing master client index (MCI) capability.			
	042	7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall provide automation to the extent possible for manual processes requiring case action as identified by the Department.	Include attachment of any work around guide (ESS, PBI, etc) with ITN posting Reduce manual process by automatically sending interm contact letters. Put this in the list of manual process to automate – Interim contact letters and UMED letters BR: Maximize automated checks of financial transaction involving BR current manual processes; auto decision making & write off fx (auto write-offs); Automate business functions of Revenue Management Exceptions List/Report not in separate system		
Y	092	7. Eligibility	B.4 Automated Data Processing / Auto Closure / Denial and Sanctions	The solution shall populate available information to partner agencies and ACCESS Florida system modules to streamline referral processes to enhance communication, data integrity and case accuracy.	Allow easy fraud referrals for ACCESS Integrity/Benefits Recovery. Includes: ACCESS Integrity, Benefit Integrity, Disability Determination, Fair Hearings, DPAF	Example of Metadata for Processes across programs	
Y	225	7. Eligibility	B.2 Client Registration and Master Client Index	The solution shall have an enhanced client registration process.	As dictated by roles/profiles/permissions, the Department has the ability to edit profile information if an error is found. Note: Is there a certain point in time of editability capability? PIN smashing / merging made easy Case linking		
Y	089	7. Eligibility 9. Work Management	B.6 Worker Dashboard and Data Exchange View	The solution shall display simplified and prioritized task information (including a list of items due imminently) on role-configurable worker dashboard with drill-down to detailed information at case level including but not limited to data gathered from existing state and federal data exchanges, alerts and third-party systems relevant to the individuals associated with the work item that is being processed. <u>Where the case is in the processing lifecycle</u>	The solution shall display the status of an application throughout the ACCESS Integrity lifecycle, to ensure appropriate benefits. Automatically navigate/link incoming work items to existing pending work items in the worker portal. The solution shall automatically route new, incoming work items to be appropriately reviewed.		
Y	090	7. Eligibility 9. Work Management	B.6 Worker Dashboard and Data Exchange View	The solution shall dynamically generate interactive case record templates by program area. These templates should be configurable and editable.	Interactive interview template by program that is configurable and editable.		
Y	124	8. Quality	B.12 Customer Call Center Initiatives	The solution shall incorporate Customer Call Center monitoring into the overall Quality Management System (QMS) functionality.	CCC monitoring should be integrated and part of the overall QMS. Whatever monitoring is done for CCC should be a part of the QMS		

Y	136	8. Quality	I.2 Quality Management System Redesign	The solution shall automate and integrate comprehensive quality assurance functionality and workflow that allows for configurable sampling, tracking, system review controls, and supervisor and second party reviews. Allow flexibility built into the sampling functionality based on changes in policy, changing Department needs, etc.	Peer Reviews Target Reviews Talk to Terry Field about Performance Review. Put out monthly samples based on criteria that is required based on Feds. Operations may leave these pending. Easily configure the sample being pulled. Ex: If pulled sample in error. Able to complete/dispose by ... Prevent DEVIATION Tracking includes flagging, escalations, due date corrections, rebuttals...		
Y	141	8. Quality	I.2 Quality Management System Redesign	The solution shall pre-populate review sheets for samples. Specifically, the solution shall pre-populate case information based on the queried sample period, as opposed to default current information.			
Y	143	8. Quality	I.2 Quality Management System Redesign	The solution shall allow for a reviewer to automatically create and send a case referral to Benefits Recovery if potential overpayment is detected, or Benefit Integrity if potential fraud is detected.	Enable ACCESS Integrity or Benefits Recovery referrals Note: Also in Quality Control		
Y	145	8. Quality	I.2 Quality Management System Redesign	The solution shall allow for compliance targets and associated reporting functions to be configurable on-demand by review type, and allow for exceptions by administrators.	Ability to change compliance target on-demand/review type		
Y	146	8. Quality	I.2 Quality Management System Redesign	The solution shall allow multiple error codes when reviewing/editing a case.	Allow more than one error code		
Y	148	8. Quality	I.2 Quality Management System Redesign	The solution shall ensure the review has been completed prior to staff confirmation / acknowledgement.	electronic sign-off after you fill out the information/review to prevent need for editing		
	150	8. Quality	L.2.1 Quality Control Redesign	The solution shall be configurable by Quality Control (QC) worker profile, to customize the worker portal interfaces and associated permissions.	QC should be configurable by roles/level - worker profiles, permissions, etc.	List of Reports - Merging Call Data with Monthly Production Data (Part of the Interface)	
	151	8. Quality	L.2.1 Quality Control Redesign	The solution shall automatically pre-populate available case information from all system sources, for each respective case, and be editable.	Download data from Eligibility system into the QC system, based on the sample (pre-populate similar fields) Includes Budget. Keep similar budget format.		
	152	8. Quality	L.2.1 Quality Control Redesign	Any request from Quality Control to region staff shall be included in the staff's respective workflow in the worker portal.	Examples: Request for action on interviews/closed cases/sanctions		
	153	8. Quality	L.2.1 Quality Control Redesign	The solution shall allow for configurable Reports.	Should include configurable reporting capabilities		
Y	154	8. Quality	L.2.1 Quality Control Redesign	The solution shall automate the creation and transmission of monthly roll-up quality reports to the regions.	Reports too - about transmitting monthly roll-up state reports to regions Note: Ensure this was added to Master List of reports.		
Y	155	8. Quality	L.2.1 Quality Control Redesign	The solution shall allow for automated transmission of Findings and Case Files to Food and Nutrition Services (FNS), per FNS file format guidelines.	Findings/Case files should be automated, exportable, and electronically transmitted to FNS		
Y	157	8. Quality	L.2.1 Quality Control Redesign	The solution shall automatically provide finding(s) for each respective case. The finding(s) should pre-populate with available information, and be editable.	Adding Findings Note: Keep similar findings format as current. Ask Annette		
Y	158	8. Quality	L.2.1 Quality Control Redesign	The solution shall create an alert when a Findings Report is available to a region.	Findings should be incorporated into web system, and transmitted to regions/others (configurable).		
Y	159	8. Quality	L.2.1 Quality Control Redesign	The solution shall have a repository with upload capabilities for case documents specifically related to QC action.	Should have document upload functionality for QC workers.		
Y	160	8. Quality	L.2.1 Quality Control Redesign	The solution shall include Importing of Case and Procedural Error Rate (CAPER) reviews (Negative) and Active reviews.	Import Negative Reviews into the System Ask Annette		
Y	161	8. Quality	L.2.1 Quality Control Redesign	The solution shall enhance and expand current Quick navigation capabilities, and Search functionality.	Expand Quick Navigation and Search for all types Examples: Active/Negative reviews/Correct Drop or Error		
Y	232	8. Quality	I.2 Quality Management System Redesign	The solution shall integrate with Case Management Workflow and Reviews	Management Ex: Operational Reviews, BR, QA, Performance Management		
Y	082	9. Work Management	B.5 Work Management and Balancing	The solution shall provide work management and tracking for all DCF (ESS, OPB) business model functions. This includes the escalation process.	GMU - include Exceptions Reports (bill-tracking, prescriptions, etc.) into workflow - incorporate into worker portal of new system Automate manual escalations ie CCC - Global Attribute Requirement		
	083	9. Work Management	B.5 Work Management and Balancing	The solution shall have the ability and capacity to automatically throttle and reassign work items (including ACCESS Integrity and Benefits Referral referrals) to staff based on workload management model that balances workload across the state, regions, circuits, and administrative units.			
Y	084	9. Work Management	B.5 Work Management and Balancing	The solution shall utilize analytics and decision-making to determine equitable distribution of work.	System determines what an equitable distribution of work will be.		
	085	9. Work Management	B.5 Work Management and Balancing	The solution shall allow for the workload balancing feature to be flexible and configurable enough to meet evolving business needs.	The workload balancing feature should be flexible and configurable enough to meet evolving business needs Example: Turn off statewide balancing, and shift to re-gion balancing		
	086	9. Work Management	B.5 Work Management and Balancing	The solution shall have the capability to track case reassignments, and incorporate the respective data into the Quality and Performance Dashboard.	System can track work reassignment, and incorporate that data into worker performance reports. Add to worker dashboard and data exchange view and data reports		
Y	087	9. Work Management	B.5 Work Management and Balancing	The solution shall automatically assign work to appropriate staff based on the source.	We need the ability to receive and assign work based on community partner IDs - and it needs to be easily configurable. Possibly Group Home Assignment based on Living Arrangement.		
Y	091	9. Work Management	B.6 Worker Dashboard and Data Exchange View	The solution shall include real-time tracking, and provide a summary of completed tasks and pending assignments based on the selection to include the individual-level and supervisory/administrative-levels through state-level.	Include a real-time tracking / summary of completed tasks or assignments viewable to worker, (and roll-up to all levels above the individual worker).		

Y	093	9. Work Management	B.6 Worker Dashboard and Data Exchange View	The solution shall display the status of case referrals			
Y	094	9. Work Management	B.6 Worker Dashboard and Data Exchange View	The solution shall include supervisory review functions and display corrections needed on case reviews as work needing to be addressed by staff.	Corrections need to be part of employee workflow and appear in their worker portal, this is integrated from Quality Management System (QMS). Corrections can come from QMS and/or Quality Control Example: Corrections include: Able-bodied Adult Without Dependents Add to requirement that talks about dashboard display – part of detailed requirements discussion.		
Y	162	9. Work Management	B.6 Worker Dashboard and Data Exchange View I.3 Quality and Performance Dashboard	The solution shall be configurable by profile, including a library of additional widgets that can be applied to worker needs based on their position.	Configurable performance dashboard by role, including a library of widgets that can be applied to worker roles based on their position. Example call center: calls completed, etc.	N/A	
Y	164	9. Work Management	B.6 Worker Dashboard and Data Exchange View I.3 Quality and Performance Dashboard	The solution shall have the capability to track work item assignments and re-assignments.	This includes BI, BR work assignments as well. System has ability to capture metrics around reassignment, to note when things are reassigned because non-performance – and capture 'extra credit' for employee starts who are given extra work. This reporting would be in the quality and performance dashboard. Note: Non-performance, incorrectly assigned, special project assignments, "Extra credit", annual leave		

UID	Initiative Group	Initiative	Detailed Requirement	Notes	Appendix Library Region Handouts	Appendix Library SI Vendors
088	Benefit Recovery/Collections	B.6 Worker Dashboard and Data Exchange View	The solution shall allow for editability of free form text in the notes section of cases.	Add editability to Free-form Comments Is this about drill down to cases from the dashboard? Ask Coleen. 12.6 Clarified that not on Dashboard, but notes on Case		
103	Architecture/Infrastructure	A.4 Infrastructure Upgrade	The solution shall check and edit the format for email and phone and address. The agency preference is for a system generated confirmation process.	Validate email/textConfirmation of correct info. Edit check the format for email and phone; validate the address. Need to discuss in detailed requirements on self-service functionality that compares and suggests more than just formatting corrections when presenting to the customer.		
132	Benefit Recovery / Collections	B.14 Benefit Overpayment Recovery and Collections	The solution shall have the ability to perform periodic vital statistics checks for death matches on closed cases that have active benefit recovery claims; and take appropriate automatic action.	Periodic (monthly) vital statistics checks for death match Note: Coordinate with Eligibility Take case action based on match Note: multiple libels, auto-closures, etc. See UID #62		
137	Quality	I.2 Quality Management System Redesign	The solution shall allow for expanded review functionality from the state-level down to the individual worker-level, providing data visibility at all levels.	Add all-inclusive – state-level reviews all the way done to individual, and provide data visibility at all levels Note: Ease of use focus here		
138	Quality	I.2 Quality Management System Redesign	The solution shall have the ability to run reports to be able to show rolled-up statewide data at all levels, roles, functions, review types, error type or trends, etc.	Be able to show statewide data broken down by sub-categories Note: Also relates to Reports. Need to add functionality to capture for sample month. Ex: Give me the report for the Entire Admin. Right now cumbersome per pulling by unit versus an individual. Pull info at various levels. EX-Run a Report for Validation Information. Want to know how this DR did for this period, but also list of all DR. etc.		
142	Quality	I.2 Quality Management System Redesign	The solution shall allow corrections due dates to be automated by review type, and allow for additional configurations for exceptions by administrators.	Due date changed on demand and review types		
144	Quality	I.2 Quality Management System Redesign	The solution shall allow for automated rebuttal functionality by staff.	Include function for rebuttals		
147	Quality	I.2 Quality Management System Redesign	The solution shall allow for direct reference to cited acronyms, codes, or reference tables.	Link to code dictionary, glossary, or reference tables. Note: Not only for viewers, but also for		
183	Data Analytics & Reporting	I.6 Reports	The solution shall support monthly individual, team, and region performance conferences and meetings through configurable quantitative data automation.	Monthly conference quantitative data automation Note: Performance Target Changes; Performance Management Team (PMT); Peer and Integrity Review Already in UID #232		
200	Data Analytics & Reporting	I.11 Data Analysis Tool	The solution shall provide the ability to analyze and compare data exports across regions based on administrative functions.	Admin processes and data exports. See data level requirements. See UID #167		
207	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall automatically calculate a transfer of assets in coordination with eligibility determinations.	Added to Detail UID #042 and #069		
208	Work Management	B.6 Worker Dashboard and Data Exchange View I.10 Historical Data Maintenance	The solution shall display current and previous Citizenship status' verifications in the worker portal.	System shall notify of previous verification of Citizenship status. Improve functionality, clearer notifications. Note: Policy implications – "you may only verify status once." Added to DETAIL		
209	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall notify a worker if an individual is already "active" in a different case, to help accurately determine eligibility for both households.	Custodial Parent Processing – business rule – includes worker notification Added to Detail See UID #082		
210	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall recognize same sex marriage and same sex parents in both the self-service portal and worker portal, and elsewhere in the system where such relationships are stored and managed.	Added to Detail for manual processes UID #042 and #069		
211	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall recognize gender fluidity in the self-service portal and worker portal and elsewhere in the system where such classifications are stored and managed.	System should support gender fluidity. Added to Detail for manual processes UID #042 and #069		
212	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall automate the Home-Care for Disabled Adults (HCDA) and notify Adult Protective Services of the financial eligibility determination.	Added to Detail for manual processes UID #042 and #069		
213	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall fully support automation of Home and Community based Service (HCBS)-	Note: AHCA also needs waiver indicator on AIA sent from daily file? Referral process HCBS waiver detail selection Added to Detail for manual processes UID #042 and #069		

214	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall automate the referral process between DCF and Department of Elder Affairs for determination of the level of care (LOC).	Added to Detail for manual processes UID #042 and #069		
215	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall automate the Disability Determination referrals to the Office of Disability Determinations (ODD) and local District Medical Review Teams (DMRT).	Added to Detail for manual processes UID #042 and #069		
216	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall automate manual paper-based transmission processes to support adult-related Medicaid.	Example: Assignment of rights to third parties sent to TPL or HQ Added to Detail for manual processes UID #042 and #069		
217	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall enhance the automation of determining Child in Care (CIC) eligibility and sharing data with the Office of Child Welfare and Agency for Healthcare Administration.	Child in Care (CIC) incorporated into worker portal and create web interface, enhance FSN interface Status of the child changes Added to Detail for manual processes UID #042 and #069		
218	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall automate the benefit determination process for youth who are placed in or removed from custody of the Department of Juvenile Justice.	Automate DJJ process(es) – for youth – automate current manual process Added to Detail for manual processes UID #042 and #069		
219	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall automatically calculate pregnancy timeframes, for accurate calculation of benefits.	Added to Detail for manual processes UID #042 and #069		
220	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall automate the use of data available from the Office of Vital Statistics to child born to Medicaid eligible mother.	To auto update PEN coverage for newborn or create eligibility for newborn without PEN coverage to Medicaid eligible mother. Added to Detail for manual processes UID #042 and #069		
221	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall accurately identify and track life-time cash limits and children subject to the cash assistance family cap, based on DCF rules and policy.	Added to Detail for manual processes UID #042 and #069		
223	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall incorporate Optional State Supplement (OSS), and Personal Needs Allowance Supplement (PNAS) into the self-service portal and worker portals, to automatically determine eligibility and issue associated payment.	Supplemental Payment System (SPS) and Optional State Supplement (OSS) Personal needs allowance (PNA) and OSS – incorporated in worker portal and eligibility benefit calculation and benefit issuance Discuss with Jamie. Should non-relative caregiver be combined with this, or is process different? Detail Requirement to manual process		
226	Customer Experience	B.8 Self-Service Portal	The solution shall allow customer to edit fields and selections in the SSP based on DCF rule and policy.	Improving functionality Detail Requirement. See UID #105		
228	Benefits Integrity	B.11 Advanced Fraud Detection and Predictive Data Analysis Tools	The solution shall have access to all data interfaces within the ACCESS Florida System.	Example: Capture manage care provider information for data analytics and fraud detection. Detail to UID #196		
233	Eligibility	S.1 EDBC / SFU / Rules Engine / BI / Authorization	The solution shall automate the missing SSN process by using data available from OVS and the Social Security Administration .	Automate missing SSN report Added to Detail for manual processes UID #042 and #069		
Detailed	Eligibility Work Management	B.6 Worker Dashboard and Data Exchange View	The solution shall have the ability to automatically prioritize incoming documents based on document type in order to meet processing time standards as defined by DCF rules and policies.	Ability for the system to automatically prioritize the incoming documents based on the type of documents that come in for workers in order to meet time standards- (in eligibility, must link to pending work items, etc. this was added to the parking lot). Duplicate and should be part of detailed requirements session – also not only be documents. See UID #089		
Detailed	Architecture/Infrastructure Case Processing	B.10 Real Time Web Services	The solution shall provide the capability for a real-time interface with Florida Medicaid Management Information System (FMMIS) to allow customers who have been determined eligible to view, enroll or change managed care providers and receive benefits upon approval and without delay.	Staff need to be able to see what benefits were enrolled in and what benefits are being received; FMMIS information displayed internally; Web service for customer to select their managed care with AHCA. See UID #105		
Detailed	Architecture/Infrastructure Case Processing	B.10 Real Time Web Services	The solution shall provide the capability for a real-time two-way interface with the Department of Economic Opportunity (DEO) to send referrals from DCF, allow tracking of compliance with mandatory work requirements, reasons for non-compliance, job placement status, and identify any subsidized dependent care benefits received.	Note: Child care benefits; ongoing status of compliance and reasons for non-compliance; good cause sent from DCF to DEO (exception or exemption); Temporary Cash Assistance (TANF) referral requirements; work registration referral requirements. Interface is already in the overall requirement. See UID #117 and #118		

Detailed	Architecture/Infrastructure Case Processing	B.10 Real Time Web Services	The solution shall provide the capability for a real-time interface with the Driver and Vehicle Information Database (DAVID) to assist with the eligibility determination process.	The solution shall provide a real-time interface with the Driver and Vehicle Information Database (DAVID) to verify customer identity, photograph and residence. Note: customer identity, photograph, citizenship, and home residence address. Interface is already in the overall requirement. See UID #117 and #118		
Detailed	Architecture/Infrastructure Case Processing	B.10 Real Time Web Services	The solution shall provide the capability for a real-time interface with the Comprehensive Case Information System (CCIS) to receive up-to-date information with respect to child support payments and court actions to assist with the eligibility determination process.	Interface is already in the overall requirement. See UID #117 and #118		
Detailed	Architecture/Infrastructure Case Processing	B.10 Real Time Web Services	The solution shall provide a real-time interface with the Department of Economic Opportunity's (DEO) Connect and SUNTAX systems to assist with the eligibility determination and benefit integrity processes.	Note: Include earned income amount and duration Interface is already in the overall requirement. See UID #117 and #118		
Detailed	Benefits Integrity	B.11 Advanced Fraud Detection and Predictive Data Analysis Tools	The solution shall track and retain customer interaction with the SSP prior to e-Signature, in accordance with DCF business rules.	12.6 Need to define what information wants to be captured prior to e-Signature. Also apply multiple times etc. Excessive changing of information particularly in household comp, address, income, shelter and utility expenses		
Detailed	Benefits Integrity	B.11 Advanced Fraud Detection and Predictive Data Analysis Tools	The solution shall generate an alert when case information that has been previously associated with fraud is identified in an application. This flagged information shall be incorporated into the risk analysis for continuous improvement.	Alerts are generated if prior fraud existed on the case Example: Identity theft alert, Intentional Program violation, etc. See UID #119	data visibility for all all reports vs. 138	
Detailed	Benefits Integrity	B.11 Advanced Fraud Detection and Predictive Data Analysis Tools	The solution shall notify/alert staff that a case is currently under investigation and prevent benefits approval.	Alert to processor that Benefits Integrity has the case – ESS needs to know they have it so they don't open it (referral already happened) Flag high risk applications to prevent approval without PBI clearance; application triage Note: A case should not be approved for benefits until an investigation has concluded. See UID #83	Dean wants configurable to meet needs of performance ocl, DR for 6 month period, kpi, role, type of review, levels, functions, review type, error type, trend data	
Detailed	Benefits Integrity	B.11 Advanced Fraud Detection and Predictive Data Analysis Tools	The solution shall allow the range of the risk scores to be adjusted based on criteria determined by administrators, to help triage the most important and/or highest risk cases first.	Allow range of risk scores to be adjusted in a table format (toggle the criteria) – fraud flags, instead of rules See UID #83	N/A	
Detailed	Benefits Integrity	B.11 Advanced Fraud Detection and Predictive Data Analysis Tools	The solution shall allow fraud flags to be applied to cases that meet defined risk score thresholds or specified categories. Fraud flags should be configurable, and have on/off capability by a supervisor/administrator.	Fraud Flags have an on/off capability See UID #119	N/A	
Detailed	Benefits Integrity	B.11 Advanced Fraud Detection and Predictive Data Analysis Tools	The solution shall analyze all active cases to evaluate risk and potential fraud when new fraud schemes are detected.	Evaluate risk identity retroactively for active eligible recipients when fraud profiles change See UID #119 and See UID #098		
Detailed	Benefits Integrity	B.13 Comprehensive Fraud & Abuse Tracking Workflow and Case Management System	The solution shall minimize the manual processes required for preparation of state and federal reports.	Automate FNS 366B Business process to support 209 Reporting (federal accounting and collections report) Discuss in detailed requirements. Incorporated into overall efficiency requirement. General TAB	N/A	
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution shall create food assistance benefits correctly while waiting for authorization of an Upfront Diversion Payment.	Not previously reviewed with DCF. See UID #81		
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution shall create food assistance benefits correctly while awaiting the authorization to create a Relocation Assistance Payment.	Not previously reviewed with DCF. See UID #81		
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	An assistance group receiving a Severance Benefit payment is not eligible for Temporary Cash Assistance (TCA) for six months following receipt of this payment, unless there is a demonstrated emergency. If the assistance group is re-approved for TCA during the six-month ineligibility period, the repayment amount is considered unearned income in the TCA benefit determination.	Not previously reviewed with DCF. See UID #81		
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	When coverage ends for certain assistance groups and the assistance group has a child claiming disability, the child must continue eligible for Medicaid until disability is determined.	Not previously reviewed with DCF. See UID #81	Interface with SAVE	
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution shall recognize appropriate time standards for financial aid (FA) applicants who fail to complete Customer Authentication or verify identity but otherwise screen as expedite eligible.	Not previously reviewed with DCF. See UID #81		
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution shall accommodate appropriate time standard calculations for the 60-Day Reuse policy.	Not previously reviewed with DCF. See UID #81		
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution shall recognize benefits in open status when adding benefits, to prevent erroneous delays to be reported.	Not previously reviewed with DCF. To prevent the erroneous reporting of delays. See UID #81		

Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution may build expedited benefits for applicants who received in another state for the month in which they apply .	Not previously reviewed with DCF. Discussion needed. A processor needs to take immediate action to determine if the customer should be expedited or not. If we simply make the customer not expedited and later find that they did not receive in that month we have a delay. See UID #81		
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution may build expedited benefits for applicants when a FA renewal is run in the month after the eligibility period expires .	Not previously reviewed with DCF. The solution shall recognize untimely renewals and apply the appropriate time standards, prohibiting expedited benefits from building. See UID #81		
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution may build benefits (expedited or regular) when adding a new member during the renewal process .	Not previously reviewed with DCF. The system shall accurately calculate the additional benefit for a newly added member where other assistance group members have already received for that month. See UID #81		
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution shall build an Assistance Group in order to generate and send a notice of ineligibility when a single adult who is not aged, disabled or pregnant and does not have dependents applies for Medicaid only or if the single adult who is not aged, disabled or pregnant and does not have dependents applies for Medicaid and another benefit.	Not previously reviewed with DCF. See UID #81	Desired interface with AFS	
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution shall build a Food Assistance Assistance Group (AG) in order to generate and send a notice when the AIC (Individual Living Arrangements) and the AFBP (Room and Board Paid) screens are correctly coded for a customer who is a boarder (and therefore not eligible for Food Assistance due to paying room and board).	Not previously reviewed with DCF. See UID #81	Desired interface with referral agencies	
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	Utility expenses that are 100% vendor paid are sometimes included as a deduction in the food assistance budget. Deductions for utility expenses are not allowed when expenses are 100% vendor paid, and the applicant/recipient has no expectation of paying the expenses in the future.	Not previously reviewed with DCF. See UID #81	Desired interface with DOEA	
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution shall include individuals as an Eligible Adult (EA) when running a passing date to create SSI-Related Medicaid (MSSI) coverage in the month the person turns 65, when the person's date of birth is not on the first of the month, unless the individual is listed as disabled on AIDP.	Not previously reviewed with DCF. See UID #81	Desired interface with ODD	
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution shall provide pregnant women who meet their share of cost under NM P full Medicaid coverage through the remainder of their pregnancy and post partem period .	Not previously reviewed with DCF. The system also needs to add PEN coverage if the pregnant mother is still pregnant and/or give the newborn presumptive coverage. See UID #81		
Detailed	Case Processing	B.4.1 Automated Data Processing Workaround	The solution shall build financial aid for a student that does not meet any student exemptions. Staff must enter information on FLORIDA to force the creation of financial aid benefits, if no benefits are built.	Not previously reviewed with DCF. See UID #81		
Detailed	Case Processing	B.12 Customer Call Center Initiatives	The solution shall automatically flag and redirect incoming calls associated with high risk cases to a designated Public Benefits Integrity (PBI) unit.	Provide real-time alerts for incoming calls associated with high risk case forward to PBI Note: This may be for the IVR /CCC. This is a detail requirement flag not a redirection of the call. See CCC ITN		
Detailed	Customer Experience	B.8 Self-Service Portal	The solution shall allow customers to select or deselect benefits during the re-determination process.	During re-determination process Reduce unnecessary renewals. Needs to be included as a detailed requirement. See UID #226		
Detailed	Customer Experience	B.10 Real Time Web Services	The solution shall provide customers real-time access to the status of new applications, requests for additional benefits, reported changes, renewals, verifications, and benefit amounts. The solution shall allow customers to select and enroll in a Medicaid manage care provider.	The solution shall provide access to shall allow customers to select and enroll in a Medicaid manage care provider information. See UID #105		
Detailed	Eligibility	B.1 Rules Engine Completion or Replacement	The solution shall automatically ensure the appropriate payee is selected, as defined by DCF rules and policy.	Ensure payee is age appropriate (eligible adult (EA) status) – participation status. To help avoid rework. Example: Age of payee. Exception: Child in Care. See UID #062		
Detailed	Eligibility	B.2 Client Registration and Master Client Index	The solution shall simplify the process for designated staff to edit or correct a customer's demographic information associated with a personal identification number (PIN), or change or re-link an incorrect PIN match.	System shall allow matches to edited and/or changed. See UID #225		
Detailed	Eligibility	B.2 Client Registration and Master Client Index	The solution shall allow for the editing of customer demographic information, as dictated by DCF staff profiles.	As dictated by roles/profiles/permissions, the Department has the ability to edit profile information if an error is found. Note: Is there a certain point in time of editability capability?		

104	Customer Experience	B.8 Self-Service Portal	The solution shall provide functionality that allows a designated representative access to customer information using the SSP on behalf of the customer.	Fraud concerns Need to have a lot of discussion on process and what determined "designated" for the purposes of the SSP. Add to Detail	Judy SSP Troubleshooting Processes NOPE Designated reps? GH? Limited info?	
107	Customer Experience	B.8 Self-Service Portal	The solution shall display customer benefit and case information from internal and external sources.	Did we decide to keep this?	N/A	
			The solution shall align SSP application flow with the system flow.	Adding a thought, currently when processing an application a processor must scroll up and down the application to complete the driver as the work item detail and driverflow are not in the same order.		
	Case Processing	A.4 Infrastructure Upgrade	The solution shall provide ease of use for processors.	Example: Use enter key when searching rather than clicking on search in AMS.		
22	Architecture/Infrastructure	A.4 Infrastructure Upgrade	FFF enhancements need detailed requirements written out			

UID	Initiative Group	Initiative	Detailed Requirement	Notes	Appendix Library Region Handouts	Appendix Library SI Vendors
CCC ITN	Case Processing	B.12 Customer Call Center Initiatives	The solution shall enhance Customer Call Center integration should automatically access customer case file information based on best practice client identification functionality potentially including input from the caller, like a specific unique identifier to be determined by DCF rules and policy.	Real-time access to case file data for the CCC staff based on input from the caller; unique identifier as defined by DCF rules and policy Note: IVR initiative; alignment and synchronized changes with SSP and IVR		
CCC ITN	Case Processing	B.12 Customer Call Center Initiatives	The solution shall align the identity verification process in accordance with DCF policy.	Provide capability to authenticate individuals accessing the CCC; providing pre-determined case information to use to verify caller identity Note: Challenge questions More than name, Date of birth, Social Security Number to authenticate Industry best practices (voice?) Eligibility questions length call length – negatively impact workload. Multi-factor Identifier.		
CCC ITN	Customer Experience	B.12 Customer Call Center Initiatives	The solution shall solution shall be able to produce outbound notifications through the customer interaction channels (text, email, call, IM) to the customer population based on configurable selection criteria.	Automated messages, per selected criteria, to be sent to large groups. Proactive outreach management.		
CCC ITN	Customer Experience	B.12 Customer Call Center Initiatives	The solution shall capture reason(s) for call information and integrate with ACCESS Florida System.	Capture reason for call at end of call (data analytics/reporting) – especially important if customer gets representative for improving Interactive Voice Response.		
CCC ITN	Case Processing	B.12 Customer Call Center Initiatives	The solution shall automatically flag and redirect incoming calls associated with high risk cases to a designated Public Benefits Integrity (PBI) unit.	Provide real-time alerts for incoming calls associated with high risk case forward to PBI Note: This may be for the IVR /CCC. This is a detail requirement flag not a redirection of the call.		
CCC ITN	Customer Experience	B.12 Customer Call Center Initiatives	The Interactive Voice Response (IVR) shall align with SSP equivalent functionality.	Align Self-Service Portal to the extent possible to Interactive Voice Response Password reset		
CCC ITN	Customer Experience	B.12 Customer Call Center Initiatives	All Customer experience functions will be aligned			
184	Data Analytics & Reporting	1.7 Data Conversion	The solution should allow for Call Management System (CMS) data to generate into reports based on DCF rules and policy, and for these reports to be formattable and exportable into multiple file formats.	Currently, copy and paste raw data from CMS into DCF excel spreadsheet to conditionally format reports. Example: Daily Supervisor Unit Production, Daily Statewide Call Center Production.		
CCC ITN	7. Eligibility	B.12 Customer Call Center Initiatives	VIU Outbound Campaign Manager (POMS)			

SCHEDULE IV-B FOR ADULT PROTECTIVE SERVICES MODERNIZATION – YEAR 2

For Fiscal Year 2023-24

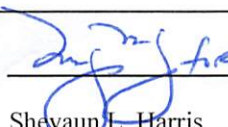


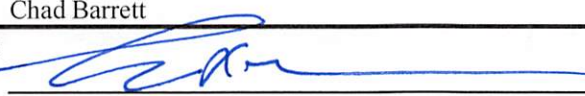


DEPARTMENT OF CHILDREN AND FAMILIES
October 14, 2022

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Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Florida Department of Children and Families	Schedule IV-B Submission Date: 10/14/2022
Project Name: Release of American Rescue Plan Funds for Adult Protective Services	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2023-24 LBR Issue Code:	FY 2023-24 LBR Issue Title: Schedule IV-B for Adult Protective Services Modernization – Year 2
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Cole Sousa, Cole.Sousa@myflfamilies.com	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head: 	Date: 10/13/22
Printed Name: Shevaun L. Harris	
Agency Chief Information Officer (or equivalent): 	Date: 10/13/2022
Printed Name: Cole Sousa	
Budget Officer: 	Date: 10/13/22
Printed Name: Chad Barrett	
Planning Officer: 	Date: 10/13/2022
Printed Name: Timothy Lawson	
Project Sponsor: _____	Date: _____
Printed Name: Roy Carr	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	
Cost Benefit Analysis:	
Risk Analysis:	
Technology Planning:	
Project Planning:	

SCHEDULE IV-B FOR ADULT PROTECTIVE SERVICES MODERNIZATION – YEAR 2

Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Florida Department of Children and Families	Schedule IV-B Submission Date: 10/14/2022
Project Name: Release of American Rescue Plan Funds for Adult Protective Services	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2023-24 LBR Issue Code:	FY 2023-24 LBR Issue Title: Schedule IV-B for Adult Protective Services Modernization – Year 2
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Cole Sousa, Cole.Sousa@myflfamilies.com	
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Agency Head:	Date:
Printed Name: Shevaun L. Harris	
Agency Chief Information Officer (or equivalent): <i>Cole Sousa</i>	Date: 10/13/2022 5:59 AM PDT
Printed Name: Cole Sousa	
Budget Officer: <i>Chad Barrett</i>	Date: 10/13/2022 3:34 AM EDT
Printed Name: Chad Barrett	
Planning Officer: <i>Timothy Lawson</i>	Date: 10/12/2022 9:24 AM EDT
Printed Name: Timothy Lawson	
Project Sponsor: <i>Roy Carr</i>	Date: 10/12/2022 9:28 AM EDT
Printed Name: Roy Carr	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	
Cost Benefit Analysis:	
Risk Analysis:	
Technology Planning:	
Project Planning:	



Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Florida Department of Children and Families	Schedule IV-B Submission Date: 10/14/2022
Project Name: Release of American Rescue Plan Funds for Adult Protective Services	Is this project included in the Agency’s LRPP? _____ Yes _____ No
FY 2023-24 LBR Issue Code:	FY 2023-24 LBR Issue Title: Schedule IV-B for Adult Protective Services Modernization – Year 2
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Cole Sousa, Cole.Sousa@myflfamilies.com	
AGENCY APPROVAL SIGNATURES	
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Agency Head: _____	Date: _____
Printed Name: Shevaun L. Harris	
Agency Chief Information Officer (or equivalent): _____	Date: _____
Printed Name: Cole Sousa	
Budget Officer: _____	Date: _____
Printed Name: Chad Barrett	
Planning Officer: _____	Date: _____
Printed Name: Timothy Lawson	
Project Sponsor: _____	Date: _____
Printed Name: Roy Carr	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	_____
Cost Benefit Analysis:	_____
Risk Analysis:	_____
Technology Planning:	_____
Project Planning:	_____



I. Schedule IV-B Business Case – Strategic Needs Assessment

A. Background and Strategic Needs Assessment

This document will provide the justification to continue with the implementation of modern solutions for the Adult Protective Services Program. This critical project will enable staff to spend more time in the community they serve and provide better ways to manage data for seamless transitions from investigations to services. The Program is requesting \$10,087,354 for Fiscal Year 2023-24.

Business Objectives

From a business process perspective, there are four core areas of focus for this project:



- a. Mobility for Adult Protective Investigators (APIs) – Implement a mobile tool for APIs. Use a phased approach beginning with quick win mobile features including commencement of the investigation. Procure a mobile solution that is a Software as a Service (SaaS) model and contains additional functional (or new functionality can be added) to expand the overall modernization of APIs’ functions (e.g., Intake in the future).
- b. Services Tracking – Implement the ability to track provider services. The new APS system will provide for this tracking capability.
- c. Sunset the Adult Services Information Systems (ASIS) – Currently Adult functions are performed in ASIS and FSFN. The objective is to move all functionality out of ASIS into the new APS application and the new Mobile solution. ASIS is over 15 years old and is a JAVA based application with an Oracle database.
- d. Integrate the new application with all external partners for accurate and more timely data.

For Fiscal Year 2022-23, the vendor was selected in September 2022 and has started to work on the following activities that will occur until September 2023:

- Requirement clarification and tracking
- Interface definition
- Functional and Technical System Design
- System Configuration and Unit Testing
- Data Conversion
- Integration/System/Stress/Regression Testing
- User Acceptance Testing
- Training

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

B. Baseline Analysis

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

1. Current Business Process(es)

The current process includes the following:

- Intake comes to Hotline, Hotline assesses and sends out to Unit
- Unit accepts intake and assigns to investigator
- Investigator does pre-commencement work and then commences investigation
- Investigator enters commencement note, date, and time into FSFN
- Investigator sees and interviews victim
- API creates and completes Capacity to Consent in FSFN
- API enters face to face notes, dates and times, and transcript into FSFN
- API conducts interviews with collateral witness and alleged perpetrator(s)
- API enters interview dates/times, notes, and transcript into FSFN
- API creates safety assessment template and completes in FSFN
- API manually uploads any photos, forms, or scanned documents into FSFN
- Any running notes / phone calls / returned contacts are manually entered by API into FSFN
- API submits case closure request to supervisor in FSFN

2. Assumptions and Constraints

American Rescue Plan (ARP) funding will continue throughout the life of the project.

The Office of the Governor and the Florida Legislature will continue to support this project.

C. Proposed Business Process Requirements

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

Proposed Business Process Requirements

Statement of the Problem

Currently, Adult Protective Services' In-home services, Protective Supervision, and Protective Intervention cases are maintained in a stand-alone Java based system, called the Adult Protective Services System or ASIS. There is no communication between the investigations system and ASIS. OITS staff maintains ASIS independent of other resources and on a separate server. APS staff cannot transfer investigations into services system and communicate electronically between investigations and services system staff within a single system. Additionally, API's have no mobile access to investigations.

Statement of the Solution

Several alternatives were evaluated where the recommended solution implements a mobile investigations solution and replace ASIS and FSFN adult functions with a new system. Web services would be implemented for bi-directional data exchange/integration between FSFN and new APS system. The Abuse Hotline would still perform all intake functions in FSFN with web services integration of intake data to the new APS system.

Business Solution Alternatives

There were basically three alternatives that were considered:

1. Transfer a fully operational CCWIS system from another state, pending confirmation that minimal customization would be required to align with Florida’s practice model, with the solution to achieve the business objectives identified in Section II.A.2. of this document.
2. Purchase Commercial off the Shelf (COTS) software, pending confirmation that minimal customization would be required to align with Florida’s practice model, with the solution to achieve the business objectives identified in Section II.A.2. of this document.
3. Build a system using Service-Oriented Architecture that provides User Interface Flexibility and maximizes adaptability and extensibility.

Rationale for Selection

The rationale for selection of solution is that the proposed approach meets defined business objectives, uses available systems optimally, and removes an aging system and its required support.

Recommended Business Solution

- ✓ Implement a mobile tool for Adult Protective Investigators (APIs) using a phased approach and a Software as a Service (SaaS) model that can be customized and responsive to future needs.
- ✓ Move all functionality out of the Adult Services Information System (ASIS) into a new and modern application
- ✓ Integrate new solution with external partners applications

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

D. Functional and Technical Requirements

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

See Attachment 1.

II. Success Criteria

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

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	Workers spend more time with clients	Time in the field as opposed to time in the office	Clients served	6-30-2024
2	Clients have smoother and quicker transitions from investigation to services.	Comparison of investigation and service milestones and length of transition from investigation to services (data prior to implementation compared to data for first two years after implementation.	Clients served Taxpayers	6-30-2026

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

A. Benefits Realization Table

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

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

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Date (MM/YY)
1	Workers spend more time with clients	Clients and their advocates	More time is spent with clients in the field and clients receive	Time in the field as opposed to time in the office	6-30-2024

BENEFITS REALIZATION TABLE					
			effective services sooner		
2	Services tracking	Clients, their advocates, and their service providers	Services tracking is more complete and readily available	Service information is more complete, and outcomes of service provision can be tracked and reviewed	6-30-2024
3	ASIS is sunset	Workers, taxpayers, and clients (indirectly)	Resources are used for improved system functionality rather than to support an aging system	Funds used to support ASIS are available for ongoing support and improvement of mobility tool and services tracking	6-30-2024

B. Cost Benefit Analysis (CBA)

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

Please see Appendix A

IV. Schedule IV-B Major Project Risk Assessment

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

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

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

Please See Appendix B

V. Schedule IV-B Technology Planning

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

A. Current Information Technology Environment

1. Current System

The Florida Safe Families Network (FSFN) is an enterprise application that supports Florida's child welfare system. FSFN currently supports the previous federal Statewide Automated Child Welfare Information System (SACWIS) requirements, however FSFN does not support the current federal Comprehensive Child Welfare Information System (CCWIS) requirements.

a. Description of Current System

1) Current FSFN Architecture

FSFN was migrated to the Amazon Web Services (AWS) cloud platform in December 2017. A modular hardware and system software approach was used to build the FSFN technical architecture within AWS. The FSFN technical architecture contains five key component areas, as outlined below:

- Application Web Servers – WebLogic;
- Reporting Servers - SAP Business Objects and File Servers;
- Data Extract, Transform, and Load (ETL) Servers - SAP Data Services;
- Batch Processing - Java, and FTP; and
- Databases - IBM DB2 LUW, Oracle DB.

Described in Exhibit VI-1 (on the next page) is the current FSFN Architecture. Described in the following sections are the FSFN technical architecture components.

i) Application Web Servers

Amazon Web Services (AWS) hosts the FSFN Web Application for the State of Florida. The Web Application is an enterprise application, accessed by users across the State of Florida. The FSFN Web Application consists of five WAR/EAR deployments in WebLogic, all written in Java. The diagram presented in Exhibit VI-1 (on the next page) provides a high-level overview of how the WebLogic servers integrate into other components of the system. There are three network boundaries: Outside of the State Network, Inside the DCF Network, and Inside the AWS Network. The Outside of the State Network boundary represents users of the FSFN system that do not access FSFN through a State Office (e.g., Community Based Care) network. The DCF Network boundary represents users and systems that are within the Department of Children and Families networks, and DCF owns the management of the resources. The AWS Network boundary represents the data center hosting services managed by AWS.

iii. Reporting Services

SAP Business Objects operates as the reporting component for FSFN. Business Objects contains over 1,000 reports that are both system reports and user-created reports, including required federal reports. Page Break

Exhibit VI-1: Current FSFN Architecture

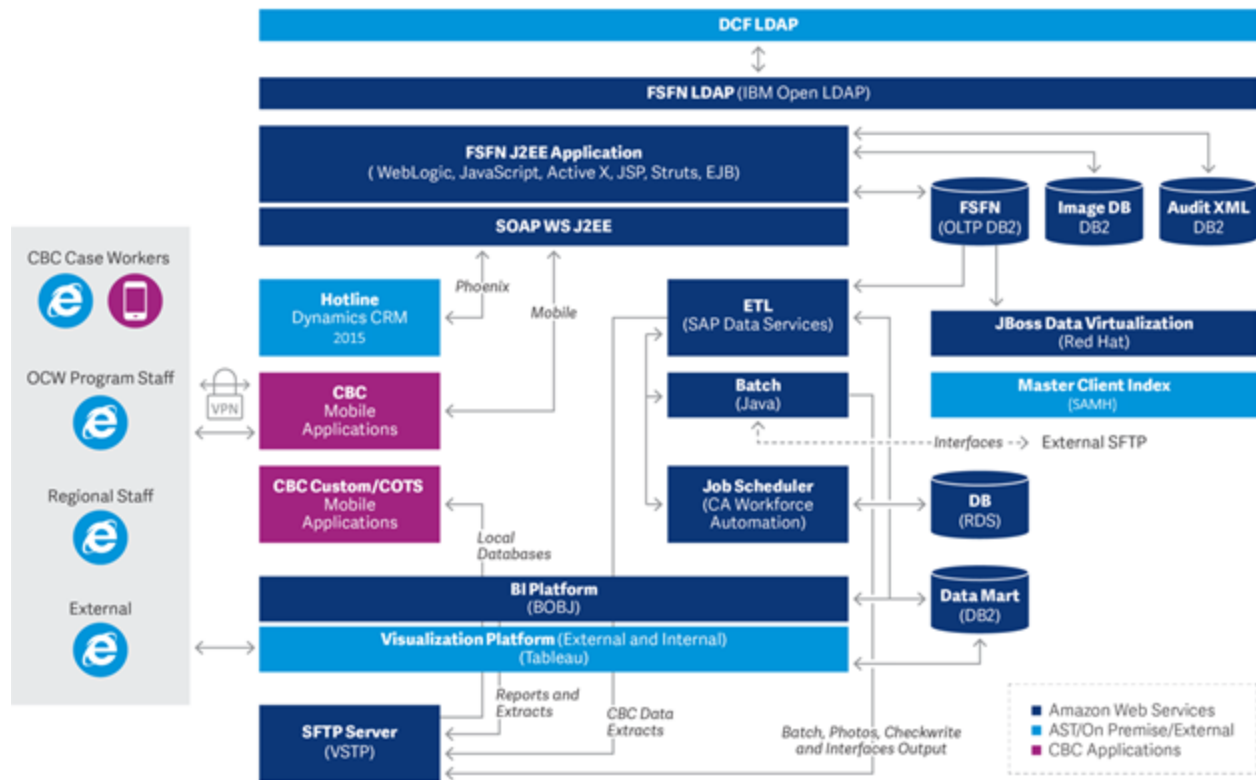
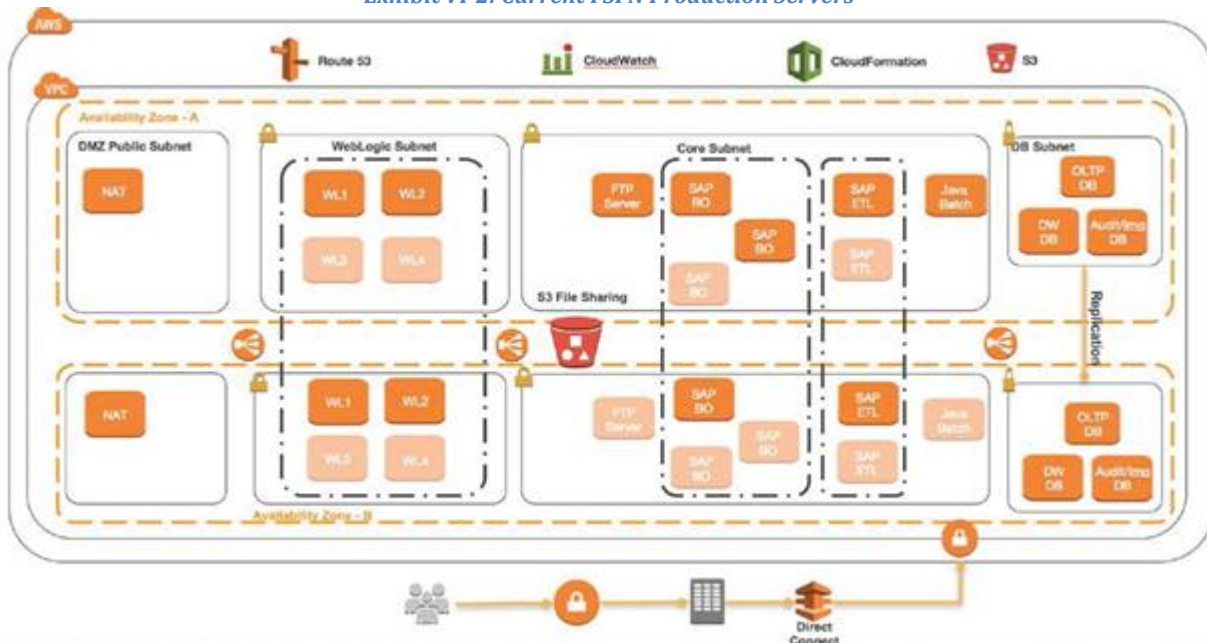


Exhibit VI-2: Current FSN Production Servers



iv. Data Extract, Transform, and Load (ETL)

SAP Data Services (DS) performs functions needed to share data with other systems. The ETL applications extract data from the OLTP database, reorganize the data to make it easier to report, and write the data to a Data Warehouse and Data Mart database. Additionally, DS produces daily case files for each of the Community Based Care organizations to upload to their systems.

v. Batch

Batch jobs are used in FSFN to update data, create shared files, and to interface or share data with other systems (internal or external).

vi. Databases

There are five primary databases used to store data for the FSFN system.

1. **OLTP:** The OLTP database contains transactional data and is the system of record for Child Welfare in the State of Florida.
2. **Data Warehouse:** The Data Warehouse contains transactional data which has been reorganized to simplify reporting.
3. **Data Mart:** The Data Mart contains transactional data for client reporting.
4. **Image:** The Image database stores documents uploaded through the Web Application.
5. **Audit:** The Audit database stores entries for user interactions with the Web Application.

b. Current System Resource Requirements

The production environment in AWS is designed to maintain high availability for servers needed to support the workforce 24 hours a day, seven (7) days a week, 365 days a year. The environment has the option of scaling the specific instance groups up and down depending on peak hours or increased performance needs, although this has not been needed as the baseline resources have easily met current peak resource requirements.

c. Current System Performance

FSFN currently has the ability to support APS functionality for an updated service provision module and it has sufficient capability to support mobility start-up for APIs a much smaller population that Child Protective Investigators (CPIs). This approach also positions APS to take advantage of any future upgrades or transformations to the FSFN environment.

2. Information Technology Standards

Exhibit VI-3 identifies the Information Technology Standards used for FSFN.

Exhibit VI-3: Information Technology Standards for FSFN

FSFN Information Technology Component	Information Technology Standard
Framework	Java Enterprise Edition
Web Page Development language	Java Server Pages with Struts framework build HTML pages
Web Services	W3C
Cascading Style Sheets	W3C
HTML	W3C
JavaScript	W3C (legacy components utilize Microsoft proprietary extensions)
Database Queries	SQL (ANSI standard with IBM proprietary extensions)
Business Logic	Java
Application Protocol I Distributed Directory Information Services over IP	Lightweight Directory Access Protocol (LDAP)

B. Current Hardware and/or Software Inventory

1. Server Inventory

The production server environment in AWS is designed to maintain high availability for servers needed to support the workforce 24 hours a day, seven (7) days a week, 365 days a year. The environment has the option of scaling the

specific instance groups up and down among several pre-configured instances depending on peak hours or increased performance needs.

Other servers that perform regular but not continuous jobs use a fail-over design to assure the availability of these servers; however, they are not designed to be highly available.

The diagram above, in Exhibit VI-2: FSFN Production Servers, provides a high-level architecture of the production environment's primary Virtual Private Cloud (VPC).

2. Software Inventory

Exhibit VI-4 contains a specific list of licensed software and quantities needed for the FSFN system at a Cloud Service Provider. It is the assumption that all other software licenses are under a General Public License (GPU).

Exhibit VI-4: Software License Requirements

Software	License Requirements
IBM DB2	4220 PVUs
Oracle BEA WebLogic	40 (80 Virt Cores) 9 UN Web Intelligence CPU 3 UN BOE Enterprise Premium CPU
SAP BOE and Data Services	UN BOBJ Data Integrator Premium per 4-CPU 80 Named User Dev/Test 20 Crystal Developer 1 SAP Xcelsius 25 Agents
CA Workload Center (AutoSys)	1 Prod server 1 Test server iDash license

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

C. Proposed Technical Solution

1. Technical Solution Alternatives

The technical solution alternatives are to maintain the status quo, build a new system, act as a systems integrator for multiple responsive technical solutions, or take the approach defined: use a SaaS alternative for mobility to avoid a major systems infrastructure investment, leverage an existing system that can readily support the need for tracking service provision, and sunset a legacy system whose functionality will be subsumed by these two changes, so that the resources currently used for the legacy system can support the new approach.

2. Rationale for Selection

The option that has been selected will be implemented more quickly, cost-efficiently, and with the least risk.

3. Recommended Technical Solution

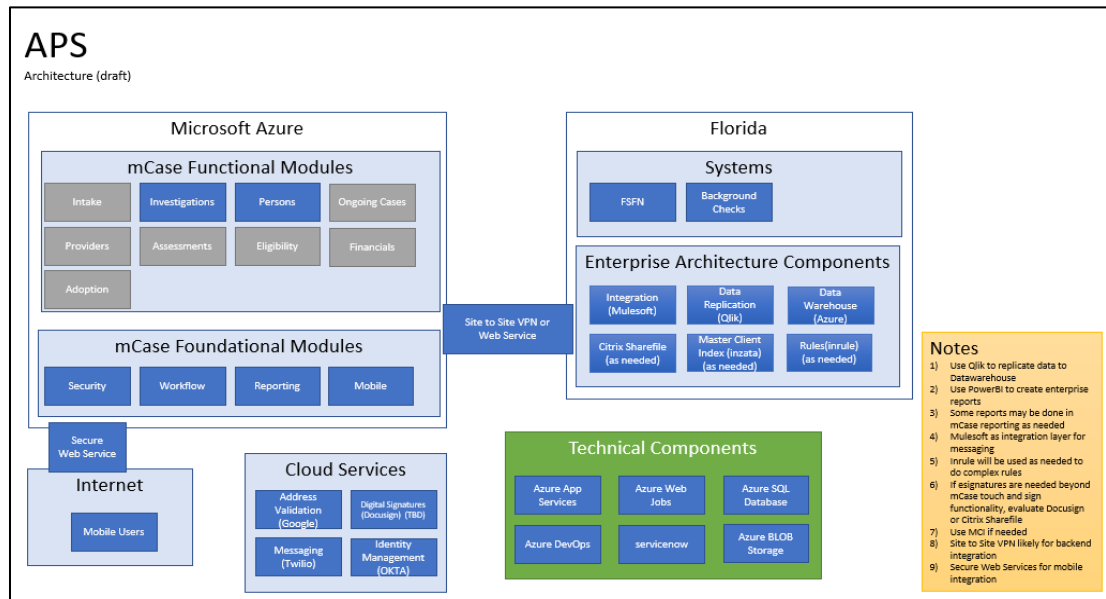
Select and purchase a customizable SaaS, complete estimates to move APS service provision tracking into FSFN and execute contract amendment for that work; once SaaS and updated module are tested and implemented, sunset the existing ASIS legacy system.

Proposed Solution Description

1. Summary Description of Proposed System

The solution that has been chosen is a SaaS application that will allow APIs to be mobile in the field.

The second part of the solution is to move all functionality from the ASIS application into the new and modern APS application. The third and final part of this project will be to integrate the new application partner applications.



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

Details for FY 2022-23 are known, and a plan has been created to support those details.

D. Capacity Planning

Not applicable for this phase of the project
(historical and current trends versus projected requirements)

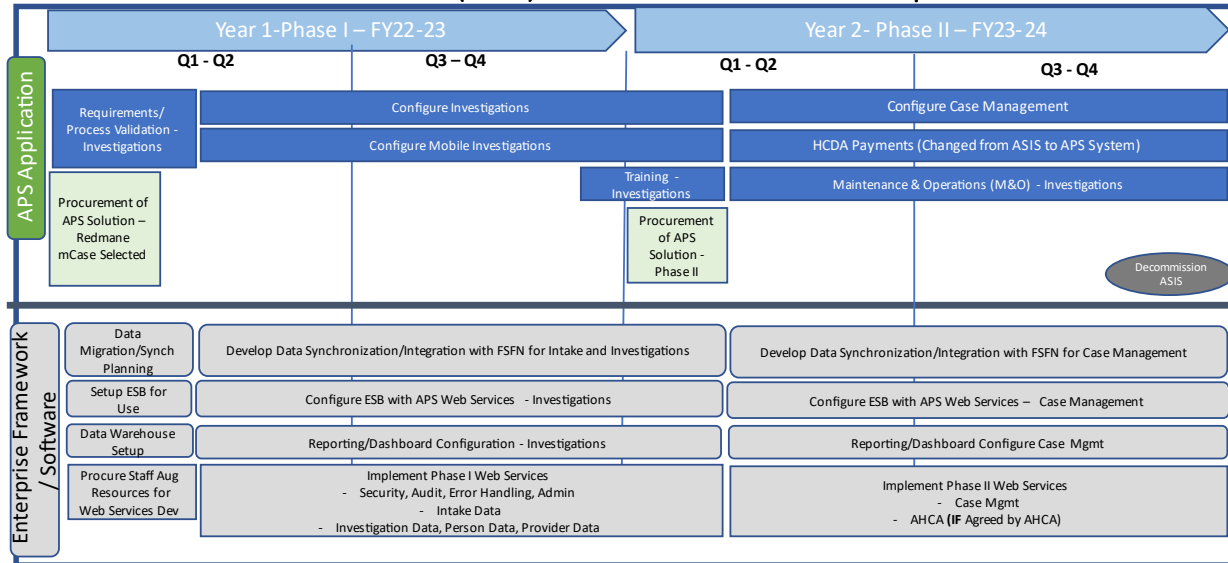
VI. Schedule IV-B Project Management Planning

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

The project plan for FY 2022-23 is in Appendix D. The project plan for FY 2023-24 will be prepared in early 2024.

For FY 2023-24 the plan will be to move all functionality out of the Adult Services Information System (ASIS) into the new and modern APS application. The plan for this will be created in early 2023.

Adult Protective Services (APS) Modernization Roadmap



VII. Appendices

Appendix A: Cost Benefit Analysis

Appendix B: Risk Assessment

Appendix C: Application Roadmap

Appendix D: Project Plan for FY 2022-24

Appendix E: APS Business Requirements

CBAForm 1 - Net Tangible Benefits

Agency: **Department of Children and Families** Project **Adult Protective Services Modernization**

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 2022-23			FY 2023-24			FY 2024-25			FY 2025-26			FY 2026-27		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Cost Change Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
A. Personnel Costs -- Agency-Managed Staff	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
A.b Total Staff	\$ 37,103,058	\$ -	\$ 37,103,058	\$ 37,103,058	\$ -	\$ 37,103,058	\$ 37,103,058	\$ -	\$ 37,103,058	\$ 37,103,058	\$ -	\$ 37,103,058	\$ 37,103,058	\$ -	\$ 37,103,058
A-1.a. State FTEs (Salaries & Benefits)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
A-1.b. State FTEs (#)	\$ 37,103,058	\$ -	\$ 37,103,058	\$ 37,103,058	\$ -	\$ 37,103,058	\$ 37,103,058	\$ -	\$ 37,103,058	\$ 37,103,058	\$ -	\$ 37,103,058	\$ 37,103,058	\$ -	\$ 37,103,058
A-2.a. OPS Staff (Salaries)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
A-2.b. OPS (#)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
A-3.a. Staff Augmentation (Contract Cost)	\$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	
B. Application Maintenance Costs	\$9,308	\$0	\$9,308	\$9,308	\$0	\$9,308	\$9,308	\$0	\$9,308	\$9,308	\$0	\$9,308	\$9,308	\$0	\$9,308
B-1. Managed Services (Staffing)	\$9,308	\$0	\$9,308	\$9,308	\$0	\$9,308	\$9,308	\$0	\$9,308	\$9,308	\$0	\$9,308	\$9,308	\$0	\$9,308
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-4. Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C. Data Center Provider Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-2. Infrastructure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-3. Network / Hosting Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-5. Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
D. Plant & Facility Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E. Other Costs	\$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	
E-2. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E-3. Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total of Recurring Operational Costs	\$9,308	\$0	\$9,308	\$9,308	\$0	\$9,308	\$9,308	\$0	\$9,308	\$9,308	\$0	\$9,308	\$9,308	\$0	\$9,308
F. Additional Tangible Benefits:		\$1,163,139			\$1,163,139			\$1,163,139			\$1,163,139			\$1,163,139	
F-1. <i>Mobility for service provision</i>		\$863,139			\$863,139			\$863,139			\$863,139			\$863,139	
F-2. <i>Better service provider information</i>		\$150,000			\$150,000			\$150,000			\$150,000			\$150,000	
F-3. <i>More current technology footprint</i>		\$150,000			\$150,000			\$150,000			\$150,000			\$150,000	
Total Net Tangible Benefits:		\$1,163,139			\$1,163,139			\$1,163,139			\$1,163,139			\$1,163,139	

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	75%
Placeholder	<input type="checkbox"/>	Confidence Level	

A	B		C	D	E	F		G	H	I	J	K		L	M	N	O	P	Q	R	S	T
1	Department of Children and Families		Adult Protective Services Modernization		CBA Form 2A Baseline Project Budget																	
2	Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.				FY2022-23			FY2023-24			FY2024-25			FY2025-26			FY2026-27			TOTAL		
3					\$ 4,000,000			\$ 10,087,354			\$ -			\$ -			\$ -			\$ 14,087,354		
4	Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	Current & Previous Years Project-Related Cost	YR 1 Base Budget		YR 2 Base Budget		YR 3 Base Budget		YR 4 Base Budget		YR 5 Base Budget		TOTAL							
5	Costs for all state employees working on the project.	FTE	S&B	\$ -	0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		\$ -							
6	Costs for all OPS employees working on the project.	OPS	OPS	\$ -	0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		\$ -							
7	Staffing costs for personnel using Time & Expense.	Staff Augmentation	Contracted Services	\$ -	0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		\$ -							
8	Project management personnel and related deliverables.	Project Management	Contracted Services	\$ -	0.00 \$ 158,400 \$ -		0.00 \$ 388,363 \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		\$ 546,763							
9	Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	Project Oversight	Contracted Services	\$ -	0.00 \$ - \$ -		0.00 \$ 185,103 \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		\$ 185,103							
10	Staffing costs for all professional services not included in other categories.	Consultants/Contractors	Contracted Services	\$ -	0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		\$ -							
11	Separate requirements analysis and feasibility study procurements.	Project Planning/Analysis	Contracted Services	\$ -	\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ -							
12	Hardware purchases not included in data center services.	Hardware	OCO	\$ -	\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ -							
13	Commercial software purchases and licensing costs.	Commercial Software	Contracted Services	\$ -	\$ - \$ -		\$ 2,521,839 \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ 2,521,839							
14	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables	Contracted Services	\$ -	\$ 3,475,124 \$ -		\$ 6,556,780 \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ 10,031,904							
15	All first-time training costs associated with the project.	Training	Contracted Services	\$ -	\$ - \$ -		\$ 75,655 \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ 75,655							
16	Include the quote received from the data center provider for project equipment and services. Only include one-time project costs in this row. Recurring, project-related data center costs are included in CBA Form 1A	Data Center Services - One Time Costs	Data Center Category	\$ -	\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ -							
17	Other contracted services not included in other categories.	Other Services	Contracted Services	\$ -	\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ -							
18	Include costs for non-state data center equipment required by the project and the proposed solution (insert additional rows as needed for detail)	Equipment	Expense	\$ -	\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ -							
19	Include costs associated with leasing space for project personnel.	Leased Space	Expense	\$ -	\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ -							
20	Other project expenses not included in other categories.	Other Expenses	Expense	\$ -	\$ 366,476 \$ -		\$ 359,614 \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ 726,090							
21	Total				\$ -			0.00 \$ 4,000,000 \$ -			0.00 \$ 10,087,354 \$ -			0.00 \$ - \$ -			0.00 \$ - \$ -			\$ 14,087,354		
22																						
23																						
24																						

CBAForm 2 - Project Cost Analysis

Agency	Department of Children and Families	Project	Adult Protective Services Modernization
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PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	
TOTAL PROJECT COSTS (*)	\$4,000,000	\$10,087,354	\$0	\$0	\$0	\$14,087,354
CUMULATIVE PROJECT COSTS <small>(includes Current & Previous Years' Project-Related Costs)</small>	\$4,000,000	\$14,087,354	\$14,087,354	\$14,087,354	\$14,087,354	
<small>Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.</small>						

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	
General Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Grants <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$0	\$0	\$0	\$0	\$0	\$0
CUMULATIVE INVESTMENT	\$0	\$0	\$0	\$0	\$0	\$0

Characterization of Project Cost Estimate - CBAForm 2C			
Choose Type	Estimate Confidence	Enter % (+/-)	
Detailed/Rigorous	Confidence Level		
Order of Magnitude <input checked="" type="checkbox"/>	Confidence Level		75%
Placeholder	Confidence Level		

State of Florida Cost Benefit Analysis CBAForm 3 - Project Investment Summary	Agency	Department of Children and Families	Project	Adult Protective Services Modernization

COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	TOTAL FOR ALL YEARS
Project Cost	\$4,000,000	\$10,087,354	\$0	\$0	\$0	\$14,087,354
Net Tangible Benefits	\$1,163,139	\$1,163,139	\$1,163,139	\$1,163,139	\$1,163,139	\$5,815,695
Return on Investment	(\$2,836,861)	(\$8,924,215)	\$1,163,139	\$1,163,139	\$1,163,139	(\$8,271,659)
Year to Year Change in Program Staffing	0	0	0	0	0	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	NO PAYBACK	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	NO PAYBACK	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	(\$8,127,028)	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	-40.16%	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
Cost of Capital	2.69%	2.90%	3.09%	3.29%	3.48%

	B	C	D	E	F	G	H		
3	Project		<i>Adult Protective Services - Modernization</i>						
4	Agency		<i>Department of Children and Families</i>						
5	FY 2023-24 LBR Issue Code:		FY 2023-24 LBR Issue Title:						
6	<i>TBD</i>		<i>Adult Protective Services - Modernization - Year 2</i>						
7	Risk Assessment Contact Info (Name, Phone #, and E-mail Address):								
8	<i>Timothy Lawson, timothy.lawson@myffamilies.com</i>								
9	Executive Sponsor		<i>Roy Carr</i>						
10	Project Manager		<i>Efrain Prado</i>						
11	Prepared By		<i>Timothy Lawson</i>			<i>10/7/2022</i>			
12	Risk Assessment Summary								
13	<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">Business Strategy</div> <table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr> <td style="width: 50%; height: 50%;"></td> <td style="width: 50%; height: 50%; text-align: center; vertical-align: middle;">◆</td> </tr> </table> </div> <p style="text-align: center; margin-top: 10px;">Level of Project Risk</p> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small; color: red;"> Most Aligned Least Risk Most Risk </div>								◆
								◆	
14									
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28									
29									
30	Project Risk Area Breakdown								
31	Risk Assessment Areas						Risk Exposure		
32	Strategic Assessment						HIGH		
33	Technology Exposure Assessment						MEDIUM		
34	Organizational Change Management Assessment						HIGH		
35	Communication Assessment						HIGH		
36	Fiscal Assessment						MEDIUM		
37	Project Organization Assessment						MEDIUM		
38	Project Management Assessment						MEDIUM		
39	Project Complexity Assessment						HIGH		
40	Overall Project Risk						HIGH		

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

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

	B	C	D	E
1	Agency: Department of Children and Families		Project: Adult Protective Services - Modernization	
3	Section 3 -- Organizational Change Management Area			
4	#	Criteria	Values	Answer
5	3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Moderate changes to organization structure, staff or business processes
6			Moderate changes to organization structure, staff or business processes	
7			Minimal changes to organization structure, staff or business processes structure	
8	3.02	Will this project impact essential business processes?	Yes	Yes
9			No	
10	3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	41% to 80% -- Some process changes defined and documented
11			41% to 80% -- Some process changes defined and documented	
12			81% to 100% -- All or nearly all processes defined and documented	
13	3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	Yes
14			No	
15	3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	Less than 1% FTE count change
16			1% to 10% FTE count change	
17			Less than 1% FTE count change	
18	3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	Over 10% contractor count change
19			1 to 10% contractor count change	
20			Less than 1% contractor count change	
21	3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Extensive change or new way of providing/receiving services or information)
22			Moderate changes	
23			Minor or no changes	
24	3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Moderate changes
25			Moderate changes	
26			Minor or no changes	
27	3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with greater change requirements
28			Recently completed project with fewer change requirements	
29			Recently completed project with similar change requirements	
30			Recently completed project with greater change requirements	

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

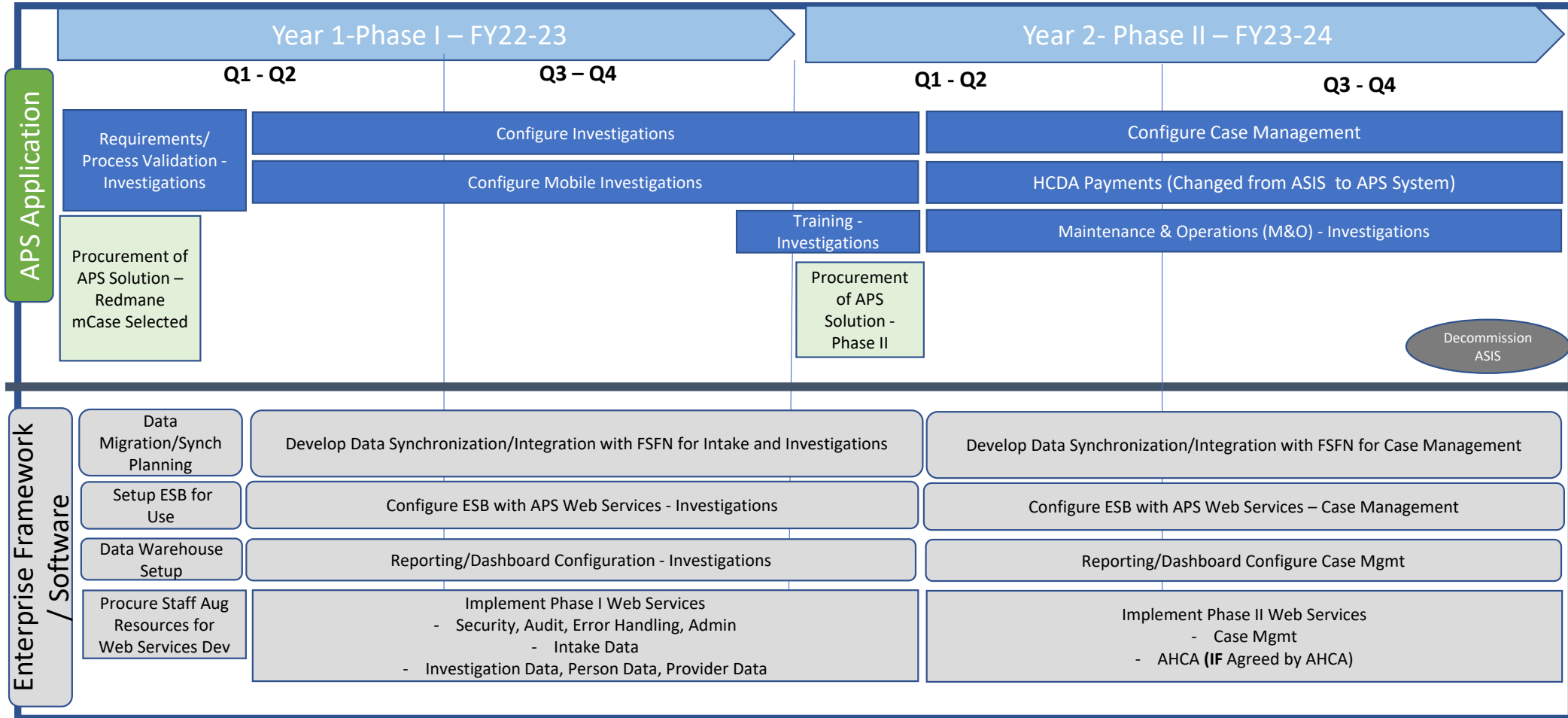
	B	C	D	E
1	Agency: Department of Children and Families		Project: Adult Protective Services - Modernization	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
5	5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	Yes
6			No	
7	5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	41% to 80% -- Some defined and documented
8			41% to 80% -- Some defined and documented	
9			81% to 100% -- All or nearly all defined and documented	
10	5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Between \$2 M and \$10 M
11			Greater than \$10 M	
12			Between \$2 M and \$10 M	
13			Between \$500K and \$1,999,999	
14			Less than \$500 K	
15	5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	No
16			No	
17	5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Detailed and rigorous (accurate within ±10%)
18			Order of magnitude -- estimate could vary between 10-100%	
19			Placeholder -- actual cost may exceed estimate by more than 100%	
20	5.06	Are funds available within existing agency resources to complete this project?	Yes	Yes
21			No	
22	5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
23			Funding from local government agencies	
24			Funding from other state agencies	
25	5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Requested and received
26			Requested but not received	
27			Requested and received	
28			Not applicable	
29	5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	Most project benefits have been identified but not validated
30			Some project benefits have been identified but not validated	
31			Most project benefits have been identified but not validated	
32			All or nearly all project benefits have been identified and validated	
33	5.10	What is the benefit payback period that is defined and documented?	Within 1 year	No payback
34			Within 3 years	
35			Within 5 years	
36			More than 5 years	
37			No payback	
38	5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
39			Stakeholders have not been consulted re: procurement strategy	
40			Stakeholders have reviewed and approved the proposed procurement strategy	
41	5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Combination FFP and T&E
42			Firm Fixed Price (FFP)	
43			Combination FFP and T&E	
44	5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
45			Purchase all hardware and software at start of project to take advantage of one-time discounts	
46			Just-in-time purchasing of hardware and software is documented in the project schedule	
47	5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager is the procurement manager
48			Contract manager is the procurement manager	
49			Contract manager is the project manager	
50			Contract manager assigned is not the procurement manager or the project manager	
51	5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	No
52			No	
53	5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	All or nearly all selection criteria and expected outcomes have been defined and documented
54			Some selection criteria and outcomes have been defined and documented	
55			All or nearly all selection criteria and expected outcomes have been defined and documented	
56	5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
57			Multi-stage evaluation not planned/used for procurement	
58			Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
59	5.18	For projects with total cost exceeding \$10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	Not applicable
60			No, bid response did/will not require proof of concept or prototype	
61			Yes, bid response did/will include proof of concept or prototype	
62			Not applicable	

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

	B	C	D	E
1	Agency: Department of Children and Families		Project: Adult Protective Services - Modernization	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
5	7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Project Management team will use the methodology selected by the systems integrator
6			Project Management team will use the methodology selected by the systems integrator	
7			Yes	
8	7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
9			1-3	
10			More than 3	
11	7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
12			Some	
13			All or nearly all	
14	7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
15			41 to 80% -- Some have been defined and documented	
16			81% to 100% -- All or nearly all have been defined and documented	
17	7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
18			41 to 80% -- Some have been defined and documented	
19			81% to 100% -- All or nearly all have been defined and documented	
20	7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	81% to 100% -- All or nearly all requirements and specifications are traceable
21			41 to 80% -- Some are traceable	
22			81% to 100% -- All or nearly all requirements and specifications are traceable	
23	7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	All or nearly all deliverables and acceptance criteria have been defined and documented
24			Some deliverables and acceptance criteria have been defined and documented	
25			All or nearly all deliverables and acceptance criteria have been defined and documented	
26	7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
27			Only project manager signs-off	
28			Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
29	7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	0% to 40% -- None or few have been defined to the work package level
30			41 to 80% -- Some have been defined to the work package level	
31			81% to 100% -- All or nearly all have been defined to the work package level	
32	7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	Yes
33			No	
34	7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	Yes
35			No	
36	7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
37			Project team uses formal processes	
38			Project team and executive steering committee use formal status reporting processes	
39	7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
40			Some templates are available	
41			All planning and reporting templates are available	
42	7.14	Has a documented Risk Management Plan been approved for this project?	Yes	No
43			No	
44	7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	None or few have been defined and documented
45			Some have been defined and documented	
46			All known risks and mitigation strategies have been defined	
47	7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
48			No	
49	7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
50			No	

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

Adult Protective Services (APS) Modernization Roadmap



ADULT PROTECTIVE SERVICES MODERNIZATION FY 2022-23							
Task Name	Duration	Deliverable	Key Dates & Milestones	Start	Finish	Predecessors	Assigned To
APS Modernization	497d			03/01/22	02/19/24		
Project Initiation	366d			09/05/22	02/19/24		
Project Development	28d			09/05/22	10/12/22		
Initiate Project	1d			09/05/22	09/05/22		
Define Project Governance Structure	18d			09/05/22	09/28/22		
Deliverable: Create Project Charter	13d	TRUE		09/26/22	10/12/22		
FL[DS] Project Documentation	366d			09/05/22	02/19/24		
Risk & Complexity - Required Format	10d			09/05/22	09/16/22		
Status Reporting - Required Format	365d			09/06/22	02/19/24	4	
Project Planning	348d			05/24/22	10/09/23		
Deliverable: Create Project Management Plan	17d	TRUE		10/03/22	10/25/22		Proj Mgr, APS Advisory
Budget Planning (State & Federal)	11d			09/19/22	10/03/22		
Advanced Planning Document (APDU) - Federal Funding	11d			09/19/22	10/03/22		
Internal Review Process	1d			09/27/22	09/27/22	15	IT, ESS, Exec Leadership
Draft APDU	6d			09/19/22	09/26/22		Proj Mgr, APS Advisory, IT, ESS
Deliverable: Submit APDU to CMS, FNS	1d	TRUE	TRUE	09/28/22	09/28/22	14	IT or ESS
Update CMS, FNS of Incremental Modernization Project Plan	3d			09/29/22	10/03/22		CMS, FNS
Vendor Form	1d			10/14/22	10/14/22		
Finalize Modernization System Requirements for APS Solution RFQ	18d			10/06/22	10/31/22		ESS, SMEs
Deliverable: Create Organizational Change Management Plan	126d	TRUE		11/07/22	05/09/23		ESS, OCM Support Contractor
Organizational Change Management	106d			05/10/23	10/09/23		
Implement Change Management Plan	106d			05/10/23	10/09/23	20	ESS, OCM Support Contractor
Other Platform Evaluation	14d			05/24/22	06/13/22		
Executing	386d			03/01/22	09/07/23		
Procurements - Vendors/Resources/Services	79d			08/01/22	11/21/22		
Project Manager Staff Augmentation RFQ	40d	TRUE		09/26/22	11/21/22		
Draft Procurement	10d			09/26/22	10/07/22		IT, APS
Post Procurement	1d			10/10/22	10/10/22		Procurement
Selection of Director Candidate	21d			10/11/22	11/08/22	28	IT, APS
Onboard Project Manager	8d			11/09/22	11/21/22	29	IT, APS
APS Solution & Integrator RFQ	48d			08/01/22	10/06/22		
Draft RFQ	14d			08/01/22	08/18/22		IT, APS Advisory, Proj Mgr
DCF Internal Review and Approval	5d			08/19/22	08/25/22	32	IT, APS Advisory, Proj Mgr
CMS, FNS Review and Approval	10d			08/25/22	09/08/22		CMS, FNS, OCCSA, Legal, Procurement
Deliverable: APS Solution & Integrator RFQ	1d	TRUE		09/28/22	09/28/22		
Post RFQ	1d			09/08/22	09/08/22		Procurement
Answer questions, Evaluate Responses, Select	14d			09/09/22	09/28/22	36	IT, ESS, APS Advisory, Proj Mgr, Exec Leadership
Award Posted	1d			09/26/22	09/26/22		Procurement
Contract Signed with APS Solution Integrator	4d			10/03/22	10/06/22		Exec Leadership
Procurements - Software	224d			03/01/22	01/19/23		
Procure Data Synchronization Software	1d			03/01/22	03/01/22		Ent Data Mgmt Team, Procurement
Purchase ESB Software	1d			03/01/22	03/01/22		Ent Arch Team
Purchase Additional DevOps Licenses	21d			12/19/22	01/19/23		Proj Mgr, Procurement
APS Environment & Applications	235d			10/03/22	09/07/23		
Onboard Integrator	6d			10/03/22	10/10/22		Proj Mgr, APS Sol Vendor PM
Deliverable: Create Project Management Plan Updates for APS Sol	14d	TRUE		10/17/22	11/03/22		APS Sol Vendor PM
Requirements & Design	32d			10/11/22	11/28/22		
JAD Sessions & Confirm Requirements Validation	10d			10/11/22	10/24/22	45	DCF SMEs, APS Sol Vendor
Deliverable: Create User Stories for Configuration and Customization	14d	TRUE		10/25/22	11/14/22	48	APS Sol Vendor, Product Owner
Tailor Stories	7d			11/15/22	11/23/22	49	APS Sol Vendor, Product Owner, SMEs
Requirements & Design Complete	1d			11/28/22	11/28/22	50	
Setup & Configure Application Cloud Environments	24d			11/29/22	01/03/23		
Setup and Configure Development Cloud Environment	14d			11/29/22	12/16/22	51	
Setup and Configure Test Cloud Environment	6d			12/19/22	12/27/22	53	
Setup and Configure Production Cloud Environment	4d	TRUE		12/28/22	01/03/23	54	
Setup & Configure Cloud Database Environments	14d			11/29/22	12/16/22		
Setup and Configure Development Database Environment	12d			11/29/22	12/14/22	51	
Setup and Configure Test Database Environment	1d			12/15/22	12/15/22	57	
Setup and Configure Production Database Environment	1d	TRUE		12/16/22	12/16/22	58	
System Configuration and Development	137d			12/19/22	07/03/23		
Develop and Configure Self Service Portal Web Services (APIs)	85d			12/19/22	04/19/23	0, 51, 53, 54	APS Sol Vendor, Product Owner
Develop and Configure Worker Portal Web Service (APIs)	85d			12/19/22	04/19/23	0, 51, 53, 54	APS Sol Vendor, Product Owner
Develop and Configure Self Service Portal Web Application	105d			02/03/23	06/30/23		APS Sol Vendor, Product Owner
Develop and Configure Worker Portal Web Application	95d			02/03/23	06/16/23		APS Sol Vendor, Product Owner
Develop and Configure Self Service Portal Mobile Application	80d			03/10/23	06/30/23		APS Sol Vendor, Product Owner
Deliverable: System Configuration Completion Doc	1d	TRUE		07/03/23	07/03/23	65	APS Sol Vendor
System Configuration and Development Completed	1d			07/03/23	07/03/23	65	
APS Florida Changes	99d			11/15/22	04/07/23		
Legacy APS Florida Changes for New SSP and Worker Portal Integration	84d			11/15/22	03/17/23	49	FSFN Team
System and Integration Testing Legacy APS Florida Changes	15d			03/20/23	04/07/23	69	FSFN Team
Data Conversion	215d			10/31/22	09/07/23		
Define Requirements for Data Conversion/Load of APS System	22d			10/31/22	12/02/22		APS Sol Vendor
Deliverable: Create Conversion/Load Design w/Mapping	30d	TRUE		12/05/22	01/18/23	72	APS Sol Vendor
Build Conversion Routines	175d			01/02/23	09/07/23		APS Sol Vendor
Test/Dry Runs of Conversion/Data Load	50d			11/28/22	02/08/23		APS Sol Vendor
Data Conversion/Data Load Ready to Run at Go-Live	1d		TRUE	02/09/23	02/09/23	75	APS Sol Vendor
System & Integration Testing	174d			11/28/22	08/03/23		
Deliverable: APS Solution Test Plan	47d	TRUE		11/28/22	02/03/23	50	APS Sol Vendor
System Test and Integration Test All Components	21d			07/05/23	08/02/23	67	APS Sol Vendor
System Test Completed	1d		TRUE	08/03/23	08/03/23	79	
System Documentation	21d			08/03/23	08/31/23		
Deliverable: Create APS Solution System Documentation	21d	TRUE		08/03/23	08/31/23	79	APS Sol Vendor
Enterprise Architecture	330d			03/02/22	06/20/23		
Enterprise Service Bus (ESB) - Mulesoft	273d			03/02/22	03/30/23		
Setup and Installation of Mulesoft Software	40d			03/02/22	04/26/22	42	Mulesoft Contractor
Deliverable: ESB and Integration Design	47d	TRUE	TRUE	11/28/22	02/03/23		Ent Arch Team, Mulesoft Contractor, Service Bus Integrator
Architect Integration Layer for APS	14d			07/05/22	07/22/22		Ent Arch Team
Configure Dev, Test, and Prod Environments	14d			07/25/22	08/11/22	87	Ent Arch Team, Mulesoft Contractor, Service Bus Integrator

ADULT PROTECTIVE SERVICES MODERNIZATION FY 2022-23							
Task Name	Duration	Deliverable	Key Dates & Milestones	Start	Finish	Predecessors	Assigned To
Configure the Platform Architecture	21d			08/12/22	09/12/22	88	Ent Arch Team, Mulesoft Contractor, Service Bus Integrator
Configure CloudHub, API Manager, Exchange modules	21d			09/13/22	10/11/22	89	Ent Arch Team, Mulesoft Contractor, Service Bus Integrator
Install On-Prem Run-Time in Two (2) Non-Prod Environments	21d			10/12/22	11/09/22	90	Ent Arch Team, Mulesoft Contractor, Service Bus Integrator
Establish Basic Common Services Frameworks	21d			11/10/22	12/13/22	91	Ent Arch Team, Mulesoft Contractor, Service Bus Integrator
Establish Development Standards & Governance Process	21d			12/14/22	01/13/23	92	Ent Arch Team, Mulesoft Contractor, Service Bus Integrator
Create Test Scripts for Service Bus Configuration Functionality	21d			12/14/22	01/13/23	92	Ent Arch Team, Mulesoft Contractor, Service Bus Integrator
Test ESB and Integration	30d			01/17/23	02/27/23	94	Ent Arch Team, Mulesoft Contractor, Service Bus Integrator
Deploy Service Bus Configuration and System Configuration to Test Environment	11d	TRUE		02/28/23	03/14/23	95	Ent Arch Team, Mulesoft Contractor, Service Bus Integrator
Deploy Service Bus Configuration and System Configuration to Production Environment	11d			03/15/23	03/29/23	96	Ent Arch Team, Mulesoft Contractor, Service Bus Integrator
ESB & Web Services Completed/Acceptance	1d		TRUE	03/30/23	03/30/23	97	Ent Arch Team, Mulesoft Contractor, Service Bus Integrator
Create Runbooks, Developer onboarding and Foundational Assets for Operating and Managing MuleSoft	1d			03/30/23	03/30/23	97	Ent Arch Team, Mulesoft Contractor, Service Bus Integrator
Enterprise Business Rules Engine - CloudPak for Business Automation	330d			03/02/22	06/20/23		
Setup and Installation of Business Rule Engine	40d			03/02/22	04/26/22	#REF	Business Rules Contractor
Architect Business Rules Layer and Integration w/APS Sol	60d			07/05/22	09/27/22		Business Rules Contractor
Deliverable: Create Business Rules Arch Design	14d	TRUE		09/28/22	10/17/22	102	Business Rules Contractor
Configure Dev, Test, Prod Environments	10d			10/18/22	10/31/22	103	Business Rules Contractor
Setup and Configure Container and Org structure for Rules Engine	10d			11/01/22	11/15/22	104	Business Rules Contractor
Develop Fine Granular Roles for Business Rule Application Segmentation and Authorization	10d			11/16/22	12/01/22	105	Business Rules Contractor
Develop APS Solution Module Business Rules	75d			12/02/22	03/21/23	106	Business Rules Contractor
Deploy Business Rules and System Configuration to Test Environment	2d			03/22/23	03/23/23	107	Business Rules Contractor
Test Business Rules	60d			03/24/23	06/16/23	108	APS Sol Vendor
Deploy Business Rules and System Configuration to Prod	2d			06/19/23	06/20/23	109	Business Rules Contractor
Business Rules Completed/ Acceptance	1d		TRUE	06/19/23	06/19/23	109	
Enterprise Security/ Identity and APS Management (IAM)	208d			07/19/22	05/15/23		
Architect Enterprise Security and IAM	30d			07/19/22	08/29/22	#REF	Sec Team, Security IAM Consultant, APS Sol Vendor
Deliverable: Security and IAM Design	1d	TRUE	TRUE	08/30/22	08/30/22	113	Sec Team, Security IAM Consultant, APS Sol Vendor
Build Core Enterprise Security	45d			08/31/22	11/02/22	114	Sec Team, Security IAM Consultant
Develop System Roles	14d			11/03/22	11/23/22	115	Sec Team, Security IAM Consultant
Configure User Roles in Okta	9d			11/28/22	12/08/22	116	Sec Team, Security IAM Consultant
Assign Staff to User Roles	2d			12/09/22	12/12/22	117	Sec Team, Security IAM Consultant
Configure APS System for IAM Okta (SAML or ODIC)	15d			12/13/22	01/04/23	118	Sec Team, Security IAM Consultant
Setup and Configure APS System for IAM and User Roles	14d			01/05/23	01/25/23	119	Sec Team, Security IAM Consultant
Create Test Scripts for User Authentication and Authorization	14d			01/26/23	02/14/23	120	Sec Team, Security IAM Consultant
Deploy Okta IAM and System Config to Test Environment	2d			02/15/23	02/16/23	121	Sec Team, Security IAM Consultant
Test Enterprise Security and IAM	60d			02/17/23	05/11/23	122	Sec Team, Security IAM Consultant
Deploy Okta IAM and APS System Configuration to Prod	1d			05/12/23	05/12/23	123	Sec Team, Security IAM Consultant
Enterprise Security and IAM Completed	1d		TRUE	05/15/23	05/15/23	124	
Database Synchronization	158d			03/02/22	10/12/22		
Requirements and Design	46d			05/25/22	07/29/22		
Define Requirements for Data Synchronization with Legacy APS	45d			05/25/22	07/28/22	131	Ent Data Mgmt Team, Data Arch Consultant, APS Sol Vendor, Data Exchange Consultant
Deliverable: Create DB Synchronization Design	1d	TRUE		07/29/22	07/29/22	128	Ent Data Mgmt Team, Data Arch Consultant, APS Sol Vendor, Data Exchange Consultant
Build/Development	128d			03/02/22	08/30/22		
Install and Configure Data Synchronization Software	60d			03/02/22	05/24/22	41	Ent Data Mgmt Team, Data Arch Consultant
Setup Dev, Test, and Prod Data Synchronization Environments	5d			08/01/22	08/05/22	129	Ent Data Mgmt Team, Data Arch Consultant
Configure Data Synchronization Storage Accounts	5d			08/08/22	08/12/22	132	Ent Data Mgmt Team, Data Arch Consultant
Configure Data Synchronization Service Accounts	2d			08/15/22	08/16/22	133	Ent Data Mgmt Team, Data Arch Consultant
Configure Data Synchronization Tool for Source/Target Data Loading	10d			08/17/22	08/30/22	134	Ent Data Mgmt Team, Data Arch Consultant
System & Integration Testing	28d			08/31/22	10/10/22		
Test Data Synchronization	28d			08/31/22	10/10/22	135	Ent Data Mgmt Team, Data Arch Consultant
Deploy Data Synchronization Configurations to Prod	1d			10/11/22	10/11/22	137	Ent Data Mgmt Team, Data Arch Consultant
DB Synchronization Completed/ Acceptance	1d		TRUE	10/12/22	10/12/22	138	
Document Management System	68d			09/06/22	12/13/22		
Design and develop configuration plan for Document Management System	14d	TRUE	TRUE	09/06/22	09/23/22	#REF	
Configure Development Environment	43d			09/26/22	11/28/22		
Configure Storage, service accounts	3d			09/26/22	09/28/22	141	
Configure Document Viewer	7d			09/29/22	10/07/22	143	
Configure document structure, identifiers, document indexing	25d			10/10/22	11/14/22	144	
Configure system security and user APS	8d			11/15/22	11/28/22	145	
Deploy Document Management System configuration and system configuration to test environment	5d			11/29/22	12/05/22	146	
Deploy Document Management System configuration and system configuration to production environment	5d			12/06/22	12/12/22	147	
Installation, Configuration and Setup Completed	1d		TRUE	12/13/22	12/13/22	148	
Monitoring and Controlling	265d			11/01/22	11/20/23		
User Acceptance Testing	90d			06/04/23	10/09/23		
Deliverable: Create UAT Plan	30d	TRUE		06/04/23	07/14/23		Proj Mgr, Test Team, APS Sol Vendor
Create UAT Scripts	90d			06/04/23	10/09/23		Test Team
Solicit and Confirm UAT Testers	14d			06/05/23	06/22/23		ESS
Begin User Acceptance Testing	1d			07/05/23	07/05/23		
Execute UAT Scripts for APS Solution	28d			07/05/23	08/11/23		Test Team, UAT Users
Execute UAT Scripts for Enterprise Architecture	45d			06/22/23	08/24/23		Test Team, UAT Users
Sign-Off/Approval of UAT	10d		TRUE	08/14/23	08/25/23	156	IT, ESS
Training	174d			03/06/23	11/07/23		
Deliverable: Create Training Plan	30d	TRUE		03/06/23	04/14/23		APS Sol Vendor
Deliverable: Create Training Materials	90d	TRUE		07/03/23	11/07/23		APS Sol Vendor
Conduct Train-the-Trainer Sessions	14d			06/05/23	06/22/23		APS Sol Vendor, Trainers

**ADULT PROTECTIVE SERVICES MODERNIZATION
FY 2022-23**

Task Name	Duration	Deliverable	Key Dates & Milestones	Start	Finish	Predecessors	Assigned To
Train Users	40d			06/23/23	08/18/23	162	Trainers, Users
<i>Training Completed</i>	<i>1d</i>		<i>TRUE</i>	<i>08/21/23</i>	<i>08/21/23</i>	<i>163</i>	
Implementation	209d			11/01/22	08/30/23		
Planning with Help Desk and Update Ticketing System	90d			11/01/22	03/14/23		
Deliverable: Create Implementation Plan	75d	TRUE		03/01/23	06/14/23		Proj Mgr, APS Sol Vendor
Create/Update/Monitor Go/No-Go Checklist	90d			04/21/23	08/28/23	170FS-90d	Proj Mgr, APS Sol Vendor
Validate Field/Operations Readiness	5d			08/22/23	08/28/23	168FS-5d	Proj Mgr, ESS
<i>Go/No-Go Implementation Decision</i>	<i>1d</i>		<i>TRUE</i>	<i>08/28/23</i>	<i>08/28/23</i>	<i>158, 163</i>	<i>IT, ESS, Exec Leadership</i>
Send Communication to Field/Operations	1d			08/28/23	08/28/23	170FS-1d	ESS
Run Production Conversion/Data Load	1d			08/28/23	08/28/23	170FS-1d	
Deploy Legacy APS Changes	1d			04/10/23	04/10/23	70	FSFN Team
APS System Go-Live	1d		TRUE	08/29/23	08/29/23	170	Project Team
Deliverable: APS Sol Implementation Checklist Completion	1d	TRUE		08/30/23	08/30/23	174	APS Sol Vendor
Maintenance and Operations	221d			01/09/23	11/20/23		
Hyper-Care Post Implementation Support	14d			08/30/23	09/19/23	174	Project Team
Deliverable: Create M&O Plan	90d	TRUE		01/09/23	05/15/23		Proj Mgr, APS Sol Vendor
Update Service Now/Help Desk Ticketing with New System Category	14d			03/06/23	03/23/23		Service Now Consultant
Update Service Now with Groups and Assignments	14d			03/24/23	04/12/23	179	Service Now Consultant
Update Service Now with Alerts and Notifications for Tickets	14d			04/13/23	05/02/23	180	Service Now Consultant
Knowledge Transfer to M&O Resources	35d			10/02/23	11/20/23		APS Sol Vendor
<i>Transition to M&O</i>	<i>1d</i>		<i>TRUE</i>	<i>09/20/23</i>	<i>09/20/23</i>	<i>177</i>	<i>Project Team</i>
Execute M&O	1d			09/21/23	09/21/23	183	M&O Team -- ONGOING
Project Close Out	6d			08/30/23	09/07/23		
Deliverable: Project Close Out Document	3d	TRUE		08/30/23	09/01/23	174	Proj Mgr
Consolidate and Store Project Documentation	3d			08/30/23	09/01/23	174	Proj Mgr
Close Out Budget	5d			08/30/23	09/06/23	174	Proj Mgr, Budget Office
<i>Project Completed (Phase I)</i>	<i>1d</i>		<i>TRUE</i>	<i>09/07/23</i>	<i>09/07/23</i>	<i>188</i>	

ADULT PROTECTIVE SERVICES APPLICATION REQUIREMENTS

Requirements Criteria	Level of Desirability	Phase I MVP	Phase II Enhancements	Phase III Services	Comment
1.a. Create and maintain Investigation case records with associated case and case plan information.	Mandatory	Y			
1.b. Create and maintain Services case records with associated case and case plan information.				Y	
2. Complete client assessments, determine and document needed services, and level of placement care for Investigations ;	Mandatory	Y			
3. Track and view upcoming tasks, events, and deadlines;	Desirable		Y		
4. Filter the Intake list of assigned cases by newest, oldest, next scheduled visit, or most recently visited;	Desirable		Y		
6. a. Create and maintain Investigation records that store and track all information related to a client or case-related person;	Mandatory	Y			
6. b. Create and maintain Services records that store and track all information related to a client or case-related person;	Mandatory			Y	
7. a. Store, populate and print all forms normally used for the work-related access roles and responsibilities for Investigations ;	Mandatory	Y			
7. b. Store, populate and print all forms normally used for the work-related access roles and responsibilities for Services ;	Mandatory			Y	
8. a. Capture client and contact electronic signatures for all completed forms, letters, consent and notices during referral and caseload work efforts in the field for Investigations ;	Mandatory	Y			
8. b. Capture client and contact electronic signatures for all completed forms, letters, consent and notices during referral and caseload work efforts in the field for Services ;				Y	
9. a. Associate photographs, and other attachments to associated entities and records (e.g., clients, cases, facilities, plans, and assessments) for Investigations ;	Mandatory	Y			
9. b. Associate videos and audio files to associated entities and records (e.g., clients, cases, facilities, plans, and assessments) for Investigations ;			Y		FSFN cannot accept video and audio files.
10. Queue work for next workflow processes and for the work to automatically progress to next workflow step when network connectivity is re-established and data synchronization is complete;	Mandatory	Y			This requirement refer to workers who may be offline; All work items will be required to load to the appropriate location in the system when connectivity is established.
11. Search the Software for current or past allegations on individuals associated with an abuse / neglect investigation record.	Mandatory	Y			This search function is expected to be completed in the new system.
12. Retrieve case and client information from, and return updated and newly captured information to FSFN and other Systems of Record (SOR) where appropriate;	Mandatory	Y			
13. View their itinerary and get directions from one location to the next using GPS or similar technology;	Mandatory	Y			
14. Select client files to take offline when working outside of connection range;	Mandatory	Y			Save on local device cache or otherwise. Contradictions regarding saving data/Investigation information to the local device while in the field offline will need to be mandatory. Needed on day 1.

15. Perform confidence matching of all new off-line added client and case- related person with persons already entered in FSFN and be able to merge or associate records accordingly;	Desirable	Y			Person management with flag to denote possible match/merge. Must be done eyes-on.
16. Filter the list of assigned cases by location – “closest to me now”.	Mandatory		Y		
Software Feature Requirements					
The Software shall support:					
Usability					
17. Quick navigation to different functional areas of the solution, to facilitate the user’s access to information and tools during client meeting;	Mandatory	Y			Easily navigated tabs or menu items.
18. Configurable workflow to support the caseworkers business operational processes;	Mandatory	Y			In-Home or Institutional (minimum)
19. Configurable user interface labels to ensure language is consistent with the business language used by the caseworkers.	Mandatory	Y			Present in Vendor's initial presentation
Intake & Allegations					
20. The software shall support intake functionality, allowing users to create new cases and enter relevant information needed for an investigation.	Mandatory	Y			New system cannot create intakes, but Hotline will continue to create intakes in FSFN. Users of new system will need to create an investigation from the FSFN intake information.
21. The Software shall allow abuse / neglect investigation records to contain one or more allegations, each of which is recorded and tracked separately.	Mandatory	Y			
Interactive Tools					
22. The Software shall provide interactive drawing tools to capture interactions with a client during an interview;	Desirable			Y	This functionality is to be Included with photo, video or voice files. FSFN cannot accept voice files. All photos/video captures will need metadata contained including investigation information and timestamps, etc..
23. The Software shall provide interactive drawing tools to capture signatures with a client during an interview.		Y			
24. The Software shall interact with mapping tools to provide location information and geographic information services.	Mandatory	Y			
Case Notes					
25. The Software shall allow users to document case notes during field visits;	Mandatory	Y			
26. The Software shall allow the user to add participants and collaterals to the case notes;	Mandatory	Y			
27. The Software shall integrate with the devices audio function to allow for audio/dictated case notes;	Mandatory	Y			
28. The Software shall provide text-to-speech allowing case workers to listen to case notes and other textual content related to a case or client.	Desirable		Y		
Pictures					
29. The Software shall allow the user to annotate, label, and write comments for the picture;	Mandatory	Y			This functionality refers to the user having the ability to tag photos to a case note in the system; Deemed as critical and a mandatory function.

30. The Software shall upload new pictures to the Software database. Pictures shall be tagged with relevant case metadata, for example: Case ID# or Referral ID #, and the purpose, for example: Investigation;	Mandatory	Y			Functionality should include the GPS location tied to the picture that identifies where the picture was taken.
Alerts / Reminders					
31. The Software shall provide notifications to users (e.g. such as when initial contacts, assessments, and visits are due).	Mandatory	Y			Notifications for the following Forms, Assessments and Activities are required for Day 1 mobility application: -Commencement (24 hour) -Victim See (24 hour) -Initial Risk Assessment (Due within the 6th day) -Closure at Day 45 -Closure at Day 60 -No Data Entry Prompt (Within 10 days)
Audio Recording					
32. The Software shall integrate with the devices audio recording function to allow for audio recording of interviews and storing of relevant case data (e.g. Case ID#, Referral ID#, Participant Name and ID#), as well as relevant metadata (e.g. date, time, length of recording, as well as device information, and person logged on to the device/creating the audio recording/record).	Mandatory		Y		FSFN does not support audio files. Link to FSFN is not required. API's will be completing work in new system. System note in FSFN and worker can go into new system to view/hear.
Video Recording					
33. The Software shall integrate with the device's camera to allow for video recording of interviews and storing of relevant case data (e.g. Case ID#, Referral ID#, Participant Name and ID#), as well as relevant metadata (e.g. date, time, length of recording, as well as device information, and person logged on to the device/creating the video recording/record).	Mandatory		Y		FSFN does not support audio files.
Navigation					
34. The Software shall integrate with Google Maps or other mapping application to allow a user to activate voice guided turn by turn navigation by selecting an address from a case file or calendar;	Mandatory	Y			
35. The Software shall allow users to see an address on a map with the ability to zoom in and out by pinching expanding views for additional information.	Mandatory	Y			
Assessment Tool					
36. The Software shall have assessment tools with the ability to email documents. For example, the ability to create a safety assessment and a safety plan leveraging pre-built form templates;	Mandatory	Y			These documents will transmit through Outlook: -Initial Intake Report minus Reporter Information -Investigation Summary Without Reporter Information.
37. The Software shall allow the configuration and addition of new assessments not in the Out Of The Box (OOTB) solution.	Mandatory	Y			

38. Include a timestamp for emailed forms and required notification items via a multi select check box when these items were sent (day and time).	Mandatory	Y			Actual email do not need to be saved in the file/case. Timestamp should be auto-filled based on when the user selects the box.
Electronic Capturing of Signatures					
39. The Software shall integrate with the devices touch screen and allow for a user to sign documents/information on the screen (e.g. using a stylus or finger and signing a Consent/Refuse services and required forms).	Mandatory	Y			
Reporting Capabilities					
40. The Software shall provide reports and analysis suitable for the tasks supported by the Software.	Mandatory	Y			*Discuss Day 1 Reports. TBD during design sessions.
Forms					
41. The Software shall have the capability to configure multiple frequently used forms that would be used throughout the life of the case.	Mandatory	Y			
42. The software shall have the capability to pre-populate forms with relevant case information to reduce caseworker data entry.	Mandatory	Y			
Software Technical Requirements					
43. The Software shall integrate with FSFN and other legacy SORs as required.	Mandatory	Y			
44. a. The Software shall retrieve case and client information including demographics, previous case notes, assessments, and forms from FDFN and related documents, photos from other SOR.	Mandatory	Y			
44. b. The Software shall retrieve case and client information including demographics, previous case notes, assessments, and forms from video and audio recordings from other SOR.	Mandatory		Y		FSFN does not support video and audio files.
45. The Software shall have an intuitive user interface and a user friendly organization of content.	Mandatory	Y			
46. The Software shall optimize the speed of report generation to take in account of minimal processing on mobile devices.	Mandatory	Y			
47. The Software shall support finger swipes from one page to another.	Desirable	Y			
48. The Software shall allow user to work in offline and online modes.	Mandatory	Y	Y		
49. The Software shall return updated and new information captured by case worker using Software to the appropriate SOR, i.e.: FSFN, document management system, other.	Mandatory	Y			
50. The Software shall have full synchronization management capabilities.	Mandatory				
51. Configurable synchronization frequency, both when mobile device is continually online and becomes active after being offline;	Mandatory				
52. Ability to track changes passed through synchronization and the system being updated by these changes;	Mandatory				
53. Ability to detect and resolve conflicts according to configurable business rules or alert system administrator when conflicts occur;	Mandatory	Y			
54. Ability to manage slow network connection synchronization by identifying priority data for synchronization or similar method	Mandatory	Y			
55. Ability to rollback changes and/or recover from breaks in synchronization;	Mandatory	Y			
56. Ability to perform background synchronization without locking a device this this activity occurs;	Mandatory	Y			
57. If more than one intermediary database is used, the ability to manage multiple synchronization topologies.	Mandatory	Y			

58. a. The Software shall send objects, such as photos to the Software database using a standard interface method, such as an API, Simple Object Access Protocol (SOAP) web service API, or similar.	Desirable	Y			FSFN does not accept video and audio files.
58. b. The Software shall send objects, such as audio and video recordings to the Software database using a standard interface method, such as an API, Simple Object Access Protocol (SOAP) web service API, or similar.			Y		
59. The Software shall run on tablets and be compatible with iOS 9.x, Android 5.x operating systems, and Microsoft's Windows OS.	Mandatory	Y			
60. The Software shall require user login and integration with a single sign-on through the Lightweight Directory Access Protocol (LDAP) using a SSL- VPN client. The agency identity management software is currently Microsoft Active Directory.	Mandatory	Y			Use OKTA Single Sign-on.
61. The Software shall have role based access and customization to present only relevant content to specific user groups for Investigations . For example, a case worker restricted to a specific case load should only see those cases.	Mandatory	Y			This should function the same for Services. Users should only be able to: access, view, edit records based on their level of access tied to security roles set up in the system for Investigations.
61. The Software shall have role based access and customization to present only relevant content to specific user groups Services . For example, a case worker restricted to a specific case load should only see those cases.				Y	This should function the same for Services. Users should only be able to: access, view, edit records based on their level of access tied to security roles set up in the system for Services Case Management.
62. The Software shall write back to the case management system audit log and session history.	Mandatory			Y	This applies to Services Case management only. ASIS is currently the Services Case management system.
63.b.The Software shall keep system audit log and session history for Investigations .		Y			
63.b.The Software shall keep system audit log and session history for Services .				Y	
64. The Software shall protect private and sensitive information through a minimum 256bit encryption using the agency SSL-VPN solution.	Mandatory	Y			
65. The Software will have auto time out (logoff if inactive) configurable centrally by group policy administration.	Mandatory	Y			
66. The Software will work with the agency's Mobile Device Management (MDM) and Mobile Application Management (MAM) software.	Mandatory	Y			
Hosting Requirements					
The Contractor will provide and maintain the mobile solution hosting:		Y			Preferred Hosting is: CLOUD
67. The host site shall be certified to FedRAMP or similar high-level security standards. If not a FedRAMP certified site then the Contractor will be expected to complete a crosswalk with appropriate NIST standards demonstrating the level of security;	Mandatory	Y			
68. The Offeror will propose availability and redundancy capabilities, and their cost implications;	Mandatory	Y			
69. The Offeror will propose backup, restore, and other business continuity services to support disaster recovery plan, and their cost implications;	Mandatory	Y			
70. DCF maintains in the order of 700 adult protective services case workers. The host site and its access to the mobile networks will be able to scale appropriately as the use of the mobile solution increases;	Mandatory	Y			

71. The Offeror will propose a host site management methodology, such as ITIL. The host site will provide DCF metrics to support management and monitoring of the site.	Mandatory	Y			
Contractor Requirements					
Mobile Solution Services					
In addition to the software, the Contractor shall:					
72. Have experience integrating COTS software with government social services' SORs like CCWIS, Case Management Systems, and other case and client related SORs.	Desirable	Y			
73. Have experience with the functions, technical and data structures of legacy government social services' SORs.	Mandatory	Y			
74. Have pre-built tools and methods and experience creating tools and methods for the integration of their mobile software with CCWIS, case management, and other SORs.	Mandatory	Y			
75. It is expected that the successful Contractor will work with the state staff to design and develop any additional tools and methods needed for the integration of Software with FSFN and/or other SORs as defined;	Mandatory	Y			
76. DCF will be responsible to collaborate on the requirements, design, development and documentation of necessary tools and methods.	Mandatory	Y			
77. Provide implementation and integration services, including testing and support for user acceptance and roll-out.	Mandatory	Y			
78. Provide project management services for the implementation, including schedule management, risk management, issue management, and status reporting.	Mandatory	Y			
Maintenance Requirements					
79. The Software will be maintained by the Contractor within the license or ongoing maintenance costs.	Mandatory	Y			
80. The Contractor must present a release roadmap noting current plans for when a mobile device operating system will no longer be supported, and when a feature will be being removed. During the Contract period the Contractor will regularly update and re-present this roadmap.	Mandatory	Y			
81. The Offeror will provide Tier 2/3 help desk services for the duration of the contract and propose service levels for this.	Mandatory	Y			
Roll-out and Training Requirements					
The Contractor will provide all services described below:	Mandatory	Y			
82. Training trainers required for the roll-out stage;	Mandatory	Y			
83. Creating training material suitable for the roll-out stage;	Mandatory	Y			
84. Ensuring that data is available for the roll-out stage; and	Mandatory	Y			
85. Through a mutually established formalized structure of solution improvements the Contractor shall be responsible for the following activities: evaluating feedback from the roll-out stage; identifying implications for improvements to the mobile solution; and working with DCF to prioritize those improvements for implementation in the mobile solution.	Mandatory	Y			

SCHEDULE IV-B FOR MODERNIZING FLORIDA'S COMPREHENSIVE CHILD WELFARE INFORMATION SYSTEM

For Fiscal Year 2023-24



October 2022

DEPARTMENT OF CHILDREN AND FAMILIES

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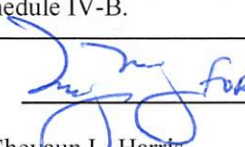

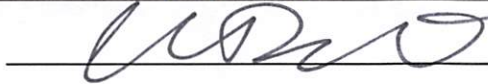

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I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Department of Children and Families	Schedule IV-B Submission Date: October 2022
Project Name: Modernizing Florida's Comprehensive Child Welfare Information System	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2022-23 LBR Issue Code: 36123C0	FY 2023-24 LBR Issue Title: Child Welfare Software and Enterprise Architecture Modernization
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Cole Sousa, 850-320-9166, cole.sousa@myflfamilies.com	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head: 	Date: 10/13/22
Printed Name: Shevaun L. Harris	
Agency Chief Information Officer (or equivalent): 	Date: 10/13/2022
Printed Name: Cole Sousa	
Budget Officer: 	Date: 10/13/22
Printed Name: Chad Barrett	
Planning Officer: 	Date: 10/13/2022
Printed Name: Timothy Lawson	
Project Sponsor: 	Date:
Printed Name: Jessica Tharpe	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Sean Garner, 510-7281, Sean.Garner@myflfamilies.com
Cost Benefit Analysis:	Brad Wageman, 544-8911, Brad.Wageman@myflfamilies.com
Risk Analysis:	Tim Lawson, 491-8653, Timothy.Lawson@myflfamilies.com
Technology Planning:	Brad Wageman, 544-8911, Brad.Wageman@myflfamilies.com
Project Planning:	Brad Wageman, 544-8911, Brad.Wageman@myflfamilies.com

SCHEDULE IV-B FOR MODERNIZING FLORIDA'S COMPREHENSIVE CHILD WELFARE INFORMATION SYSTEM

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Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Cole Sousa, 850-320-9166, cole.sousa@myflfamilies.com	
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Agency Head: _____	Date: _____
Printed Name: Shevaun L. Harris	
Agency Chief Information Officer (or equivalent): <i>Cole Sousa</i>	Date: 10/12/2022 7:26 AM PDT
Printed Name: Cole Sousa	
Budget Officer: <i>Chad Barrett</i>	Date: 10/13/2022 3:33 AM EDT
Printed Name: Chad Barrett	
Planning Officer: <i>Timothy Lawson</i>	Date: 10/12/2022 9:32 AM EDT
Printed Name: Timothy Lawson	
Project Sponsor: _____	Date: _____
Printed Name: Jessica Tharpe/Sean Garner	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Sean Garner, 510-7281, Sean.Garner@myflfamilies.com
Cost Benefit Analysis:	Brad Wageman, 544-8911, Brad.Wageman@myflfamilies.com
Risk Analysis:	Tim Lawson, 491-8653, Timothy.Lawson@myflfamilies.com
Technology Planning:	Brad Wageman, 544-8911, Brad.Wageman@myflfamilies.com
Project Planning:	Brad Wageman, 544-8911, Brad.Wageman@myflfamilies.com

Executive Summary

The Florida Department of Children and Families (DCF) respectfully submits this Schedule IV-B for Modernizing Florida's Comprehensive Child Welfare Information System (CCWIS) to request up to \$65 million across four (4) years, including \$15 million the first year and \$20 million the second year, to procure the services and software necessary to implement a CCWIS solution for the State of Florida. Although additional exploration is needed to ensure the selected solution will align with Florida's child welfare practice model and determine exact costs, DCF is proposing a hybrid approach that combines the use of Commercial off the Shelf/Software as a Service (COTS/SaaS) products that are cost-efficient and congruent with DCF's needs, while building custom components when the COTS/SaaS solution costs can be reduced, or functionalities must be enhanced. This approach, using a cloud-based solution, enables timely enhancements and customizations and provides the best option for aligning technology enhancements with business needs, and providing the greatest flexibility moving forward.

DCF works in close partnership with the Children's Bureau (CB) of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS), as well as other federal offices, numerous other state and local agencies, and systems of community-based care throughout Florida. While the state and local partners are more engaged with service delivery, ACF is an invaluable partner, providing federal funding participation in the implementation of the state's child welfare practice model and the CCWIS technology to support it.

As a partner with ACF, DCF regularly reviews child welfare needs around the state and prepares a Five-Year Child and Family Services Plan (CFSP)¹ to delineate goals, objectives, and strategies to enhance prevention, intervention, and permanent placement strategies, and improve outcomes for children and families served by the child welfare system. Additionally, federal funding participation is available to support information technology that improves worker efficiency, enhances outcomes for children and families at-risk of entering or re-entering the child welfare system, and increases permanency for children placed in out-of-home settings.

In 2016, ACF promulgated a new rule² for information systems, the Comprehensive Child Welfare Information System (CCWIS) framework. The CCWIS requirements inherently present an opportunity for states to undertake initiatives for substantially modernizing their child welfare information systems, moving away from antiquated systems, and customizing those systems to mirror and support the state's child welfare practice models more closely. These modernization efforts include remediating obsolete architecture, incorporating state-of-the-art technology, and providing more real-time and automated support to front-line workers, as well as community partner agencies and managerial staff. Particularly in the context of the pandemic, but also in the ever-changing dynamic field of child welfare practice, it has become clear that there is ever-increasing need to keep technology as flexible, and to automate as many processes, as possible.

In 2019, a consultant group compiled documentation of the as-is business processes within a CCWIS Planning Project and conducted a needs assessment among stakeholders to identify specific automated functionalities that could provide maximum support to child welfare partnering agencies and staff, as well as DCF. This work will provide the starting point for identifying areas for customization of a selected solution with the automated functions requested by users. Some of these requested functions translate directly to CCWIS compliance (e.g., maintaining federally required quality data that includes real-time data reporting and interoperability, etc.). In addition, the entire modernization project will implement CCWIS requirements by providing the tools that will support efficient, economical, and effective program administration.

The 2019 CCWIS project planning team's exploration of solutions available at that time resulted in a recommendation to re-architect the Department's current Florida Safe Families Network (FSFN) and replace components over time using a modular system design. This solution envisioned business process re-engineering to align the Florida child welfare community and systems with federal CCWIS requirements while leveraging DCF enterprise assets to configure and integrate modular best of breed Commercial off-the-Shelf (COTS) products. This solution was estimated to cost \$199,623,143 to implement within a four-year timeframe.

Several developments have ensued in the intervening years, presenting alternative solutions that were not available at that time. Other states' progress in implementing CCWIS solutions and the emergence of Commercial off the

¹ [Child and Family Services Plan 2020 – 2024 \(centerforchildwelfare.org\)](https://www.dcf.state.fl.us/ChildWelfare/ChildWelfareInformationSystem/ChildandFamilyServicesPlan2020-2024)

² [Federal Register :: Comprehensive Child Welfare Information System](https://www.federalregister.gov/documents/2016/07/22/comprehensive-child-welfare-information-system)

SCHEDULE IV-B FOR MODERNIZING FLORIDA'S COMPREHENSIVE CHILD WELFARE INFORMATION SYSTEM

Shelf (COTS) products that are more capable of supporting child welfare practice from intake through crisis resolution and permanency are now available. The current estimated total cost for fiscal years 2022-23 through 2025-26 is up to \$65 million across four (4) years.

This Schedule IV-B considered three (3) potential currently available solutions for Florida to pursue to become CCWIS compliant:

1. Transfer a fully operational CCWIS system from another state, pending confirmation that minimal customization would be required to align with Florida's practice model, with the solution to achieve the business objectives identified in Section II.A.2. of this document.
2. Purchase Commercial off the Shelf (COTS) software, pending confirmation that minimal customization would be required to align with Florida's practice model, with the solution to achieve the business objectives identified in Section II.A.2. of this document.
3. Build a system using Service-Oriented Architecture that provides User Interface Flexibility and maximizes adaptability and extensibility.

The technical solution and approach that DCF prefers, based upon currently available information, is a hybrid of the second and third options - to implement a COTS solution that can be customized to support Florida's child welfare practice model and aligns with CCWIS requirements. It is anticipated that no COTS solution will provide 100% of Florida's practice needs and CCWIS requirements, so additional components or custom-built solutions may need to be integrated. This is the foundation for recommending a hybrid approach that includes:

- The most flexible option and provides the best fit for Modern System Characteristics
- Aligns with CCWIS guidance using best-of-breed solution components in an interoperable solution as opposed to a big-bang solution strategy
- Technical components that can be implemented and achieve value and return on investment more quickly; provide for reusability within the Human Service Enterprise; and be shared with other states.

The overall risk assessment rating ("High") that this project poses aligns with expectations for a project of this scope, size, and complexity. These risks will change over the course of the project and will be identified in the first two (2) quarters as the solution(s) are finalized, project management plans are completed, executive stakeholder approval secured, and detailed requirements are documented. An overview of specific elements of project management, consistent with the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK) framework and Chapter 60GG-1, Florida Administrative Code, that must be followed are outlined in Section VII Project Management Planning to acknowledge the need for a rigid approach to ensure effective risk mitigation.

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

A. Background and Strategic Needs Assessment

1. Business Need

Overview

Section 20.19, Florida Statutes, defines the mission of the Department of Children and Families (DCF or the Department):

to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.

DCF partners with privately-operated Community Based Care (CBC) organizations to deliver needed services to assist and support Florida's children and families. The Department's Office of Child and Family Well-Being (OCFW) is responsible for the development of policies and programs that are implemented at the local level to support DCF's mission. Other collaborating partners include other state and local agencies, Tribal representatives, foster/kinship caregivers, the legal and judicial systems, researchers, child advocates, Guardians ad litem, the Legislature, and private foundations.

Florida's child welfare system is administered and coordinated collaboratively with the federal government whose principal unit in this area is the Children's Bureau (CB) of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). Federal funding participation is available to child welfare agencies that cooperate in aligning with the ACF CB strategies.

One of these strategies is the routine development and management of a five-year Child and Family Services Plan (CFSP) that defines goals, objectives, performance standards, and quality assurance requirements that hold DCF accountable to the people of Florida and to the federal funding partner. DCF updated its CFSP in January 2019 for the Fiscal Years 2019-2020 through 2023-2024. The updated CFSP outlines DCF's priorities by setting the objectives and goals needed to fulfill DCF's mission and align with state and federal priorities. The goals delineated in this plan are listed below:

Goal 1: Protect children from abuse or neglect through preventable child deaths, preventable entries to child welfare system, and preventable entries to foster care.

Goal 2: Provide children with improved permanency, stability, and family connections through a redesigned placement services array.

Goal 3: Families have enhanced capacity to provide for their children's needs and children receive adequate services to meet their physical and mental health needs through collaborative strategies and new financing.

Goal 4: Engage parallel systems and organizations to develop understanding of service roles as well as to design approaches to jointly meet the needs of common clients.

The objectives identified for each goal are distinct and target different specific outcomes; however, the overall desired outcomes are 1) to improve workforce efficiency and effectiveness, and 2) to increase improved child and family outcomes as described in DCF's CFSP. The following summarizes the strategies to be employed:

- **Re-engineer Business Processes**
- **Increase Collaboration Between State and Regional Agencies**
- **Strengthen State/Regional Participation/Collaboration**
- **Increase CBC Capacity to Serve At-Risk Families**
- **Improve Substance Abuse and Mental Health (SAMH) Services to Child Welfare Clients**

- **Maximize Financial Health of the Child Welfare System**

The Family First Prevention Services Act (FFPSA)³ presents a unique opportunity to apply a prevention and diversion focus and activities to transform the state's current child welfare system towards a proactive level, which is impossible to achieve with the current data system.

Communication between systems and teams is critical due to the layers of partners involved in Florida child welfare. A modernized system is necessary to support guardrails for critical decision-making. Examples of decisions that can be supported through system integration and structured workflow include:

- Expedited analysis of foster care licensing decisions using data validation (interface with the Florida Abuse Hotline and background checks)
- Automated restriction of child placements in a licensed foster home if an open abuse report is pending or determined unfounded
- Prohibit approval of a foster care license if the applicant has an ineligible criminal background
- Support decisions related to child removals and decisions to not remove during protective investigations by enabling an immediate 360-view of the family (Baker Acts, incidents of domestic violence, 911 calls, school episodes, Department of Juvenile Justice or Agency for Persons with Disabilities involvement, etc.)

Prevention requires early intervention, which requires front-line professionals to have access to pertinent data and actionable intelligence so they can make the best and most sound decisions for the families they serve. Data sharing across agencies and organizations such as Guardian ad Litem, the Department of Juvenile Justice, the Department of Education, and the Agency for Healthcare Administration provides a 360-view and help identify the best approach to serving families.

Another strategy that has recently been promulgated by the ACF CB is adherence to new child welfare information system requirements. Until 2017, states desiring federal funding participation to support their child welfare information system were required to comply with Statewide Automated Child Welfare Information System (SACWIS) requirements defined in 45 C.F.R. Section 1355.52. A new 45 C.F.R. Section 1355.52 rule was instituted in 2017 which enumerated alternative requirements for a Comprehensive Child Welfare Information System (CCWIS). States were told they needed to declare their intent by July 31, 2018 to:

1. Function as a non-CCWIS with their former SACWIS
2. Transition an existing SACWIS to a CCWIS system
3. Build a new CCWIS

The prior emphasis of SACWIS requirements for child welfare information systems resulted in primarily creating large data repositories, drawing data from a prescribed set of functionalities, and complying with federal data reporting requirements. These systems tended to be large, one size fits all, rather than tailored to align with each state's practice model.

In contrast, the CCWIS requirements are intended to provide states the flexibility to build systems closely tailored to the states' needs. Though federal data reporting requirements are still intact, emphasis is more on data quality assurance, interoperability and data sharing between child welfare partnering agencies (Juvenile Justice, Education, etc.), and modularity to promote cost-efficiency by encouraging the sharing of modules between states. The CCWIS requirements were developed around the concept of modernizing child welfare practice through technological advancements (mobility, data analytics, etc.) and eliminating duplication of system development, software maintenance, and data entry to promote efficient, economical, and effective program administration.

The Department considered the three options above, and - during the 2018 Legislative session - recommended, with the Legislature's concurrence, that the state should opt to transition Florida's existing SACWIS, Florida Safe Families Network (FSFN), to comply with CCWIS requirements. FFPSA and CCWIS are inextricably linked and

³ <https://www.congress.gov/bill/115th-congress/house-bill/1892/text?q=%7B%22search%22%3A%5B%22hr1892%22%5D%7D&r=1>

require a collective strategy.

In FY22-23, the Legislature approved \$15M (of \$25M requested) for the first year of the project. This IV-B has been updated from the FY22-23 submission with the resulting changes.

Current Challenges

The Department must overcome two (2) primary challenges to fulfill its mission and implementing strategies that achieve the goals identified in the Child and Family Services Plan (CFSP) as program priorities: CCWIS compliance, and modernizing FSFN's obsolete technology and insufficient functionality. These challenges are interrelated with the technology for modernization playing a major role in meeting CCWIS requirements (efficient, economical, and effective administration; modularity; data requirements; etc.) and critical for the Department to meet the needs of Florida's expanding population that is placing ever-increasing demands on limited existing resources. These challenges are outlined in more detail below.

Comprehensive Child Welfare Information System Compliance

One of the primary business needs and drivers for the modernization of Florida's FSFN is the need to align the existing FSFN with CCWIS requirements by transitioning from an obsolete monolithic architecture to more modern technology capable of providing the enhanced functionality needed today and the agility and flexibility to meet future objectives and needs. Additionally, and equally important, since FSFN does not currently support CCWIS requirements, DCF runs the risk of losing out on the maximum in federal funding participation.

Aligning with CCWIS requirements will, at a minimum, require a solution that:

- Provides state-of-the-art architecture that affords the greatest flexibility to meet current and future needs and enables the Department to provide efficient, effective, and economical program administration while disallowing duplicative system development.
- Continues to collect, maintain, and format data as required by the Indian Child Welfare Act, the National Child Abuse and Neglect Data System, Title IV-B, Title IV-E, and the state to support child welfare laws/regulations/policies (including IV-E eligibility determinations, authorizations of services and expenditures), monitoring activities, and generation of required reports.
- Uses the same automated function to conduct all eligibility determinations.
- Collects and maintains data that meets the most rigorous applicable federal and state standards for completeness, timeliness, and accuracy; is consistently and uniformly collected by the CCWIS and child welfare contributing agency systems; can be exchanged and maintained in accordance with federal and state confidentiality requirements; and is not created by default or inaccurately assigned.
- Implements and maintains automated functions that regularly monitor data quality; alerts staff to collect, update, correct, and enter needed data; sends automated requests to child welfare contributing agency systems to submit current and historical data; prevents the need to re-enter data already captured or exchanged with the system; and generates reports of continuing or unresolved CCWIS data quality problems.
- Supports efficient, economical, and effective bi-directional data exchanges with systems generating the financial payments and claims for titles IV-B and IV-E; systems operated by child welfare contributing agencies that are collecting or using the data listed in the second bullet above; each system used to calculate one or more components of title IV-E eligibility determinations; and each system external to the CCWIS used to collect data
- To the extent practicable, supports one bi-directional data exchange with each of the following state systems:
 - Child abuse and neglect system(s)
 - System(s) operated under Title IV-A

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- Systems operated under title XIX, including systems to determine Medicaid eligibility and Medicaid Management Information Systems
- Systems operated under Title IV-D
- Systems operated by the court(s) of competent jurisdiction over title IV-E and guardianship programs; and
- Systems operated by state or tribal education agencies, or school districts, or both.
- Employs a single data exchange standard that identifies the data to exchange, and provides definitions, formats, and other needed specifications.
- Can be copied and provided to the U.S. Department of Health and Human Services upon request.

There are also specific design requirements that the CCWIS:

- Is composed of automated functions that:
 - Are developed in modules with the business rules separated from the core programming
 - Are documented in plain language
 - Adhere to state or industry defined standards that promote efficient, economical, and effective development of automated functions and produces reliable systems
 - Is capable of being shared, leveraged, and reused as a separate component within and among states and tribes.

Modernizing Obsolete Technology and Inadequate Functionality

FSFN is the current child welfare information system used by the Department and its partners to provide children and families with the essential and often lifesaving services they require. FSFN is a twenty-plus-year-old transfer system from the state of Wisconsin that is built with obsolete technology. The existing architecture was not specifically designed to support DCF's (and more generally, modern Child Welfare Practice's) unique and dynamic needs. This constraint on data, advanced analytics, and transparency prevents an integrated eligibility and child welfare system and hinders the Department's ability to coordinate services, identify services that can be provided as a preventive measure, address "whole-person" needs, and decrease or eliminate duplicate, all of which impacts the objectives identified for the goals outlined in the CFSP.

Further, updates and augmentation of FSFN over the years has been approached without an overarching strategy that anticipated and aligns with future technological advancements and increasing functional needs of DCF, its partners, and the clients served. The following are the top FSFN architecture/technology categories of deficiencies that need to be addressed and some specific limitations (and how they support CCWIS compliance or business needs):

Architecture

- Limited capability for modular design (CCWIS requires modular design)
- Dated coding languages
- Lack of extensibility, creating a security risk for the confidential data DCF collects and maintains on behalf of its clients

Data Quality Support

- Very limited automated data quality assurance tools (such as Master Data Management (MDM), data profiling, data cleansing) (CCWIS requires automated routine data quality monitoring)
- Limited search parameters and limited capability to search for, identify, and eliminate duplicate cases, people, and providers or perform data merges and unmerges to eliminate duplicative data (CCWIS requires data entry is not duplicated)

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- Data extracts are not current with system changes to data fields (CCWIS requires that data quality is assured)
- Data tools are primarily embedded in the application, not incorporated into the database design causing limited referential integrity (CCWIS requires a separate business rule engine)

Data Exchanges (CCWIS requires data exchanges and specifies they be established with certain agencies)

- Limited interoperability and lack of data exchanges with key external organizations, including the CBCs.
- Lack of real-time data exchanges to obtain critical data for investigations and case management (social security numbers, driving records, criminal history, etc.)

Mobility (CCWIS requires data quality and users state that real-time data is needed to ensure quality of data)

- Dated web services limiting data entry, data availability, and search capability in the field
- Lack of valuable electronic capabilities in the field (e.g., electronic signatures, geo mapping, voice dictation, off-line data entry, automated forms processing, daily activity management, and robust alerts and notifications)

Reporting (FSFN users communicate this as critical to ensure efficient, effective, and economical program administration)

- FSFN's Business Objects Environment (BOE) universes are too complex for most users to extract needed data, there is little BOE technical support available to users, and existing BOE reports are limited by the size of the report and system time required to run the report
- Lack of advanced data analytics capability
- Lack of automated capability to create and track performance metrics

System Usability (FSFN users communicate this as critical to ensure efficient, effective, and economical program administration)

- Outdated, non-intuitive user interface and system navigation
- Incompatibility with contemporary web browsers
- Lack of user-friendly, searchable document management resources
- Lack of self-service portals available for sharing information with kids, families, providers, and external agencies
- Lack of flexibility in workflows and templates

Training and Documentation (FSFN users communicate this as critical to ensure efficient, effective, and economical program administration)

- Limited availability of up-to-date system and training documentation
- Lack of user-friendly training resources
- Limited availability of live training

2. Business Objectives

The following key business objectives/solutions have been identified by DCF to address the major challenges with aligning to CCWIS requirements and mitigating the obsolete and functionally deficient FSFN. The proposed objectives/solutions comply with CCWIS requirements that determine important federal funding, while providing innovative technology advances to equip front-line staff with real time information and functionality that helps inform critical child safety decisions. The key project objectives and solutions identified by DCF leadership, key

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project stakeholders, and the Chief Information officer are listed in **Exhibit II-1: DCF Key Business Objectives/Solutions** (on the next page).

Exhibit II--1: DCF Key Business Objectives/Solutions

Challenges	Description of Objectives/Solutions to Address Challenges
Comply Fully with CCWIS Requirements	<ul style="list-style-type: none"> • Control Costs to be efficient, economical, and effective • Maintain Data to support federal audits, reviews, and other monitoring activity • Remain Compliant with Reporting Requirements (state and federal) • Implement and Maintain an Automated Functions inventory • Develop and Implement a Data Quality Plan to improve the quality of child welfare data • Conduct Biennial Data Quality Reviews • Establish Standards-Based, Scalable Bi-directional Data Exchanges with child welfare contributing agencies • Establish Standards-Based, Scalable Data Exchanges with internal and external agencies (Courts, Education, Juvenile Justice, MMIS, etc.) • Automate and Consolidate Eligibility Processing, and Authorization of Services and Expenditures under IV-B and IV-E • Eliminate Duplicative Application System Development, Software Maintenance, and Data Entry • Provide for Sharing Agency-Owned Software developed/installed with FFP • Use Modular Design and a Standalone Rules Engine for New Functionality • Incorporate Rules Written in Natural Language
Maximize Federal Funding Participation	<ul style="list-style-type: none"> • Comply fully with CCWIS requirements • Eliminate Duplicative Application System Development, Software Maintenance, and Data Entry • Use Modular Design and a Standalone Rules Engine for New Functionality • Ensure Consistent use of Automated Functions
Enhance User Support/Experience	<ul style="list-style-type: none"> • Provide Youth and Caregiver Online Self-service Portals (allowing access to their records, status, etc.) • Incorporate Self-Service Features (e.g., interactive dashboards, appointment reminders, document submission functionality, online help, and training) • Provide Real-Time Data (access and information quality) • Reduce Manual Processes with Automated Functionality • Build Browser and Device-Agnostic User Interfaces • Build Persona-based Intuitive User Interfaces
Enable Mobile Functionality	<ul style="list-style-type: none"> • Incorporate Mobile Device Support (laptop, tablet, or smartphone) • Include Mobile (Wi-Fi and Cellular) Assessment Functionality • Accommodate Offline Work Capabilities (including Data Synchronization) • Incorporate Route Management (automated GPS route planning and directions)
Enhance Workflow/Workforce Management	<ul style="list-style-type: none"> • Create Dynamic Workflow Processes/Updates • Manage Manual and Automated Tasks (internal and external to DCF) • Monitor Resource Utilization • Incorporate Task Assignment & Work Prioritization Notification Tools • Conduct Quality Checks via Alerts • Support Performance Evaluations • Link Alerts/Notifications to Actions
Improve Analytics, Reporting & Alerts	<ul style="list-style-type: none"> • Provide Real-Time Operational Reporting • Provide Dashboards and Data Visualizations • Provide Alerts/Notifications • Integrate Predictive Analytics (for strategic planning)

Challenges	Description of Objectives/Solutions to Address Challenges
Enable Interoperability	<ul style="list-style-type: none"> • Use 1) Service-Oriented Architecture Representational State Transfer (REST), 2) Open Standards-Based Secure Application Program Interfaces (API), and 3) Extensible Markup Language (XML) - Based System Components to Develop New Functionality • Establish Standards-Based, Scalable Bi-directional Data Exchanges with Child Welfare Contributing Agencies • Use Asynchronous, Event-based, and Real-Time Messaging (i.e., via Enterprise Service Bus (ESB)) • Build Browser and Device-Agnostic User Interfaces • Maintain Master Data Management (MDM)
Enhance Data Quality and Management	<ul style="list-style-type: none"> • Implement Florida’s CCWIS Data Quality Plan and align with CCWIS functions • Integrate CCWIS with MDM and Data Quality Assurance Tools
Ensure the Security and Confidentiality of CCWIS Data	<ul style="list-style-type: none"> • Align with and incorporate Industry-Based Standards for maintaining security and confidentiality of CCWIS data (Health Insurance Portability and Accountability Act of 1996 (HIPAA)), security, privacy, and transaction standards.
Enhance Batch Processing	<ul style="list-style-type: none"> • Provide for On-Demand Report Processing that can be run any time • Incorporate Asynchronous Updates
Reduce Cost of Ownership	<ul style="list-style-type: none"> • Select Cost Efficient Options for CCWIS Architecture and Supporting Technology • Employ “Best of Breed” COTS (or component products) • Employ Software as a Service (SaaS) (when cost-effective) • Allow for Standards-Based Application Changes
Customize Solution	<ul style="list-style-type: none"> • Align Business Rules to Match Application Capabilities • Design New Functionality in Modular Components
Manage Infrastructure	<ul style="list-style-type: none"> • Employ a Cloud-based Model • Employ SaaS or Infrastructure as a Service (IaaS) (when cost-efficient) • Ensure Scalability • Align with DCF Disaster Recovery (DR) Plan and Continuity of Operations Plan (COOP)

B. Baseline Analysis

1. Current Business Process(es)

This section includes a high-level overview of the overall operational structure of the Department and its child welfare partners, followed by more detailed information on current business process flows.

Child Welfare Service Delivery

Services for children and families are coordinated through an administrative structure of six (6) geographic regions, aligned with Florida's 20 judicial circuits that serves all 67 counties. The Department remains responsible for program oversight, operating the Florida Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings. The state’s child welfare system is administered and coordinated through highly collaborative relationships with other state and local agencies, Tribal representatives, foster/kinship caregivers, foster youth, community-based lead agencies, the judiciary, researchers, child advocates, Guardians ad Litem, the Legislature, and private foundations to maximize child safety, permanency, well-being, and families' opportunities for success. Child protective investigation duties are performed either by Department staff or, under appropriations grants pursuant to s. 39.3065, F.S., by county sheriffs' offices in seven (7) counties (Pasco, Pinellas,

Hillsborough, Manatee, Seminole, Walton, and Broward). Children's Legal Services (CLS) operates as an internal "firm" for child-focused advocacy in all areas; in some areas of the state, this includes coordination with attorneys under contract with the State Attorney's Office or the Office of the Attorney General. Coordination with other program areas (particularly Substance Abuse, Mental Health, and Domestic Violence) within the Department is also critical.

Community-Based Care Lead Agencies

Within Florida's six regions, Community-Based Care (CBC) lead agencies manage the delivery of community-based services as codified in law (409.988, F.S.):

- Serve children referred via a report of abuse, neglect, or abandonment to the Department's central abuse hotline, including children who are subjects of verified reports and those with unverified reports who are at moderate-to-extremely high risk of abuse, neglect, or abandonment regardless of state funding allocations.
- Serve children who are at risk of abuse, neglect, or abandonment to prevent entry into child protective services or the child welfare system.
- Provide accurate and timely information necessary for oversight by the Department as established in the child welfare Results-Oriented Accountability program.
- Follow the financial guidelines developed by the Department and providing for regular independent auditing of financial activities.
- Ensure that all individuals who provide care for dependent children receive appropriate training and meet the minimum employment standards established by the Department.

The Department determines allocations of state and federal funds to CBC lead agencies by geographical areas to support delivery of local, community-based services. These allocations fund initiatives for improvement, expansion, development, planning, evaluation, implementation, annual needs assessments, and direct consumer services to meet requirements of various federal grant programs. The Department also contracts with other statewide agencies and programs for services, such as program development, evaluation, implementation, as well as direct consumer services. This effort complements and supports the local community-based service delivery systems.

Most CBCs contract with subcontractors for case management and direct care services to children and their families. This arrangement allows local agencies to engage community partners in designing local systems of care that maximizes resources to meet local needs. The CBC providers have created, designed, and implemented intervention strategies for the various components of the service array within their areas of responsibility. The freedom and flexibility to develop unique plans and share them with others is the hallmark of this system.

How do Child Welfare Professionals use FSFN?

FSFN is the state's official case file and record for each investigation and case and the system of record for all homes and facilities licensed by the state or approved for adoption placement. Additionally, FSFN is the system of record for all expenditures related to service provision for children, youth, and/or families receiving in-home, out-of-home, adoption, adoption subsidy, and post-foster care services. This financial information supports determination of care costs for each individual child, as well as allocation of expenditure claims to the appropriate funding sources. All pertinent information about every investigative and case management function must be entered in FSFN. Staff may have duplicate paper copies of the case file, along with supporting paper documentation, but the FSFN electronic case file is the primary record for each investigation, case, and placement provider, including all related financial expenditures and activities.

FSFN facilitates child welfare best practice and service provision under federal and state requirements. FSFN consolidates critical data and supports reporting needs. This automated system reduces communication gaps by providing access to information required to make informed decisions on behalf of children and families. Immediate electronic access to complete case information supports a rapid and effective response to the needs of families and

children.

Business Process Workflows

In 2019, a CCWIS project planning team conducted Joint Application Requirements (JAR) sessions with key DCF and child welfare partner stakeholders to delineate current business processes across functional areas and document these “as-is” business process flows. This planning effort resulted in the development of a Business Requirements Document (***Section VIII Appendices: Appendix A - Business Requirements Document***) that included these business process flows which are also included in the Appendices of this document as ***Section VIII Appendices: Appendix B - Business Process Flow Diagrams***. These diagrams cover the following functional areas:

- Adoption and Extension of Adoption Maintenance Subsidy
- Adoption – General
- Case Management
- Children’s Legal Services – Appeals
- Children’s Legal Services – Initial
- Children’s Legal Services – Judicial Reviews
- Eligibility – Candidacy
- Eligibility – In-Home
- Eligibility – Out -of-Home
- Finance – Payment of Placement or Service
- Finance – Service Invoice
- Guardianship Assistance Program – EGAA
- Guardianship Assistance Program – General
- Hotline – Caregiver Unavailable and PNA
- Hotline – Child on Child Sexual Abuse
- Hotline – CIU
- Hotline – Foster Care Referral
- Hotline – General Intake
- Hotline – Information & Referral
- Interstate Compact on Adoption & Medicaid Assistance
- Interstate Compact on Placement of Children – Receiving State
- Interstate Compact on Placement of Children – Sending State
- Independent Living – Aftercare Services
- Independent Living – EFC Re-entry
- Independent Living – PESS
- Independent Living – Ages 13-17
- Investigations – General
- Investigations – Institutional
- Investigations – Other
- Investigations – Referrals
- Licensing – Caregiver Level 1
- Licensing – Caregiver Levels 2-5
- Licensing – Child Placing Agency
- Licensing – Group Home
- Missing Child Report and Alert
- Provider Management – Placement Services
- Provider Management – Provider Status

2. Assumptions and Constraints

This Schedule IV-B considers and notes several assumptions and constraints for CCWIS modernization. These assumptions and constraints include:

Assumptions

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- A. The project has support from the DCF Executive Project Sponsor, Business Sponsor, and Chief Information Officer.
- B. Procurement of vendor services to implement the CCWIS solution is timely executed.
- C. The AFCARS rule changes are implemented, enabling federal reporting compliance as stated in CCWIS requirements, 45 CFR Part 1355.
- D. The requested funding (state and federal) for the project will be available in line with the project's expected activities. (note: Federal funding participation is only available after approval is provided by ACF).
- E. DCF will employ Organizational Change Management (OCM) activities required to implement the transformational effort required for the modernization initiative.
- F. The project team will be adequately staffed to produce the project's deliverables, meet milestones, provide infrastructure, manage user involvement, ensure adequate system testing, produce necessary project planning documents and status reports, and complete other project management tasks as required for successful execution and delivery of the project.
- G. DCF and CBC lead agencies business, functional, and technical subject matter experts will be made available timely for project activities requiring their input.
- H. Interfaces between FSFN and external systems that require changes will be appropriately scheduled and coordinated in-line with project requirements.
- I. Efforts to enhance FSFN's current technical infrastructure to align with CCWIS requirements are not risky and are cost-effective or efficient for the goals and objectives of Florida's child welfare community.

Constraints

- A. Stakeholder involvement with and understanding of the project will be time-consuming. Many staff will not be available full-time for project activities that may result in staff availability competing with their work-related duties.
- B. Federal funding participation is not guaranteed and is considered critical for the implementation of this initiative.
- C. State project funding is appropriated annually and may be subject to periodic releases throughout the year, depending upon acceptable schedule, cost, performance, and scope control.
- D. Approval by either the Florida Executive Office of the Governor (EOG) (in consultation with the Legislature) or the Legislative Budget Commission (LBC) will be required before any appropriated funds are made available to the Department.
- E. Funding for the project is subject to approval by the Florida Legislature and Administration for Children and Families (ACF).
- F. Project schedules are dependent on the continued availability of appropriated funds.
- G. Information requests from external oversight agencies and partners can be time-consuming to produce and can affect the project's timeline.
- H. State and/or federal statutory changes, changes in administrative rules, and DCF policy changes could affect the project.

C. Proposed Business Process Requirements

1. Proposed Business Process Requirements

A CCWIS project planning team conducted Joint Application Requirements (JAR) sessions in 2019 with representatives from each functional area. Along with the "as-is" business process flows, a Functional Requirements Traceability Matrix was compiled which includes 436 user stories that reflect stakeholders' proposed business

process requirements (see *Section VIII Appendices: Appendix C - Functional Requirements*). These stories will facilitate implementing the new CCWIS technology and functionality timely since they can serve as a starting point for story tailoring.

As part of phase 1 of the project, it was determined that the intake and investigation modules would be implemented. There were requirements validation sessions held in July-August 2022 to validate the requirements for intake, investigation, common functions, and non-functional requirements.

2. Business Solution Alternatives

The search for a CCWIS solution for Florida has been an ongoing exercise since the Department and Legislature elected to declare the intent to transition FSFN to a CCWIS system in 2018. In 2017, an assessment of development costs was conducted for 1) making FSFN changes needed to maximize federal fund claiming and 2) incrementally building on the existing FSFN until the application had transitioned to CCWIS compliance. At that time, the cost for both activities was estimated to be \$14,695,030 across three (3) years. The CCWIS planning project effort in 2019 projected a four-year timeframe to implement a CCWIS solution incrementally at a cost of \$199,623,143.

Since that time, alternative solutions have emerged that were not available in 2019. Much has been learned from other states that are transitioning an existing system to CCWIS compliance. Three (3) states report they have implemented their full CCWIS solution; one of which achieved compliance by developing requirements on a COTS solution. As a result, there are now three (3) viable alternatives for Florida's transition to CCWIS, two of which were not previously available:

Alternative 1: Replace FSFN with a full "CCWIS-compliant" system from another state

Alternative 2: Purchase/subscribe to a best-of-breed COTS solution(s) that can be evaluated based on the extent to which it can achieve the objectives show in Exhibit II-1

Alternative 3: Build a custom system on a modular Service-Oriented Architecture, providing a unified and decentralized design with considerable user interface and future enhancement flexibility

3. Rationale for Selection

Alternatives 1 and 2 have only recently become viable, and a thorough analysis of their ability to achieve the objectives in Exhibit II-1 would need to be completed during the procurement phase of the CCWIS Strategic Roadmap (shown in **Exhibit II-2: Modernizing Florida's Child Welfare Information System – CCWIS Strategic Roadmap** below). In addition, a determination of the current market costs for each of the three alternatives, based on the ability of each to fulfill the Department's objectives, is estimated based on discussions with vendors and other states' budget requests for what are anticipated to be similar CCWIS systems. This section describes what is currently known or estimated about these options based on completed research.

Alternative 1

One option currently available is to transfer a fully operational CCWIS system from another state; this option assumes minimal customization will be required to support Florida's child welfare practice model. This option could provide the advantage of requiring a shorter time to implementation, but a two-to-three-year implementation window is still anticipated. The extent to which customization is required will influence the time to implementation, as well as the cost.

To project the potential cost to Florida of executing a state transfer, the project implementation costs of other states were considered. States that have completed system implementation for which costs have been obtained include Idaho and Arizona, both of which have smaller customer populations than Florida. Those implementation costs ranged from \$36 million to \$86 million. This includes high-level estimates for customization, data conversion, and licensing. However, assuming there could be a cost-savings of about 25% from transferring a total solution, the actual cost that Florida would realize is projected at \$27,000,000 to \$64,500,000. The need to serve a larger

customer base or customize the system may minimize or negate savings that could be realized by transferring a complete system.

Maintenance and operations (M&O) costs are separately projected to be an additional \$8 to \$15 million per year. The actual M & O costs would be determined by the extent to which in-house - as opposed to contracted vendor - resources would be required.

Other states that should be considered in this regard include Colorado, Delaware, and Maryland as they indicate they have fully operationalized their CCWIS; however, their implementation costs have not been obtained. Indiana and Maine may also be considered as their implementation is in progress. None of these states have been identified by the Department's Office of Child and Family Well-Being (OCFW) as having information systems or child welfare practice models comparable to Florida.

To date, no other state has attempted such a transfer, as there have not previously been any state systems completed and ready for use by another state. If this option was selected, it would require a fit analysis of Florida's requirements to estimate the ultimate development, implementation, and operational costs, and to determine the extent that the Department's business needs will be met with minimal customization. In addition, the gap analysis conducted in 2019 may need to be updated, validated, or conducted from scratch, based upon all evaluative factors considered by the Department. This approach will also likely result in minimal flexibility since a complete system is being transferred.

Alternative 2

Purchasing/subscribing to a best-of-breed COTS solution could also be implemented in a relatively short time (shorter than alternative 3) by providing a ready-made, canned solution. This option would also offer the advantage of being cloud-based, using Software as a Service (SaaS).

There are currently only a few COTS solutions that claim to have a total end-to-end CCWIS solution; however, that market has continued to expand as additional states build new CCWIS solutions using COTS solutions. This alternative also offers the flexibility of purchasing multiple COTS solutions to bridge gaps that may exist in the primary application. For example, a COTS for a Foster Parent Module that may exist and can then be integrated with the best-of-breed CCWIS application. Cost estimates for implementing this option are projected at \$50 to \$70 million; however, this alternative would require recurring licenses, operational costs, and a long-term relationship with the selected vendor. Additionally, the need for customization could be substantial. This option could also require greater initial cost outlay, and there may be hidden costs that may not be identifiable in the short-term. This alternative may also not afford the flexibility the CBC lead agencies desire.

To accommodate any customization that may be required as well as hidden costs, actual total costs for this alternative could range from \$60,000,000 to \$100,000,000. In addition, Maintenance and Operations costs are expected to be between \$8 and \$15 million per year.

Alternative 3

A custom modular system built with a Service-Oriented Architecture providing more User Interface options provides maximum flexibility in the immediate and long-term and is also adaptable and extensible. In addition, this alternative can be developed using Software as a Service, employing technology that can meet needs not anticipated in the two prior alternatives.

However, this alternative would likely be the most expensive and require a longer timeframe to implementation if the entire solution is custom built. In addition, no other state has been identified that has done this, and the only cost estimate available is based upon costs the current system integrator has provided in the past. This is expected to be \$60,000,000 to \$130,000,000. Maintenance and Operations costs are expected to be an additional \$10 to \$18 million per year.

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4. Recommended Business Solution

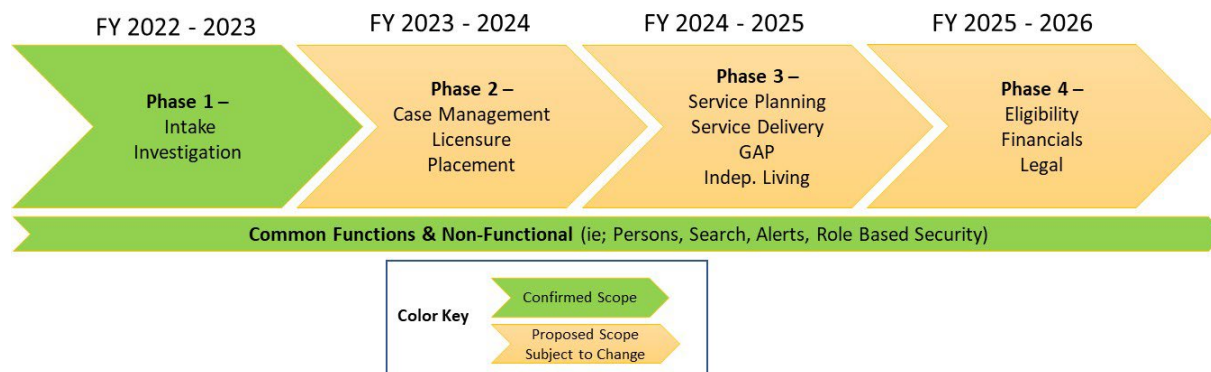
The recommended alternative is a combination of alternatives 2 and 3, utilizing COTS/SaaS where feasible, while building custom components where COTS/SaaS solutions are not feasible. A cloud-based solution that enables timely enhancements and customizations provides the best alignment of business needs with technology optimization, and flexibility moving forward.

Projected costs for this selected approach are \$65 million over a four-year duration with Federal Financial Participation (FFP) as specified in the table below. FFP for development tasks are 100% of 50%, where M&O tasks are funded at 92.35% of 50% until FSFN is replaced.

	Year 1 FY 2022-2023	Year 2 FY 2023-2024	Year 3 FY 2024-2025	Year 4 FY 2025-2026	TOTAL
State Funding	\$7,500,000	\$10,153,000	\$10,153,000	\$5,000,000	\$32,500,000
Federal Funding	\$7,500,000	\$9,847,000	\$9,847,000	\$5,000,000	\$32,500,000
TOTAL	\$15,000,000	\$20,000,000	\$20,000,000	\$10,000,000	\$65,000,000

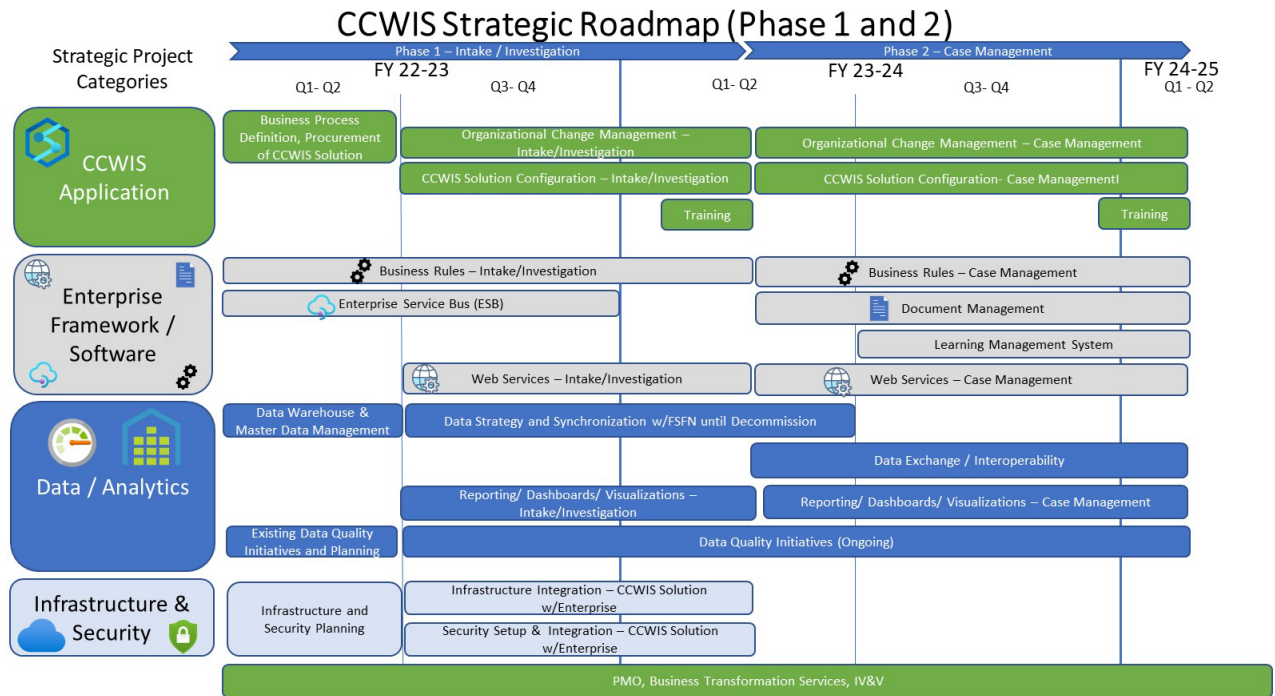
DCF has developed a phased approach to implement CCWIS functionality. Exhibit II-2 depicts the functionality that is planned to be implemented in each phase. Phase 1 is confirmed to implement intake and investigation functionality (pending validation through the RFQ currently in progress), where phases 2-4 have proposed functionality but is subject to change based on the acquired funding and planning.

Exhibit II-2: Modernizing Florida’s Child Welfare System – CCWIS Phased Functional Implementation



DCF has also developed a Roadmap (shown in **Exhibit II-3: Modernizing Florida’s Child Welfare Information System – CCWIS Strategic Roadmap**) for the implementation of Florida’s CCWIS, which focuses on phases 1 and 2. Phases 3 and 4 details will be updated in the Strategic Roadmap for the FY2024-2025 IV-B submission. A description of the activities identified on this diagram by each project component/sub-project (e.g., CCWIS Application, Enterprise Framework/Software) follows in this section.

Exhibit II-3: Modernizing Florida's Child Welfare System – CCWIS Strategic Roadmap



The Roadmap is comprised of four (4) primary strategic categories: the CCWIS Application, Enterprise Framework/Software, Data/Analytics, and Infrastructure & Security. Within each of these categories resides key elements that comprise the overall CCWIS solution. This section further describes each of these elements.


CCWIS Application

An application that meets CCWIS requirements, is flexible, easily maintainable, modernized, and fulfills supporting the Child Welfare vision for Florida

CCWIS Application – CCWIS Solution		
Element	Description	Duration
Business Process Definition & CCWIS Solution Procurement	Review of current child welfare business processes to ensure that any solution procured will support the current practice model and selection of the solution components. Business Process Flows were developed as part of the CCWIS Planning Project and are included in the Appendices of this document (see Section VIII Appendices: Appendix B - Business Process Flow Diagrams)	Q1 & Q2 FY 22-23
Organizational Change Management	Phase 1: Managed by OCFW, this will entail reviewing the business process flows discussed above and planning any changes to processes that will enhance performance or will be necessitated by new system components.	Q3 & Q4 FY 22-23 Q1 FY 23-24
	Phase 2: Preparing for, adopting, and implementing organizational changes, including the culture, policies,	Q2, Q3 & Q4 FY

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	procedures, and physical environment, as well as employee roles, skills, and responsibilities.	23-24 Q1 FY 24-25
CCWIS Solution Configuration	Phase 1: Determining the sequence in which functional modules will be implemented, finalizing the content included in each, and selecting the stories to be worked for the rollout of each module. A preliminary identification and high-level content breakdown of the CCWIS modules is include as the Appendices of this document (see Section VIII Appendices: Appendix D – CCWIS Functional Modules). The functional Requirements Traceability Matrix (see Section VIII Appendices: Appendix C - Functional Requirements) provides user stories that can be tailored for inclusion in each module	Q3 & Q4 FY 22-23 Q1 FY 23-24
	Phase 2: Tailoring of the stories and implementation of the functional modules.	Q3 & Q4 FY23-24 Q1 FY 24-25
Training	Training on how to use software products and the system will be provided on at least two (2) different occasions during the project by any vendors whose products are purchased.	Q1 FY 23-24 Q1 FY 24-25



Enterprise Framework / Software

Solution components that can integrate seamlessly with the CCWIS Application to provide enterprise services.

Enterprise Framework/Software		
Element	Description	Duration
Business Rules	Phase 1: During procurement of the CCWIS application, the application will be assessed to determine the extent of usage versus the use of DCF’s enterprise Rules Engine, IBM CloudPak for Business Automation or InRule.	Q1-Q4 FY 22-23 Q1FY 23-24
	Phase 2: Implementation and integration of the business rules engine.	Q2-Q4 FY 23-24 Q1 FY 24-25
Enterprise Service Bus	The enterprise service bus will be purchased and/or built to: <ul style="list-style-type: none"> • Route messages • Monitor/control routing of message exchanges • Resolve contention between communicating components • Control deployment and versioning of services • Marshal use of redundant services; and • Provide commodity services like event handling, data transformation and mapping, message and event queuing and sequencing, security or exception handling, protocol conversion and enforcing proper quality of communication service. 	Q1-Q4 FY 22-23 Q1 FY 23-24
Document Management	An enterprise document management system will be procured following a thorough analysis of DCFs enterprise needs for this service and ability to integrate with other IT applications.	Q2-Q4 FY 23-24 Q1 FY 24-25
Learning	Vendor services will be procured to develop training	Q3 & Q4 FY 23-24

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Management System	resources that can be integrated into and used on an ongoing basis as part of the overall CCWIS.	Q1 FY 24-25
Web Services	Phase 1: Establishing rules for communication (such as how to request data, parameters that need to be specified, structure of the data to be provided, and error messages to display when a communication rule is not observed). Determine application functionalities that will require implementation of web services that correspond to the application modules in phase 1 for intake and investigations.	Q3 & Q4 FY 22-23 Q1 FY 23-24
	Phase 2: Implementation of web services that correspond to the application modules in phase 2.	Q2-Q4 FY 23-24 Q1 FY 24-25




Data / Analytics

A data, analytics, and reporting solution that supports interoperability, flexibility, and visibility.

Data Analytics		
Element	Description	Duration
Data Warehouse and Master Data Management	Establishment of an enterprise data warehouse as a central repository for DCF enterprise data that can serve as the core component for business intelligence in CCWIS and support reporting and data analysis needs. May also implement functionality for identifying data that needs to be cleaned and ensuring data quality prior to using for reporting or analysis. Will also entail building out a Master Data Management (MDM) process so disparate data across DCF's business systems can be reconciled using rules built into the MDM.	Q1 & Q2 FY 22-23
Data Strategy and Synchronization w/FSFN until Decommission	At this point in the project, it will be necessary to define a data strategy that will serve as a plan to improve the ways data is acquired, stored, managed, shared and used. Existing data from FSFN will then need to be synchronized to ensure consistency among data from a source to a data storage tool.	Q3 & Q4 FY 22-23 Q1 & Q2 FY 23-24
Data Exchange/ Interoperability	This element of the project is intended to address the CCWIS requirement for bi-directional data exchanges with external systems that collect or use CCWIS data. This phase will include defining the standards for exchanging information between CCWIS and these other systems, including what data can be exchanged, data definitions, formats, and other specifications required by the CCWIS architecture.	Q2-Q4 FY 23-24 Q1 FY 24-25
Reporting/ Dashboards/ Visualization	Phase 1: OCFW and IT identify the reports (including ad hoc reporting capability), dashboards, and visualizations that OCFW would like to have available through CCWIS and all the relevant parameters needed to create them.	Q3 & Q4 FY 22-23 Q1 FY 23-24
	Phase 2: Creation/build out of the reports, dashboards, and visualizations	Q2-Q4 FY 23-24 Q1 FY 24-25

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Data Quality Initiatives	Q1 and Q2 of FY 22-23, IT will be working with OCFW to identify data quality initiatives that will need to accompany the implementation of CCWIS. The remainder of the project will be spent implementing the initiatives and testing for data quality parameters.	Project Duration
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Infrastructure & Security

Focus is placed on a Cloud-based infrastructure coupled with modern security to provide the technology foundation around which the CCWIS Solution is built.

Infrastructure & Security - Enterprise Security Identity and Access Management		
Element	Description	Duration
Infrastructure and Security Planning	Planning for incorporating security precautions into the CCWIS solution or determine existing practices are sufficient to ensure users can only access authorized functions/information; access is revoked when inappropriate use is detected; all data entry is audited/tracked so users making any changes made can be identified; and ensure all data and information within the system is secure and confidentiality is maintained, as required by law and practice. (Specific capabilities to ensure security were identified during the 2019 CCWIS Planning Project and are contained in the Non-Functional Requirements Traceability Matrix included in the appendices.)	Q1 & Q2 FY 22-23
Infrastructure Integration	CCWIS solution is selected, or available options narrowed. This activity will focus on ensuring the various components selected for the CCWIS are composed/built to provide seamless connections to various components and functions assuring successful two-way exchanges of information as desired.	Q3 & Q4 FY22-23 Q1 & Q2 FY 23-24
Security Setup & Integration	Ensuring the CCWIS design complies with all industry standards and CCWIS requirements regarding security and maintaining confidentiality. Business and system processes for user authentication, employment of multi-factor authentication, security hardening in every system component, encryption of data (at rest or in motion) and a high level of restricted access to data will be defined and incorporated into the overall CCWIS system.	Q3 & Q4 FY22-23 Q1 FY 23-24

Enterprise Project Management Office, Business Transformation Services, IV&V

Project management services will be provided throughout the project; the Department’s Enterprise Project Management Office (EPMO) will ensure that the project remains within scope, on schedule, delivers quality products within budget, and the necessary documentation and metrics to reflect the project’s success are maintained.

Business Transformation Services will be procured to assist OCFW in evaluating current business processes and identify necessary changes to improve services to customers; the Business Transformation Services provider will

also assist the Department in establishing a model for identifying and making required business process changes as the dynamic field of child welfare matures while these services are enacted.

Independent Verification and Validation (IV&V) services are required because the project will exceed \$10 million. The IV&V provider will oversee the project activities to serve as a check that the EP MO is employing best practices and will give particular attention to ensuring that project metrics are maintained and that business objectives are met.

The current FSFN system will be decommissioned at the completion of the project. Decommissioning includes the documentation and implementation of specific procedures for termination (sunsetting) of an application/service, how data will be retained (if required), and steps for transitioning to a new system.

D. Functional and Technical Requirements

1. Functional Requirements

The 2019 CCWIS planning project helped to define functional priorities for users that will facilitate CCWIS compliance (see *Section VIII Appendices: Appendix A – Business Requirements Document*). Through various requirements elicitation approaches, key stakeholders were asked what they would consider the highest priorities for a solution that aligned with CCWIS requirements. This led to the identification of priorities considered critical to developing a solution that will support frontline workers as well as improve the timeliness, accuracy, and completeness of data collected.

The high priority requirements elicited included:

- Enhanced Mobile Functionality: users want a system that can be accessed from any device
- Enhanced Document Management: users want enhanced technology in maintaining and indexing documentation and securing signatures
- Enhanced Data Access, Quality and Management: users want access to real time data, automated data quality assurance tools, and improved data reporting functions to promote and require data and insight-driven decision making; and
- Remediated Deficiencies in System Functionality.

Requirements that address deficiencies in system functionality were also detailed in user stories found in the Functional Requirements Traceability Matrix that was included in the Business Requirements Document (BRD) (see *Section VIII Appendices: Appendix A – Business Requirements Document*) as well as in the Appendices of this document.

2. Technical Requirements

Compliance with CCWIS will also entail certain technical architecture requirements necessary to comply with CCWIS design requirements and meet the needs of the users. Technical requirements that will help meet the needs of users include:

- Browser and device-agnostic access design
- Real-time data synchronization
- Event-driven notifications and alerts
- Bi-directional data exchanges that enable CBC flexibility and improved access to external child welfare supporting data; and
- External customer portals that provide support to caregivers, providers, youth, young adults formerly in foster care, and community partners.

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CCWIS design requirements were identified in the Current Challenges – Comprehensive Child Welfare System Compliance section of this document and are also listed below:

- 1) Follow a modular design that includes the separation of business rules from core programming
- 2) Be documented using plain language
- 3) Adhere to a state, tribal, or industry-defined standards that promote efficient, economical, and effective development of automated functions and produce reliable systems; and
- 4) Be capable of being shared, leveraged, and reused as a separate component within and among states and tribes.

In addition, the 2019 CCWIS Planning Project also produced specific user stories related to architectural needs (see ***Section VIII Appendices: Appendix E - Non-Functional Requirements Traceability Matrix***)

III. Success Criteria

A critical step in the strategic modernization of the DCF systems/platforms is the development of clear goals and success criteria which align with the overall mission and vision for Florida's CCWIS. The success of the modernization project will be assessed using quantitative and qualitative criteria. Each of the success goals below aligns with the business objectives and proposed business process requirements outlined in the Strategic Needs Assessment section of this document.

Success Criteria Table			
#	Description of Success Criteria	How will the criteria be measured/assessed?	Who benefits?
1	Full CCWIS Compliance	<ul style="list-style-type: none"> Measured and assessed by ACF through the ACF-prescribed compliance review process IV&V Documentation 	<ul style="list-style-type: none"> State of Florida DCF staff Florida Taxpayers
2	Maximized Federal Funding	<ul style="list-style-type: none"> Assessed by comparing the federal fund claiming filed in the year prior to and for each year during the implementation of the solution to ensure increases in federal funding participation 	<ul style="list-style-type: none"> State of Florida DCF staff Florida Taxpayers
3	Enhanced User Support/ Experience	IV&V Documentation of: <ul style="list-style-type: none"> Creation of Youth and Caregiver Self-Service Portals Creation of Self-Service Vehicles (Interactive Dashboards, Appointment Reminders, Document Submission Functionality, Online Help, and Trainings) Provision of Real-Time Data Automation of Previously Manual Processes Browser and Device-Agnostic User Interfaces Built Persona-Based Intuitive User Interfaces 	<ul style="list-style-type: none"> Child Protective Investigators and Case Managers Children and Families Served by DCF Foster Parents
4	Mobile Functionality	IV&V Documentation of: <ul style="list-style-type: none"> Availability of Mobile Device Support Availability of Mobile Assessment Functionality Availability of Offline Work Capability and Subsequent Data Synchronization Availability of Route Management Tools 	<ul style="list-style-type: none"> DCF Staff Children & Families Served by DCF
5	Enhanced Workflow/Workforce Management	IV&V Documentation of: <ul style="list-style-type: none"> Availability of Automated Dynamic Workflow Processes and Updates Availability of Automated Resource Utilization Monitoring Availability of Automated Task Assignment and Prioritization with Alerts Availability of Automated Performance Evaluation and Monitoring Tools 	<ul style="list-style-type: none"> Child Protective Investigators and Case Managers DCF Staff Children & Families Served by DCF

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Success Criteria Table			
#	Description of Success Criteria	How will the criteria be measured/assessed?	Who benefits?
6	Improved Analytics, Reporting, and Alerts	IV&V Documentation of: <ul style="list-style-type: none"> • Availability of Real-Time Operational Reporting • Availability of Dashboards and Data Visualization Tools • Availability of Automated Alerts/Notification of Tasks Due • Incorporation of Predictive Analytics Tools 	<ul style="list-style-type: none"> • State of Florida • DCF Staff • Children & Families Served by DCF
7	Interoperability Enabled	IV&V Documentation of: <ul style="list-style-type: none"> • Functionality Built on a Service Oriented Architecture Representational State Transfer (REST) - Application Program Interfaces (API), and Extensible Markup Language (XML) -Based System Components Built • Open Standards-Based Secure APIs Built • Availability of Event-Based and Real-Time Messaging 	<ul style="list-style-type: none"> • DCF Staff • DCF Leadership • Children & Families Served by DCF
8	Enhanced Data Quality and Data Management Tools	IV&V Documentation of: <ul style="list-style-type: none"> • Availability of Data Quality Assurance Tools • Integration with MDM and Data Quality Assurance Tools 	<ul style="list-style-type: none"> • Child Protective Investigators and Case Managers • DCF Leadership • Children & Families Served by DCF
9	Enhanced Batch Processing	IV&V Documentation of: <ul style="list-style-type: none"> • Availability of On-Demand Report Processing • Availability of Asynchronous Data Updates 	<ul style="list-style-type: none"> • Child Protective Investigators and Case Managers • DCF Leadership
10	Reduced Cost of Ownership	Documentation of: <ul style="list-style-type: none"> • Operations and Maintenance Costs Each Year During Implementation • Incorporation of Best-of-Breed COTS Components • Use of SaaS, When Cost-Efficient 	<ul style="list-style-type: none"> • State of Florida • DCF Staff • Florida Taxpayers
11	Customized Solution	IV&V Documentation of: <ul style="list-style-type: none"> • Alignment of Business Rules with Application Functionality • Modularly Built Functionality 	<ul style="list-style-type: none"> • Child Protective Investigators and Case Managers • Foster Parents • DCF Leadership • Children & Families Served by DCF
12	Managed Infrastructure	<ul style="list-style-type: none"> • Cloud-Based Model Used • SaaS or IaaS Employed, When Cost-Efficient • Scalability is Provided • Alignment with DCF Disaster Recovery (DR) and Continuity of Operations Plan (COOP) 	<ul style="list-style-type: none"> • State of Florida • Florida Taxpayers • DCF Staff • Child Protective Investigators and Case Managers • Foster Parents • Children & Families

Success Criteria Table			
#	Description of Success Criteria	How will the criteria be measured/assessed?	Who benefits?
			Served by DCF

Successful Procurement

This project may require multiple procurements, including:

- IV&V services
- Project management services
- The solution or solution components or support services (to be determined in the first two quarters of the project) that align to the CCWIS Strategic Roadmap

DCF has a long history of implementing processes required by the Florida procurement laws and regulations. To successfully support the development and execution of procurements to support this project, DCF will utilize the appropriate procurement mechanism(s) to provide open and fair competition while providing options to negotiate the best value for DCF and the state. The following objectives will govern the procurement:

- **Mitigate the risk of protest:** Adhere to the defined processes, procedures, and legal requirements as defined in Florida’s state procurement requirements, and by applying discipline and rigor to the process, to ensure the procurement moves forward in a technically correct and transparent manner.
- **Be precise but flexible enough to allow for innovation:** Present the requirements in such a way to allow vendors to propose innovative technologies or solutions to the procurement process for consideration, while also clearly and appropriately defining DCF’s needs and requirements.
- **Use Subject Matter Experts:** Identify DCF subject matter experts early in the process when developing the Invitation to Negotiate (ITN) and implementing the procurement process.
- **Use Experienced Evaluators and Negotiators:** Select knowledgeable and experienced evaluators and negotiators with the appropriate training to ensure outcomes aligned with DCF objectives and vision.
- **Establish a realistic and achievable procurement plan (schedule):** Delineate a realistic and achievable schedule for the procurement that leaves ample room for schedule adjustments without sacrificing critical elements and allowing the process to focus on best value outcomes and not timelines.

To the extent practicable and relevant to any given procurement, the criteria shown in **Exhibit VI-7: Solution Alternatives Technology Evaluation Criteria** (beginning on page 41) will be used to evaluate proposals.

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

A. Benefits Realization Table

Many benefits will be realized through the deployed modernization efforts associated with this project and those benefits will be significant to the Department, the state, child welfare professionals, and the overall system of care. Benefits such as improved worker productivity and decision making will be the result of the new and cutting-edge technology that will accompany CCWIS compliance.

Exhibit IV-1 provides a description of benefits and identifies beneficiaries. The benefits measurement plan and projected realization projection is also listed.

Exhibit IV - 1: Benefits Realization Table

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is the benefit realized?	How is the realization of the benefit measured?	Realization Date (MM/YY)
A.1	Benefit 1- Maximized Federal Funding Participation (FFP)	DCF State of Florida	By a 7.65% increase in federal fund claiming/ reimbursement Target: \$382,500/ yr. additional federal funding participation	By tracking federal fund claiming and reimbursement to document the % change	FY 24/25
A.2	Benefit 2- Reduced System Enhancement Costs	DCF State of Florida	By a 10% reduction in system enhancement costs Target: \$1,000,000/ yr. reduction in system enhancement costs	By tracking changes to the enhancement costs for the system and comparing to previous year's data	FY 24/25
A.3	Benefit 3- Enhanced Staff Productivity	DCF State of Florida	By reduced times to permanent placements	By tracking permanency data and comparing to previous year's data	FY 25/26
A.4	Benefit 4- Improved Data Sharing - Impacting Decision Making	DCF State of Florida Provider Network Partnering Agencies	By fewer children entering into care and reduced times to permanent placements	By tracking entry and permanency data and comparing to previous year's data	FY 26/27
A.5	Benefit 5- Improved Accountability- Impacting Program Effectiveness and	DCF State of Florida Provider Network	By fewer children entering care and reduced times to permanent placements	By tracking entry and permanency data and comparing to previous year's data	FY 26/27

	Quality of Services				
A.6	Improved Foster and Adoptive Parent Engagement	Foster and Adoptive Parents	Increased issuance of foster parent licenses	By tracking the number of foster parent licenses issued and comparing it to previous year’s data	FY 26/27

A.1 Benefit 1- Maximized Federal Funding Participation

This section contains a summary of the cost and benefit analyses for CCWIS Modernization. This provides a picture of the program's financial impact, as evidenced by the Internal Rate of Return (IRR), the Net Present Value (NPV), the Payback Period, and the Breakeven Fiscal Year. The CBA forms are provided in **Section VIII Appendices: Appendix F – Cost Benefit Analysis Documentation.**

Under the CCWIS final rule, states are eligible for federal financial participation of up to fifty percent (50%) for development costs as they relate to the approved activity and appropriate program categories. Approved activity defined by ACF includes a project task that supports planning, designing, developing, installing, operating, or maintaining a CCWIS.

In addition to the federal financial participation available in implementing the selected hybrid of Alternative 2 and 3 for the scope of this project, it is important to additionally consider that system enhancements beyond the life of this project would continue to be eligible for fifty percent (50%) federal financial participation per the CCWIS guidelines. This maximized federal funding participation will continue to benefit DCF.

A.2 Benefit 2 - Reduced System Enhancement Costs

The Children’s Bureau defines “modularity” as the breaking down of complex functions into separate, manageable, and independent components. Using this modular approach, CCWIS compliant systems will feature components that function independently, simplifying future upgrades or procurements because they can be completed on singular modules rather than disassembling the entire system to modify the various interdependent parts. These modular systems will be much more adaptable to policy and practice changes than their predecessors and will have lower enhancement costs due to their receptiveness to future augmentation. A cost benefit will also be realized by the Department as the current system is incrementally decommissioned.

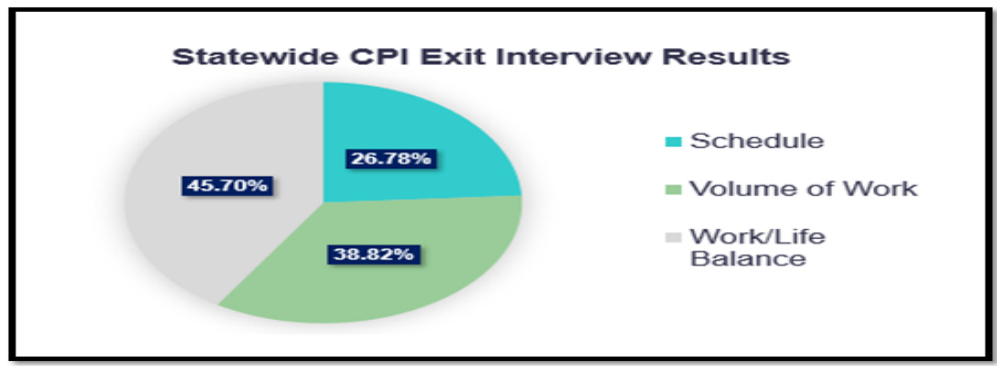
A.3 Benefit 3 - Enhanced Staff Productivity through CCWIS Solution Mobility

Productivity enhancements are reductions in future staff effort associated with assigned tasks or functions. By bringing DCF’s CCWIS solution into compliance, the Department will be able to realize cost benefits through the tool and practice model related to mobility enhancements. In past interviews and surveys, DCF child protective investigators and CBC case managers expressed a need for the CCWIS solution to be more mobile and accessible by personal electronic devices.

Productivity enhancements will be realized through increased efficiencies. Reductions in future staff time spent on average cases and increases in volume of work completed will serve as indicators that mobility is helping to increase staff productivity. Investigators, who can dynamically receive updated information while in the field will make more rapid decisions by having enhanced access to pertinent data. This will help our frontline staff become more effective in their work.

As shown in **Exhibit IV- 2: Statewide CPI Exit Interview Results**, exit interviews with Child Protective Investigators (CPIs) indicate CPIs leave their jobs due to schedule, volume of work, or work/life balance. The benefits from a modernized system, including productivity enhancements, could improve all three of these for CPIs and result in higher retention of CPIs.

Exhibit IV – 2.: Statewide CPI Exit Interview Results



Solution mobility can be realized through the CCWIS modernization project, and the benefits include increased efficiency in meeting deadlines due to CPI and case managers being able to access the system from their phone or personal electronic device rather than having to return to their workstations to action needed and required data entry. Staff may also reallocate the time spent performing the duplicated work tasks of entering the same case notes in multiple application and help improve prevention service coordination and referrals. This mobile functionality has proven to be successful in other states and offers the immediate benefit of affording child welfare professionals the ability to complete forms out in the field.

The work efficiencies that will be realized through having a mobile solution will not only enhance staff’s ability to further engage families but will also support the Department’s staff recruitment and retention efforts. Child welfare professionals will be better positioned to manage workload demands leading to healthier, more balanced work lives. A reduction in documentation requirements for staff to streamline time spent in the office engaged in documentation allows for more time managing child protection and child welfare duties, which should improve job satisfaction for high turnover (critical class) positions. Further, these efforts will transform the state’s child welfare system to become more preventative and integrated from intake through case management, to permanency to:

- Proactively help prevent entry into Florida’s child welfare system and safely preserve families
- Mitigate placement risks for children who are in, or must enter, care and to safely expedite their exits to permanency

A.4 Benefit 4 - Improved Data Sharing Impacting Decision Making

A major component of CCWIS is information sharing across systems (interoperability) and this functionality is particularly important for children in foster care who oftentimes experience complex behavioral and mental health care needs. A compliant CCWIS solution must support collaboration, interoperability, and data sharing that is efficient, economical, and effective. The CCWIS Final Rule requirements mandate data exchanges with courts, education, and Medicaid systems as well as other child welfare contributing and ancillary systems, especially those used by child welfare professionals.

Through these real-time data exchanges, programs and child welfare workers have will newer, faster, and more innovative methods of obtaining and responding to information. As an access point for information on clients, providers, and services, the utilization and end-user value of the tool will far exceed current FSFN functionality. Child welfare professionals will have a consistent method of receiving timely information which directly benefits their ability to make decisions that are in the best interest of the clients they serve.

Accurate information, received in a timely manner and evaluated properly, is the key to good decision-making. The realized benefits of the CCWIS mandated data exchanges and the information they will provide include:

- Child Welfare professionals can deploy a proactive versus reactive approach to working with families
- A family's situation can be weighed against child risk factors so that decisions can be made with confidence
- Referrals can be executed more quickly to address the client’s and/or family’s needs
- Child Welfare professionals will have more certainty in the planning and developing of new or additional programs to assist families

Prevention requires early intervention, which will require front-line professionals to have access to pertinent data and actionable intelligence so they can make the best and most sound decisions for the families served. System integration will also help improve insight to cases during review and investigations. Examples include:

- Child Protective Investigator preparedness for immediate investigations using readily available information.
- Facilitate referrals for needs and services directly to resources able to meet those needs and automate feedback of the success of connection to those resources (closed loop referrals).
- Live outcome measures to see progress and improvements based on service provision, safety plan compliance, and other case actions.
- Improved coordination and communication with partners to support collective transparency and sharing of relevant information should lead to better placement decisions, fewer placement changes and faster permanency.
- Provide a comprehensive picture of a child's needs to the placement host to enable the appropriate placement management, reduce trauma and support placement success.
- System queries for existing information to eliminate duplication and unnecessary work. For example, person look-up from existing data rather than manual entry of person with each encounter.

A.5 Benefit 5 - Improved Accountability Program Effectiveness and Quality of Services

Thousands of children and families are being engaged daily through the programs and services embedded within Florida's child welfare system of care. Through transitioning to a CCWIS compliant tool, the effectiveness and quality of these programs and services can be more easily monitored through the available performance and reporting analytics features. CCWIS compliant solutions employ dashboard visualization functionality that can be used for alerts and notifications to help improve enterprise data quality, accuracy, real-time availability, visualization, and reporting in support of crisis prevention and workforce efficiency. This portfolio of system functionality would be a launch pad for improved accountability and would assist child welfare professionals in completing and reporting their job tasks.

Due to the layers of partners involved in Florida child welfare, communication between systems and teams is critical. A modernized system is necessary to support guardrails for critical decision-making. Examples of decisions that can be supported through system integration and structured workflow include:

- Expedited analysis of foster care licensing decisions using data validation (interface with the Florida Abuse Hotline and background checks)
- Automated restriction in child placements in a licensed foster home if an open abuse report is pending or determined unfounded
- Prohibit approval of a foster care license if the applicant has an ineligible criminal background
- Support decisions related to child removals and decisions to not remove during protective investigations by enabling an immediate 360-view of the family (Baker Acts, incidents of domestic violence, 911 calls, school episodes, Department of Juvenile Justice or Agency for Persons with Disabilities involvement, etc.)

The primary benefit of improved accountability is the opportunity it affords to avoid serious and sometimes tragic outcomes that can occur in instances where a child is experiencing abuse and/or neglect. CCWIS system analytics tools will provide the vital information and data needed to appropriately assess the quality and effectiveness of our services. This will result in more effective interventions with children and families and a higher level of accountability and/or responsibility from those providing services.

A.6 Benefit 6 - Improved Foster and Adoptive Parent Engagement

The Department understands the importance of supporting and consistently engaging adults who care for Florida's children. This engagement and its continued evolution play a vital role in the Department's recruitment and retention efforts and its dependent on creative ideas and innovation.

The modularity of the CCWIS solution will allow the Department to access innovative technology tools to create and end-user experience that is aimed towards foster and adoptive parent engagement. The Department plans to design a secure portal that will utilize foster and adoptive parent information and data to:

- Improve matching capabilities
- Provide pertinent and appropriate information on the children placed with them

SCHEDULE IV-B FOR MODERNIZING FLORIDA'S COMPREHENSIVE CHILD WELFARE INFORMATION SYSTEM

- Enrich communication between foster parents and case managers
- Enhance access to quality guidance, support, and training

The Department will create efficiencies in the state's foster care system by deploying innovative technology through its CCWIS solution. These efficiencies will enhance attraction towards becoming a foster parent and promote greater participation in communities throughout Florida.

B. Cost Benefit Analysis

Exhibit IV-3 reflects the costs across the three years for the project and the quantifiable benefits anticipated in the two years following project completion.

Exhibit IV - 3: Hybrid Alternative 2 & 3 Cost Benefit Analysis (CBA Form 2A)

COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	TOTAL FOR ALL YEARS
Project Cost	\$15,000,000	\$20,000,000	\$20,000,000	\$10,000,000	\$0	\$65,000,000
Net Tangible Benefits	\$0	(\$4,000,000)	(\$6,000,000)	(\$8,286,850)	\$0	(\$18,286,849)
Return on Investment	(\$15,000,000)	(\$24,000,000)	(\$26,000,000)	(\$18,286,850)	\$0	(\$83,286,849)
Year to Year Change in Program Staffing	0	0	0	0	0	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	NO PAYBACK	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	NO PAYBACK	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	(\$76,861,090)	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	NO IRR	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

Exhibit IV-4 provides the funding source breakdown for each year. Recurring funding is included to pay for software licensing and maintenance and operations support that is planned to be implemented in phase 1 of the project during FY22-23.

Exhibit IV - 4: Fiscal Information for FY23-24

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	
General Revenue	\$7,500,000	\$10,153,000	\$10,229,500	\$5,229,500	\$0	\$33,112,000
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match <input checked="" type="checkbox"/>	\$7,500,000	\$9,847,000	\$9,770,500	\$4,770,500	\$0	\$31,888,000
Grants <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$15,000,000	\$20,000,000	\$20,000,000	\$10,000,000	\$0	\$65,000,000
CUMULATIVE INVESTMENT	\$15,000,000	\$35,000,000	\$55,000,000	\$65,000,000	\$65,000,000	

Note: Federal Match is 100% of 50% for Development Funding
 Federal Match is 92.35% of 50% for M&O until FSFN is decommissioned

V. Schedule IV-B Major Project Risk Assessment

A risk assessment of the *Modernization of Florida's Comprehensive Child Welfare Information System* was performed using the risk assessment tool provided in the Information Technology Guidelines and Forms located on the Florida Fiscal Portal. The risk assessment tool collects a snapshot of the current risk characteristics of the project based on DCF responses to 89 questions; classified into eight (8) assessment categories, the results are summarized below.

Based on answers provided by DCF at the time the risk snapshot was taken, the overall risk assessment for the Modernization of Florida's Comprehensive Child Welfare Information System was rated as "High." The primary drivers for a high-risk rating are outlined by the defined risk categories below.

- **Strategic Assessment:** The project will have multiple agency visibility, statewide enterprise visibility, public visibility, and will likely take multiple years to implement. Additionally, some of the project milestones and completion dates are dependent upon state or federal actions.
- **Technology Assessment:** External technical resources will be used to implement the technology solution. Technology alternatives are being considered that will be complex to implement. The proposed solution will require extensive infrastructure and platform changes to complete the work successfully.
- **Organization Change Management Assessment:** This project will require extensive organizational change management as users transition to using more advanced technology to complete their job responsibilities. DCF will need additional resources to support the organizational transformation.
- **Communication:** The primary driver for the risk rating in this category is because a formal communication plan has not been developed.
- **Fiscal Assessment:** The size and estimated duration of the project are significant drivers in the overall risk classification for this category. Likewise, uncertainty around benefit amounts, federal funding participation, and timing are also contributors. Any statewide reengineering project would have a similar fiscal risk level.
- **Project Organization:** The primary driver for the risk rating in this category is because a formal organizational structure and project plan has not yet been agreed upon nor finalized.
- **Project Management:** The primary driver for the risk rating in this category is because a formal project management plan has not been finalized.
- **Project Complexity:** The proposed project involves more than three (3) stakeholders and more than four (4) external entities. For a project of this size, scope, and complexity, a high-risk level is expected.

The overall risk assessment rating that this project poses aligns with expectations for a project of this scope, size, and complexity. These risks will change over the course of the project and will be identified in the first two (2) quarters of the project as the solution(s) are finalized, project management plans are completed, executive stakeholder approval secured, and detailed requirements are documented. An overview of specific elements of Project Management, consistent with the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK) framework and Chapter 60GG-1, Florida Administrative Code, that must be followed are outlined in Section VII Project Management Planning to acknowledge the need for a rigid approach to ensure risks are mitigated.

Exhibit V-1 below provides the summary results calculated by the risk assessment tool (see *Section VIII Appendices: Appendix G – Risk Assessment Backup Documentation*) as well as the individual risk assessment categories and the risk exposure assessed in each category. When answering the questions in the risk assessment tool, the current state snapshot did not take into consideration the project planning and program activities (described at a high level in Section VII) that will be undertaken to prepare DCF for the next phases of the project. These more detailed planning activities will reduce the overall risks to the project.

Exhibit V-1: Major Project Risk Assessment Summary

Project	<i>DCF Modernizing CCWIS - FSN Replacement</i>					
Agency	<i>Department of Children and Families</i>					
FY 2022-23 LBR Issue Code:	FY 2022-23 LBR Issue Title:					
<i>Issue Code</i>	<i>Issue Title</i>					
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):						
<i>Timothy Lawson, Timothy.Lawson@myflfamilies.com</i>						
Executive Sponsor						
Project Manager	<i>TBD</i>					
Prepared By	<i>Timothy Lawson</i>	<i>9/2/2022</i>				
Risk Assessment Summary						
Business Strategy	<table border="1" style="width: 100%; height: 150px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>					
Level of Project Risk	Least Risk	Most Risk				
Most Aligned		Least Aligned				
Project Risk Area Breakdown						
Risk Assessment Areas		Risk Exposure				
Strategic Assessment		HIGH				
Technology Exposure Assessment		HIGH				
Organizational Change Management Assessment		HIGH				
Communication Assessment		HIGH				
Fiscal Assessment		HIGH				
Project Organization Assessment		HIGH				
Project Management Assessment		HIGH				
Project Complexity Assessment		HIGH				
Overall Project Risk		HIGH				

VI. Technology Planning

A. Current Information Technology Environment

1. Current System

The Florida Safe Families Network (FSFN) is an enterprise application that supports Florida's child welfare system. FSFN currently supports the previous federal Statewide Automated Child Welfare Information System (SACWIS) requirements; however, it does not support the current federal Comprehensive Child Welfare Information System (CCWIS) requirements.

a. Description of Current System

i. Current FSFN Architecture

FSFN was migrated to the Amazon Web Services (AWS) cloud platform in December 2017. A modular hardware and system software approach was used to build the FSFN technical architecture within AWS.

The FSFN technical architecture contains five key component areas, as outlined below:

- Application Web Servers – WebLogic
- Reporting Servers - SAP Business Objects and File Servers
- Data Extract, Transform, and Load (ETL) Servers - SAP Data Services
- Batch Processing - Java, and FTP; and
- Databases - IBM DB2 LUW, Oracle DB.

Exhibit VI-1 (on the next page) illustrates the current FSFN Architecture. The following sections describe the FSFN technical architecture components.

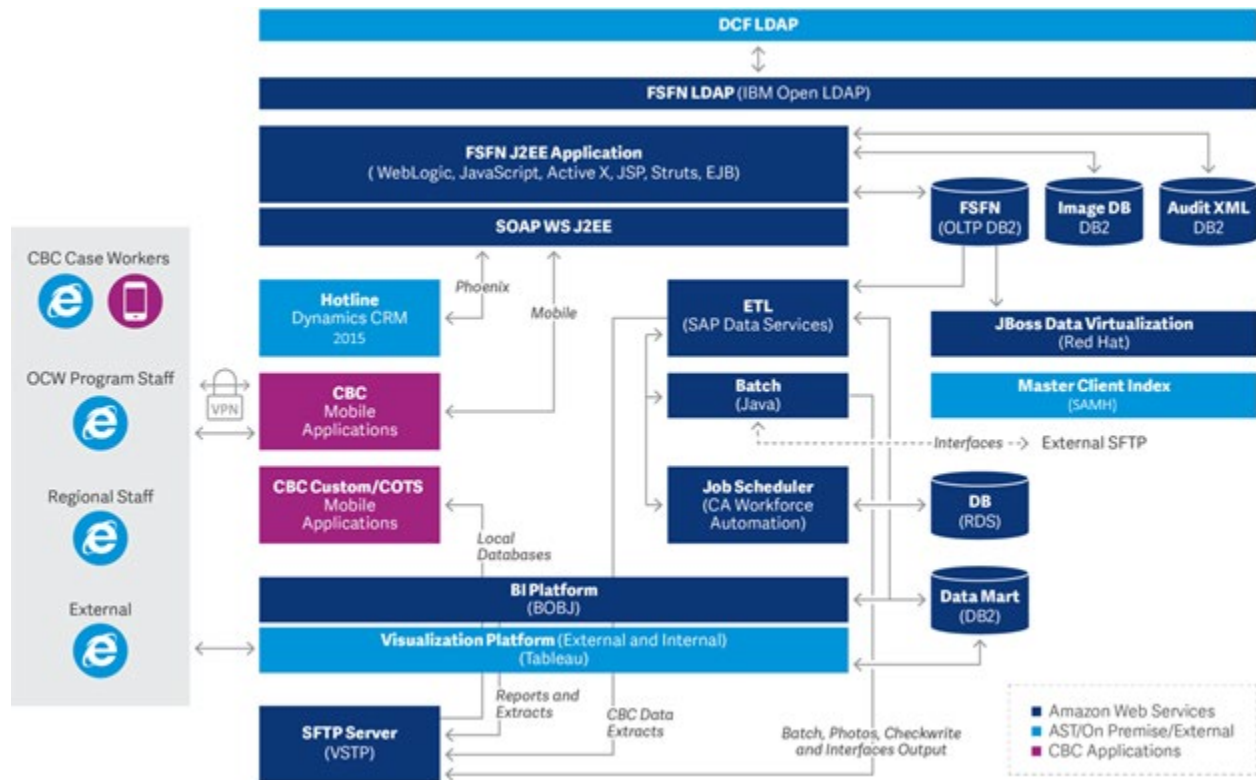
ii. Application Web Servers

Amazon Web Services (AWS) hosts the FSFN Web Application for the State of Florida. The Web Application is accessed by users across the State of Florida. The FSFN Web Application consists of five WAR/EAR deployments in WebLogic, all written in Java.

iii. Reporting Services

SAP Business Objects operates as the reporting component for FSFN. Business Objects contains over 1,000 reports that are both system reports and user-created reports, including required federal reports.

Exhibit VI-1: Current FSFN Architecture



iv. Data Extract, Transform, and Load (ETL)

SAP Data Services (DS) performs functions needed to share data with other systems. The ETL applications extract data from the OLTP database, reorganize the data to make it easier to report, and write the data to a Data Warehouse and Data Mart database. Additionally, DS produces daily case files for each of the Community Based Care organizations to upload to their systems.

v. Batch

Batch jobs are used in FSFN to update data, create shared files, and to interface or share data with other systems (internal or external).

vi. Databases

There are five primary databases used to store data for the FSFN system.

1. **OLTP:** The OLTP database contains transactional data and is the system of record for Child Welfare in the State of Florida.
2. **Data Warehouse:** The Data Warehouse contains transactional data which has been reorganized to simplify reporting.
3. **Data Mart:** The Data Mart contains transactional data for client reporting.
4. **Image:** The Image database stores documents uploaded through the Web Application.
5. **Audit:** The Audit database stores entries for user interactions with the Web Application.

2. Current System Resource Requirements

The production environment in AWS is designed to maintain high availability for servers needed to support the workforce 24 hours a day, seven (7) days a week, 365 days a year. The environment has the option of scaling the specific instance groups up and down depending on peak hours or increased performance needs, although this has not been needed as the baseline resources have easily met current peak resource requirements.

3. Current System Performance

FSFN currently has several issues that impact its ability to meet the DCF program and business objectives and support users, children, and their families effectively. Exhibit VI-2 describe the key FSFN issues.

Exhibit VI-2: Current FSFN Issues

Issue	Description
20+Year Old Transfer System	FSFN is a 20+ year-old system transferred from Wisconsin (WiSACWIS) that was designed using SACWIS requirements. The original application is based on currently outdated technologies but is critical to day-to-day operation. As a result, over the years, needed modifications have created an extremely convoluted system magnifying the drawbacks of an already antiquated architecture and infrastructure which are not open and flexible enough to support today's requirements of the dynamic field of child welfare practice. Further, it is not reasonable to assume that FSFN, in its current state, can continue to be supported for much longer.
Difficult to Enhance / Maintain	FSFN's older, dated technology and infrastructure is challenging and costly to modify. This makes it difficult for DCF to quickly implement new Federal and State mandates or take advantage of state-of-the-art innovations.
Limited Modularity	FSFN is a monolithic, complex, and tightly coupled application that is not designed to allow FSFN functional components to be managed as separate, independent, stand-alone modules, as required by CCWIS. The lack of modularity makes it difficult to make system changes quickly and effectively, which also increases maintenance and support cost and time consumption.
Obsolete User Interface (UI)	FSFN's user interface is more than 12 years old and does not meet expectations for usability and enhanced user experience.
Not Meeting CCWIS Requirements	FSFN application design and architecture do not meet the design requirements stated in the CCWIS Rules (45 CFR§ 1355.53). Gaps for CCWIS compliance include, but are not limited to data quality, data exchanges, reporting, and security.
Data Quality	FSFN currently has data quality issues, with duplicate records – individuals, providers, and cases – creating a major CCWIS deficiency. Another critical issue is the unavailability of real time accurate case data. These issues adversely impact the productivity and decision-making capability of the workers as well as potential federal fund claiming.
Limited Support for Mobility	FSFN currently offers limited support for user mobility and prevents field access to data and documents in real-time or near real-time. This reduces the amount of time that workers can spend out of the office working substantively and directly with clients.

Issue	Description
Limited Document Management	FSFN currently provides limited document management support to users. The existing File Cabinet structure allows file storage but lacks indexing capability for easy file retrieval; it also limits the types of media that can be stored, managed, and retrieved.
Limited Interoperability	FSFN does not support integration and interoperability with external systems via bi-directional data exchanges. Critical external systems include Medicaid, Education, Courts, Juvenile Justice, and others.
Limited Browser Capability	FSFN currently supports a limited number of browsers – primarily Internet Explorer 10 and 11. This limits user access to FSFN functionality via the Web.

4. Information Technology Standards

Exhibit VI-3 identifies the Information Technology Standards used for FSFN.

Exhibit VI-3: Information Technology Standards for FSFN

FSFN Information Technology Component	Current FSFN Information Technology Standards
Framework	Java Enterprise Edition
Web Page Development language	Java Server Pages with Struts framework build HTML pages
Web Services	W3C
Cascading Style Sheets	W3C
HTML	W3C
JavaScript	W3C (legacy components utilize Microsoft proprietary extensions)
Database Queries	SQL (ANSI standard with IBM proprietary extensions)
Business Logic	Java
Application Protocol I Distributed Directory Information Services over IP	Lightweight Directory Access Protocol (LDAP)

B. Current Hardware and/or Software Inventory

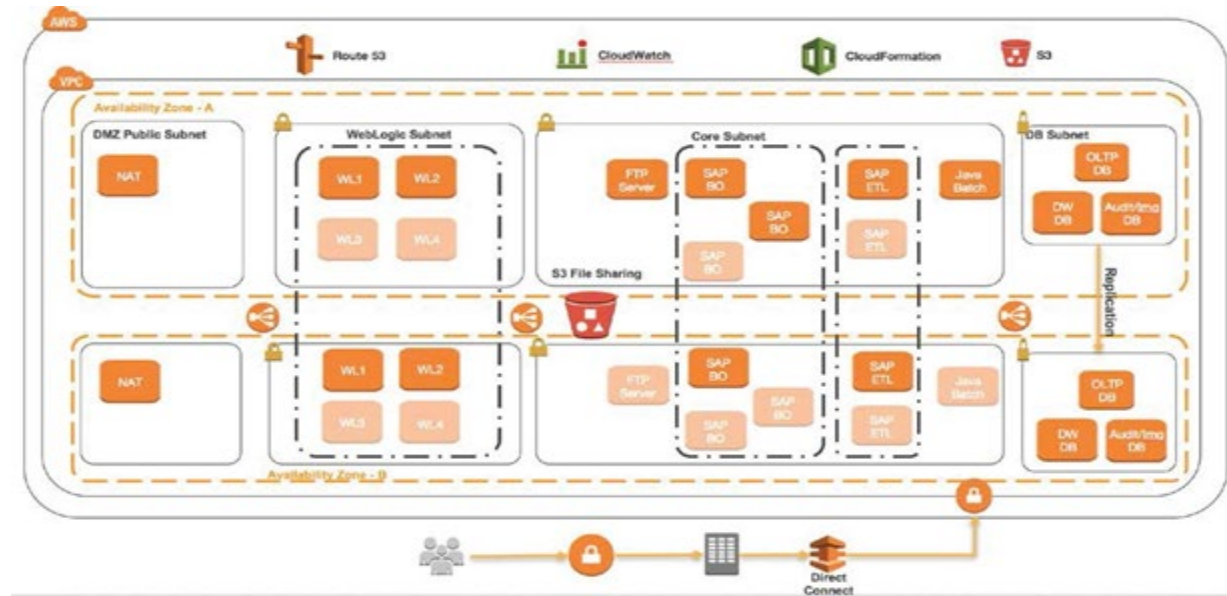
1. Server Inventory

The production server environment in AWS is designed to maintain high availability for servers needed to support the workforce 24 hours a day, seven (7) days a week, 365 days a year. The environment has the option of scaling the specific instance groups up and down among several pre-configured instances depending on peak hours or increased performance needs.

Other servers that perform regular but not continuous jobs use a fail-over design to assure the availability of these servers; however, they are not designed to be highly available.

Exhibit VI-4: Current FSN Production Servers, provides a high-level architecture of the production environment's primary Virtual Private Cloud (VPC).

Exhibit VI-4: Current FSN Production Servers



2. Software Inventory

Exhibit VI-5 contains a specific list of licensed software and quantities needed for the FSN system at a Cloud Service Provider. It is the assumption that all other software licenses are under a General Public License (GPU).

Exhibit VI-5: Software License Requirements

Software	License Requirements
IBM DB2	4220 PVUs
Oracle BEA WebLogic	40 (80 Virt Cores) 9 UN Web Intelligence CPU 3 UN BOE Enterprise Premium CPU
SAP BOE and Data Services	UN BOBJ Data Integrator Premium per 4-CPU 80 Named User Dev/Test 20 Crystal Developer 1 SAP Xcelsius 25 Agents

CA Workload Center (AutoSys)	1 Prod server 1 Test server iDash license
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C. Proposed Technical Solution

The proposed CCWIS technology solution should provide for case worker self-service functionality via mobile devices and dashboards, while continuing to meet needs for security, privacy, and confidentiality. This solution's elements, summarized below in Exhibit VI-6, also align with ACF CCWIS requirements.

Exhibit VI-6: Technical Requirements

CCWIS Requirement	Description of Technical Requirements
Enhanced Modularity	Use of a modular, flexible, agile approach including the use of open interfaces to provide design flexibility, Reduced development costs, Phased development, and Increased product integration options.
Enhanced Data Exchanges	Enable efficient data exchanges with State/Federal agencies, Courts, Education, National Electronic Interstate Compact Enterprise (NEICE) information sharing.
Compliance with Industry Standards	Alignment with, and incorporation of, industry standards: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy, and transaction standards.
Reusability / Portability	State agencies must own the application & data along with the reuse of enterprise assets.
Business Results	Supports accurate and timely processing of eligibility and other financial objectives
Data Quality / Reporting	Capability to produce reports supporting program evaluation, Federal and state outcome measurement, continuous improvement in business operations, and transparency and accountability.
Interoperability	Supports integration with the appropriate entities providing Finance, eligibility, and outreach functions

1. Technical Solution Alternatives

Three approaches for incorporating the above technical elements were considered for this Schedule IV-B.

a. State Transfer

Transfer a fully operational CCWIS system from another state, pending confirmation that minimal customization would be required to align with Florida's practice model and include the technical elements identified above.

b. Commercial-off-the-Shelf (COTS)

Purchase Commercial off the Shelf software (COTS), pending confirmation that minimal customization would be required to align with Florida's practice model and include the technical elements identified above.

c. Custom Solution

Build a custom system on a modular Service Oriented Architecture, providing a unified and decentralized design

with considerable user interface and future enhancement flexibility

2. Recommended Technical Solution

The technical solution and approach that DCF has selected is to use a hybrid approach that is a combination of alternatives 2 and 3, utilizing COTS/SaaS where feasible, while building custom components in situations where COTS/SaaS solutions are not feasible. A cloud-based solution that enables timely enhancements and customizations provides the best alignment of business needs with technology optimization, and flexibility moving forward.

It is expected that no COTS solution will provide 100% of Florida's requirements for a replacement CCWIS. It is anticipated that there will be some additional components or custom solutions integrated that may result in the final solution being a COTS solution with integrated enterprise and custom components.

This approach is born out of the desire to implement a high performing CCWIS solution, continue leveraging cloud service provider delivery and pricing models to ensure cost efficiencies, and ease of maintenance moving forward. This approach provides the most flexible option and provides the best fit for Modern System Characteristics. It also aligns the CCWIS guidance to use best-of-breed solution components in an interoperable solution as opposed to using single vendor big-bang solution strategies. With this solution, technical components can be implemented more quickly, achieve value, and return on investment more quickly, provide for reusability within the Human Service Enterprise, and be shareable with other states.

Exhibit VI-7 lists the criteria that will be used in evaluating the technology capabilities for the proposed CCWIS implementation alternatives.

Exhibit VI-7: Solution Alternatives Technology Evaluation Criteria

Evaluation Criteria	System Characteristics
User Support	<ul style="list-style-type: none"> • Self-service online tools • Supports internal and external caseworkers and program staff • Providers and Citizens • Self-service features provide access to interactive dashboards, appointments, document submissions, online help, and training
User Authentication and Access & Security	<ul style="list-style-type: none"> • Federated authentication extending to external Organizations • Multi-factor authentication • Security Hardening in every system component • Encryption of Data at Rest and In Motion • Highly restricted data access
User Experience	<ul style="list-style-type: none"> • Browser and Device agnostic user interface • Persona-based intuitive user interface • Mobile functionality
Interoperability	<ul style="list-style-type: none"> • Service-Oriented Architecture (REST API, XML API) based system components • Open standards-based Secure APIs • Asynchronous and Real-time Event-Based messaging (often via an ESB)
Data Exchanges	<ul style="list-style-type: none"> • Standards-based scalable data exchanges with internal and external agencies (Courts, Education, Juvenile Justice, and MMIS, etc.) • Schedule based bi-directional data exchanges
Reuse of Existing Technology Assets	<ul style="list-style-type: none"> • Reuse and integrate with existing IT assets • Maximize the use of DCF Enterprise IT roadmap assets

Evaluation Criteria	System Characteristics
Analytics and Reporting	<ul style="list-style-type: none"> • Real-Time Operational Reporting • Dashboards and Data Visualization • Predictive Analytics
Business Rules	<ul style="list-style-type: none"> • Use of Rules Engine • Written in Natural Language
Data Management and Data Quality	<ul style="list-style-type: none"> • Implement and align with CCWIS Data Quality plan • Integrate with MDM and Data Quality tools
Batch Processing	<ul style="list-style-type: none"> • Processing can be run at any time • Asynchronous Updates
Workflow	<ul style="list-style-type: none"> • Manages human and machine tasks performed internally and external to the traditional organization • Processing Status transparency with internal and external stakeholders • Dynamic workflow definition and updating
Enterprise Architecture Alignment	<ul style="list-style-type: none"> • Service-Oriented Architecture • Use of Best of Breed COTS components or Software Services • Alignment with DCF Enterprise Architecture Roadmap
Cost of Ownership	<ul style="list-style-type: none"> • COTS • SaaS
Application Development Strategy, Methodology, and Approach	<ul style="list-style-type: none"> • Alignment with DCF SDLC Methodology • Use of automated tools for release and testing
Solution Customization	<ul style="list-style-type: none"> • Align Business Rules to Match Application Capabilities • Modular Design
Application Maintenance	<ul style="list-style-type: none"> • COTS product • Standards based Application changes • Application Maintenance
Infrastructure	<ul style="list-style-type: none"> • Cloud based • SaaS or IaaS • Scalable • Alignment with DCF DR and COOP
Alignment with Federal Requirements	<ul style="list-style-type: none"> • Alignment with ACF CCWIS Standards

D. Proposed Solution Description

1. Summary Description of Proposed System

Combination of alternatives 2 and 3 - Utilize COTS/SaaS where feasible, while building custom components where COTS/SaaS solutions are not feasible

This alternative involves replacing the current FSFN components with modern, “best-of-breed” solution components that offer greater flexibility, interoperability, performance, and data quality, while providing alignment with DCF’s overall enterprise strategy. For any components that cannot be replaced with a COTS solution, the current components may be enhanced, or custom solutions may be developed. Exhibit VI-8 depicts the proposed FSFN “To-

Be” representative architecture. The proposed solution will result in a strategic completion of modernization in two-to-three years depending on the procured COTS solutions. The resulting application will meet DCF business objectives for a more integrated service delivery model that is worker-centered, outcome-driven, and less costly to maintain. It will also build on a modern architecture foundation, greatly reducing the risk of technical obsolescence that exists in the legacy FSFN system today. It will maximize technical and business process benefits and provide the flexibility and scalability needed for future enhancements.

The solution is designed with integration practices that are based on secure and open standards that allow for easier integration with other agencies and business partners.

Initially, specific CCWIS functionality will not support the needs of Adult Protective Services (APS); however, it is anticipated that APS will be able to perform its required functions using CCWIS in a manner similar to its current approach to using FSFN.

For the main APS functions:

- **Intake** – The CCWIS Intake processes are very similar to those for APS; in fact, they are so similar that APS should be able to use the CCWIS Intake function with little or no customization.
- **Investigation** – APS should be able to use the CCWIS Investigation function; however, this process could require a little more customization to meet the needs of APS.
- **Case Management** – The Case Management needs of APS will not be met by the CCWIS Case Management function. It is anticipated that an APS-specific case management solution will be part of a DCF enterprise case management solution.

Currently, there are no funds included in the CCWIS cost estimates to cover the costs of implementing APS functions. In FY 2022-2023 the Department began a separate project to replace the APS functionality in FSFN.

Exhibit VI-8 is a representation of a service-oriented architecture which may be utilized to support the CCWIS solution. This model was successfully implemented by the State of Idaho, which is currently in the assessment phase with ACF for their implemented solution.

Exhibit VI--8: CCWIS Conceptual Service Oriented Architecture

Modular and Loosely Coupled Service Oriented Architecture

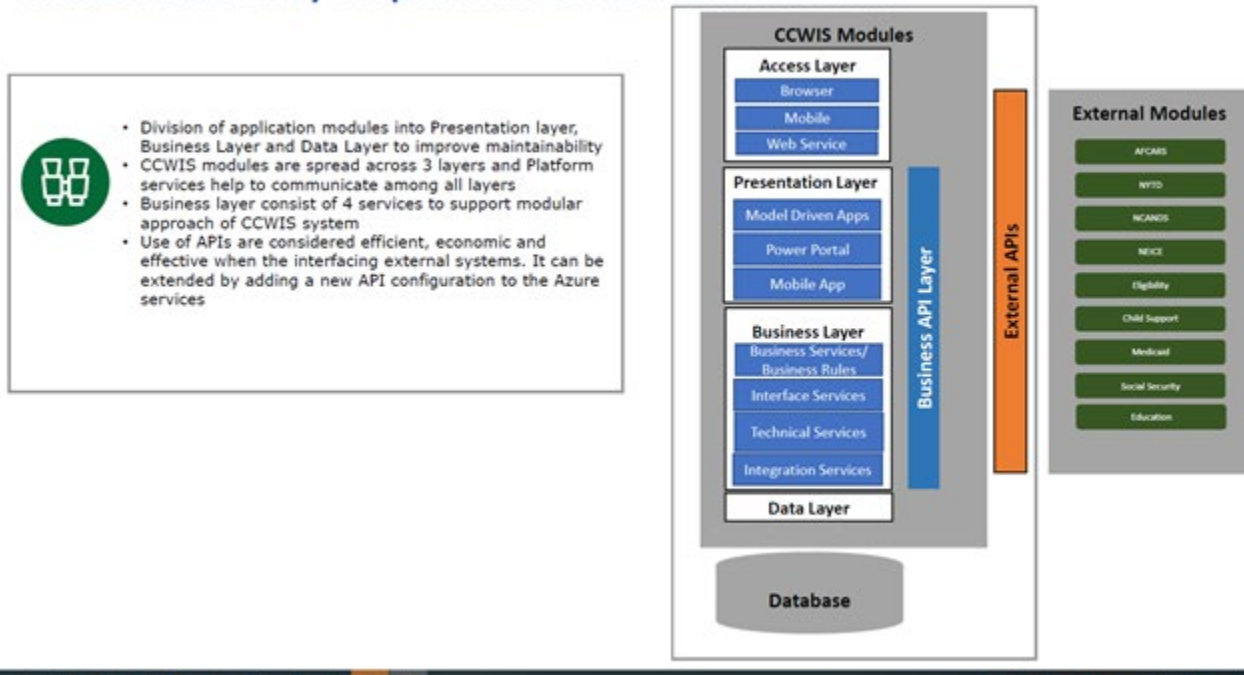
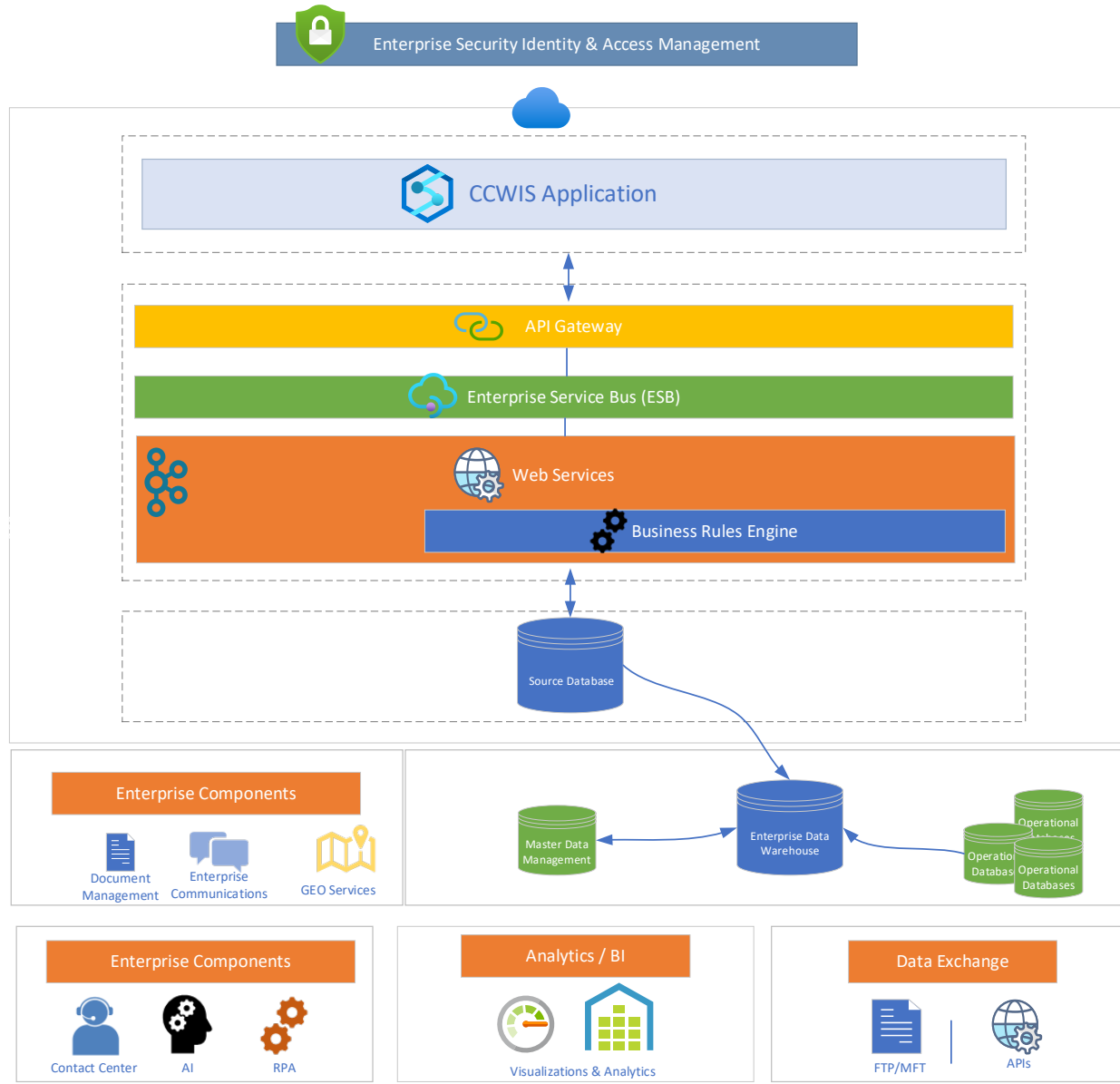


Exhibit VI-9 (on the next page) depicts the proposed system architecture that aligns with the Strategic Roadmap, where the approach consists of a CCWIS Application that is integrated with an API Gateway, Enterprise Service Bus, Business Rules Engine, and Web Services.

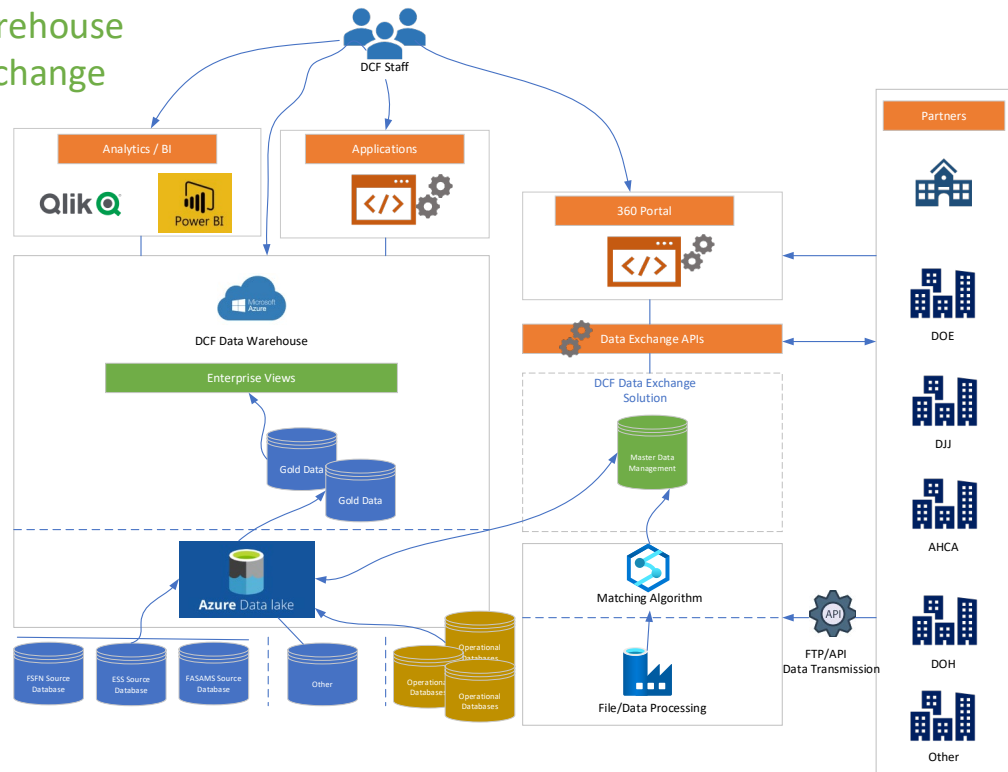
Exhibit VI-9: CCWIS Solution Architecture Approach



A key component of the CCWIS solution centers around the approach for data and analytics. This is a critical future driver for the Department having the ability to meet the child welfare goals discussed earlier. Exhibit VI-10 depicts the proposed Data Warehouse and Data Exchange architecture for the solution that aligns with the Strategic CCWIS Roadmap.

Exhibit VI-10: CCWIS Solution Proposed Architecture Approach

DCF Data Warehouse and Data Exchange



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

The resource and summary funding level requirements for the proposed solution are currently unknown as the CCWIS solution and integrator is currently in procurement at the time of updating the IV-B. The RFQ for the CCWIS solution and integrator to deliver phase 1 functionality was posted in late August 2022.

E. Capacity Planning

The FSFN system is currently operating on Amazon Web Services as the Cloud Platform to host this system. Storage capacity is paid on a usage basis and exponential growth is available.

The solution employing COTS, would be on a Software as a Service (SaaS) platform which would similarly have the benefit of not being limited by capacity. One of the benefits of that model is that the vendor can easily/quickly increase capacity, at cost, as needed.

VII. Schedule IV-B Project Management Planning

A detailed Project Management Plan will be developed following the selection of the solution and procurement of a system integrator vendor. This plan will include identifying project deliverables and milestones. This section describes the project elements and management artifacts that will be used to manage the multiple project components, collectively referred to as the project, which will enhance the current FSFN system. These are based on the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK) framework and chapter 60-GG-1, Florida Administrative Code. All project customers, stakeholders and participants are expected to be familiar with the outlines of this framework.

Project Name

Modernizing Florida's Comprehensive Child Welfare Information System

Project Charter

A project charter was drafted for phase 1 of the project to establish the foundation for the project and ensure that all participants share a clear understanding of the project purpose, objectives, scope, approach, deliverables, and timeline. It was agreed to by the key stakeholders and serves as a reference of authority for the management of the project. It includes the following:

Purpose

The purpose of the Modernizing Florida's Comprehensive Child Welfare Information System project is to enhance the current child welfare system through an implementation model that achieves the goal to meet the Comprehensive Child Welfare Information System (CCWIS) requirements in a manner that aligns with Florida's Child Welfare Practice Model.

Roles and Responsibilities

A Project Management Team and a System Integrator PM will be responsible for the day-to-day execution of the project and will report to the DCF Project Director who will be responsible for the overall successful delivery of the project. The project director will report to the Steering Committee, which is chaired by the project sponsor.

For a project of this size, complexity, and duration, DCF will implement a Project Management Office (PMO) to create project management plans, monitor project issues, and risks, and provide general support to the Project Director throughout the project. The PMO will be staffed with multiple Project Management Professionals.

The business stakeholders include experienced DCF staff, CBC staff, and other state and federal partners from the program's core business areas. These stakeholders will provide specific subject matter expertise (SME) and will be instrumental in assisting the project team throughout the system development project lifecycle for the new business system. They will also assist in the review of project deliverables.

Exhibit VII-1, proposes roles in the project organization and a summary of corresponding responsibilities. These roles and responsibilities will be more fully defined and agreed to during the project planning phase.

Exhibit VII-1: Project Organization Members - Roles & Descriptions

Role Name	Description	Assign to
DCF Executive Sponsor	<ul style="list-style-type: none"> • Provides executive oversight and support to the project • Acts as final escalation for all issue resolution • Chairs the Executive Steering Committee and directs governance 	DCF Secretary or Designee
DCF Project Business Sponsor	<ul style="list-style-type: none"> • Provides programmatic decision-making authority • Champions the project within DCF • Provides guidance on overall strategic direction • Provides business resources for project success • Ensures Programmatic responsibility for successful development and implementation of the project 	DCF OCFW
DCF Project IT Sponsor	<ul style="list-style-type: none"> • Provides IT decision-making authority • Provides input in the development of strategy and vision • Champions the project within DCF IT • Provides guidance on overall strategic direction • Provides IT resources for project success • Provides subject matter expertise for system development lifecycle phases of the project • Facilitates communication with the Executive Management Team 	DCF CIO
DCF Project Budget Officer	<ul style="list-style-type: none"> • Controls project budget • Provides budget-related input into project scope, project change control, and contractual financial impacts 	TBD
DCF Project Director	<ul style="list-style-type: none"> • Has overall responsibility for the successful development and implementation of the project • Oversees the development and implementation of the project • Oversees the Project Management Office for the project • Liaisons with IT Sponsor for resources • Liaisons with Project Business Sponsor for business resources and day-to-day activities 	DCF Designee

SCHEDULE IV-B FOR MODERNIZING FLORIDA'S COMPREHENSIVE CHILD WELFARE INFORMATION SYSTEM

<p>DCF Project Manager</p>	<ul style="list-style-type: none"> • Responsible for day-to-day project oversight • Provides overall guidance and direction to the System Integrator • Coordinates with the Project Director for resources • Works with System Integrator Project Manager to ensure stakeholder needs are met • Has daily decision-making authority • Oversees and manages the project plan • Facilitates the Business Stakeholders Committee • Coordinates project resources, budgets, and contract management • Reviews and provides feedback on project deliverables • Responsible for project management, including scope, risk, communication, quality and change control • Liaisons with external agencies as needed 	<p>TBD</p>
<p>Project Business Stakeholders Committee <i>(Group of internal and external stakeholders from DCF and other agencies.)</i></p>	<ul style="list-style-type: none"> • Provides input on functional requirements • Participates in project user group meetings and sessions • Provides input on project activities • Reviews and comments on project documents and deliverables • Disseminates project information and updates to local internal/external stakeholders 	<p>TBD</p>
<p>Systems Integrator (SI) Project Manager</p>	<ul style="list-style-type: none"> • Reports to the Project Director • Works with the Project Management Office to seek guidance and direction • Responsible for systems integrator and project management activities • Leads the planning and development of project deliverables • Develops and manages the project schedule and associated tasks • Maintains all project documentation including detailed project plan • Ensures adherence to the process and project management standards and guidelines • Responsible for project management areas including scope, risk, quality and change control • Prepares formal project reports and presentations • Ensures deliverables conform to DCF standards • Facilitates project related meetings as required 	<p>Vendor System Integrator</p>

Project Scope

The need for design, development, testing, and implementation activities will be fully defined following the selection of a CCWIS solution to support DCF functional and technical areas across the child welfare system. The proposed functional scope per phase was provided in Exhibit II-2 above.

Project Objectives

The project objectives are to:

- Transition from FSFN to a new modular solution that aligns with federal CCWIS requirements
- Support and maximize continuation of federal funding participation for implementing CCWIS
- Increase data quality
- Enhance worker efficiency, accuracy, and accountability; and
- Provide leadership with the analytical tools required to support achievement of DCF OCFW goals and objectives.

Project Management

The primary project management methodology used by DCF is based on the Project Management Institute's (PMI's) Project Management Framework. The DCF Project Manager, and the vendor Project Manager will agree upon an appropriate project implementation methodology.

Regardless of the specific implementation methodology employed, standard project control documentation/mechanisms, agreed to by all stakeholders, will be produced, including:

- Project Charter
- Contract(s) Management Plan
- Project Management Plan
- Project Schedule Management Plan
- Communications Management Plan
- Deliverables Management Plan
- RAIDL (Risk Action Item, Issue, Decision, and Lessons learned) Management Plan
- Project Change Management Plan
- Organizational Change Management Plan
- Quality Management Plan
- Financial Management Plan
- Procurement Management Plan
- Monitoring and Reporting
- Training Plan

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

- Monitoring and reporting project progress, as well as identifying, documenting, evaluating, and resolving project-related challenges that arise
- Reviewing, evaluating, and making decisions regarding proposed changes to the project scope will follow the defined change management processes outlined in the Project Change Management Plan
- Identifying risks, developing timely risks mitigation strategies, monitoring, and managing to minimize the impact on the project as required by the RAIDL plan
- Identifying issues, developing timely issue resolution strategies, monitoring, and managing to minimize impact on the project as required by the RAIDL plan
- Monitoring the quality of project deliverables and managing deficiencies as defined in the Quality Management Plan and the Contract; and
- Monitoring the contracts to ensure the terms of the contract and statement of work are being met.

External Project Oversight

DCF will incorporate an Independent Verification and Validation (IV&V) effort throughout the life of the project. The purpose of IV&V is to provide an unbiased review and assessment of the project to help ensure it is meeting its desired goals and to ensure adherence to internally documented or recognized industry standards and guidelines, the

SCHEDULE IV-B FOR MODERNIZING FLORIDA’S COMPREHENSIVE CHILD WELFARE INFORMATION SYSTEM

products or deliverables meet the requirements and are of high quality, appropriate controls are defined and utilized, and the stakeholders are effectively involved and aligned. Specific objectives of the IV&V effort for this project will include:

1. Providing validation that the System Integrator vendor:
 - Complies with the terms of the contract
 - Performs and provides deliverables to the satisfaction of DCF
 - Fulfills the technical and non-technical requirements of the contract
 - Completes the project within the expected timeframe
 - Demonstrates value and is committed to achieving the goals outlined by DCF; and
 - Acts in the best interests of DCF and surfaces issues in a timely and comprehensive manner.
2. Providing an independent, forward-looking perspective on the project by raising key risks, issues, and concerns and making actionable recommendations to address.
3. Enhancing management's understanding of the progress, risks, and concerns relating to the project and providing information to support sound business decisions.
4. Providing open and honest advice and direction to the Executive Management Team, the Project Director and DCF Executive Leadership throughout each phase of the project.

The DCF Enterprise Project Management Office (EPMO) will work closely with FDS to ensure that sufficient external project oversight is established and maintained throughout the project.

Approach

This project is expected to take up to 48 months to fully implement the CCWIS solution.

The support services of the PMO, OCM, IV&V, and Training will span the entire lifecycle of the solution implementation work.

A summary project schedule for Phase 1 is provided in Exhibit VII-2. Phases 2-4 will have similar schedules that will be created during the planning phase of each phase.

Exhibit VII-2: Phase 1 Project Schedule Summary

Task Name	Duration	Start	Finish
Project Initiation	146d	04/01/22	10/26/22
Project Development	146d	04/01/22	10/26/22
FL[DS] Project Documentation	68d	05/16/22	08/19/22
Risk & Complexity - Required Format	53d	05/16/22	07/29/22
Status Reporting - Required Format	20d	07/25/22	08/19/22
Project Planning	358d	04/06/22	09/05/23
Deliverable: Create Project Management Plan and Master Schedule	21d	11/30/22	12/29/22
Deliverable: Create Communications Plan, Change Management Plan, and Risk Management Plan	21d	11/30/22	12/29/22
Budget Planning Documents (State & Federal)	251d	04/07/22	04/05/23
Modernization Modules & Requirements	33d	04/06/22	05/20/22
Organizational Change Management	194d	11/30/22	09/05/23
CCWIS Platform Research	35d	08/08/22	09/26/22
Executing	392d	03/01/22	09/15/23
Procurements - Vendors/Resources/Services	372d	03/14/22	08/30/23
Procurements - Software	161d	03/01/22	10/14/22
CCWIS Solution/Application	170d	11/30/22	08/01/23
Enterprise Architecture	392d	03/01/22	09/15/23
Monitoring and Controlling	232d	11/01/22	10/03/23
User Acceptance Testing	214d	11/01/22	09/07/23
Training	205d	11/01/22	08/24/23
Implementation	217d	11/01/22	09/12/23
Maintenance and Operations	188d	01/09/23	10/03/23
Project Close Out	6d	09/12/23	09/19/23

Project Monitoring and Control (October 2022-June 2026)

1. Implement a Risk Management Plan, as follows:

Risk Identification

Any project team member may identify potential project risks resulting from normal activity on the project. Risk identification defines future events that could have an undesirable impact on project cost, schedule, business, or technical performance. Upon identification, a statement is developed that establishes a concise definition of the risk. The description articulates a clear cause and effect relationship that supports effective risk mitigation actions. The definition of the risk should be well defined and bounded. Failure to do so can complicate the analysis activity and may result in the implementation of incorrect preventative action.

Ordinarily when a project team member identifies a potential risk, this risk is entered directly into the risk tracking tool. In some cases, the potential risk is provided to a designated individual(s) for review and concurrence prior to entry into the Risk database. The Risk Coordinator is notified. Potential risks are presented to and evaluated by a Risk Management Working Group established for the project. When a potential risk originates from a task, the Risk Originator should be prepared to present the risk.

Once the risk is confirmed, it shall be assigned a unique designation and logged into the risk tracking tool. Analysis is required to verify the risk is specific and fully defined before it becomes a formal risk with a managed risk mitigation strategy. Risks are reviewed either weekly or biweekly.

Risk Analysis

Risk analysis is the process of estimating the probability of occurrence and the magnitude of impact for each risk event. After the risk has been identified risk analysis is conducted. The Risk Originator or the Risk Coordinator conducts the initial analyses. The risk is reviewed in relation to probability of occurrence, impact assessment, and timing. The information resulting from the risk analysis is captured and maintained in the Risk database. The result of the risk analysis is a characterization of the magnitude of the risk.

The probability of occurrence estimates the likelihood that the risk will become a reality. The probability rating is used in establishing priorities and is based on experience and insights, and often reflects an expert's (or a team's) best judgment coupled with a high, medium, or low evaluation. The scale for probability of occurrence of the risk is characterized as follows:

- HIGH** **Better than 70 percent chance for occurrence of the risk**
- MEDIUM** **Between 30 and 70 percent chance of occurrence**
- LOW** **Less than 30 percent chance of occurrence.**

Impact Assessment is defined as the magnitude of any resulting deviation from the desired outcome. Impacts may be assessed quantitatively but are generally stated in qualitative terms. For example, the real dollar cost of an outcome might be estimated as part of the assessment; but the impact is stated as severe, high, medium, or low based on a standard scale.

Timing identifies when, if the risk occurs, it will affect the project. Timing is characterized as short (30 days), medium (30 – 60 days), and long (beyond the next 60 days).

There are several tools and sources of data to understand how probability and impact affect the project's cost, schedule, or objectives, such as PERT, GANTT, simulations, historical data, and expert judgment (internal or external). The project shall use the baseline project schedule as the primary tool to assist in understanding impact to schedule and resources. Cost impact is derived from analyzing impact to resources and associated expenditures for hardware, software, telecom, and personnel. Risk analysis also helps determine the prioritization of all risks and what resources to apply to address each risk.

Mitigation Planning

The project team shall define response strategies to be performed to minimize the probability or impact of identified risks to the project. These strategies will occur throughout the life cycle and will encompass the full range of project management initiatives including:

- Resource allocation and management
- Hardware/Software design or configuration
- Schedule management
- Elevation of risks within executive chain-of-command

- Early and ongoing communications throughout the project team

Mitigation strategies are noted and tracked within the risk tracking tool and the Executive/Project Status Report.

Risk Documentation and Tracking

All open risks associated with the project are discussed, and details associated with those risks are updated at a regularly scheduled meeting of the Risk Management Working Group. In addition, specific information such as Risk Name, Owner, Business Owner, History, Contingencies, Mitigations and Closure data are maintained in the risk tracking tool. A summary of all risks is provided in the Executive/Project Status Report. The risk tracking tool is designed as a centralized repository to record, manage, and track project information, including risks, at an individual project level. The higher the level of impact and probability of the risk, the more detailed the information. The project Risk Coordinator is responsible for entering a project's risks and amplifying information.

Responsibility for risk control must be defined clearly to effectively implement a risk response. The Risk Management Working Group will utilize an action item list or responsibility assignment matrix to accomplish this activity. The Project Manager and Risk Owner will maintain regular communication channels with all parties to assess, evaluate, and monitor risks. Consensus among the team members or direction from the Project Manager and/or Risk Coordinator is required before risk information is officially changed. The Risk Management Working Group is the established project management organization for risk control activities.

Risk Closure

A risk may be closed by the Risk Management Working Group if it is determined all action items associated with the risk have been complete, or the risk will no longer impact the project. The risk may also be closed if the Risk Management Working Group determines that the risk should be elevated to the status of an issue. In this circumstance, the Risk Management Working Group has concluded that the proposed mitigation strategy associated with the risk cannot control the impact or probability of occurrence and other resources are required. All closed risks will indicate the date the risk was closed, who initiated the action and any comments appropriate to the clarification of the action. This data is maintained in the risk tracking tool and reviewed regularly.

2. Implement a Project Communication Plan

Project communication is the exchange of project-specific information with the emphasis on creating understanding between the sender and the receiver. Effective communication is one of the most important factors contributing to the success of a project.

Three clear communication channels will be established. They include:

- Upward channel with senior executives and steering committee to highlight issues, risks, and scope exceptions
- Lateral channel with sponsor(s), stakeholders, and other agency management involving requirements, resources, budgets, and time allocations
- Downward channel with the project team highlighting processes, activities, dates, status, and general team briefings

A communication plan describes how project communication events will occur across the channels described above. The events themselves may be periodic or one-time in nature.

VIII. Appendices

Appendix A – Business Requirements Document

The Business Requirements Document (BRD) provides DCF and the reader with an understanding of the high-level business requirements necessary to align the State's child welfare system to CCWIS requirements.

See Attached Appendix A.

Appendix B – Business Process Flow Diagrams

See Attached Appendix B.

Appendix C - Functional Requirements

The Functional Requirements Traceability Matrix, provides requirements gathered to identify functional needs to be included in Florida's CCWIS. The matrix has been updated in this submission based on requirements validation sessions for intake, investigation, and common functions that were held in July and August 2022.

See Attached Appendix C.

Appendix D – CCWIS Functional Modules

See Attached Appendix D.

Appendix E – Non-Functional Requirements Traceability Matrix

See Attached Appendix E.

Appendix F – Cost/Benefit Analysis

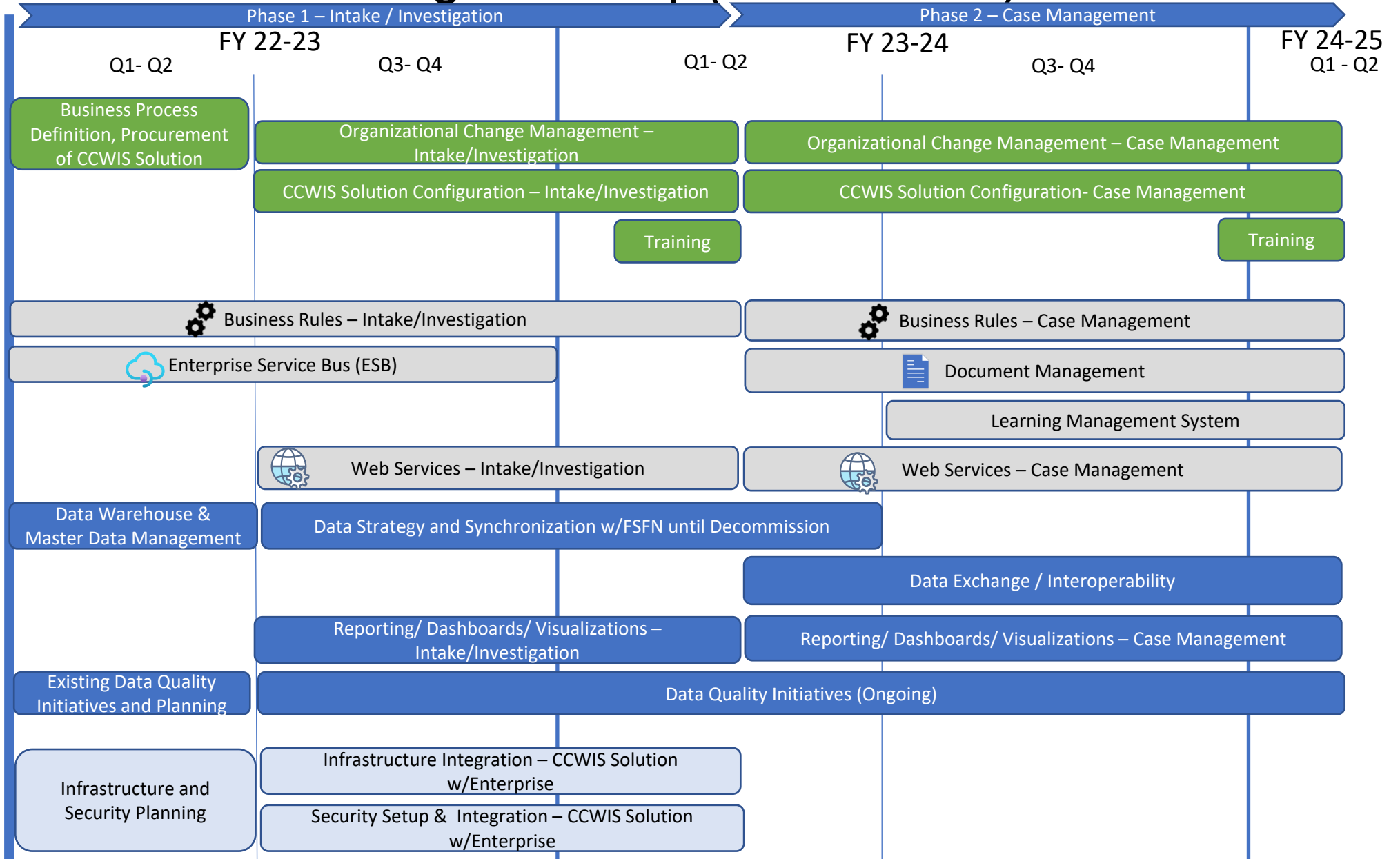
See Attached Appendix F.

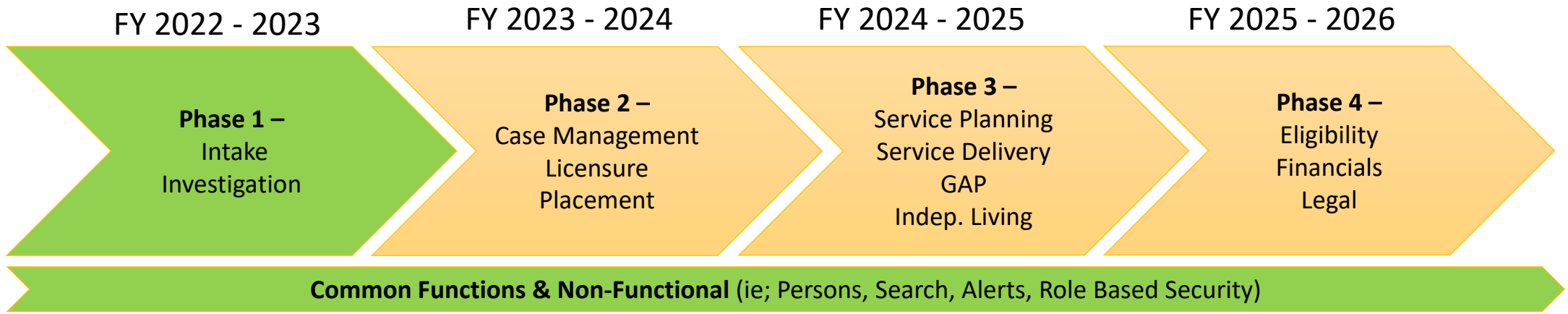
Appendix G – Risk Assessment

See Attached Appendix G.

CCWIS Strategic Roadmap (Phase 1 and 2)

Strategic Project Categories





Color Key

- Confirmed Scope
- Proposed Scope
Subject to Change



Business Requirements Document (BRD)

Comprehensive Child Welfare Information System (CCWIS)
Planning Project

State of Florida – Department of Children and Families

Date: August 30, 2019

v4.0

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Revision History

Version Number	Release Date	Notes
v1.0	06/28/2019	First submission to DCF
v2.0	07/15/2019	Second Submission to DCF <i>The document below provides an overview of the comments received and changes made to this version of the deliverable:</i>  CCWIS Planning - PCG Response to BRC
v3.0	08/09/2019	Third Submission to DCF <i>The document below provides an overview of the comments received and changes made to this version of the deliverable:</i>  CCWIS Planning - PCG Response to BF
v4.0	08/30/2019	Final submission with approvals embedded.




Business Requirements Document Approvals

Approval of the Business Requirements Document (BRD) indicates an understanding of the purpose and content described in this document.

By signing this document, the Project Sponsor agrees all work performed on this project following the processes defined herein and necessary project resources should be committed to implementing the established processes.

The following table contains a list of the designated approvers for the BRD.

BRD Approvals

Approver Name	Approver Title	Approver Signature	Date
Julie Madden	DCF – OITS CIO	 BRD Approval - Julie Madden.pdf The above embedded document contains the electronic approval for Julie Madden.	08/30/2019
Patricia Medlock	DCF – OCW Assistant Secretary for Child Welfare	 BRD Approval - Patricia Medlock.pdf The above embedded document contains the electronic approval for Patricia Medlock.	08/19/2019
Bob Miller	CEO – FSSNF CBC Liaison	 BRD Approval - Bob Miller.pdf The above embedded document contains the electronic approval for Bob Miller.	08/20/2019

1 EXECUTIVE SUMMARY

1.1 Project Overview

The Federal Comprehensive Child Welfare Information System (CCWIS) rules have replaced the previous Statewide Automated Child Welfare Information System (SACWIS) rules. To better support their operational environment, CCWIS allows states to enhance child welfare information systems in a meaningful way. In the State of Florida's Fiscal Year (FY) 2018-2019 budget, the Florida legislature approved the designation of the State's child welfare system as a CCWIS. The Department of Children and Families (DCF) has now notified the Division of State Systems at the Federal Administration for Children and Families (ACF) of the State's election to become aligned with CCWIS requirements.

The CCWIS Planning Project is Phase 1 of a multi-phase feasibility study and is intended to provide a high-level roadmap (cost/schedule) for the transition to CCWIS, a State funding document for CCWIS implementation, and provide high-level business requirements, business architecture requirements, and process maps that support roadmap and funding recommendations.

1.2 Project Approach

Public Consulting Group (PCG) used a proven requirements elicitation approach to collect the functional and non-functional requirements for the Business Requirements Document (BRD) and the Business Architecture Document (BAD). The requirements elicitation approach was broken up into several distinct phases:

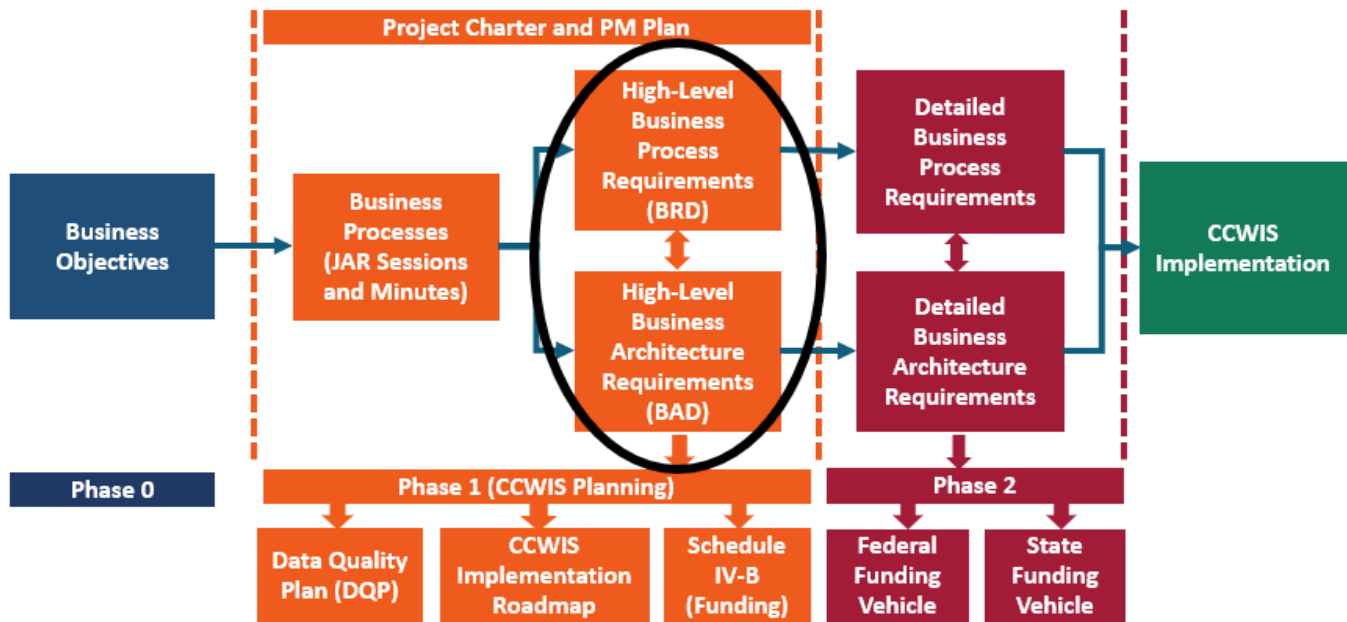
- **Executive Interview Sessions:** Requirements gathered from DCF and Office of Information Technology Services (OITS) staff through executive-level interviews. Executive interviews also conducted with CBC leadership and technical staff.
- **Joint Application Requirements (JAR) Sessions:** JAR sessions conducted with the Department of Children and Families (DCF), Office of Information Technology Services (OITS), Child Protection Investigators (CPIs), Children's Legal Services (CLS), Community-Based Care (CBCs) agencies, Case Management Organizations (CMOs), and applicable sheriff's offices across the state.
- **"As-Is" Business Process Flows:** PCG created "As-Is" business process flows during many of the Office of Child Welfare (OCW) JAR sessions as well as with the three (3) CBC workgroups.

A total of 79 JAR and Executive Interview sessions were conducted to identify pain points, discuss desired future requirements ("wish list"), and develop business process flows.

[Figure 1-1](#) depicts the phases of the CCWIS Planning Project. The ORANGE portion of the diagram represents the work currently being performed by PCG. We are submitting the BRD and the BAD to describe the functional and non-functional requirements used in assessing the three (3) potential CCWIS implementation alternatives.

PCG has collected the functional and non-functional requirements and presented them in a Functional Requirements Traceability Matrix (included the BRD) and a Non-Functional Requirements Traceability Matrix (included in the BAD). Once these requirements are reviewed and approved, they will be baselined and used as input to the final project deliverables – the CCWIS Implementation Roadmap and the Schedule IV-B.

Figure 1-1: CCWIS Planning Project Phases



1.3 Key Findings & Results

While conducting the JAR and Executive Interview Sessions, PCG collected a variety of information regarding the business needs (in the BRD) and business architecture needs (in the BAD) of the designated stakeholders.

For the BRD, the key findings categorized as follows:

- Users want a system that can be accessed from any device.
- Users want a system that is continuously updated with real-time information.
- Users want a system that seamlessly connects alerts and notifications to identifiable information within the system.
- Users want a system that can exchange data with other agencies, including education agencies and the courts' system, and that will enhance data quality across the state.
- Users want a system with external portals to provide additional support to caregivers, providers, youth and young adults formerly in foster care, and community partners.

For the BAD, the key findings categorized as follows:

- Need for improved data quality
- Need for enhanced and required data exchanges
- Need for mobility capability
- Need for enhanced reporting capability
- Need for improved system usability
- Need for additional training and documentation

A more detailed description of key findings for both the BRD and BAD, contained within the deliverables.

1.4 CCWIS Implementation Alternatives

During the Business Architecture requirements definition process, PCG also worked with the DCF to develop and refine a set of proposed CCWIS implementation alternatives. These alternatives represent the CCWIS solution options evaluated during the development of the CCWIS Implementation Roadmap – and one of these options, determined/recommended as the “go-forward” alternative for CCWIS implementation.

The three (3) alternatives presented in this section are:

- Alternative #1 – FSN Enhancement
 - This alternative involves continued enhancement of the existing FSN solution to meet the CCWIS requirements.
- Alternative #2 – FSN Modernization
 - This alternative involves modernizing FSN by upgrading the existing technical and applications architecture.
- Alternative #3 – FSN Replacement
 - This alternative involves the replacement of FSN with a modern, platform-based solution.

More detailed descriptions of these alternatives presented in the BAD.

PCG has also performed a “side-by-side” comparison of the three (3) alternatives, using criteria that represent issues critical to a successful CCWIS implementation. The comparison chart for the alternatives is available in the BAD.

1.5 Next Steps

As shown in [Figure 1-1](#), once the requirements baseline is approved, PCG will use these requirements to build a CCWIS Implementation Roadmap to document the selected CCWIS implementation alternative and document the proposed CCWIS implementation approach (cost, timeframe). PCG will also develop a Schedule IV-B document to support the DCF’s legislative funding request for CCWIS implementation.

2 INTRODUCTION

2.1 Project Overview

The Federal CCWIS rules have replaced the previous SACWIS rules. To better support their operation environment, CCWIS affords the states an opportunity to enhance child welfare systems in a meaningful way. In the State of Florida’s FY 2018-2019 budget, the Florida legislature approved the designation of the State’s child welfare system as a CCWIS. DCF has now notified the Division of State Systems at the Federal ACF of the State’s election to become aligned with CCWIS requirements.

For DCF, CCWIS is not just a system; it is an opportunity to innovate and achieve better efficiency for front-line workers. This opportunity paves the way for improving child welfare outcomes by creating quality data that will be seamlessly collected and shared to provide vital and current information to front-line workers regarding the children and families they serve.

As DCF begins this exciting opportunity to transform the way child welfare information is collected and shared, PCG is working with the Department to complete a planning project. The outcome of the planning project will provide a CCWIS Implementation Roadmap that will lay out what needs to be done by the Department to align with CCWIS requirements and how to get there.

2.2 Business Requirements Document (BRD)

Part of the planning project includes the development of a BRD. The BRD will provide DCF with an understanding of the high-level business requirements necessary to align the State’s child welfare system to CCWIS requirements. Further, these requirements will serve as the basis for system enhancements that can be estimated as costs and presented for State and Federal approval. The BRD will also provide details about how an enhanced system solution could best support business processes.

The BRD is intended to contribute enough detail to assist in the procurement of a CCWIS solution. Additionally, the information detailed within this document will provide DCF with foundational support for recommended areas of potential business process redesign as a result of efficiencies gained with an improved system solution.

Note: It is critical that the business requirements of the Functional Requirements Traceability Matrix not be so granular that it limits the universe of available options to the Department, but that they provide enough details to ensure that the business needs of the State can be achieved with an enhanced version of the current system solution or full replacement of the existing system solution.

2.3 Deliverable Contents

[Table 2-1](#) provides an overview of the sections of the BRD deliverable.

Table 2-1: BRD Deliverable Sections

Section	Description
Introduction	This section will introduce the document purpose and structure. It will describe the document contents, problem statement, and business goals, and will describe how the document aligns with the scope of the project.
Stakeholders	This section will provide a list of the key stakeholders (both groups and individual participants) and how their input was obtained.
Requirements Elicitation Approach	This section will provide an overview of the various methods and sessions used to gather the business requirements.

Section	Description
Key Requirement Considerations	This section will include the identification of key areas for consideration when developing requirements and identifying areas impacted by current business processes as well as gaps within the functionality of the current system solution based on the Automated Function Checklist.
Business Process Flow Considerations	This section will include areas of efficiency that could be gained for users through the implementation of a system solution aligned with CCWIS regulations.
Functional Requirements Traceability Matrix	This section will provide a detailed description of the categories that comprise the matrix. The categories and subcategories will be identified to help group requirements into key functional areas. The key functional areas will also be defined.
Glossary of Terms	This section will define all acronyms used within the deliverable.
Appendices	The appendices will include the functional requirements traceability matrix, all referenced documents, business process flows, cited sources, and additional documentation deemed pertinent to understanding deliverable content.

3 STAKEHOLDERS

For the CCWIS Planning Project, many stakeholders seek to promote DCF's goal of supporting the well-being of children and families within the State of Florida. These stakeholders include frontline workers, supervisors, agency directors, regional directors, and information technology staff.

3.1 Office of Child Welfare (OCW)

The OCW is responsible for several programs and services that ensure safety, timely permanency, and the well-being of children and families within the state. Staff within OCW conduct, supervise, and provide oversight of the programmatic implementation and policies that impact multiple functional areas. These areas include the Florida Abuse Hotline, Intake, Investigations, Case Management, Adoption, Independent Living, and Prevention

3.2 Office of Information Technology Services (OITS)

The OITS provides information technology (IT) support services to DCF and helps manage Florida Safe Families Network's (FSFN) business and technical architecture.

3.3 Community-Based Care (CBC) and Case Management Organization (CMO) Agencies

DCF contracts with a statewide network of CBC agencies to provide child welfare services across the state. These CBC agencies and applicable CMOs deliver child welfare services and support families within their local communities.

3.4 DCF Regional Child Protective Investigators (CPIs) and Sheriff's Offices

CPIs and applicable sheriff's offices conduct investigations regarding allegations of abuse, neglect, abandonment, and/or special conditions for children within the state. DCF currently conducts child protective investigations in 60 of Florida's 67 counties. Sheriff's Offices in seven (7) counties (Broward, Hillsborough, Manatee, Pasco, Pinellas, Seminole, and Walton) perform child protective investigations through grant agreements with DCF.

3.5 Children's Legal Services (CLS)

CLS represents DCF in legal matters by advocating for the safety, well-being, and permanency of Florida's abused, abandoned, and neglected children involved with a Chapter 39 proceeding (FL Statutes 39.001 – 39.815).

Note: The Office of Attorney General (OAG) represents circuits 13 and 17. The 6th Judicial State Attorney's Office represents circuit 6.

3.6 Adult Protective Services (APS)

APS provides protection of vulnerable adults from neglect, exploitation, or self-neglect. In addition, APS supports adults with disabilities to remain in their community.

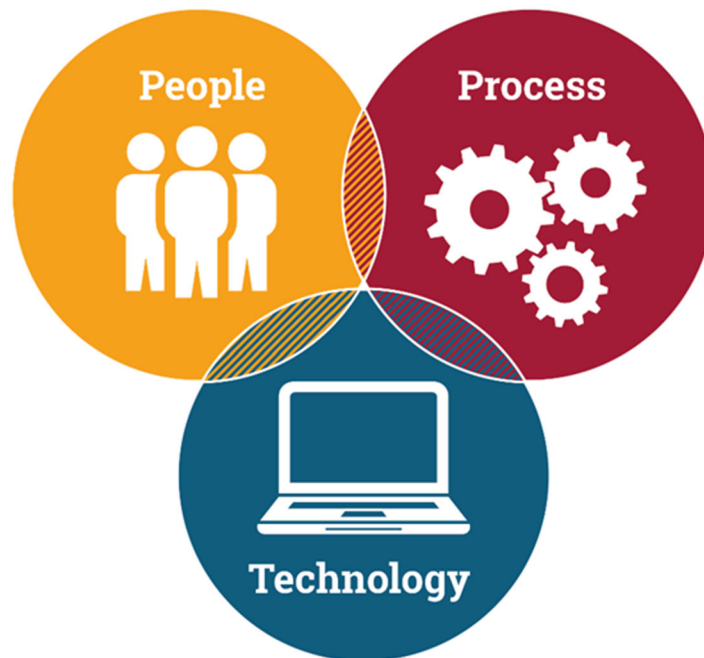
As APS currently uses FSFN, PCG met with APS to understand and collect functionality and business requirements. Although not under the CCWIS umbrella (for regulation or potential funding), APS requirements need to be considered as changes are made to FSFN. The APS requirements were collected and tracked in a separate requirements matrix. To find the requirements for APS, refer to [Section 10.2: APS – Functional Requirements Traceability Matrix](#).

4 REQUIREMENTS ELICITATION APPROACH

The requirements elicitation approach was broken up into several distinct phases. Requirements gathered from DCF and OITS staff through executive-level interviews, and Executive interviews conducted with CBC leadership and technical staff. JAR sessions conducted with DCF, OITS, CPI, CLS, CBC, CMO, and applicable sheriffs' offices across the state. In addition to the JAR sessions, PCG created "As-Is" business process flows during many of the OCW JAR sessions as well as through three (3) CBC workgroups.

A total of 79 sessions were conducted to discuss pain points, and business process flows.

Figure 4-1: Gathering Requirements



4.1 Executive Interviews

PCG met with DCF, OITS, and CBC executive leadership to identify their goals and objectives for the CCWIS planning project. These sessions allowed for an open conversation between PCG and executive staff to help gain a deeper understanding of the strategic goals, objectives, and vision for a CCWIS solution. Executive interviews consisted of approximately one (1) hour conversations in which PCG prepared guiding questions and executive leadership responded based on their understanding of current FSFN issues and how a future system solution can support their ongoing priorities.

A complete list of the executives involved in the executive interview process are found in the *JAR Session Minutes Summary Report*, refer to [Section 11.1: JAR Session Minutes Summary Report](#).

4.2 JAR Sessions

PCG conducted JAR sessions with DCF, OITS, CPI, CLS, CBC, CMO, and applicable sheriffs' offices across the state. These sessions were used to discuss FSFN and current business processes. The objective was to collect information regarding "pain points" (current challenges) and "wish lists" (desired future capabilities) while addressing key child welfare functional areas (such as Intake, Investigations, Licensing, and others). The sessions consisted of a conversation with participants (between 90 minutes and three (3) hours depending on functional area) in which PCG presented a Microsoft PowerPoint of guided questions to capture the primary

business needs a CCWIS solution must support. The responses provided by the participants were used to develop the high-level functional requirements contained in the Functional Requirements Traceability Matrix and submitted as part of the BRD deliverable ([Section 10.1 CCWIS Planning – Functional Requirements Traceability Matrix](#)).

A complete list of JAR sessions are found in the *JAR Session Minutes Summary Report*, refer to [Section 11.1: JAR Session Minutes Summary Report](#).

4.3 Business Process Flows

In addition to capturing the functional needs of the various stakeholders involved with the CCWIS Planning Project, PCG evaluated business processes across functional areas through the development of “As-Is” business process flows. Each functional area was encouraged to think about the high-level steps necessary to complete various business processes involving functional areas such as adoption, licensing, or investigations.

All finalized business process flows developed for functional areas, as part of the BRD deliverable, can be found in [Appendix A: Business Process Flows \(“AS-IS”\)](#) of this document.

4.4 Validation of Minutes and Process Flows

The collected information was documented as meeting minutes for each JAR session. The meeting minutes and business process flows captured the various needs and functions a system solution will need to support as well as gaps currently identified within FSFN. These meeting minutes were then submitted to the participants for review and feedback. Once participants of the various sessions completed reviews, the meeting minutes were finalized and placed on an intranet site (<http://apps.dcf.state.fl.us/ccwis/>).

5 KEY REQUIREMENTS CONSIDERATIONS

Through the various requirements elicitation approaches, stakeholders were asked what they would consider being their highest priorities for a system solution that aligned with CCWIS requirements. The consistencies heard during these sessions, combined with PCG's experience working with other states on CCWIS initiatives, led to the identification of several key areas for consideration when developing requirements for a CCWIS solution. These considerations will be critical in developing a system solution that will support frontline workers as well as improve the timeliness, accuracy, and completeness of data collected.

5.1 Enhanced Mobile Functionality

While some DCF and CBC staff have access to a mobile application that provides limited ability to complete required documentation while in the field, it does not currently work across multiple devices or support complete functionality with FSFN. Many users expressed a desire to access a CCWIS solution from any device, including tablets and smartphones. Further, users want the ability to use their desired device to collect and review data regardless of their ability to be connected to a wireless or Wi-Fi network. With access to a robust mobile solution, frontline staff will have the detailed information necessary to better connect with the children and families they serve.

Enhanced mobile functionality was identified as a consistent priority not only by those who currently have access to a mobile application but those who do not have access to any application as well. Areas of proposed increased functionality to improve the accuracy, timeliness, and completeness of data while frontline workers are in the field include:

- The ability to have all information and documentation from the application synchronizes automatically with the CCWIS solution.
- The ability to access historical information.
- The ability to review and edit information entered into the mobile solution.
- The ability to take pictures with a phone or tablet device and have them automatically upload to an investigation or case.
- The ability to send and receive relevant alerts within the mobile solution.
- The ability to securely access email from the mobile solution while in the field.

With enhanced mobile functionality, frontline staff will have the opportunity to increase their productivity and save time by reducing the need to re-enter information previously collected while in the field or spending extra time uploading pictures or documents once they return to the office.

5.2 Enhanced Document Management

The CCWIS requirements provide an opportunity for DCF to truly shift towards paperless processes that include an integrated e-signature feature. E-signature technology decreases the amount of time needed to review and approve applicable assessments, forms, and documents. By replacing manual paper processes with an enhanced document management approach, users gain efficiencies in both how information is collected and received as well as increased trust in the information stored within a system solution. Further, enhanced document management processes will eliminate the need for users to upload documents (case plans, safety plans, legal documents) into multiple systems. Areas of a need expressed by users include:

- The ability to complete and receive information in real-time.
- The ability to capture e-signatures on required forms and documents, to the extent allowable under applicable Florida statutes.
- The ability to upload, store, tag (files are tagged based on their path, name, content, etc.), and sort relevant documentation.

- The ability to search structured and unstructured data within the system.
- The ability to redact information within a stored document.
- The ability to save redacted documentation separately from the original document.
- The ability to print entire case files when applicable for records requests.
- The ability to link multiple documents across cases within the system.

By increasing access to crucial documentation and allowing users to collaborate on this information in real-time, current business processes can be streamlined to improve performance. It will also be important for all required documentation, including forms and required assessments, to be reviewed for critical components. This review should consider the possibilities to auto-populate known system information when applicable and eliminate any duplication in current processes. Less tedious documentation processes will support staff in completing their documentation timely and accurately. Additionally, the security of data should always be considered when enhancing document management processes. This should include security features that allow for restricted access to specific cases and functions based on user roles within the system.

5.3 Data Enhancements

Another priority that was consistently expressed by stakeholders was to have a system solution that improved how data was captured, shared, and analyzed. One (1) of the major inefficiencies identified with FSFN utilization was the lack of access to trusted system generated reports to support users' reporting needs. Further, users must obtain required information from data that has been uploaded and stored into multiple systems. As a result, many users across functional areas are tracking and analyzing information based on reports created within Microsoft Excel. These actions reduce the quality of data that is being analyzed and included within required state and federal reports. Areas of need that are related to data capabilities expressed by users include:

- The ability to correct data previously submitted within the system.
- The ability to create, customize, and generate reports at the individual, caseload, and agency level.
- The ability to create and generate ad hoc reports.
- The ability of the system to spell check and autocorrect common words and grammar.
- The ability to merge and unmerge case participants.
- The ability of the system to track timeframes.
- The ability to track when documents and tasks are completed within the system.
- The ability to track and view pertinent placement information.
- The ability for the system to adjust for time zone differences (compliance to timeliness requirements).
- The ability to access the system through multiple web browsers.

Although increasing users' access to data is important, it is imperative that the user is accessing quality data. Having quality data reduces oversights, minimizes risks, and improves decision-making. Depending on the CCWIS Implementation Alternative selected, the CCWIS solution will also need the ability to send to CCWIS client information originating in a CBC ancillary system to reduce or eliminate duplicate data entry. (This assumes the data sent will comply with established data governance, integrity and security standards). As DCF moves forward with transforming how quality data is collected and shared across the state, the requirements highlighted in this section will be necessary to include in the development of a CCWIS solution.

5.4 Functionality Gaps

Currently, there are functionality gaps that exist in FSFN as it relates to the Automated Functions Checklist. These gaps prevent the Department from gaining CCWIS compliance with the current state of FSFN functionality. Further, any automated functions that are duplicated may only qualify for non-CCWIS cost allocation funding.

Examples of gaps currently within FSFN that would prevent CCWIS compliance include the lack of a consistently used module for tracking training of staff and an automated financial claiming module.

As noted in the Annual Advance Planning Document Update (AAPDU) submitted by the Department in May 2019, there are several areas of duplication between FSFN and local ancillary systems used by the CBCs. The CBCs utilize these ancillary systems because FSFN functionality does not fully support the business needs and necessary workflows associated with their systems of care. A full description of these areas of duplication can be found in the AAPDU ([Appendix C: 11.2 Florida Safe Families Network - Annual Advance Planning Document Update](#)). In addition, areas of duplication and automation will also be addressed in the CCWIS Implementation Roadmap deliverable submitted as part of the planning project.

While the key requirements listed in the previous sections pertain to how a CCWIS solution can best support users, the following list highlights gaps that would currently prevent FSFN from achieving CCWIS compliance; this includes:

- Areas of duplication between FSFN and external systems. Examples include, but are not limited to:
 - Service Management – Independent Living
 - Service Management – File Cabinet
 - Service Management – Case Planning
 -
 - Service Management - Service Request Authorization
 - Service Management – Placement Requests
 - Service Management - Family Support
 - Financial Management – Payment Requests
 - Financial Management – Trust Accounts
 - Financial Management – Financial Activity
 - Provider Management – Address Maintenance
 - Provider Management – Duplication of Providers
 - Provider Management – Service Rates
 - Common Management – Training Courses
 - Common Management – Individual Worker Training
- Current Federal Data Extracts (NCANDS, NYTD, AFCARS) need to be modified to comply with recent regulation changes as well as possible changes in the future.
- A CCWIS solution must meet data exchange requirements. A listing of data exchanges can be found in [Section 6.2: Exchanging Data with Other Agencies](#)

Several change requests have been submitted to address current functionality within FSFN. As a CCWIS Implementation Alternative is selected, the current gaps and areas of duplication listed above must be addressed when selecting the alternative.

6 BUSINESS PROCESS FLOWS CONSIDERATIONS

Upon validation of the “As-Is” business process flows with both DCF and CBC staff, PCG carefully reviewed areas of efficiency or levels of automation that could consistently benefit users through the development of a CCWIS solution. An overview of these efficiencies is highlighted in this section. A complete listing of the business process flows developed for the CCWIS Planning Project can be found in [Appendix A: Business Process Flows \(“AS-IS”\)](#) of this document.

6.1 Connecting Alerts and Notifications to Actionable Information

Some of the manual processes identified during the development of the “As-Is” business process flows were the result of inefficient alert and notification functionality within FSFN. Several participants involved with the JAR sessions discussed their frustration with the volume of alerts received that either does not provide them with relevant case information or allow them to take direct action from the alert on a case within FSFN. Within a child welfare agency, having access to critical information in real-time can be a major factor in the successful outcome of a case. Therefore, having actionable alerts and notifications reduces the possibility of issues being overlooked.

Further, actionable alerts and notifications will assist both DCF and CBC staff in their decision-making processes as well as improve timeliness performance measures. Some examples of enhanced alerts and notifications include:

- The ability to assign tasks and obtain approvals from within the system or through a mobile solution would eliminate the time delay currently required to allow supervisors the opportunity to be notified a task requires review, review that task, and provide their approval.
- The ability to send and receive alerts and notifications related to workload tasks such as:
 - The ability for a CPI to receive an alert when a new investigation has been assigned.
 - The ability for all relevant individuals assigned to a case be alerted when a change in the placement of a child occurs.
 - The ability for finance staff to be alerted when changes in a case occur that affect payment status.
 - The ability for finance staff to be alerted when changes in a case occur that affect eligibility.
 - The ability for adoption counselors and supervisors to receive alerts when court filings associated with assigned cases or when an action associated with adoption is filed (ex. TPR petition, order, or intervention).
 - The ability for post-adoption staff to receive an alert when an intake/investigation has been received/opened pertaining to an adoptive parent.
 - The ability for staff to be notified when a missing child alert has been entered or when a child has been recovered.
- As the CCWIS solution will enhance access to external portals, alerts will be necessary as items are being submitted through portals. For example:
 - The ability for staff to be notified when a prospective parent has uploaded an adoption application.

Enhanced alert and notification functionality would support the work conducted throughout the current child welfare processes completed in Florida. While FSFN currently has alerts and notifications functionality, a future CCWIS solution should enhance those capabilities. One way to enhance alerts and notifications would be to create priority levels for specific alerts and notifications. This would assist staff in determine which alerts need immediate attention versus an informational-related alert or notification.

6.2 Exchanging Data with Other Agencies

During the JAR sessions, multiple participants discussed the value and importance of being able to receive relevant data from other agencies and community partners. Regarding a CCWIS solution, both DCF and CBC staff want to be able to share information with education systems, the courts and Medicaid claims processing (MMIS). The ability to share and receive information from these agencies would eliminate the need to share information externally from the system. Further, the ability to obtain information from these agencies would decrease the time it takes for both DCF and CBC staff to complete required forms, referrals, assessments, judicial reviews, and review available medical records (including claims history).

- A CCWIS solution should be developed to exchange data with the courts to expedite court processes and provide accurate information to all staff related to a case.
- A CCWIS solution should be developed to exchange data with educational systems to improve a child's educational outcomes, ensure appropriate services, obtain enrollment status, grade transcripts, and provide accurate information to all staff related to a case.
- A CCWIS system should be developed to exchange data with these additional systems:
 - FLORIDA (Florida Online Recipient Integrated Data Access)
 - SAVE system
 - SAFE (FL Immigration System)
 - Social Security Office
 - DMV/BMV (for addresses from driver's licenses)
 - Department of Economics Development Opportunity - CONNECT
 - Clerk of Courts' CICS system
 - Department of Revenue - System for Unified Taxation (SUNTAX)
 - TANF Title IV-D - Child Support
 - Agency for Health Care Administration (AHCA) providers
 - Agency for Persons with Disabilities (APD) providers
 - Substance Abuse and Mental Health (SAMH) providers
 - National Electronic Interstate Compact Enterprise (NEICE) system
- Depending on the CCWIS Implementation Alternative selected, a CCWIS solution should be developed to exchange data with relevant CBC ancillary systems to expedite processes and provide accurate client information to all stakeholders.

To the extent possible, data exchanges should be leveraged within a CCWIS solution to ensure both state and federal requirements are met.

6.3 Utilizing External Portals

Throughout the JAR sessions, participants provided feedback about utilizing external portals across functional areas. Caregivers, providers, and mandated reporters could utilize external portals to submit and update applicable information securely into a CCWIS solution; this would include the submission of:

- Foster care applications
- Abuse and neglect information
- Required documentation (driver's license, birth certificate, etc.)
- Certifications, invoices, and contract data

- Quality Assurance reviews
- Police report(s) from law enforcement when a report filed on a child in DCF custody/involvement

Multiple functional areas would benefit from sending and receiving information from external stakeholders and community partners through external portals. External portals would provide an opportunity for these external partners to engage with DCF and CBC staff directly. Since external portals would allow authorized users to access and provide specific information pertinent to their record(s), both DCF and CBC staff will save time in trying to obtain this information through phone calls and email. Some of the requested external portals include:

- Provider portal
- Parent/caregiver portal
- Youth portal
- Intake portal
- DCF Quality Assurance (QA) Portal

Consideration should also be given to the development of an application-based portal that can be utilized by any smartphone or tablet device. Providing external stakeholders and community partners with an application-based portal allows them to obtain information and upload supporting documentation quickly.

A CCWIS solution will allow DCF to develop a system that improves the availability of timely, accurate, and complete data. While a CCWIS solution can be developed to support business process efficiencies, it is important for DCF to examine what impact these changes might have on existing programmatic policies or current job functions of users within the system. Further, it would be beneficial for DCF to explore how business process redesign (BPR) or organizational change management (OCM) investments can increase the effectiveness of desired changes within a CCWIS solution. Lastly, DCF will want to ensure the CCWIS solution supports security features that would limit the access that external users have to information and create restricted features for external portals.

7 FUNCTIONAL REQUIREMENTS TRACEABILITY MATRIX

The information collected during the JAR and Executive Interview Sessions was used to generate the Functional requirements necessary for the CCWIS implementation effort. These high-level requirements will be used to help evaluate the feasibility of the three (3) implementation alternatives and will also be used to help generate cost and schedule estimates for the CCWIS implementation effort.

7.1 Requirements Definition Process

Once the JAR and Executive Interview Sessions were completed, PCG began the process of using the minutes from the interview sessions to generate both functional (program) requirements and non-functional (technical and architecture) requirements.

Requirements were defined by reviewing minutes from all 79 interview sessions that held across the State.

The process used to generate the functional and non-functional requirements was as follows:

- The session minutes were reviewed to identify actionable statements (such as “we need ...”, “we want ...”, “we must have ...”, “the system must ...”, etc.).
- Each requirement was reviewed in more detail to determine whether it should be broken down further into multiple requirements or sub-requirements.
- Once defined, each requirement was classified as functional (program) or non-functional (technical, architecture).
- Each requirement was reviewed to validate that it was indeed an actionable statement and was not duplicated elsewhere in the list of requirements.
- Each requirement was worded to state its intent.
 - Example: “I am an authorized user, and I want the system to provide information in real-time.”
- Once defined, each requirement was assigned a unique identifier.
- Each defined requirement was then assigned to an appropriate category and subcategory.

Once the defined requirements have been reviewed and approved by the DCF, they will be baselined and managed through version control.

7.2 Structure of the Functional Requirements Matrix

The structure of the Functional Requirements Traceability Matrix provides a listing of business processes and common requirements. A subcategory listing further distinguishes each business process and the common requirement. Contained within each subcategory is a full listing of all high-level requirements that pertain to that specific subcategory.

All high-level requirements in the matrix contain:

- Name
- Description
- Status (Draft, Proposed, Under Review, Approved, Deleted)
- Priority (Critical, High, Medium, Low)

Please refer to the functional requirements matrix for additional information.

7.3 Categories of the Functional Requirements Matrix

The table below displays the following, as indicated in the Functional Requirements Matrix ([Section 10.1: CCWIS Planning – Functional Requirements Traceability Matrix](#)):

- **Outline #:** This column shows the outline used to number each of the requirements.
- **Category:** This column displays the primary categories, used for the requirement.
- **Subcategory:** This column displays the subcategories, used for each primary category.

Table 7-1: Functional Requirements Traceability Matrix

Outline Number #	Category	Subcategory
A.01.	Business Process	Case Management
A.02.	Business Process	Adoptions & Guardianship Assistance Program (GAP)
A.03.	Business Process	Independent Living and Licensing
A.04.	Business Process	Training Tracking
A.05.	Business Process	Provider Management & Service Management
A.06.	Business Process	Eligibility
A.07.	Business Process	FFPSA
A.08.	Business Process	ICWA
A.09.	Business Process	CLS
A.10.	Business Process	Investigation
A.11.	Business Process	Intake / Hotline / Screening
A.12.	Business Process	Finance
A.13.	Business Process	ICPC/ICAMA
B.01.	Common Requirements	Alerts and System Notifications
B.02.	Common Requirements	State and Federal Requirements
B.03.	Common Requirements	Dashboard
B.04.	Common Requirements	Shared Functions
B.05.	Common Requirements	Document Management
B.06.	Common Requirements	Reporting
B.07.	Common Requirements	External Portals
B.08.	Common Requirements	Mobility

8 GLOSSARY OF TERMS

[Table 8-1](#) is a culmination of acronyms found across the BRD, CCWIS Planning – Functional Requirements Traceability Matrix, APS – Functional Requirements Traceability Matrix, and business process flows documents.

Table 8-1: Glossary of Terms

Acronym	Definition
AAPDU	Annual Advance Planning Document Update
ACF	Administration for Children and Families
AFCARS	Adoption and Foster Care Analysis and Reporting System
AHCA	Agency for Health Care Administration
APD	Agency for Persons with Disabilities
APS	Adult Protective Services
ASFA	Adoption and Safe Families Act
BPR	Business Process Redesign
BRD	Business Requirements Document
CBC	Community-Based Care
CCWIS	Comprehensive Child Welfare Information System
CEO	Chief Executive Officer
CFCIP	Chafee Foster Care Independence Program
CIO	Chief Information Officer
CIU	Criminal Intelligence Unit
CLS	Children's Legal Services
CMO	Case Management Organization
CPI	Child Protective Investigator
CPT	Child Protection Team
DCF	Department of Children and Families
DEO	Department of Economic Opportunity
DJJ	Department of Juvenile Justice
DOB	Date of Birth
DOE	Department of Education











Acronym	Definition
DOH	Department of Health
EFC	Extended Foster Care
EFT	Electronic Funds Transfer
EGAA	Extension of Guardianship Assistance Agreement
EMAS	Extension of Maintenance Adoption Subsidy
FDLE	Florida Department of Law Enforcement
FFA	Family Functioning Assessment
FFA-I	Family Functioning Assessment - Investigation
FFA-O	Family Functioning Assessment - Ongoing
FFPSA	Family First Prevention Services Act
FL	Florida
FSFN	Florida Safe Families Network
FSSNF	Family Support Services of North Florida
FY	Fiscal Year
GAP	Guardianship Assistance Program
GPS	Global Positioning System
HQ	Headquarters
ICAMA	Interstate Compact on Adoption and Medical Assistance
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IL	Independent Living
JAR	Joint Application Requirements
MCR	Missing Child Report
MMIS	Medicaid Management Information System
NCANDS	National Child Abuse and Neglect Data System
NEICE	National Electronic Interstate Compact Enterprise
NYTD	National Youth in Transition Database
OAG	Office of Attorney General













Acronym	Definition
OCM	Organizational Change Management
OCW	Office of Child Welfare
OITS	Office of Information Technology Services
PCG	Public Consulting Group
PDF	Portable Document Format
PESS	Postsecondary Education Services and Support
PNA	Parent in Need of Assistance
QA	Quality Assurance
QRTP	Qualified Residential Treatment Program
SACWIS	Statewide Automated Child Welfare Information System
SAMH	Substance Abuse and Mental Health
SUNTAX	System for Unified Taxation
TANF	Temporary Assistance for Needy Families













9 APPENDIX A: BUSINESS PROCESS FLOWS (“AS-IS”)




Double-click a pdf file to view in adobe reader. Here's [how to download Adobe Reader for free](#). If you have any older versions of Adobe Reader, you'll need to uninstall them before installing the new version of Adobe Reader.

Table 9-1: Process Flows

Business Process	Process Flow (“As-Is”)
Adoption – EMAS	 Adoption - EMAS (1.0).pdf
Adoption – General	 Adoption - General (2.0).pdf
Case Management	 Case Management (1.0).pdf
CLS – Appeals	 CLS - Appeals (2.0).pdf
CLS – Initial	 CLS - Initial (2.0).pdf
CLS – Judicial Reviews	 CLS - Judicial Reviews (2.0).pdf
Eligibility – Candidacy	 Eligibility - Candidacy (1.0).pdf
Eligibility – In-Home	 Eligibility - In-Home (1.0).pdf
Eligibility – Out-of-Home	 Eligibility - Out-of-Home (1.0).pd
Finance – Payment of Placement or Service	 Finance - Payment of Placement or Service

Business Process	Process Flow (“As-Is”)
Finance – Service Invoice	 Finance - Service Invoice (2.0).pdf
GAP – EGAA	 Guardianship Assistance Program -
GAP – General	 Guardianship Assistance Program -
Hotline – Caregiver Unavailable and PNA	 Hotline - Caregiver Unavailable and PNA
Hotline – Child on Child Sexual Abuse	 Hotline - Child on Child Sexual Abuse (1.
Hotline – CIU	 Hotline - CIU (1.0).pdf
Hotline – Foster Care Referral	 Hotline - Foster Care Referral (1.0).pdf
Hotline – General Intake	 Hotline - General Intake (1.0).pdf
Hotline – Information & Referral	 Hotline - Information and Referral (1.0).pdf
ICAMA	 ICAMA (1.0).pdf
ICPC – Receiving State	 ICPC - Receiving State (1.0).pdf
ICPC – Sending State	 ICPC - Sending State (1.0).pdf

Business Process	Process Flow (“As-Is”)
Independent Living – Aftercare Services	 Independent Living - Aftercare Services (1.0)
Independent Living – EFC Re-entry	 Independent Living - EFC Re-Entry (2.0).pdf
Independent Living – PESS	 Independent Living - PESS (1.0).pdf
Independent Living – Ages 13-17	 Independent Living - Ages 13-17 (1.0).pdf
Investigations – General	 Investigations - General (2.0).pdf
Investigations – Institutional	 Investigations - Institutional (2.0).pdf
Investigations – Other	 Investigations - Other (2.0).pdf
Investigations – Referrals	 Investigations - Referrals (2.0).pdf
Licensing – Caregiver Level 1	 Licensing - Caregiver Level 1 (2.0).pdf
Licensing – Caregiver Levels 2-5	 Licensing - Caregiver Levels 2-5 (1.0).pdf
Licensing – Child Placing Agency	 Licensing - Child Placing Agency (1.0).p
Licensing – Group Home	 Licensing - Group Home (1.0).pdf

Business Process	Process Flow (“As-Is”)
<p>Missing Child Report and Alert</p>	 Missing Child Report and Alert (1.0).pdf
<p>Provider Management – Placement Services</p>	 Provider Management - Placen
<p>Provider Management – Provider Status</p>	 Provider Management - Provid

10 APPENDIX B: FUNCTIONAL REQUIREMENTS TRACEABILITY MATRIX

10.1 CCWIS Planning – Functional Requirements Traceability Matrix



CCWIS Planning -
Functional Requir

10.2 APS – Functional Requirements Traceability Matrix



Adult Protective
Services - Functional F

11 APPENDIX C: REFERENCED DOCUMENTS

11.1 JAR Session Minutes Summary Report

[Link is not embedded. Please refer to document “*CCWIS Planning – JAR Session Minutes Summary Report*” on the DCF network shared drive: <http://apps.dcf.state.fl.us/ccwis/>]











11.2 Florida Safe Families Network - Annual Advance Planning Document Update










2019
APDU05312019.pdf

These Business Process Workflow Diagrams were produced as part of a CCWIS Planning Project in 2019. Double-click a pdf file to view in adobe reader. Here's [how to download Adobe Reader for free](#). If you have any older versions of Adobe Reader, you'll need to uninstall them before installing the new

Business Process	Process Flow (“As-Is”)
Adoption – EMAS	 Adoption - EMAS (1.0).pdf
Adoption – General	 Adoption - General (2.0).pdf
Case Management	 Case Management (1.0).pdf
CLS – Appeals	 CLS - Appeals (2.0).pdf
CLS – Initial	 CLS - Initial (2.0).pdf
CLS – Judicial Reviews	 CLS - Judicial Reviews (2.0).pdf
Eligibility – Candidacy	 Eligibility - Candidacy (1.0).pdf
Eligibility – In-Home	 Eligibility - In-Home (1.0).pdf
Eligibility – Out-of-Home	 Eligibility - Out-of-Home (1.0).pd

Business Process	Process Flow (“As-Is”)
Finance – Payment of Placement or Service	 Finance - Payment of Placement or Service
Finance – Service Invoice	 Finance - Service Invoice (2.0).pdf
GAP – EGAA	 Guardianship Assistance Program -
GAP – General	 Guardianship Assistance Program -
Hotline – Caregiver Unavailable and PNA	 Hotline - Caregiver Unavailable and PNA
Hotline – Child on Child Sexual Abuse	 Hotline - Child on Child Sexual Abuse (1.
Hotline – CIU	 Hotline - CIU (1.0).pdf
Hotline – Foster Care Referral	 Hotline - Foster Care Referral (1.0).pdf
Hotline – General Intake	 Hotline - General Intake (1.0).pdf
Hotline – Information & Referral	 Hotline - Information and Referral (1.0).pdf

Business Process	Process Flow (“As-Is”)
ICAMA	 ICAMA (1.0).pdf
ICPC – Receiving State	 ICPC - Receiving State (1.0).pdf
ICPC – Sending State	 ICPC - Sending State (1.0).pdf
Independent Living – Aftercare Services	 Independent Living - Aftercare Services (1.0).pdf
Independent Living – EFC Re-entry	 Independent Living - EFC Re-Entry (2.0).pdf
Independent Living – PESS	 Independent Living - PESS (1.0).pdf
Independent Living – Ages 13-17	 Independent Living - Ages 13-17 (1.0).pdf
Investigations – General	 Investigations - General (2.0).pdf
Investigations – Institutional	 Investigations - Institutional (2.0).pdf
Investigations – Other	 Investigations - Other (2.0).pdf

Business Process	Process Flow (“As-Is”)
Investigations – Referrals	 Investigations - Referrals (2.0).pdf
Licensing – Caregiver Level 1	 Licensing - Caregiver Level 1 (2.0).pdf
Licensing – Caregiver Levels 2-5	 Licensing - Caregiver Levels 2-5 (1.0).pdf
Licensing – Child Placing Agency	 Licensing - Child Placing Agency (1.0).p
Licensing – Group Home	 Licensing - Group Home (1.0).pdf
Missing Child Report and Alert	 Missing Child Report and Alert (1.0).pdf
Provider Management – Placement Services	 Provider Management - Placen
Provider Management – Provider Status	 Provider Management - Provid

On each requirements tab in this worksheet, for each requirement marked “Partially met” or “Unmet” in Column G, the Vendor shall indicate in Column H whether or not that requirement will be achieved by the time the solution is deployed/implemented. In addition, the Vendor shall quantify the effort in Column I necessary to deliver the requirement. Below are definitions related to the priority level DCF has assigned to each requirement (Column F on each tab), the vendor's ability to meet the requirement (Column G) and level of effort it will take the vendor to complete requirements marked "Partially met" or "Unmet" by the time the solution is deployed/implemented. Please use the drop-down values that have been provided in this worksheet for your responses.

Priority	Definition
Critical	Department cannot function without – no work arounds
High	Necessary but may have a short-term work around
Medium	Functionality that is necessary for operations, but could be completed after the initial implementation
Low	Nice to have/wish list

Ability to Meet	Definition
Fully met	Does not require customization (i.e. no effort to implement or only minor configuration work).
Partially met	Requires non-trivial customization work (either through custom development or significant configuration work).
Unmet	Not currently met but can be addressed through a combination of custom development and configuration.
Infeasible	Not currently met, and vendor judges that it is not feasible to implement the requirement in a cost-effective way.
N/A	Not necessary for Intake or Investigations

Level of Effort	Definition
Small	Less than 4 hours
Medium	5-24 hours
Large	25-100 hours
Extra Large	Greater than 100 hours

FSFN Modules

Intake

- Information & Referral
- Command Center Queue
- Counselor Productivity Report
- Call Record
- Call Record Search
- Reporter Search
- Background Check Listing
- Receiving Unit
- Hotline (link to Phoenix)

Case Management

- Maintain Case
- Interim Child Information (Legacy)
- Medical/Mental Health Education
- Assets and Employment
- Missing Child Report Alerts
- Children Receiving Services Notes
- Meetings
- File Cabinet
- Case Transfer Request Forms
- Supervisor Consultation
- Case Merge
- Case Split
- Create Case after Adoption Finalization
- Create Young Adult Case

Service Delivery

- Unmet Needs
- Family Support
- Living Arrangement
- Non-Placement Services
- Service Request Authorization
- Create/Maintain Service Type
- Service Category Options
- List Service Types

Investigation

- Child Investigation (Legacy)
- Child Investigation (Current)
- Special Conditions Referral
- Adult Investigation
- Investigation/Special Conditions Referral
- Workload Listing
- On Call Schedule
- Background Check

Assessment

- Family Assessment (Legacy)
- Reunification Home Study
- Present Danger Assessment
- Family Functioning Assessment
- Family Functioning Assessment Ongoing
- Progress Update
- Risk Assessment
- Child on Child Assessment
- Special Conditions Referral Assessment
- Child Safety Assessment (Legacy)
- Institutional Safety Assessment (Legacy)
- Institutional Safety Assessment
- Adult Safety Assessment
- Capacity to Consent

Service Planning

- Safety Plan
- Case Plan Worksheet
- Judicial Review Worksheet
- Child Placement Agreement

Placement

- Placement Request
- Bed Reservation
- Out-of-Home Placement
- Foster Care Rate Setting
- Placement Correction

Legal

- Legal Record
- Legal Document
- Legal Record Search
- Multiple Legal Action Copy
- Judicial Group Management
- Diligent Search for Parent

Adoption

- Adoption Subsidy Agreement Information
- Extended Maintenance Adoption Assistance Agreement
- Adoption Information Page
- Private Adoption
- Post-Adoption Services
- Adoption Exchange Photos
- Basic Subsidy Rate

Independent Living

- Independent Living
- Young Adult Case Plan Worksheet
- Young Adult Judicial Review Worksheet
- Young Adult Program Eligibility
- PDESS Program Eligibility

Guardianship Assistance

- Guardianship Assistance Program
- Guardianship Assistance Information
- Guardianship Assistance Agreement
- Extended Guardianship Assistance Agreement

Eligibility

- Medicaid
- TANF
- IV-E Foster Care
- IV-E Adoption
- Adoption TANF
- FPL Maintenance

Prospective Providers

- Recruitment Activity
- Recruitment Event
- Provider Inquiry (Person)
- Person Provider Inquiry Search

Provider Information

- Person Provider
- Organization Provider
- Provider File Cabinet
- Provider Merge
- Provider Delete
- Provider Address Maintenance
- Link/Delink Provider
- Provider Notes

Licensure

- License
- License/Relicense Checklist
- Name Amendment

Provider Assessment

- Unified Home Study
- Submit Background Check Request
- Provider Background Screening

Service Provision

- Provider Repayment Method
- Provider Service Rate
- Parent Agency History
- Edit Services

Payment Process

- Financial Activity
- Update Payment Request
- Review Pending Invoices
- Check Number Recording
- Invoice Batch Release Schedule
- Invoice Disposition
- Manual Checks
- Maintain Invoice Batch Number
- Overpayment Request
- Overpayment Adjustment

Claiming

- Reporting Category/OCA
- Payment Download

Trust Account

- Trust Account
- Trust Account Options
- Bank
- Maximum Balance
- Trust Account Search

Federal Reporting

- AFCARS
- AFCARS Exceptions
- AFCARS Footnotes
- NYTD Footnotes

User Support

- Desktop Navigation
- Task Management
- Checklist
- Online Help
- Automated Messages
- Messages and Links

Common Functions

- Worker Search
- Case Search
- Person Search
- Worker Transaction Search
- Approval Management
- Assignment Management
- Maintain Person
- Delete Person
- Case Book
- Person Book
- Templates & Notifications
- Person Merge

Security & Organization

- Security Profiles
- Security User Groups
- Worker Management
- Unit Management
- Agency Management
- Agency Contacts

Worker Training

- Training Courses
- Trainee Management
- Individual Worker Training

On each requirements tab in this worksheet, for each requirement marked “Partially met” or “Unmet” in Column G, the Vendor shall indicate in Column H whether or not that requirement will be achieved by the time the solution is deployed/implemented. In addition, the Vendor shall quantify the effort in Column I necessary to deliver the requirement. Below are definitions related to the priority level DCF has assigned to each requirement (Column F on each tab), the vendor's ability to meet the requirement (Column G) and level of effort it will take the vendor to complete requirements marked "Partially met" or "Unmet" by the time the solution is deployed/implemented. Please use the drop-down values that have been provided in this worksheet for your responses.

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Large	25-100 hours
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CBAForm 1 - Net Tangible Benefits

Agency	Children and Families	Project	SCHEDULE IV-B FOR MODERNIZING FLORIDA'S COMPREHENSIVE CHILD WELFARE INFORMATION SYSTEM
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Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A															
Agency <i>(Recurring Costs Only -- No Project Costs)</i>	FY 2022-23			FY 2023-24			FY 2024-25			FY 2025-26			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
A. Personnel Costs -- Agency-Managed Staff	\$711,297	\$0	\$711,297	\$746,862	\$0	\$746,862	\$784,205	\$0	\$784,205	\$823,416	\$0	\$823,416	\$864,587	\$0	\$864,587
A.b Total Staff	14.50	0.00	14.50	14.50	0.00	14.50	14.50	0.00	14.50	14.50	0.00	0.00	14.50	0.00	14.50
A-1.a. State FTEs (Salaries & Benefits)	\$711,297	\$0	\$711,297	\$746,862	\$0	\$746,862	\$784,205	\$0	\$784,205	\$823,416	\$0	\$823,416	\$864,587	\$0	\$864,587
A-1.b. State FTEs (#)	14.50	0.00	14.50	14.50	0.00	14.50	14.50	0.00	14.50	14.50	0.00	14.50	14.50	0.00	14.50
A-2.a. OPS Staff (Salaries)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-2.b. OPS (#)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$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. Application Maintenance Costs	\$7,395,501	\$0	\$7,395,501	\$7,765,276	\$4,000,000	\$11,765,276	\$8,153,540	\$6,000,000	\$14,153,540	\$8,561,216	\$8,500,000	\$17,061,216	\$8,989,277	\$2,197,874	\$11,187,151
B-1. Managed Services (Staffing)	\$5,611,792	\$0	\$5,611,792	\$5,892,382	\$1,800,000	\$7,692,382	\$6,187,001	\$2,000,000	\$8,187,001	\$6,496,351	\$2,500,000	\$8,996,351	\$6,821,169	(\$2,235,759)	\$4,585,410
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$1,237,709	\$0	\$1,237,709	\$1,299,594	\$2,200,000	\$3,499,594	\$1,364,574	\$4,000,000	\$5,364,574	\$1,432,802	\$6,000,000	\$7,432,802	\$1,504,442	\$4,500,000	\$6,004,442
B-4. Other <i>Data Analytics, Physical RDBS Support</i>	\$546,000	\$0	\$546,000	\$573,300	\$0	\$573,300	\$601,965	\$0	\$601,965	\$632,063	\$0	\$632,063	\$663,666	(\$66,367)	\$597,300
C. Data Center Provider Costs	\$1,804,522	\$0	\$1,804,522	\$1,894,748	\$0	\$1,894,748	\$1,989,485	\$0	\$1,989,485	\$2,088,959	(\$208,896)	\$1,880,063	\$2,193,407	(\$2,193,408)	-\$1
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-3. Network / Hosting Services	\$1,804,522	\$0	\$1,804,522	\$1,894,748	\$0	\$1,894,748	\$1,989,485	\$0	\$1,989,485	\$2,088,959	(\$208,896)	\$1,880,063	\$2,193,407	(\$2,193,408)	-\$1
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other <i>N/A</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Facility Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Other Costs	\$36,750	\$0	\$36,750	\$38,588	\$0	\$38,588	\$40,517	\$0	\$40,517	\$42,543	(\$4,254)	\$38,289	\$44,670	(\$4,467)	\$40,203
E-1. Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-2. Travel	\$36,750	\$0	\$36,750	\$38,588	\$0	\$38,588	\$40,517	\$0	\$40,517	\$42,543	(\$4,254)	\$38,289	\$44,670	(\$4,467)	\$40,203
E-3. Other <i>Supplies</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total of Recurring Operational Costs	\$9,948,070	\$0	\$9,948,070	\$10,445,474	\$4,000,000	\$14,445,474	\$10,967,747	\$6,000,000	\$16,967,747	\$11,516,134	\$8,286,850	\$19,802,984	\$12,091,941	(\$0)	\$12,091,940
F. Additional Tangible Benefits:		\$0			\$0			\$0			\$0			\$0	
F-1. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
F-2. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
F-3. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
Total Net Tangible Benefits:		\$0			(\$4,000,000)			(\$6,000,000)			(\$8,286,850)			\$0	

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	+ - 50%
Placeholder	<input type="checkbox"/>	Confidence Level	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	SCHEDULE IV-B FOR MODERNIZING FLORIDA'S COMPREHENSIVE CHILD WELFARE INFORMATION SYSTEM			CBAForm 2A Baseline Project Budget																	
2	Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.				FY2022-23			FY2023-24			FY2024-25			FY2025-26			FY2024-25			TOTAL	
3	\$ -				\$ 15,000,000			\$ 20,000,000			\$ 20,000,000			\$ 10,000,000			\$ -			\$ 65,000,000	
4	Item Description (remove guidelines and annotate entries here)	Project Cost Element	Appropriation Category	Current & Previous Years Project-Related Cost	YR 1 #	YR 1 LBR	YR 1 Base Budget	YR 2 #	YR 2 LBR	YR 2 Base Budget	YR 3 #	YR 3 LBR	YR 3 Base Budget	YR 4 #	YR 4 LBR	YR 4 Base Budget	YR 5 #	YR 5 LBR	YR 5 Base Budget	TOTAL	
5	Costs for all state employees working on the project.	FTE	S&B	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -
6	Costs for all OPS employees working on the project.	OPS	OPS	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -
7	Staffing costs for personnel using Time & Expense.	Staff Augmentation	Contracted Services	\$ -	0.00	\$ 1,650,000	\$ -	0.00	\$ 1,650,000	\$ -	0.00	\$ 1,650,000	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ 4,950,000
8	Project management personnel and related deliverables.	Project Management	Contracted Services	\$ -	3.00	\$ 700,000	\$ -	2.00	\$ 700,000	\$ -	2.00	\$ 700,000	\$ -	0.00	\$ 300,000	\$ -	0.00	\$ -	\$ -	\$ -	\$ 2,400,000
9	Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	Project Oversight	Contracted Services	\$ -	1.00	\$ 1,500,000	\$ -	1.00	\$ 1,500,000	\$ -	1.00	\$ 1,500,000	\$ -	0.00	\$ 600,000	\$ -	0.00	\$ -	\$ -	\$ -	\$ 5,100,000
10	Staffing costs for all professional services not included in other categories.	Consultants/Contractors	Contracted Services	\$ -	0.00	\$ 1,500,000	\$ -	0.00	\$ 1,500,000	\$ -	0.00	\$ 1,500,000	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ 4,500,000
11	Separate requirements analysis and feasibility study procurements.	Project Planning/Analysis	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
12	Hardware purchases not included in data center services.	Hardware	OCO	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
13	Commercial software purchases and licensing costs.	Commercial Software	Contracted Services	\$ -		\$ 400,000	\$ -		\$ 4,000,000	\$ -		\$ 6,000,000	\$ -		\$ 6,000,000	\$ -		\$ -	\$ -	\$ -	\$ 16,400,000
14	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables	Contracted Services	\$ -		\$ 9,000,000	\$ -		\$ 10,000,000	\$ -		\$ 8,000,000	\$ -		\$ 3,000,000	\$ -		\$ -	\$ -	\$ -	\$ 30,000,000
15	All first-time training costs associated with the project.	Training	Contracted Services	\$ -		\$ 150,000	\$ -		\$ 150,000	\$ -		\$ 150,000	\$ -		\$ 100,000	\$ -		\$ -	\$ -	\$ -	\$ 550,000
16	Include the quote received from the data center provider for project equipment and services. Only include one-time project costs in this row. Recurring, project-related data center costs are included in CBA Form 1A.	Data Center Services - One Time Costs	Data Center Category	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
17	Other contracted services not included in other categories.	Other Services	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
18	Include costs for non-state data center equipment required by the project and the proposed solution (insert additional rows as needed for detail)	Equipment	Expense	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
19	Include costs associated with leasing space for project personnel.	Leased Space	Expense	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
20	Other project expenses not included in other categories.	Other Expenses	Expense	\$ -		\$ 100,000	\$ -		\$ 500,000	\$ -		\$ 500,000	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ 1,100,000
21	Total				\$ -	4.00	\$ 15,000,000	\$ -	3.00	\$ 20,000,000	\$ -	3.00	\$ 20,000,000	\$ -	0.00	\$ 10,000,000	\$ -	0.00	\$ -	\$ -	\$ 65,000,000
22																					
23																					
24																					
25																					
26																					
27																					
28																					

CBAForm 2 - Project Cost Analysis

Agency	<u>Children and Families</u>	Project	SCHEDULE IV-B FOR MODERNIZING FLORIDA'S COMPREHENSIVE CHILD WELFARE INFORMATION SYSTEM
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PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	
TOTAL PROJECT COSTS (*)	\$15,000,000	\$20,000,000	\$20,000,000	\$10,000,000	\$0	\$65,000,000
CUMULATIVE PROJECT COSTS <small>(includes Current & Previous Years' Project-Related Costs)</small>	\$15,000,000	\$35,000,000	\$55,000,000	\$65,000,000	\$65,000,000	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	
General Revenue	\$7,500,000	\$10,153,000	\$10,229,500	\$5,229,500	\$0	\$33,112,000
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match <input checked="" type="checkbox"/>	\$7,500,000	\$9,847,000	\$9,770,500	\$4,770,500	\$0	\$31,888,000
Grants <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$15,000,000	\$20,000,000	\$20,000,000	\$10,000,000	\$0	\$65,000,000
CUMULATIVE INVESTMENT	\$15,000,000	\$35,000,000	\$55,000,000	\$65,000,000	\$65,000,000	

Note: Federal Match is 100% of 50% for Development Funding
Federal Match is 92.35% of 50% for M&O until FSFN is decommissioned

Characterization of Project Cost Estimate - CBAForm 2C		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	Confidence Level	
Order of Magnitude	Confidence Level	25 - 40%
Placeholder	Confidence Level	

CBAForm 3 - Project Investment Summary

Agency

Children and Families

Project

SCHEDULE IV-B FOR MODERNIZING
FLORIDA'S COMPREHENSIVE CHILD
WELFARE INFORMATION SYSTEM

COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	TOTAL FOR ALL YEARS
Project Cost	\$15,000,000	\$20,000,000	\$20,000,000	\$10,000,000	\$0	\$65,000,000
Net Tangible Benefits	\$0	(\$4,000,000)	(\$6,000,000)	(\$8,286,850)	\$0	(\$18,286,849)
Return on Investment	(\$15,000,000)	(\$24,000,000)	(\$26,000,000)	(\$18,286,850)	\$0	(\$83,286,849)
Year to Year Change in Program Staffing	0	0	0	0	0	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	NO PAYBACK	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	NO PAYBACK	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	(\$76,861,090)	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	NO IRR	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

	B	C	D	E	F	G	H				
3	Project		<i>DCF Modernizing CCWIS - FSN Replacement</i>								
4	Agency		<i>Department of Children and Families</i>								
5	FY 2022-23 LBR Issue Code:		FY 2022-23 LBR Issue Title:								
6	<i>Issue Code</i>		<i>Issue Title</i>								
7	Risk Assessment Contact Info (Name, Phone #, and E-mail Address):										
8	<i>Timothy Lawson, Timothy.Lawson@myfamilies.com</i>										
9	Executive Sponsor										
10	Project Manager		<i>TBD</i>								
11	Prepared By		<i>Timothy Lawson</i>			<i>9/2/2022</i>					
12	Risk Assessment Summary										
14	<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">Business Strategy</div> <table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <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>										
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28	Most Aligned										
29	Least Aligned										
30	Least Risk	Most Risk									
31	Level of Project Risk										
32											
34	Project Risk Area Breakdown										
35	Risk Assessment Areas						<i>Risk Exposure</i>				
36	Strategic Assessment						HIGH				
37											
38	Technology Exposure Assessment						HIGH				
39											

	B	C	D	E	F	G	H
40	Organizational Change Management Assessment						HIGH
41							
42	Communication Assessment						HIGH
43							
44	Fiscal Assessment						HIGH
45							
46	Project Organization Assessment						HIGH
47							
48	Project Management Assessment						HIGH
49							
50	Project Complexity Assessment						HIGH
51							
52							
53	Overall Project Risk						HIGH

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
3	Section 1 -- Strategic Area			
4	#	Criteria	Values	Answer
5	1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	41% to 80% -- Some objectives aligned
6			41% to 80% -- Some objectives aligned	
7			81% to 100% -- All or nearly all objectives aligned	
8	1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Informal agreement by stakeholders
9			Informal agreement by stakeholders	
10			Documented with sign-off by stakeholders	
11	1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Not or rarely involved
12			Most regularly attend executive steering committee meetings	
13			Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
14	1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is completely documented
15			Vision is partially documented	
16			Vision is completely documented	
17	1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	41% to 80% -- Some defined and documented
18			41% to 80% -- Some defined and documented	
19			81% to 100% -- All or nearly all defined and documented	
20	1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	No changes needed
21			Changes unknown	
22			Changes are identified in concept only	
23			Changes are identified and documented	
24			Legislation or proposed rule change is drafted	
25	1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	Few or none
26			Some	
27			All or nearly all	
28	1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Extensive external use or visibility
29			Moderate external use or visibility	
30			Extensive external use or visibility	
31	1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Multiple agency or state enterprise visibility
32			Single agency-wide use or visibility	

	B	C	D	E
3	Section 1 -- Strategic Area			
4	#	Criteria	Values	Answer
33			Use or visibility at division and/or bureau level only	Enterprise visibility
34	1.10	Is this a multi-year project?	Greater than 5 years	Between 3 and 5 years
35			Between 3 and 5 years	
36			Between 1 and 3 years	
37			1 year or less	

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

	B	C	D	E
3	Section 2 -- Technology Area			
4	#	Criteria	Values	Answer
25			Capacity requirements are based on historical data and new system design specifications and performance requirements	design specifications and performance requirements

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
3	Section 3 -- Organizational Change Management Area			
4	#	Criteria	Values	Answer
5	3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Moderate changes to organization structure, staff or business processes
6			Moderate changes to organization structure, staff or business processes	
7			Minimal changes to organization structure, staff or business processes structure	
8	3.02	Will this project impact essential business processes?	Yes	Yes
9			No	
10	3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	0% to 40% -- Few or no process changes defined and documented
11			41% to 80% -- Some process changes defined and documented	
12			81% to 100% -- All or nearly all processes defined and documented	
13	3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	No
14			No	
15	3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	1% to 10% FTE count change
16			1% to 10% FTE count change	
17			Less than 1% FTE count change	
18	3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	Over 10% contractor count change
19			1 to 10% contractor count change	
20			Less than 1% contractor count change	
21	3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Moderate changes
22			Moderate changes	
23			Minor or no changes	
24	3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Moderate changes
25			Moderate changes	
26			Minor or no changes	
27	3.09	Has the agency successfully completed a	No experience/Not recently (>5 Years)	

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
3	Section 3 -- Organizational Change Management Area			
4	#	Criteria	Values	Answer
28		project with similar organizational change requirements?	Recently completed project with fewer change requirements	Recently completed project with fewer change requirements
29			Recently completed project with similar change requirements	
30			Recently completed project with greater change requirements	

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

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
5	5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	No
6			No	
7	5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	0% to 40% -- None or few defined and documented
8			41% to 80% -- Some defined and documented	
9			81% to 100% -- All or nearly all defined and documented	
10	5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Greater than \$10 M
11			Greater than \$10 M	
12			Between \$2 M and \$10 M	
13			Between \$500K and \$1,999,999	
14			Less than \$500 K	
15	5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	No
16			No	
17	5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Order of magnitude – estimate could vary between 10-100%
18			Order of magnitude – estimate could vary between 10-100%	
19			Placeholder – actual cost may exceed estimate by more than 100%	
20	5.06	Are funds available within existing agency resources to complete this project?	Yes	No
21			No	
22	5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
23			Funding from local government agencies	
24			Funding from other state agencies	
25	5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Neither requested nor received
26			Requested but not received	
27			Requested and received	
28			Not applicable	
29	5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	Some project benefits have been identified but not validated
30			Some project benefits have been identified but not validated	
31			Most project benefits have been identified but not validated	
32			All or nearly all project benefits have been identified and validated	

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
33	5.10	What is the benefit payback period that is defined and documented?	Within 1 year	No payback
34			Within 3 years	
35			Within 5 years	
36			More than 5 years	
37			No payback	

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
38	5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
39			Stakeholders have not been consulted re: procurement strategy	
40			Stakeholders have reviewed and approved the proposed procurement strategy	
41	5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Combination FFP and T&E
42			Firm Fixed Price (FFP)	
43			Combination FFP and T&E	
44	5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
45			Purchase all hardware and software at start of project to take advantage of one-time discounts	
46			Just-in-time purchasing of hardware and software is documented in the project schedule	
47	5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager is the procurement manager
48			Contract manager is the procurement manager	
49			Contract manager is the project manager	
50			Contract manager assigned is not the procurement manager or the project manager	
51	5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	No
52			No	
53	5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	Some selection criteria and outcomes have been defined and documented
54			Some selection criteria and outcomes have been defined and documented	
55			All or nearly all selection criteria and expected outcomes have been defined and documented	
56	5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation not planned/used for procurement
57			Multi-stage evaluation not planned/used for procurement	
58			Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
59	5.18	For projects with total cost exceeding \$10	Procurement strategy has not been developed	

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
60		million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	No, bid response did/will not require proof of concept or prototype	No, bid response did/will not require proof of concept or prototype
61			Yes, bid response did/will include proof of concept or prototype	
62			Not applicable	

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
3	Section 6 -- Project Organization Area			
4	#	Criteria	Values	Answer
5	6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	No
6			No	
7	6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented	Some have been defined and documented
8			Some have been defined and documented	
9			All or nearly all have been defined and documented	
10	6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	Agency
11			Agency	
12			System Integrator (contractor)	
13	6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	3 or more
14			2	
15			1	
16	6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Needed staff and skills have not been identified	Some or most staff roles and responsibilities and needed skills have been identified
17			Some or most staff roles and responsibilities and needed skills have been identified	
18			Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
19	6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	No, project manager is assigned 50% or less to project
20			No, project manager is assigned 50% or less to project	
21			No, project manager assigned more than half-time, but less than full-time to project	
22			Yes, experienced project manager dedicated full-time, 100% to project	
23	6.07	Are qualified project management team members dedicated full-time to the project	None	No, business, functional or technical experts dedicated more than half-time but less than full-time to project
24			No, business, functional or technical experts dedicated 50% or less to project	
25			No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
26			Yes, business, functional or technical experts dedicated full-time, 100% to project	
27	6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the	Few or no staff from in-house resources	Few or no staff from in-
28			Half of staff from in-house resources	

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
3	Section 6 -- Project Organization Area			
4	#	Criteria	Values	Answer
29		project team with in-house resources?	Mostly staffed from in-house resources	house resources
30			Completely staffed from in-house resources	
31	6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Moderate impact
32			Moderate impact	
33			Extensive impact	
34	6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes	No
35			No	
36	6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	No board has been established
37			No, only IT staff are on change review and control board	
38			No, all stakeholders are not represented on the board	
39			Yes, all stakeholders are represented by functional manager	

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
5	7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
6			Project Management team will use the methodology selected by the systems integrator	
7			Yes	
8	7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
9			1-3	
10			More than 3	
11	7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
12			Some	
13			All or nearly all	
14	7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	41 to 80% -- Some have been defined and documented
15			41 to 80% -- Some have been defined and documented	
16			81% to 100% -- All or nearly all have been defined and documented	
17	7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	41 to 80% -- Some have been defined and documented
18			41 to 80% -- Some have been defined and documented	
19			81% to 100% -- All or nearly all have been defined and documented	
20	7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	41 to 80% -- Some are traceable
21			41 to 80% -- Some are traceable	
22			81% to 100% -- All or nearly all requirements and specifications are traceable	
23	7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	None or few have been defined and documented
24			Some deliverables and acceptance criteria have been defined and documented	
25			All or nearly all deliverables and acceptance criteria have been defined and documented	
26	7.08	Is written approval required from executive sponsor, business stakeholders, and project manager sign-off required?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder
27			Only project manager signs-off	

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
28		manager for review and sign-off on major project deliverables?	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	Business stakeholder, and project manager are required on all major project deliverables
29	7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	0% to 40% -- None or few have been defined to the work package level
30			41 to 80% -- Some have been defined to the work package level	
31			81% to 100% -- All or nearly all have been defined to the work package level	
32	7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	No
33			No	
34	7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	No
35			No	
36	7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
37			Project team uses formal processes	
38			Project team and executive steering committee use formal status reporting processes	
39	7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
40			Some templates are available	
41			All planning and reporting templates are available	
42	7.14	Has a documented Risk Management Plan been approved for this project?	Yes	No
43			No	
44	7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	Some have been defined and documented
45			Some have been defined and documented	
46			All known risks and mitigation strategies have been defined	
47	7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	No
48			No	

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
49	7.17	Are issue reporting and management processes documented and in place for this project?	Yes	No
50			No	

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
2				
3	Section 8 -- Project Complexity Area			
4	#	Criteria	Values	Answer
5	8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	Unknown at this time
6			More complex	
7			Similar complexity	
8			Less complex	
9	8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
10			3 sites or fewer	
11			More than 3 sites	
12	8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
13			3 sites or fewer	
14			More than 3 sites	
15	8.04	How many external contracting or consulting organizations will this project require?	No external organizations	1 to 3 external organizations
16			1 to 3 external organizations	
17			More than 3 external organizations	
18	8.05	What is the expected project team size?	Greater than 15	Greater than 15
19			9 to 15	
20			5 to 8	
21			Less than 5	
22	8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	None
23			2 to 4	
24			1	
25			None	
26	8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Business process change in single division or bureau
27			Agency-wide business process change	
28			Statewide or multiple agency business process change	
29	8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	No
30			No	
31	8.09	What type of project is this?	Infrastructure upgrade	Combination of the above
32			Implementation requiring software development or purchasing commercial off the shelf (COTS) software	

	B	C	D	E
1	Agency: Department of Children and Families		Project: DCF Modernizing CCWIS - FSN Replacement	
2				
3	Section 8 -- Project Complexity Area			
4	#	Criteria	Values	Answer
33			Business Process Reengineering	
34			Combination of the above	
35	8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Similar size and complexity
36			Lesser size and complexity	
37			Similar size and complexity	
38			Greater size and complexity	
39	8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Similar size and complexity
40			Lesser size and complexity	
41			Similar size and complexity	
42			Greater size and complexity	

SCHEDULE IV-B FOR STATE MENTAL HEALTH TREATMENT FACILITY ELECTRONIC HEALTH RECORD IMPLEMENTATION

For Fiscal Year 2023-24



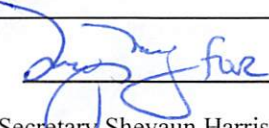
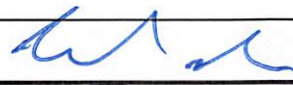
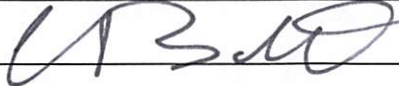

October 11, 2022

DEPARTMENT OF CHILDREN AND FAMILIES

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I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Department of Children and Families	Schedule IV-B Submission Date:
Project Name: SMHTF EHR Implementation	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2023-24 LBR Issue Code:	FY 2023-24 LBR Issue Title:
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Cole Sousa, 850-320-9170, Cole.Sousa@myflfamilies.com	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head: 	Date: 10/13/22
Printed Name: Secretary Shevaun Harris	
Agency Chief Information Officer (or equivalent): 	Date: 10/13/2022
Printed Name: Cole Sousa	
Budget Officer: 	Date: 10/13/22
Printed Name: Chad Barrett	
Planning Officer: 	Date: 10/13/2022
Printed Name: Timothy Lawson	
Project Sponsor: _____	Date: _____
Printed Name: Peter Kennedy	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	
Cost Benefit Analysis:	
Risk Analysis:	
Technology Planning:	
Project Planning:	

I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Department of Children and Families	Schedule IV-B Submission Date:
Project Name: SMHTF EHR Implementation	Is this project included in the Agency’s LRPP? _____ Yes _____ No
FY 2023-24 LBR Issue Code:	FY 2023-24 LBR Issue Title:
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Cole Sousa, 850-320-9170, Cole.Sousa@myflfamilies.com	
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Printed Name:	
Planning Officer: _____	Date: _____
Printed Name:	
Project Sponsor: _____	Date: _____
Printed Name: Peter Kennedy	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	
Cost Benefit Analysis:	
Risk Analysis:	
Technology Planning:	
Project Planning:	

General Guidelines

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

Schedule IV-B is not required for requests to:

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

Documentation Requirements

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

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

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

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

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

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

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

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

A. Background and Strategic Needs Assessment

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

1. Business Need

As part of its mission, the Department of Children and Families (DCF or the Department) is responsible for planning, managing and evaluating a statewide program of mental health services and supports, including community programs, crisis services, State Mental Health Treatment Facilities (SMHTFs or State Facilities), and children’s mental health services. The public mental health system is funded by federal block grant dollars and the Florida Legislature. The operating budget and cost per bed for the civil and forensic commitment programs at the three State Mental Health Treatment Facilities are shown in Exhibit II-7 below. Please note: the total operational costs of \$241.8 million for existing program operations presented in Section IV: Schedule IV-B Benefit Realization and Cost Benefit Analysis include only expenditures for State Facility personnel, the hardware, software, and services to support the State Facilities’ existing systems, and Central Office program and IT personnel providing oversight, monitoring, and support for the State Facilities and their existing systems.

Facility	Type	*Official Bed Capacity	FY 2022-23 (July 1st AOB) Budget/Contract	Annual Cost Per Bed Based on # of Beds	FY 2022-23 Daily Cost Per Bed
Florida State Hospital, Chattahoochee	State Operated Civil	475	\$56,336,581	\$118,603	\$325
Northeast Florida State Hospital, Macclenny	State Operated Civil	613	\$81,961,133	\$133,705	\$366
Florida State Hospital, Chattahoochee	State Operated Forensic	494	\$72,119,350	\$145,991	\$400
North Florida Evaluation and Treatment Center, Gainesville	State Operated Forensic	193	\$31,425,563	\$162,827	\$446

Exhibit II-1: SFY22-23 Budget for State Facilities¹

Florida has a network of State Mental Health Treatment Facilities for individuals who meet the admission criteria for civil or forensic commitment. These State Facilities handle the most restrictive and intensive level of care for adults who have been committed to the Department, including adults who have severe and persistent mental illness, persons involved in the criminal justice system and deemed incompetent to proceed or not guilty by reason of insanity. The state directly operates the following three public State Facilities:

1. Florida State Hospital (FSH)
 - Civil Commitment Capacity
 - Forensic Commitment Capacity
 - Forensic Step-down Services
2. Northeast Florida State Hospital (NEFSH)
 - Civil Commitment Capacity
 - Forensic Step-down Services
3. North Florida Evaluation & Treatment Center (NFETC)
 - Forensic Commitment Capacity

The State Mental Health Treatment Facilities together comprise 1,775 civil and forensic beds. In-patient services include:

- Psychiatric assessment.
- Treatment with psychotropic medication.

¹ Data retrieved from SAMH Facility Current Report July 1, 2022, to June 30, 2023. Florida Department of Children and Families Substance Abuse and Mental Health Services on October 11, 2022.

- Healthcare services.
- Individual and group therapy.
- Individualized service planning.
- Competency restoration assessment and training.
- Vocational and educational services.
- Addiction services.
- Rehabilitation therapy and enrichment activities.

State Facilities are a vital component of the continuum of behavioral health services, treating people with the most complex psychiatric conditions who are at risk of harming themselves or others, and cannot be effectively or appropriately treated in community settings. While community providers are essential to a robust public mental health system, individuals with serious mental illness will also need services provided only through the expertise of the State Mental Health Treatment Facilities to support recovery and stabilize individuals until they no longer meet in-patient criteria.

As such, State Facilities need to be connected with each other and with community providers to ensure continuity of care. A critical problem the State Facilities are facing is the lack of an integrated database that collects data in a single health record across the multiple systems at each State Facility, leaving the State unable to obtain a complete representation of the medical history and treatment plans. The State Facilities currently utilize varying mixes of manual processes and homegrown IT systems for resident medical treatment and facilities management.

To accomplish linkage and integration, the Department must better coordinate treatment between State Facilities and community providers. The State of Florida can significantly improve the quality of care delivered to the residents of the State Mental Health Treatment Facilities through the implementation of a 21st century Electronic Health Record (EHR) technology platform. An EHR platform enables greater coordination of care by enhancing health information sharing, both within State Facilities, and between State Facilities and community providers, strengthening the goal of the Substance Abuse and Mental Health (SAMH) program’s to fully incorporate community providers, and minimize the number of residents referred to State Mental Health Treatment Facilities. An effective EHR is an essential tool for the basic functioning of the State Facilities.

In order to accomplish critical business objectives, the Department looks to acquire and implement an EHR platform that is technologically sufficient and supportive of those objectives. The current process for resident health information management is inefficient and drives suboptimal effectiveness for the operations of the State Mental Health Treatment Facilities. As a result, the level of coordination of care between the Department and community providers is diminished. The Department must leverage technology to achieve a higher state of operational efficiency and resident service. The gains in operational efficiency and resident recovery from the adoption of modern, industry-standard technology will allow the Department to better utilize its State Mental Health Treatment Facilities by coordinating admissions and follow-up services with community providers through an electronic platform.

Specifically, a strategic approach positions the Program to more effectively improve resident outcomes and staff engagement by addressing the following critical business needs:

- **Improve quality of care**
An EHR enables State Mental Health Treatment Facilities to implement Clinical Decision Support (CDS) tools which give providers additional information about their residents and helps prevent issues like drug interactions and complications from resident allergies. These CDS tools help bring the latest clinical findings into evidence-based practice at the State Facilities and promote continuing education of the providers, improving both resident services and provider satisfaction and engagement. A national survey of doctors shows 75% of providers who have implemented EHR report it allows them to deliver better patient care.²
- **Improve care coordination**
An EHR enables State Mental Health Treatment Facilities to engage with Health Information Exchanges (HIE), allowing resident information to be shared securely with community providers in real-time, and eliminating wait times for health information requests upon State Facility admission. Additionally, upon

² Jamoom, E., Patel, V., King, J., & Furukawa, M. (2012, August). National perceptions of ehr adoption: Barriers, impacts, and federal policies. National conference on health statistics.

discharge from a State Facility, the EHR will enable the sharing of records back to the community provider, allowing both the providers in the State Facilities and the community to deliver continuity of care and facilitate the transition as a unified team.

Improve safety by reducing risks

An EHR enables State Mental Health Treatment Facilities to implement Computerized Physician Order Entry (CPOE), which greatly reduces the risk of adverse events by providing a more accurate electronic record of services ordered for each resident. CPOE has been shown to be more accurate than paper, and helps to reduce the ordering of redundant or unnecessary tests or procedures as providers would be notified in the system of any potential duplications.³ EHRs also keep record of a resident’s medications and allergies, automatically checking for problems whenever a new medication is prescribed and alerting providers to any potential conflicts. The Agency for Healthcare Research and Quality (AHRQ) determined after a review of EHR safety and usability, investigators found that the switch from paper records to EHRs led to decreases in medication errors, improved guideline adherence, and (after initial implementation) enhanced safety attitudes and job satisfaction among physicians.⁴ Further, an EHR will assist in clinical efforts to address residents’ mental illnesses, potentially reducing behaviors that drive assaults, require seclusion and restraint, and lengthen duration of stay.

2. Business Objectives

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

This is an information technology project with a total cost in excess of \$10 million. Per s. 216.023(4) (a) 10, F.S., the objectives for the project are consistent with the Department’s existing or proposed substantive policy.

According to the Florida Statutes in Chapter 394.457, the Florida Department of Children and Families is the designated “Mental Health Authority” of Florida responsible for the coordination of efforts for providing mental health services, and shall exercise executive and administrative supervision over all mental health facilities, programs, and services.

Additionally, the Department establishes standards, provides technical assistance, and supervises mental health programs and the treatment of residents at any facilities for persons who have a mental illness. Per 394.9082, Florida Statutes, the Legislature finds streamlining administrative processes should create cost efficiencies and provide flexibility to better match available services to residents. In order to fulfill these statutes, the Department establishes a uniform management information and reporting system in accordance to 394.77, Florida Statutes.

The Long Range Program Plan (LRPP) drafted by the Department in 2015 and continues through 2022 outlines the priorities and goals needed to fulfill their mission to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. The Department priorities for service provision improvement over the next year focus on reducing duplicative administrative burdens and improving the coordination of behavioral health services throughout the entire continuum of care. These priorities include:

State Mental Health Treatment Facility Improvements

- The Department will implement a modern Electronic Health Record system that can improve quality and continuity of care and reduce risk across State Mental Health Treatment Facilities and community mental health providers.
- The Department will reduce recidivism and civil and forensic readmissions to State Mental Health Treatment Facilities.
- The Department will reduce wait times for forensic beds in State Mental Health Treatment Facilities to continue to meet the Chapter 916, F.S. mandate that individuals with mental illnesses adjudicated

³ Medication errors: a prospective cohort study of hand-written and computerized physician order entry in the intensive care unit. Crit Care. 2005 Oct 5; 9(5):R516-21. Epub 2005 Aug 8.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1297620/>

⁴ Electronic Health Records. Agency for Healthcare Research and Quality (AHRQ). 2019 Sep 7. Retrieved: [Electronic Health Records | PSNet \(ahrq.gov\)](https://www.ahrq.gov/electronic-health-records/)

incompetent to proceed and not guilty by reason of insanity on felony offenses must be admitted to a State Facility within 15 days of commitment.

The overarching business objective of the EHR is to strive towards the Department's stated mission and relevant strategic priorities. These objectives guide the actions of the Department and its State Hospital staff and have helped the Department in assessing the current key challenges and risks in order to build a strategic approach and vision for the EHR solution:

- Be driven by the needs and choices of residents in State Facilities.
- Be transparent and accessible.
- Be dedicated to excellence and quality results.
- Use resources wisely and make practical use of technology.

In addition to discussions with the Department's SAMH Program Office and Office of Information Technology Services (OITS) team, the SMHTF EHR Business Case team documented the key objectives and goals driven by guiding principles identified via interviews with key stakeholders, including the Secretary, Assistant Secretary of SAMH, and State Mental Health Treatment Facility Administrators. The goals include.

- Create a more complete picture of the resident's history to assure coordinated, quality treatment and improved resident outcomes through enhanced clinical decision support.
- Modernize State Mental Health Treatment Facilities with technology to increase operational efficiencies.
- Improve overall risk management and safety by reducing the number of adverse incidents and events.
- Improve patient quality outcomes and performance improvement

Implementing an EHR would capitalize on the opportunity to realize substantial gains in a number of key areas. The Department would see an improvement at the business process level with the modernizing of antiquated systems and manual processes to streamline resident health records. Switching from paper to electronic processes will simplify and shorten external communications when coordinating services. Movement towards higher data integrity and standardization will allow for improved operational efficiency in storing, protecting and accessing resident data. The Department estimates an increase in the number of persons served by 600 persons per year from expected productivity gains from EHR.

Moreover, improved analytical abilities would enable increased insight, accountability, oversight, and state and federal compliance for the Department. The increase in data availability and quality provided by an EHR system will allow the Department to plan and implement efforts to improve resident care.

The ability to share data and effectively communicate across facilities would facilitate better proactive decision support for State Mental Health Treatment Facility Administrators and behavioral healthcare providers. Instituting more open communication channels between the State Mental Health Hospitals and community providers would help not only to decrease redundant data collection, but would also reduce duplicative procedures by enabling integrative lab tests. By promoting better quality and continuity of care, the State Facilities can potentially reduce residents' length of stay. Used in conjunction with e-prescribing, an EHR can also impact resident safety by reducing adverse drug events and medical errors by ensuring practitioners have access to all their residents' relevant health history at the place and time services are delivered. Automated clinical alerts will improve resident safety by automatically checking medication history and allergies to prevent adverse events. The timely escalation and cross-communication of behavioral events to staff will also improve staff safety.

Workforce retention would also improve as the amount of manual paperwork for current staff decreases, and operational efficiency of automated processes increases. Achieving Meaningful Use standards with certified EHR technology will also support recruitment of skilled staff who have expectations to use modern, up-to-date equipment to capture data and advance clinical processes to improve outcomes.

Additionally, an EHR will allow the Department to reduce wait times by providing better visibility into State Facility vacancies. The majority of forensic residents adjudicated incompetent to proceed (ITP) are committed to the Department for competency restoration services. Obtaining a higher level of specificity through an EHR to see bed availability will allow more efficient use of existing beds, further reducing delays to resident treatment. Improved bed management may also prevent the Department from being held in contempt of court and monetarily fined as a consequence of individuals remaining in county jails past the statutory maximum while awaiting admission to State Facilities.

An EHR implementation would also improve the IT infrastructural efficiency of the state hospitals in consolidating

a number of the core business processes, which are currently on disparate platforms, and thus reducing the hardship of IT infrastructure maintenance. SAMH OITS staff have estimated that an EHR solution could eliminate the need for ongoing maintenance and support for 168 of the current applications supporting the three State Facilities. In alignment with the Department’s strategic objectives, the deployment of an EHR will position the Department to take a holistic view of the services it provides to residents of State Mental Health Treatment Facilities in order to deliver coordinated, best in class behavioral healthcare to Florida’s most vulnerable citizens.

B. Baseline Analysis

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

1. Current Business Process(es)

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

Several states across the country are devoting considerable resources and effort to implementing EHR systems to enhance their information systems capacity to move away from fragmented legacy systems. According to a 2019 survey conducted by the NASMHPD Research Institute (NRI) only 10 states have not implemented an EHR, Florida is one.⁴ As a supplement to this survey, the SMHTF EHR Business Case team conducted additional research by reaching out to states that did not respond to the survey, or have since begun an EHR implementation in their state facilities – an updated map is provided in Exhibit II-7 below⁵.

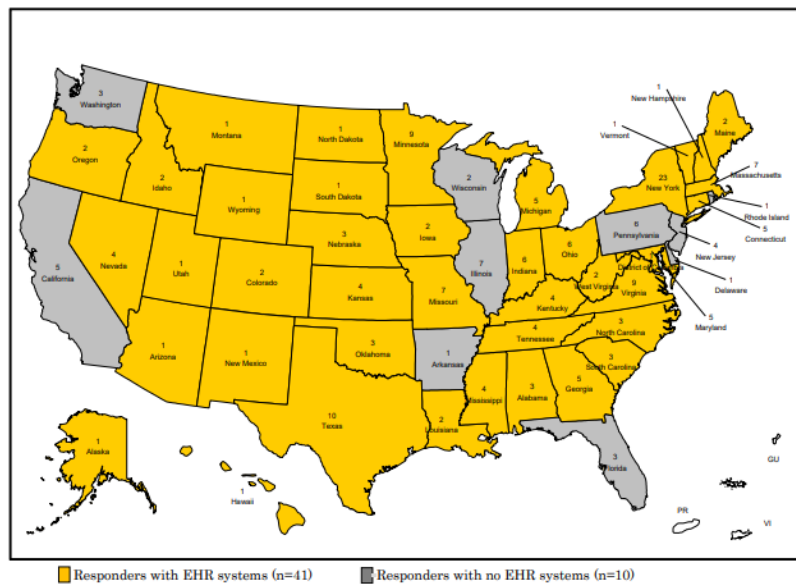


Exhibit II-2: Implementation Status of EHRs in State Facilities

The Department is optimistic an EHR can reduce the burden of maintaining separate systems and improve the ability

⁴ *Implementation of Electronic Health Records (EHRs) by State Psychiatric Hospitals*. Using Data, Changing Practice. NRI, Inc., 18 April. 2019. Retrieved October 6, 2022, from https://www.nri-inc.org/media/1525/ehr_summary_report_05312019_final.pdf

⁵ The SMHTF EHR Business Case team contacted California and Kansas on August 17, 2015 to confirm current state of EHR in their state facilities. On August 12, 2015, Virginia confirmed that they began their EHR implementation in 2013 and had not completed implementation at the time of the 2014 survey. Washington is also in the process of completing their EHR implementation according to data retrieved on July 23, 2015.

of mental health programs to provide a much more robust picture of the State’s mental health services. As a first step towards procurement of an EHR, the Department validated its system requirements and conducted a market analysis to assess the ability of the current market of EHR vendors to meet the Department’s system requirements. The minimum set of requirements that represent the high-level business process requirements for an EHR are outlined in the Market Analysis conducted by Information Systems of Florida, Inc. (ISF) in Appendix A.

The SMHTF EHR Business Case team met with stakeholders within the Department and State Mental Health Treatment Facilities to discuss the current appetite for adopting EHR and review the current state of the business processes across the three State Facilities. The current IT environment includes stratified processes and 168 current applications managed by SAMH OITS that support the three State Mental Health Treatment Facilities. As illustrated in Exhibit II-9 below, many of these applications and processes are stand-alone and specific to a single business function within a single State Facility. Others are duplicative of applications developed and maintained at the other State Facilities. A detailed list of each State Facility’s systems and applications can be referenced in Appendix B.

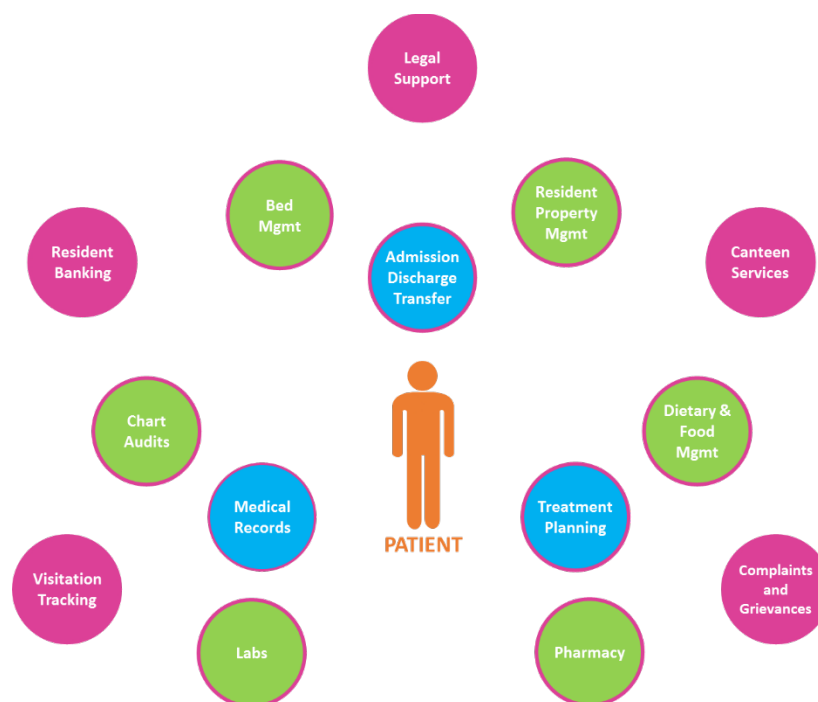


Exhibit II-3: Current State Processes

The State Facility applications currently in place use a variety of technologies, design methodologies, and interfaces running on 30 separate servers utilizing 6 different operating systems, 4 application types written in 3 different programming languages, many of which are no longer supported by the vendors and present a heightened risk to information security and civil or criminal penalties from HIPAA violations.

A number of these applications were created for specific State Facility programs decades ago with differing support requirements and end-of-life time frames with no strategy to facilitate uniform data across the three State Facilities. All of these silo environments produce duplicated and redundant data across the State Facilities, creating a challenge to interoperability and effectively communicating resident health records to support continuity of care within the community. This disparate set of independent applications also increases the following technology issues:

- Support – Vendors no longer provide technical support for legacy products.
- Security – Potential security vulnerabilities from unsupported applications that are not HIPAA compliant.
- Availability – Key systems must remain accessible and reliable 24/7 even through scheduled maintenance.
- Scalability – Current systems lack the ability to grow with the demands of the three campuses.
- Modernization – Interface standards are subject to change over time.

Underlying these current systems issues, the Department also identified four key challenges with current processes:

1. State Mental Health Treatment Facilities are falling behind in technology by operating in silos on

- antiquated systems and manual processes.
- 2. Inadequate mechanisms to store, to protect, and to access resident data create challenges to meeting state and federal compliance.
- 3. Lack of shared information and coordination within and across State Facilities and communities severely hinders, and sometimes prevents, continuity of care.
- 4. Limited visibility into State Facility vacancies with the current bed management process results in longer wait times for residents.

a. Manual Processes

The State Facilities are falling behind in technology by operating on antiquated systems not meeting the changing demands of both internal and external stakeholders as a result of heavy reliance on manual processes. The three State Facilities often follow three separate processes for common service areas like Treatment Planning, Dietary and Food Management, or Visitation Tracking. For example, the SMHTFs currently create an average of 800 paper documents for a single admission. With approximately 2000 total admissions a year, the facilities are producing a prolific 1,600,000 total paper documents annually that are filling up file cabinets per data retention restrictions that require health records to be physically stored onsite for at least seven years. NEFSH uses a 13-step admission process while FSH uses a 17-step process that requires 40 minutes of staff time to produce a paper record – a cost that equates to \$27,314,187 a year. The admission workflows for NEFSH and FSH can be found in Appendix C. These manually completed, non-standardized processes underlie the disparity in process, operational inefficiency, and unnecessary costs commonly found across all three State Facilities.

The proliferation of these redundant paper records and non-standardized procedures also exposes the State Facilities to operational risk, which further increases administrative and support costs while decreasing its operational effectiveness. Not only is it easy to misplace or misfile information in paper charts, missing or inaccurate medication information can be dangerous, especially when prescribed for mental health needs. Annual mortality statistics find preventable medical errors persist as the Number 3 killer in the U.S., claiming approximately 400,000 lives each year.⁶ Studies find that most medical errors are related to handwritten transcription such as illegible or incomplete prescriptions, or manual administration at the wrong time, wrong dosage, or a missed dose altogether.⁷ An additional 40,000-80,000 errors in communication can be avoided by implementation of HER according to LeapFrog 2022. Without a consistent process to track important details like resident classifications, State Facility personnel do not have the visibility to comprehensively anticipate, respond, and prevent adverse events and incidents. Inconsistency in tracking resident history could also increase the likelihood of medication errors when drug interactions, allergy tracking, and dosage history are not readily available in a paper chart. Currently, these safeguards are reliant on manual systems, or even word of mouth, leading to potentially dangerous situations for staff who interact with aggressive, combative, or suicidal residents that may rely on psychotropic drugs. In the State Mental Health Treatment Facility setting, there is a greater potential of deaths from adverse drug events from this class of medication.

b. Access to Information

Inadequate mechanisms to store, protect, and access resident data create challenges to meeting state and federal compliance. In recent years, both the Florida’s Auditor General, Agency for Healthcare Administration (AHCA), Center for Medicaid and Medicare Services (CMS) and the Department of Children and Families’ Inspector General have issued several reports in the past few years criticizing the current data system⁸ for:

- Inability to perform quality assurance and monitoring activities based on complete and timely data.
- Lack of secure mechanisms to facilitate exchange of confidential electronic health records among service providers.
- Inability for providers to focus on client services instead of administrative duties related to data collection and reporting.

⁶ Deaths by medical mistakes hit records. Erin McCann. Healthcare IT News. July 18, 2014. <http://www.healthcareitnews.com/news/deaths-by-medical-mistakes-hit-records>

⁷ Maidment ID, Lelliott P, Paton C. Medication errors in mental healthcare: a systematic review. Qual Saf Health Care 2006;15:409–13. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464884/>

⁸ Operational Audit. Department of Children and Families: Oversight of Substance Abuse and Mental Health Services. Report No. 2015-155. March 2015.

For example, requests for clinical records that contain confidential Protected Health Information (PHI) at FSH are currently physically mailed or faxed. Each page of the clinical record released must be stamped “Confidential and Privileged Information for Professional Use Only.” In instances where health records are faxed, the total number of faxed documents cannot exceed 25 pages. If the total number of documents is more than 25 pages, they must be mailed, incurring an unnecessary incremental cost.⁹ Not only are these processes tedious and time consuming, but incorrect handling of these confidential paper documents could also leave the Department at risk of HIPAA violations that have a maximum penalty of \$50,000 per violation.

When a resident is discharged from a State Facility, the massive compilation of paper files is grossly minimized to a 10-page summary of only the last 6 months that will likely not provide a comprehensive enough medical history to successfully continue treatment at a community provider, continuing a cycle of recidivism.

c. Care Coordination

The lack of shared data and communication within and across facilities and communities creates a challenge in providing State Mental Health Treatment Facility residents with continuity of care. Within the State Facility, multiple staff and providers require access to a health record in the Deliver phase of a resident’s State Facility lifecycle (illustrated in Exhibit II-9 below) in order to make important references or updates. On the current paper system, there is only one health record file that the Psychiatrist, Primary Care Physician, Nurse, Psychologist, Social Worker, Recovery Team Coordinator, Rehab Therapist, and Dietician must all take turns accessing. The serial access process results in delays in service for the resident. Further, each member of the treatment team has specific, limited interactions with the resident depending on the provider’s area of expertise. In effect, the provider team’s view of the resident becomes fragmented into disconnected facts and interactions. Without real-time updates to the treatment history and treatment plan, these providers risk ordering redundant labs and other invasive procedures that could be prevented through better coordination of care.

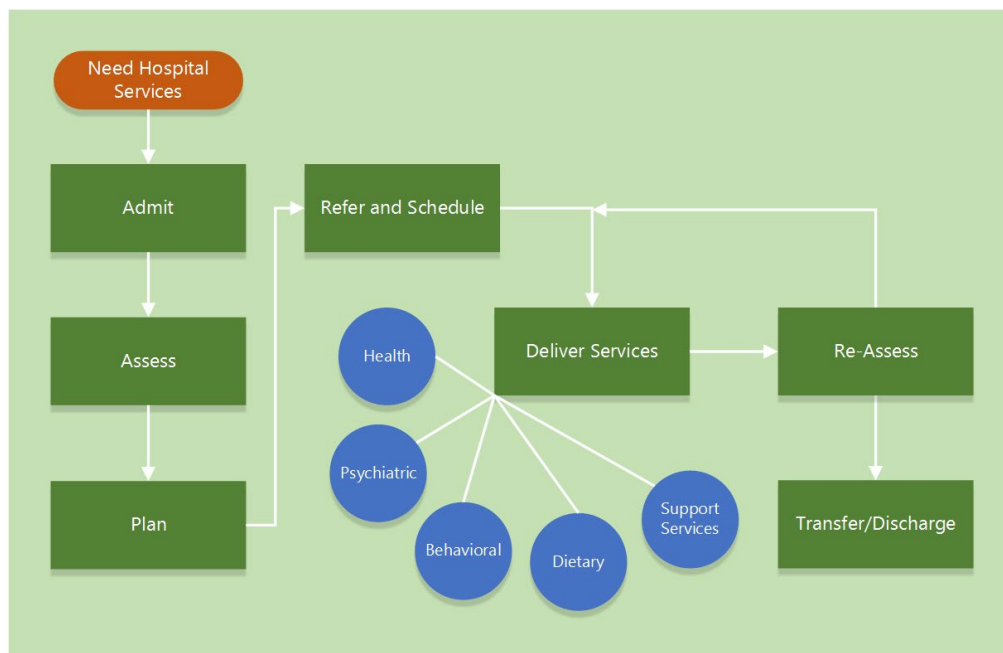


Exhibit II-4: State Mental Health Treatment Facility Service Delivery System

As a consequence, the transition of a resident from the State Facilities to community providers is also fragmented. Individuals with severe and relapsing mental illness can require crossing numerous interfaces between State Facilities and various components of community mental health services. Lack of communication causes more than two thirds of treatment errors, most of which are likely to occur when health records are transferred across

⁹ Confidentiality/Release of Information. Florida State Hospital Operating Procedure No. 151-19 as of May 13, 2015 received from FSH on July 22, 2015.

organizational boundaries¹⁰.

When a resident is then transferred from a State Facility to a community provider, paper records must move with the individual, often resulting in lost files that translate to more paper documents created through time-consuming redundancies like re-collecting medical history. This knowledge gap between the State Facilities and community providers results in duplications of effort on the community side resulting from having to create a new set of admission paperwork for the transferred resident, further disrupting the continuity of care.

d. Bed Management

Currently, each State Facility varies in its bed management procedures, but all three mostly rely on manually tracking vacancies in Excel spreadsheets and making phone calls to validate bed availability. The full forensic mental health process is illustrated in Appendix D. Limited visibility into State Facility vacancies with the current bed management system and process creates frequent challenges to meeting the Chapter 916, F.S. mandate that individuals with mental illnesses adjudicated incompetent to proceed and not guilty by reason of insanity on felony offenses must be admitted to a State Facility within 15 days of commitment. Although the Department has consistently met the 15 days mandate, in recent years it has observed a shift that gives cause for concern

The increase in time it takes to transfer an individual to a State Facility can be attributed to an increase in the number of commitments/admissions per year from a low of 1,450 in FY2014-15 to 2,500 in FY2021-2022., this is an increase of 105% over prior year and ¹¹ On February 18, 2022, 638 individuals were awaiting placement in a secure forensic State Facility when 0 beds were available. By March 2022, all forensic facilities were over 100 percent capacity. Because of the growing strain on upholding the forensic wait time mandate, 650 waiting, the Department requested \$17,146,019 in FY2021-2022 to fund a contractual provision for 540 additional forensic beds to prevent being in contempt of court and monetarily fined as a consequence of individuals remaining in county jails while awaiting admission to State Facilities.¹² Continually adding forensic beds in the finite space available in the three State Facilities is only a temporary fix and not feasible as a long-term solution. More importantly, longer wait times will prolong the suffering of individuals the Department is tasked with serving when treatment for their severe mental illness is delayed.

2. Assumptions and Constraints

For consideration in moving forward with the EHR project, the following assumptions are considered.

a. Assumptions

Assumptions are statements about the project or its environment taken to be true and, accordingly, are factored into the Department’s plans and analysis for the proposed project.

- The Department desires to increase process effectiveness, reduce manual steps that rely on the use of ad-hoc tools and processes.
- The three State Mental Health Treatment Facilities will agree to adhere to a single process for certain EHR-related functions. Overlapping or redundant processes across the three State Facilities requiring interfaces with the EHR must be re-engineered or eliminated prior to implementation.
- Community Providers must support Meaningful Use standards to facilitate information exchange with State Facilities in future phases.
- Certain EHR IT-related functions will be centrally managed, versus the distributed facility-specific approach currently used.
- Current ancillary/peripheral applications could continue to be used working in concert with an EHR

¹⁰ A string of mistakes: the importance of cascade analysis in describing, counting, and preventing medical errors. Woolf SH, Kuzel AJ, Dovey SM, Phillips RL Jr, Ann Fam Med. 2004 Jul-Aug; 2(4):317-26.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466697/>

¹¹ State Mental Health Treatment Facility Forensic Waitlist Review (2022). Office of Substance Abuse and Mental Health, Department of Children and Families, Tallahassee, Florida.

¹² Agency Amended Legislative Budget Request Fiscal Year 2021-22 Exhibit D-3A: Expenditures by Issue and Appropriation Category

solution while other processes or applications would require refinement to provide appropriate support.

- Any gains in operational efficiency that the Department realizes through these efforts will be used to allocate additional resources to value-added activities, including managing increased resident volumes, reducing the occurrence of adverse events, and improving resident outcomes.
- A suitable architecture model exists to facilitate rapid and scalable deployment of the technical and functional initiatives outlined in the proposed solution.
- The Department will support the Organizational Change Management (OCM) activities needed to implement the recommended solution.
- The project team will be adequately staffed to accomplish the project’s deliverables, milestones, and infrastructure, manage user involvement, produce necessary project planning documents, project status reporting and complete other project management tasks.
- Data conversion and migration from multiple legacy systems will be required.
- Labor rates for contracted staff are assumed to be in accordance with the IT consulting State Term Contract for staff augmentation and comparable to similar projects recently undertaken by other Florida State Agencies.

b. Constraints

Constraints are identified factors limiting the project management team’s options, and affect the progress or success of the proposed project.

- Project funding is appropriated annually and may be subject to periodic releases throughout the year; depending upon suitable schedule and cost performance.
- Approval by either the Executive Office of the Governor (EOG) in consultation with the Legislature, or the Legislative Budget Commission (LBC) may be required before any appropriated funds are made available to the Department.
- All schedules depend on the continual availability of appropriated funds.
- State and/or federal statutory changes, changes in administrative rules, and DCF policy changes may affect the project.
- The software tools supporting desired capabilities will be determined based on the solution proposed by the EHR vendor.
- The Department staff availability to support the project may be limited by internal resource constraints or other Department priorities.
- Stakeholder involvement with and understanding of the project may be limited.

C. Proposed Business Process Requirements

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

1. Proposed Business Process Requirements

The key functionalities required of a new system from each State Facility’s perspective and the minimum set of functionalities that represent the high level business process requirements of an EHR are outlined in Exhibit II-12 as identified in the Market Analysis conducted by ISF. Appendix A provides a more expansive description of the Department’s future state requirements.



Exhibit II-5: Proposed Business Process Requirements

a. Automated Processes

Mechanisms critical to realizing optimal outcomes include reduction of unnecessary clinical practice variation. EHR will serve as a springboard to modernize the State Mental Health Treatment Facilities’ behavioral health systems and processes, and create operational efficiencies aligned to industry standards. All components of clinical practice are integrated into the EHR system—from assessing a client’s reason for seeking therapy to developing a treatment plan. All processes that previously were handwritten by providers and staff should be entered directly into the EHR system, eliminating the need for paper chart production, storage, and maintenance. Required forms such as those within the admission process can be filled out quickly and easily using templates. The EHR will also automate order entry, results delivery and notification, medication management, and incident management.

The EHR system can be used to assist with resident services, and it can also manage areas of a practice’s daily operations. These electronic systems include scheduling features, multi-faceted calendars, and appointment reminder systems, as well as functions for billing and submitting claims. Many organizations already use electronic scheduling and billing systems, but an EHR can combine all these functions – in addition to information from the treatment encounter – into one system that is accessible to the entire treatment team simultaneously. Better insight into the number and types of services will aid the Department in improving its insight into which treatment plans have the most positive and effective results, paving the way towards building Diagnosis-Related Groups for psychiatry.

EHR should also improve risk management by improving aggregation, analysis, and communication of resident

information and classifications through built-in safeguards and automated alerts that make it easier to consider all aspects of a resident's condition when making treatment decisions, reducing the current manual and word-of-mouth processes that place the Department at risk of HIPAA violations. Providing built-in safeguards against prescribing treatments will decrease the risk of medical errors and adverse events. Additional time consuming processes should be made easier and faster by allowing providers to order and receive lab tests and results electronically, and link the lab results directly to a resident's record. Readily available health information will improve the quality of care by reducing redundant labs and other invasive procedures. For example, a reduction in medication errors can be supported by a closed-loop implementation that links CPOE to reduce prescribing errors with pharmacy applications to reduce dispensing errors, and EHR to reduce administration errors. The Department should also realize additional cost reductions associated with avoidable practice variation through better medication use management and reduction of duplicative testing.

The solution will also support automation of audit tasks, and reporting for state, federal and regulatory audiences. Electronic links can be established with public health systems to help streamline any mandated reporting. In addition, over the longer term, the new automated capabilities will allow for continuous quality improvement in using accurate information to change policies, modify processes, and focus staff training to further enhance the quality of services as seen in other state EHR implementations. The Virginia Department of Behavioral Health and Developmental Services (DBHDS) observed marked improvements in operational efficiency and timeliness of their care delivery process upon replacing their disparate array of healthcare IT solutions and paper-centric processes across their 15 state mental health treatment facilities by implementing a comprehensive EHR solution. Within two to three weeks of deployment, clinical leadership and staff were satisfied with the newly automated capabilities, claiming they would never again revert back to manual processes.¹³ Virginia DBHDS leadership is confident that the consistent aggregation of empirical data in each State Facility through EHR will allow continuous improvement not only in operational performance, but ultimately improve population health outcomes through improved clinical decision support.

b. Access to Information

The Department should only require maintenance of no more than one database of record across all campuses. The system should be accessible to staff at all campuses and headquarters. The EHR and related data should be hosted entirely in the continental United States and protect resident data against unauthorized access, download or manipulation.

An EHR should facilitate the sharing of resident information within the State Facilities while providing services and transferring residents, as well as between the State Facilities and Managing Entities upon admission and discharge to diminish resident history and analysis time. The system should include automated charting support, offering providers a variety of data entry methods, templates for treatment plans and goals, and automated chart review, giving providers the ability to be more agile and respond to the changing needs of persons being served. With EHR, all providers will have the same real-time, accurate information about each resident, which is especially important for individuals who are seeing multiple specialists or transferring between service settings. Better availability of information can also reduce the chance that one specialist will not know about an unrelated but relevant condition being managed by another specialist.

Providers should be able to access necessary resident information in the event of an emergency and keep a record of all resident record viewings to prevent possible breach of resident privacy. Additionally, the system should facilitate consistency in documentation of resident interactions and resident status across all staff by supporting version control and the ability to lock and review documents.

c. Care Coordination

The solution should support treatment, prevention, and follow-up service coordination throughout the system of behavioral healthcare. Not only will it support case management, enabling clinical staff and service coordinators visibility throughout the resident journey, but the EHR should also support CDS and incorporate evidence-based practice into standards of care. By enabling a seamless multidisciplinary treatment plan that is supported by trend analysis for analyzing resident progress, providers can create an integrated behavioral healthcare strategy within the statewide program of mental health that is able to promote positive outcomes through coordinated care.

¹³ Feedback on Virginia Department of Behavioral Health and Developmental Services' recent EHR implementation obtained directly from CIO of Virginia DBHDS on August 12, 2015.

An EHR should allow State Facilities to send messages electronically and coordinate client-related tasks with other staff members. The State Facilities should have the ability to receive, track and submit information across the three State Facilities, as well as with community providers to promote coordinated continuity of care. This interoperability will enable a holistic view of services provided to residents and decrease the fragmentation of treatment by integrating and organizing health information and facilitating its instant distribution among all authorized providers involved in a resident's treatment.

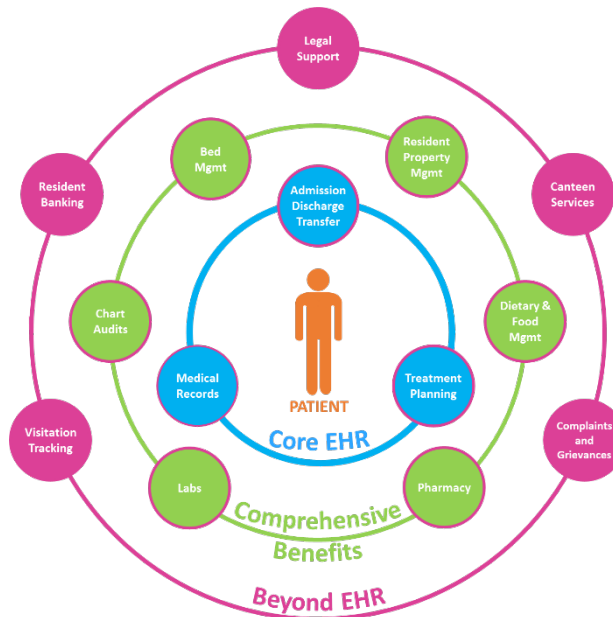
d. Bed Management

The system should allow greater visibility into State Facility vacancies via automated bed reservation and management to reduce unnecessary wait times. Real-time insight into resident status and bed conditions provided by an EHR bed management system will allow the State Mental Health Treatment Facilities to improve bed utilization and maximize bed occupancy rates. Modern bed management solutions will not only allow staff to know at any given time where and when a bed is available but will also provide a stratified view of whether the bed is a forensic versus civil bed and gender-assigned, making it easier to share information with forensic liaisons and community providers. More importantly, EHR will allow practitioners to make more informed clinical decisions that will impact the overall length of stay, thereby shortening wait days. Additionally, resident safety will be improved with automated tools to track and warn staff regarding resident separation requirements.

2. Business Solution Alternatives

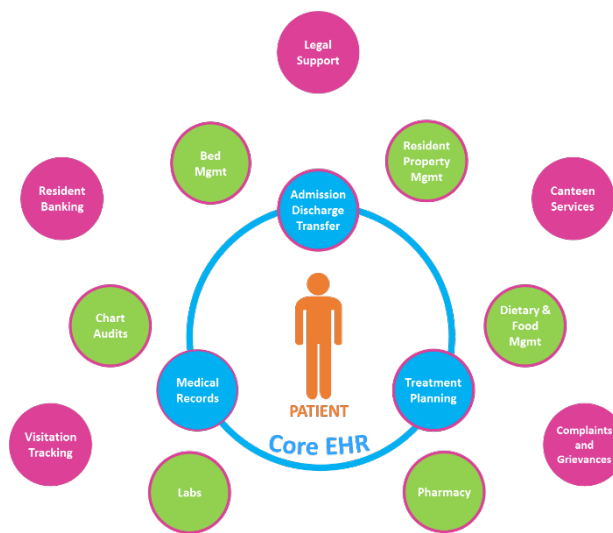
As the healthcare marketplace continues to evolve, the State of Florida is facing increasing pressure to address the disparities between its public State Facilities' use of paper charts and the private sector's use of Electronic Health Records. When implemented in other environments, these EHR systems have delivered process efficiencies by enabling a higher level of continuity of care across the resident journey, allowing providers to treat the resident as a unified team. Under current processes, residents in the Florida mental health treatment system face a potential gap in information sharing between community Managing Entities and State Facilities. As part of this feasibility study, the SMHTF EHR Business Case team considered three alternatives to address the business need:

Alternative 1 – Deploy a Commercial Off-The-Shelf (COTS) EHR solution



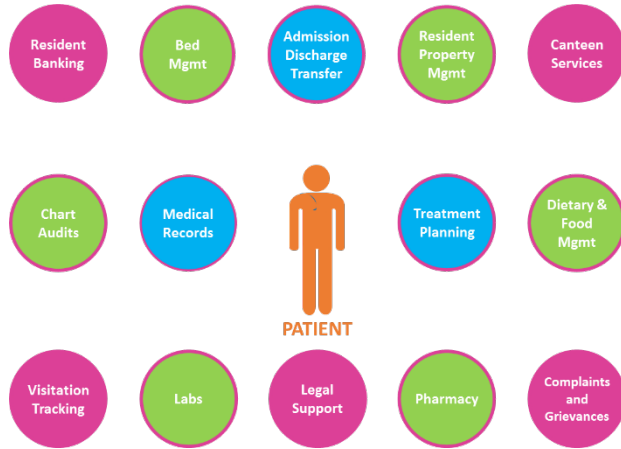
- Purchase a single commercially available enterprise EHR system.
- Includes integrated HMIS (Hospital Management Information System) components: bi-directional scheduling, advanced bed and waitlist management, reporting capability, pharmacy management, and laboratory management.
- Allows the Department to improve coordination of care with community providers through implementation of HIE compliant technologies for securely sharing data.
- Most person-centric, lowest risk, and highest benefit, but also the highest cost alternative.
- Eliminates the need for ongoing support of 111 current legacy applications.
- Meets statutory compliance for streamlining administrative processes and establishing a uniform system.

Alternative 2 – Custom-integrate a Modular EHR solution



- Purchase a core EHR COTS system to serve as the hub and purchase additional software modules and interfaces.
- Moderately meets person-centric care and facility management needs of the State Facilities.
- Complex integration of multiple modules could potentially produce redundancies in functionality.
- Presents higher risk due to requiring multiple vendors to work in coordination to integrate into one system.
- Extensive customization will be required to integrate communication lines between systems.
- Moderate upfront costs with high ongoing operational costs.

Alternative 3 – Standardize existing systems without implementing EHR



- Select best-of-breed legacy applications for each business need, then standardize and deploy across all three State Facilities.
- Presents the lowest cost, but highest risk as it fails to leverage the security, data sharing, support, and adaptability to changing industry standards offered by the EHR marketplace.
- Does not close the capabilities gap with the private sector, improve the level of person-centric care, or meet other business objectives identified.
- Presents future workforce recruitment and retention risk as younger staff have expectations to use modern, up-to-date technology.

3. Rationale for Selection

To properly evaluate the solutions available to the Department for an EHR, the SMHTF EHR Business Case team defined a minimum set of requirements each option must fulfill based upon the following criteria:

- Strategic alignment to the Department’s mission, strategic objectives and priorities.
- Value to the persons being served by State Mental Health Treatment Facilities and other stakeholders.
- Potential implementation risks and service delivery risk mitigation.
- The extent to which the technology is scalable to meet future needs and adaptable to changing industry standards.
- How well the solution supports current and future business processes.
- The financial cost and total benefits trade-off.

Establishing a minimum set of capabilities is critical to verify all options are compared to a common standard. A common base will allow option costs, timelines, and capabilities to be compared in a consistent manner. Each of the evaluation criteria are scored based upon specific factors that would contribute to the success and benefit realization of an EHR. Additionally, each of the six criteria was weighted for overall strategic importance to the potential project and the Department. Descriptions for the evaluation criteria and its factors are below in Exhibit II-13.

Evaluation Criteria Description			
No.	Evaluation Criteria	Weight	Factors
1	<p>Strategic Alignment</p> <p>The extent to which the solution is aligned with the Department’s mission, strategic objectives and priorities.</p>	15%	<ul style="list-style-type: none"> ▪ Stewardship – The solution will enable the Department to effect program improvements by applying proven best practices to maximize efficiencies and outcomes. ▪ Protect Vulnerable – The solution will aid the Department in protecting the vulnerable people served. ▪ Person-Centric – The solution will enable the Department to be responsive and driven by resident needs. ▪ Transparency – The solution will allow the Department to be transparent and accessible to its stakeholders. ▪ Quality Results – The solution will empower the Department to be dedicated to excellence and deliver world-class service to Floridians. ▪ Practical Use of Technology – The solution will enable the Department to implement the appropriate technology needed to use resources wisely.
2	<p>Outcomes</p> <p>The value the solution will bring to the persons being served in State Mental Health Treatment Facilities.</p>	25%	<ul style="list-style-type: none"> ▪ Resident Safety – The solution will provide built-in safeguards against prescribing treatments that would result in adverse events. ▪ Quality of Care – The solution will improve resident outcomes through clinical decision support and evidence-based practices. ▪ Continuity of Care – The solution will respond to the changing needs of persons being served. ▪ Care Coordination – The solution will enable the Department to foster a stronger relationship between the State Facilities and communities to provide comprehensive, collaborative treatment.
3	<p>Risk Mitigation</p> <p>The potential implementation risk and the anticipated reduction in service delivery risks after implementation.</p>	15%	<ul style="list-style-type: none"> ▪ Resident Safety – The solution will prevent harm to residents whether self-inflicted or inflicted on others. ▪ Staff Safety – The solution will protect staff and providers from adverse incidents. ▪ Data Risk – The solution will mitigate the Department’s risk related to data conversion. ▪ Implementation Risk – The solution will mitigate the Department’s risk related to the success of project implementation. ▪ Benefit Realization Risk – The solution will mitigate the Department’s risk related to the realization of expected benefits. ▪ Litigation Risk – The solution will mitigate the Department’s exposure to risk of litigation. ▪ Statutory Compliance – The solution will meet mandated state and federal compliance.

Evaluation Criteria Description			
No.	Evaluation Criteria	Weight	Factors
4	<p>Modern Solution</p> <p>The extent to which the technical and data architecture of the solution supports the current needs of the Department, provides significant protections for sensitive information, and allows for future growth.</p>	20%	<ul style="list-style-type: none"> ▪ Meets FLDS Standards – The solution meets the State of Florida Digital Service Technology oversight standards. ▪ Data Security and Privacy – The solution allows the state to adequately store, protect, and access sensitive information of Floridians. ▪ Data Sharing – The solution provides industry standard interface methodologies. ▪ Flexibility – The solution offers the scalability and flexibility necessary to leverage and extend it to support the Department’s needs. ▪ Customization Needs – The solution requires minimal customization to meet the Department’s requirements. ▪ Integration – The solution will enable the Department to integrate with other internal and external systems in a cost-effective manner. ▪ Maintenance Effort – The solution is easy to maintain and support. ▪ Redundant Applications – The solution will eliminate the need to maintain and support redundant applications. ▪ Future Demand – The solution offers the stability and scalability necessary to support future demand.
5	<p>Business Alignment</p> <p>How well the solution supports current and future business processes and strengthens the core capabilities of the Department.</p>	15%	<ul style="list-style-type: none"> ▪ Current Business Process – The solution supports the Department’s current business processes without requiring workarounds or extensive staff training. ▪ Future Business Process – The solution supports business process re-engineering and streamlining to enable the Department to run its operations more effectively and efficiently. ▪ Communication Channels – The solution will allow information sharing within and across State Facilities and communities. ▪ Visibility – The solution will increase visibility into State Facility vacancies. ▪ Resource Capacity – The solution will free-up resource capacity so that it can be applied to more value-add activities.
6	<p>Cost Benefit</p> <p>The tangible and intangible benefits that the solution can bring to the Department and the State of Florida.</p>	10%	<ul style="list-style-type: none"> ▪ One-time project costs – The solution has a manageable project cost for implementation and other one-time components. ▪ Ongoing operational costs – The solution ongoing operational costs are within acceptable ranges and feasible for the Department. ▪ Tangible Benefits – The solution realizes tangible benefits for stakeholders. ▪ Intangible Benefits – The solution realizes intangible benefits for stakeholders. ▪ Financial Metrics – The solution has acceptable ROI, NPV, adequate payback period.

Exhibit II-6: Evaluation Criteria Description

Exhibit II-14 outlines the low-medium-high scale used to score each factor within an evaluation criteria.

Score	Explanation	Numeric Value
Low	The alternative minimally addresses the criteria.	1.0
Medium	The alternative moderately addresses the criteria.	2.0
High	The alternative highly addresses the criteria.	3.0

Exhibit II-7: Evaluation Criteria Scoring Scale

Categorical scores for each alternative were determined by averaging the factor scores within each evaluation criteria. Exhibit II-14 below shows detailed scoring and rationale of an evaluation criteria for Alternative 1.

Alternative 1 – Deploy a Commercial Off-The-Shelf (COTS) EHR solution				
Evaluation Criteria	Rationale for Scoring	Factors	Score	
Modern Solution	<ul style="list-style-type: none"> • Creates significant operational efficiencies aligned to industry standards. • Allows sharing of data within and external to the SMHTFs. • Allows flexibility to configure the solution. • Requires moderate customization. • Requires fewer integration touchpoints. • Mature systems with larger customer base will adapt with industry demands. • Single enterprise system removes need for redundant applications. 	· Meets FLDS Standards	Medium	2
		· Data Security and Privacy	High	3
		· Data Sharing	High	3
		· Flexibility	High	3
		· Customization Needs	Medium	2
		· Integration	High	3
		· Maintenance Effort	Medium	2
		· Redundant Applications	High	3
		· Future Demand	High	3
		AVERAGE SCORE :		

Exhibit II-8: Summary Scores by Alternative

Each of the evaluation criterion scores were applied the assigned weight, then added together to determine a final, overall score for each alternative. The summary results of the scoring are shown below in Exhibit II-15, and the detailed rationale behind each scoring decision can be found in Appendix E.

Criteria	Wt.	Alternative 1		Alternative 2		Alternative 3	
		Score	Total	Score	Total	Score	Total
1. Strategic Alignment	15%	High	2.83	Medium	2.00	Low	1.33
2. Outcomes	25%	High	3.00	High	2.50	Low	1.00
3. Risk Mitigation	15%	High	3.00	Medium	2.43	Low	1.29
4. Modern Solution	20%	High	2.67	Medium	2.00	Medium	1.56
5. Business Alignment	15%	Medium	2.40	Medium	2.00	Medium	1.80
6. Cost Benefit	10%	Medium	2.00	Medium	1.80	Medium	2.20
Total Weighted Score	100%	2.72		2.17		1.44	

Exhibit II-9: Summary Scores by Alternative

4. Recommended Business Solution

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

This is an information technology project with a total cost in excess of \$10 million. The following section describes a recommended business solution with a scope consistent with the Department’s existing or proposed substantive policy, per s. 216.023(4) (a) 10, F.S.,

As outlined in the following section, Alternative 1 is the highest ranked option. As illustrated in Exhibit II-16, Alternative 1 meets the greatest number of business needs of the Department. Healthcare delivery organizations worldwide are turning to electronic health record systems to deliver high-quality services more efficiently and effectively. As illustrated in the exhibit below, these systems are part of a continuous quality improvement framework delivering evidenced-based, person-centric treatment.

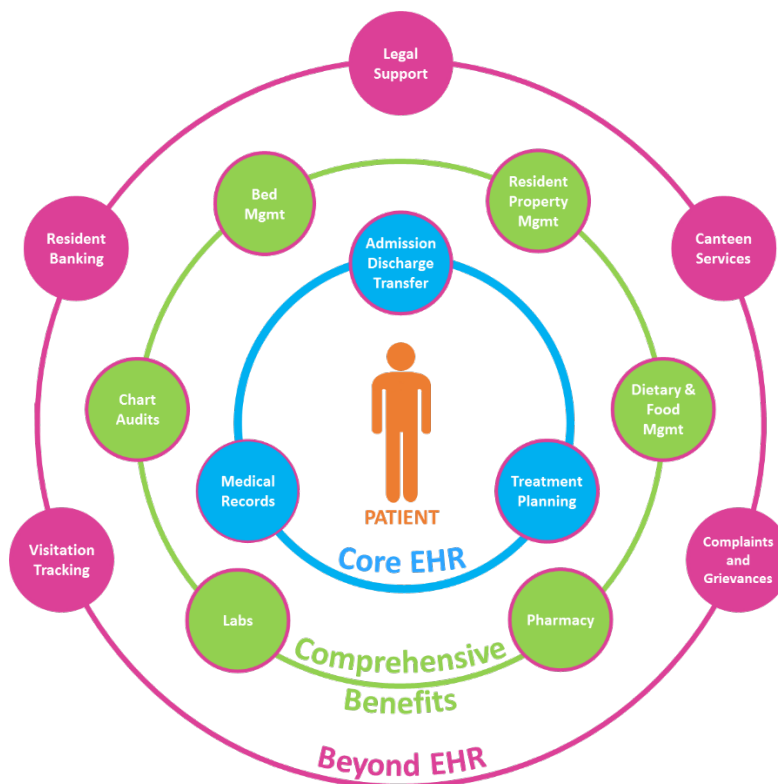


Exhibit II-10: Person-Centric Enterprise EHR Solution

The results of this feasibility study show that Alternative 1 - Deploy a COTS EHR solution is the most attractive option as it best aligns with business needs. Replacing the current disparate systems through adoption of a single EHR system across all State Facilities will support the Department in its operational mission and help it:

- Meet the Department’s business objectives for a more integrated service delivery process that presents significantly lower risk than the current state.
- Meet the business needs and objectives outlined in this document.
- Gain significant operational efficiencies and benefits.
- Meet full compliance of HIPAA privacy and security standards.
- Increase the number of persons served by an estimated 600 persons per year through expected productivity gains.
- Leverage the success of other public sector EHR deployments of COTS solutions, greatly reducing the risk of technical obsolescence that exists in the current legacy system or custom-build solution.
- Avoid the risks and complexity of integrating multiple modules with multiple vendors.
- Provide the flexibility and scalability needed for future enhancements driven by changing regulatory requirements and increased medical complexity.

The Department will be best served by deploying an enterprise COTS EHR solution as it represents the best fit to the Department’s goals, best value to the State, greatest resident treatment improvements, reduces service delivery risks, and lowest implementation risk. A robust COTS EHR solution will prepare the Department for future changes in healthcare delivery and allow it to adapt with the marketplace.

Some of the tangible benefits of Alternative 1 include:

- Supporting increased provider productivity through increased levels of process automation, improved documentation clarity, and an improved ability to meet Meaningful Use standards by:
 - Facilitating a greater level of coordination of care among providers.
 - Creating a more complete history of resident mental health interventions.
 - Creating stronger referral ties to community treatment providers.
 - Consolidating resident data to a single EHR database.

- Establishing an online patient portal for residents, caregivers, and families.
- Reducing costs for preventable adverse drug events, as well as for clinical management.
- Reducing laboratory and radiology costs for redundant and unnecessary tests.
- Reducing personnel time spent using manual processes and outdated, inefficient technology.
- Reducing wait times and reduced average lengths of stay as a result of increased timeliness and completeness of clinical data which allows for quicker diagnosis and treatment.
- Increasing utilization management leading to staffing efficiency gains, improved adherence to medication protocols, and easier regulatory reporting.
- Reducing operating and maintenance costs, as well as hardware and software costs, by replacing existing stand-alone data systems with a single system.
- Maximizing revenue streams such as Medicare and avoidance of unnecessary costs.

In addition to these tangible benefits, intangible benefits include:

- Improved resident outcomes.
- More effective use of resources.
- Improved workforce engagement and retention of high-value talent.
- Improved responsiveness to regulators.
- Improved performance outcomes.

The feasibility study shows the Department will realize the greatest business benefits from Alternative 1. The State of Colorado Mental Health Institutes (CMHI) recently implemented a comparable Alternative 1 COTS EHR solution in their Colorado Mental Health Institutes after having initially invested in an Alternative 2 Modular EHR solution for several years. CMHI is approximately one third the size of the three Florida State Mental Health Treatment Facilities in total and treats both civil and forensic residents. CMHI is spending \$14.7 million over three years to replace their legacy systems with a comprehensive EHR that, “would address problems identified in medication prescribing and monitoring, improve clinic decision making, reduce medical errors, and increase efficiencies.”¹⁴ CMHI previously implemented NetSmart’s Avatar system as the hub of their electronic health information system, adding modules like the OPUS-ISM Pharmacy system, MultiData’s Lab system, Vision’s Carex Nutrition system, and homegrown MS Access systems to increase the functionality of their core EHR system. Despite a significant investment of time and resources into building a health information system, Colorado found that it was unable to achieve the desired level of “connecting patient acuity to patient treatment and outcomes,” “reducing medication errors,” and providing “fully integrated clinical, operations, and financial functions for staff efficiency”¹⁵ with the Alternative 2 solution, requiring the state to fund the implementation of a COTS EHR. A recent report reinforced that enterprise EHRs are best for important functionalities such as population health management despite a flood of new best-of-breed entrants into the marketplace.¹⁶

As seen in Virginia and Colorado, the challenges facing Florida’s State Mental Health Treatment Facilities are common to public mental health treatment facilities nation-wide: continued demand for services, advancement in the healthcare delivery processes, limited fiscal resources, and aging technology. Further, if the recommended solution is not funded, the following impacts will occur:

- The Department will not be able to meet statutory requirements for integration, accessibility, and dissemination of behavioral health data for planning and monitoring purposes, nor for provision of data that are useful for the service delivery system as described in Section 394.75(2)(a), F.S.
- The Department’s health record system will not be able to increase its ability to provide high standards of resident care to persons served by State Mental Health Treatment Facility.
- Wasteful practices such as maintaining separate, disconnected data systems at each State Mental Health Treatment Facility will continue. The Department will not be able to address emerging issues related to the integration of all medical, psychiatric, and substance related health services to Department clients. Without

¹⁴ State of Colorado Fiscal Year 2015-16 Information Technology Request, Human Services, Electronic Health Record and Pharmacy System Replacement.

¹⁵ State of Colorado EHR Overview presentation “Electronic Health Record and Pharmacy System Replacement – Phase 2.

¹⁶ Levanthal, Rajiv. KLAS: Providers Say Enterprise EHRS are Number One for Population Health Functionality. Healthcare Informatics: August 6, 2014. <http://www.healthcare-informatics.com/news-item/klas-providers-say-enterprise-ehrs-are-number-one-population-health-functionality>

a single data system for mental health and substance abuse services, the Department will continue to treat individual problems rather than the "whole person." Disparate data systems may result in poorer overall outcomes for Department clients, as many persons served exhibit substance abuse problems along with mental health or behavioral health concerns.

- Continuity of care will be impacted, as there is not a mechanism for quickly transferring large volumes of paper health records containing vital treatment information from the community providers to the State Facilities on admission, and to the communities from the State Facilities on discharge. As the provider of services to those most acutely in need, the Department must be able to seamlessly share information with Managing Entities and others in the community providing services to target populations in order to facilitate a unified system of care.

Based on the analysis of the alternatives and the needs of the Department, it is recommended that the proposed State Mental Health Treatment Facility Electronic Health Record Project be approved and authorized to proceed with the initiation of the project's pre-implementation and procurement activities, and that the required funding be requested by the Executive Office of the Governor and approved by the Legislature.

D. Functional and Technical Requirements

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

The high-level functional and technical system requirements that must be met by the project to achieve the business objectives and business requirements are listed below in Exhibit II-17.

These functional and technical requirements are fully met by Alternative 1, the highest ranked alternative. Alternative 2 addresses majority of these functional and technical requirements. Alternative 3 does not satisfy majority of these requirements and is therefore not recommended.

While the market analysis revealed that most EHR solutions are capable of meeting the Department’s functional and technical requirements, the Department must continue to build on the findings of the market analysis with information collected during these initial phases.

Functional and Technical Requirements		
Requirement Area	Initiative	Description
General Requirements	Comprehensive EHR for mental and behavioral health system	The system should represent a comprehensive EHR solution for public mental and behavioral health treatment facilities, supporting creation and maintenance of health records for in-patients, out-patients, and residential clients in both civilian and forensic environments located across multiple facilities with capacities in excess of 1,000 beds.
General Requirements	Certified EHR Technology	ONC Certified EHR Technology (CEHRT) Promoting Interoperability Stage 3 with the commitment to satisfy future stages of the same platform; including ONC Cures Act Final Rule supporting seamless and secure access, exchange, and use of electronic health information.
General Requirements	Data search, dashboards, and reporting for regulators	The system should support the ability to search, sort, drill down, filter, and report on all data elements tracked within the system. The system should also include a set of standardized reports and dashboards for managerial and clinical purposes; custom report creation capabilities; real-time resident census/locale reporting capability; data and report exporting capability and report printing capability.
General Requirements	Master Patient Index	The system should include a Master Patient Index (MPI) function that relies on a unique identifier per resident. The system should support the ability to cross-reference the MPI for each registration with automated and manual MPI identification assignment. The system should include deduplication and unmerging capabilities; audit history for tracing and fixing any errant changes or updates to the MPI or associated records; and client record purge and retention procedures.

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Functional and Technical Requirements		
Requirement Area	Initiative	Description
General Requirements	Alerts and noticing capabilities	The system should include a comprehensive alert system keyed by critical events for residents; allergies; missing information; workflow events; order support; release of information tracking and alerts; and assignment notifications stemming from ADT transactions. The system should provide a core set of rules (with ability to modify) to use as basis for developing rules for order entry decision support. The system should provide specific appropriate safeguards and alerts regarding drug, dietary, and environmental contraindications, and allergies. Patient classification of risks should also be supported, including homicidal, suicidal, and combative.
General Requirements	Electronic signature and consent	The system should support electronic signatures for clinicians and other staff as well as residents, supporting both consent and workflow approval functions.
General Requirements	Documentation Requirements	The system should support consistency in documentation across staff to ensure compliance with required data points for each encounter by allowing fields to be required. The system should have the ability to import scanned paper documents into the EHR for storage and maintenance. The system should allow authorized staff to create, edit and publish customizable forms.
General Requirements	Draft Mode and Document Locking	The solution should support the ability to save documents in draft mode, before reaching a finalized state. Documents and/or data in a draft state should be readily identifiable via form views/queries, reports, extract, etc. The solution should support unlocking documents by appropriate staff to enable further editing, including changing of dates.
General Requirements	Auditing capability	The system should provide comprehensive auditing capabilities, trails, and time stamping for all data entry, edits, or deletions. Appropriate support should be included for the Master Patient Index and identification and tracking of inappropriate file access and other security breaches. Audit logs should enable reporting of who accessed, added, changed, or deleted what and when and from where in the solution. Auditing capabilities should also allow ready access to point in time documentation (treatment plans, charts, etc.) via tracking of changes over time. Effective dating (and lapsing) data throughout the EHR is of critical importance, but entry and maintenance of these must be easy and efficient. The solution should enable default dates (with override capability), non-redundant entry, and ability to change dates (as appropriate for authorized staff).
General Requirements	Information release procedures and tracking	The system should include adequate controls and monitoring to manage Information releases, including authorizations, tracking, and expiration, in full compliance with HIPAA standards.
General Requirements	User training and help/support	The system should provide online help and training utilities for all end users.

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Functional and Technical Requirements		
Requirement Area	Initiative	Description
General Requirements	Document distribution	The system should allow for communication of documentation and components of the health record to internal and external users including support for medical records abstraction.
General Requirements	Workflow capability	The system should include support for customizable workflows by user-defined classification, including deficiency alerts and response management utilities.
General Requirements	Environmental management	The system should include full environmental management capabilities including infection tracking and control utilities.
General Requirements	Customer satisfaction and grievance support	The system should support collection of customer/resident satisfaction and/or grievances.
General Requirements	Visitation tracking support	The system should support the ability to track visitations to residents, including visitor identification and visitation history and resident approved visitor lists.
General Requirements	Resident property support	The system should support the ability to catalog and identify the locale of resident's personal property.
Clinical	Clinical data repository	The system should include a comprehensive clinical data repository, including support for entry and storage of physical/medical and mental/behavioral diagnoses; tracking of all medical and other order placements and treatment plans; multimedia support (text, images, including resident picture ID); medical imaging storage; and in-patient and out-patient support.
Clinical	Multi-disciplinary treatment plan and assessment support	The system should support global and discipline specific treatment plans, as well as screenings, assessments, and evaluations, including interfaces and functionality appropriate for nurses, nurse practitioners, physicians; psychologists; psychiatrists; psychosocial evaluation; social worker; case management; dietary; physical therapy; rehabilitation services; and criminal justice related input.
Clinical	Computerized Physician Order Entry (CPOE)	The system should support multi-disciplinary online order entry and tracking with customizable rules, layout, entry, prompts, and reporting/queries including medication and prescription ordering for in-patients and out-patients; support for a resident order profile; support for user defined templates; customizable order structures or groupings and line items; support for approval protocols; and appropriate ancillary notifications.
Clinical	Medication tracking and associated charting support	The system should include comprehensive Medication Administration Record (MAR); Medication Exception Record (MER); and related dosage, schedule, and charting support. The system should include current drug information database such as Clinical Pharmacology or Micromedex.
Clinical	Clinical decision support (CDS)	The system should be able to incorporate the latest evidence-based practices into standard clinical decision support functionality. The solution should provide for the ability customize clinical decision support protocols, templates, and treatment goals.

Functional and Technical Requirements		
Requirement Area	Initiative	Description
Clinical	Patient charting support	The system should include full support for patient charting, including customizable multi-disciplinary charting and assessment forms; progress notes and flow sheets; charting against treatment plans; inputs and outputs; and trend analysis according to user defined time periods with graphical and tabular display capability.
Clinical	Patient education support	The system should support tracking of resident education, such as completion of medication awareness course or other required rehabilitative services, including resident confirmation of receipt of information via electronic signature.
Clinical	Medical coding support	The system should include comprehensive medical coding support with cross walking and cross-referencing capabilities for the latest releases and all historic iterations of ICD (v. 10 and prior), DSM (v. 5 and prior), DRG, HCPCS, and CPT. The coding system should also support further user-defined customization to append codes as necessary for further classification as needed to support various unit functions.
Clinical	Patient problem list and case management support	The system should include case management and resident problem list functionality, including multi-disciplinary work lists and coverage lists for on-call or covering physicians. This system should also support confidential communication; monitoring and notices of resident and/or physician risk factors and significant events; restraint and seclusion logs; and drug, dietary, or environmental allergies (as indicated in the alerts requirement).
Clinical	Lab and other results reporting	The system should include comprehensive support for entry, import, tracking and reporting of order results, including lab and all other standard medical or mental health related orders.
Clinical	Medical transcription	The system should provide support for medical transcription.
Clinical	Incident management	The system should support the ability to classify and track incidents by customizable levels of classification, with associated tracking, flags, and notifications to ensure appropriate treatment and response.

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Functional and Technical Requirements		
Requirement Area	Initiative	Description
Business Operations	Business office support	The system should include comprehensive business function support, including resident history, with eligibility and authorization functionality; insurance processing/provider claims and charge capture; interface with diagnosis and procedure codes; and accounts receivable tracking and aging reports. The system should include automated online collection functions; history, and follow-up alerts; statement generation; billing and procedure entry; payment posting; manual and electronic payment support; voids; re-bills; sliding fees, copays, exceptions; and electronic claims; claim error and exceptions tracking. Finally, business office functionality should also include support for reclassifications (change in eligible payer); write-offs; adjustments to amounts for services and tracking of rationale; and summary and drill down utilities and capabilities for all financial information.
Business Operations	Admission, Discharge, Transfer functionality	The system should support all Admission, Discharge, and Transfer (ADT) functions, including preadmission, rapid/quick registration, discharge planning, and external referrals; support for anonymous/unidentified persons; identification of barriers to discharge; referencing against the Master Patient Index to prevent duplication of records and avoid unnecessary re-entry of data; as well as all payer setup necessities.
Business Operations	Patient classification and acuity support	The system should support user defined resident care indicators and associated required resources, automatic acuity classification based on defined indicators; resource, staffing, and budget estimations based on resident acuity; multiple levels of patient classification; support for assorted commitment status and discharge classifications
Business Operations	Patient census and resource availability support	The system should allow the determination of the location and status of residents at all times as well as availability of resources, such as rooms/beds based on admissions and discharge activity.
Business Operations	Legal support	The system should include capacity to support tracking of residents through the legal system, including identification of legal status and support for a catalog of associated legal status definitions. This should encompass tracking for criminal charges; legal action calendars; court appearance date tracking; medication court support; maintenance of court orders and assignments; attorney information; and resident declared restrictions of information (what can be shared with whom). This should also include tracking for jurisdiction and judge assignments; and subpoena and other legal document storage, as well as support and tracking for legal guardians/advocates and associated consent requirements; as well as support for advanced directives for residents.

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Functional and Technical Requirements		
Requirement Area	Initiative	Description
Business Operations	Utilization management/review	The system should provide full support for utilization review including an interface between preauthorization, continued stay authorizations, and treatment plan information to streamline submission of supporting documentation required by the utilization review or managed care organization.
Business Operations	Staff management and classification support (practice management)	The system should include full staff/practice management capabilities, including staffing counts by discipline and customization to track specific incidences and flags by staff member, such as AMA (Against Medical Assignment); LWOT (Leave Without Treatment), LOS (Length of Stay), activity, and admits.
Business Operations	Staff, resource, and resident scheduling support	The system should include comprehensive scheduling capabilities for staff, residents, and resources, including creation and management of appointments, on-demand schedule summaries as well notification of conflicts and accompanying resolution procedures.
Business Operations	Pharmacy Inventory Management	The system shall maintain pharmaceutical inventory records using a perpetual inventory system that establishes appropriate reorder points based on pharmacy dispensing history, accurately accounts for pharmaceuticals, and can be used to identify and investigate discrepancies noted during physical inventory counts.
Technical	Reliability, Availability, and Serviceability and Data Loss Prevention	The system should guarantee uptimes by function according to industry standards. Pharmacy, dietary, and laboratory systems must remain accessible 24/7 with built-in redundancy. Scheduled maintenance, patches, upgrades, and new release integration should require minimal time, effort, or downtime. The system should provide industry standard safeguards to prevent loss of and ensure ongoing access to information.
Technical	Interoperability and interface support	The system should be compliant with HL7 standards for interoperability. If your solution does not include an integrated laboratory solution, it must support the ability to interface with ClinLab Laboratory IS. If your solution does not include an integrated dietary solution, it must support the ability to interface with MealSuite. The solution must interface with Touchpoint medication dispensing system. The solution must also interface with other remaining applications whose functionality is not included in the EHR. The system should also support the receipt of external documents and records, delivery of documents to external parties/systems; compatibility with Health Information Exchange (HIE) and community primary care provider EHRs and have comprehensive HL7 compliant import and export capabilities.

Functional and Technical Requirements		
Requirement Area	Initiative	Description
Technical	User access, account provisioning, and security	The system should support online access for internal and external users, including residents. The system shall support real-time Active Directory (AD) integration or a Single Sign-On (SSO) for authorization. The scope of access should be defined by user group and should support access to specific resident information according to staff responsibility and/or team assignment. The system should have appropriate form and field security; compliance with HIPAA and all other relevant federal and state laws regarding information security (sufficient safeguards against common network vulnerabilities; login monitoring and control against concurrent logins; alerts regarding inappropriate file access; etc.)
Technical	Device support	The system should provide comprehensive support for and compatibility with desktop and mobile devices, browsers, and associated operating systems. However, full system functionality must be available with or without mobile device hardware.

Exhibit II-11: Functional and Technical Requirements

III. Success Criteria

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

The success of the project will also be based on a number of quantitative and qualitative factors. Each of these factors is in alignment with the business objectives and proposed business process requirements outlined in the Strategy Articulation Map, as well as the overall mission and vision of the Department.

The major success criteria for the project, along with the key performance indicators which must be realized in order for the Department to consider the proposed project a success.

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	The solution will enable a holistic view of services provided to residents of State Mental Health Facilities.	<ul style="list-style-type: none"> ▪ Bed utilization. ▪ Resident satisfaction. ▪ Contact time. Chart audit quality.	<ul style="list-style-type: none"> • Patients • Health System • All disciplines 	SFY2022-23
2	The solution will create an integrated behavioral healthcare strategy within the statewide program of mental health that is able to promote positive outcomes through coordinated care.	<ul style="list-style-type: none"> ▪ Average length of stay. ▪ Number of redundant procedures, labs. ▪ Time to restore persons to competency. 	<ul style="list-style-type: none"> • Patients • System • Florida Judicial System • Hospital 	SFY2022-23

SUCCESS CRITERIA TABLE				
		Number of discharges.	Throughput	
3	The solution will move the organization away from the disparate siloes of the existing antiquated applications and manual processes to an automated and consistent solution.	<ul style="list-style-type: none"> ▪ Time to complete admission process. ▪ Time to process court reports. ▪ Number of paper documents produced. ▪ Number of adverse incidents. ▪ Bed utilization. 	<ul style="list-style-type: none"> ▪ Patients ▪ System ▪ Florida Judicial System ▪ Hospital Throughput 	SFY2022-23
4	The solution will serve as a springboard to modernize SMHTF's behavioral health systems and processes, and create operational efficiencies aligned to industry standards.	<ul style="list-style-type: none"> ▪ Number of persons served. ▪ Time on waitlist for admission to a State Facility. ▪ Time on forensic waitlist. ▪ Number of data breaches. ▪ System outages. ▪ Employee satisfaction. 	<ul style="list-style-type: none"> ▪ Patients ▪ System ▪ Florida Judicial System ▪ Hospital Throughput 	SFY2022-23
5	The solution will allow providers and staff to see if clients are up-to-date for recommended preventative services.	<ul style="list-style-type: none"> ▪ Average length of stay. ▪ Recidivism rate. ▪ 	<ul style="list-style-type: none"> ▪ Patients ▪ Clinical Staff 	SFY2022-23
6	The solution will improve aggregation, analysis, and communication of person information to prevent adverse incidents.	<ul style="list-style-type: none"> ▪ Number of adverse incidents. 	<ul style="list-style-type: none"> ▪ Patients ▪ Quality 	SFY2022-23
7	The solution will provide built-in safeguards against prescribing treatments that would result in adverse events.	<ul style="list-style-type: none"> ▪ Number of adverse medication events. ▪ Average length of stay. 	<ul style="list-style-type: none"> ▪ Patients ▪ Clinical Staff 	SFY2022-23

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

A. Benefits Realization Table

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

For each tangible benefit, identify the recipient of the benefit, how and when it is realized, how the realization will

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be measured, and how the benefit will be measured to include estimates of tangible benefit amounts.

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Date (MM/YY)
1	<p>Increase in Practice Efficiencies</p> <p>Increase in practice efficiencies due to the migration from a paper to a paperless environment and automation of workflows. These process improvements were identified in conjunction with the facilities considering their current business processes that would be significantly improved through the implementation of an integrated enterprise EHR solution, including:</p> <ul style="list-style-type: none"> ▪ Resident record management and charting. ▪ Resident record (chart) pulls. ▪ Resident record (chart) audits. ▪ Utilization reviews. <p>A projected value of approximately \$10.8 million in annual benefits once fully realized was determined through an estimate of staff productivity gains across these processes. With the implementation of an EHR solution, time saved by staff can be redirected to more value-added activities to improve quality of care and outcomes and increase the number of persons served by the facilities.</p> <p>Practice efficiencies are estimated as follows:</p>	<p>Residents Served</p> <p>State Mental Health Treatment Facility Staff</p> <p>DCF/State of Florida</p> <p>Florida Taxpayers</p>	<p>Business process reengineering and standardization.</p> <p>Functionality delivered by the EHR solution enabling the automation of business processes and seamless workflows.</p> <p>Comprehensive staff training and organizational change management.</p>	<p>Improvements in quality-of-care metrics.</p> <p>Improvements in resident outcome metrics.</p> <p>Decrease in state mental health treatment facility waitlist.</p> <p>Improvement in staff job satisfaction scores.</p>	<p>Partial benefit realization beginning in SFY2022-23.</p> <p>Full benefit realization across all facilities by SFY2023-25.</p>

BENEFITS REALIZATION TABLE				
<ul style="list-style-type: none"> ▪ Resident record management and charting: Given the average amount of time spent by State Facility staff creating and maintaining paper documents for each admitted resident, an estimated 38% reduction in the time spent on this activity would result in significant practice efficiencies. <u>Calculation:</u> [(Number of Paper Documents Per Admission*Number of Annual Admissions)*Average Time Saved on a Paper Document with an EHR Solution*Average Value of Staff Time]. ▪ Resident record (chart) pulls: Given the average amount of time spent by State Facility staff manually pulling resident records, an estimated 63% reduction in the time spent on this activity would result in practice efficiencies. <u>Calculation:</u> [Number of Resident Record Pulls Per Year*Average Time Saved on a Resident Record Pull with an EHR Solution*Average Value of Staff Time]. ▪ Resident record (chart) audits: Given the average amount of time spent by State Facility staff conducting audits of resident records, an estimated 46% 				

BENEFITS REALIZATION TABLE					
	<p>reduction in the time spent on this activity would result in practice efficiencies.</p> <p><u>Calculation:</u> [Number of Resident Record Audits Per Year*Average Time Saved on a Resident Record Audits with an EHR Solution*Average Value of Staff Time].</p> <ul style="list-style-type: none"> Utilization reviews: Given the average amount of time spent by Nursing Consultants in the State Facilities on utilization reviews, a 50% reduction in the time spent on this activity would result in practice efficiencies. <p><u>Calculation:</u> [Current Average Annual Cost Per Staff to Perform Utilization Reviews*50%*Number of Staff Performing Utilization Reviews].</p>				
2	<p>Reduction in Average Length of Stay (LOS)</p> <p>An estimated 10% reduction in resident LOS attributed to comprehensive data analytics and reporting offered by an enterprise EHR solution to support the State Facilities and Central Office in the day-to-day management of resident care and operations, as well as the availability of a more complete and real-time view of the resident for all points of care to enable more informed decision-making</p> <p>Given the current daily rates and average LOS for forensic and civil residents in the State Facilities, a</p>	<p>Residents Served</p> <p>State Mental Health Treatment Facility Staff</p> <p>DCF/State of Florida</p> <p>Florida Taxpayers</p>	<p>Implementation of an enterprise EHR solution which offers advanced reporting and data analytics and the availability of real-time resident information to facility staff.</p>	<p>Resident average length of stay.</p>	<p>Partial benefit realization beginning in SFY2022-23.</p> <p>Full benefit realization across all facilities by SFY2023-25.</p>

BENEFITS REALIZATION TABLE					
	10% reduction in resident LOS an estimated would generate cost savings of approximately \$6.7 million per year when fully realized.				
3	<p>Reduction in Readmissions</p> <p>An estimated 25% reduction in the costs of readmissions due to the ability to electronically share resident data with community-based managing entities, hospitals, and providers serving residents after discharge from the State Facilities.</p> <p>Given the current number of readmissions per year and estimated cost of a readmission, a 25% reduction in readmissions translates to cost avoidance of approximately \$450 thousand per year when fully realized.</p>	<p>Residents Served</p> <p>DCF/State of Florida</p> <p>Florida Taxpayers</p>	<p>Implementation of an integrated EHR solution which enables the sharing of resident data with community-based managing entities, hospitals, and providers.</p>	<p>Annual number of readmissions.</p>	<p>Partial benefit realization beginning in SFY2022-23.</p> <p>Full benefit realization across all facilities by SFY2023-25.</p>

B. Cost Benefit Analysis (CBA)

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

[This information will be included in the final version of this document.]

V. Schedule IV-B Major Project Risk Assessment

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

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

[This information will be included in the final version of this document.]

VI. Schedule IV-B Technology Planning

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

A. Current Information Technology Environment

1. Current System

The Department operates three residential mental health treatment facilities that currently utilize a mixture of paper-based processes and homegrown IT systems for the services and medical treatment of residents and facilities management. The documenting of medical records is predominately paper based, making the identification of comparative EHR type system data and performance metrics nonexistent. The information provided in the following sections of the current system environment, requirements and performance is limited because the typical EHR functions needed are only partially supported by any of the technology components in place at any of the facilities.

a. Description of Current System

The critical role these facilities play requires the majority of the over 3,000 staffed positions to use the various assortment of systems listed in Appendix B at the three facilities to augment their paper-based processes to manage, administer and document the services provided. The core users of the current and future systems are made up of the direct care clinical staff. The remaining smaller percentage of the staff will only need occasional access to the systems. The chart in Exhibit VI-1 illustrates the break down by user types.

User Type	Percentage	Positions
Direct Care/Clinical (Dr., RN, Behavioral Specialist, etc.)	95 %	2339
Administrative (Legal, Accounting, Operations, etc.)	25%	267
Facility Operations (Mechanic, Food Services, etc.)	80%	239
Security	4 %	118
Education	1%	43
	Total	3006

Exhibit VI-1: Percentage of Staff by User Types

The disparate systems at multiple locations makes a comprehensive view of the daily transactions totals across all 3 facilities difficult to calculate with limited informational benefits since most of the transactions are paper-based and performed manually. The database storage at FSH is calculated at 540 GB. The backup and storage for NEFSH data has been calculated at 2,390 GB and at NFETC to be 108 GB.

The current application portfolio varies to such an extent across the facilities that there is limited ability to share health information across the enterprise. The 168 applications in use today run on 30 separate servers utilizing 6 different operating systems, 4 application types written in 3 different programming languages. According to the OITS team, 109 of the 168 applications provide functionality that could be replaced with the implementation of an EHR. Various software versions exist for each of the categories, and Exhibits VI-2, VI-3, and VI-4 represent a summary view of common OS, application/database layer and languages in use for the 109 key EHR related applications.

Operating Systems (OS)	Percentage	Applications
Windows Server (Windows 10, 2012, 2016, 2019)	96%	161

AIX (used exclusively by Netsmart for CMHC apps)	<1%	1
Cloud	4%	6
	Total	168

Exhibit VI-2: Operating Systems Summary

Programming Languages	Percentage	Applications
C#	18%	30
COBOL	<1%	1
Proprietary	14%	24
Visual Basic	56%	94
Microsoft Access	11%	19
	Total	168

Exhibit VI-3: Programming Languages Summary

Application Layer	Percentage	Positions
.NET	15%	25
Microsoft Access 2016	11%	19
ASP	56%	94
WPF	3%	5
Proprietary	15%	25
	Total	168

Exhibit VI-4: Application Layer Summary

Stratified business processes and disparate information technology systems introduce higher error rates, varying standards of care and can duplicate treatment efforts along with requiring information to be input into redundant systems. This makes capturing meaningful performance data extremely difficult across the three State Facilities.

Interface standards vary based on the need to communicate with outdated legacy applications as well as newer technologies. As illustrated in Exhibits VI-2, VI-3, and VI-4, the facility applications currently in place use a variety of technologies, design methodologies, and languages. A number of these applications were created for specific Facility program needs decades ago and have differing support requirements. These applications are reaching end-of-life time frames and have no strategy to facilitate uniform data access or retention across the three State Facilities. Many of these silo environments produce duplicated and redundant data across the facilities and require the Department to support applications that do not adhere to existing software standards. Moreover, scalability to meet the future long-term treatment needs are severely impacted by the disparate systems inability to interact efficiently and effectively under a common database.

b. Current System Resource Requirements

The information technology applications and infrastructure supporting the operations of the State Mental Health Treatment Facilities are aging and vary substantially across facilities, inhibiting their ability to interact and operate effectively. Any improvements to operations must be made with consideration for the nuances of each Facility, navigating through their differing environments and systems.

The central legacy platform running CMHC (Community Mental Health Center) applications supporting Florida State Hospital’s (FSH) behavioral health operations will no longer be supported. SAMH OITS staff do not have access to the code necessary to support it internally, so a replacement product is necessary to ensure continuity of operations. Basic emergency support with no enhancements or upgrades, was extended to December 31, 2022. Netsmart has indicated they are no longer willing to extend and provide the basic emergency support for CMHC past December 21, 2022. Any major issues that arise with the CMHC applications could render those solutions unusable and cause additional manual and paper intensive activities to be performed to support the residents’ treatment.

c. Current System Performance

Many of the programs experience problems with respect to case management functionality. Numerous regulatory areas currently lack case management functionality, which results in information being transferred through manual delivery of file folders. These programs would benefit from a true enterprise case management system, allowing an incident to be tracked from inception to resolution - even across facilities.

State Facilities often follow three separate processes for common service areas like Treatment Planning, Dietary and Food Management, or Visitation Tracking. For example, the SMHTFs currently create an average of 800 paper documents for a single admission. With approximately 2000 total admissions a year, the facilities are producing a prolific 1,600,000 total paper documents annually that are filling up file cabinets per data retention restrictions that require health records to be physically stored onsite for at least seven years. NEFSH uses a 13-step admission process while FSH uses a 17-step process that requires 40 minutes of staff time to produce a paper record. These manually completed, non-standardized processes underlie the disparity in process, operational inefficiency, and unnecessary costs commonly found across all three State Facilities.

The proliferation of these redundant paper records and procedures also exposes the State Facilities to operational risk, which increases administrative and support costs while decreasing its operational efficiency and effectiveness. Current systems create the potential to misplace or misfile information in paper charts, leading to missing or inaccurate medication information, which can be dangerous, especially when prescribed for mental health needs. Without a consistent process to track important details like patient classifications, facility personnel lack the visibility to comprehensively anticipate, respond, and prevent adverse events and incidents. Inconsistency in tracking medical history could also increase the likelihood of medication error when drug interactions, allergy tracking, and dosage history are not readily available in a paper chart. Currently, these safeguards are reliant on manual systems, or even word of mouth, leading to potentially dangerous situations for staff who interact with aggressive or combative residents.

2. Information Technology Standards

SAMH and its supporting systems are compliant with the applicable Information Technology Standards outlined within the DCF Information Technology Services Standard Operating Procedures (SOPs).

B. Current Hardware and/or Software Inventory

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

To maintain the current systems, the Department maintains a majority of the hardware and software at the State Mental Health Treatment Facilities. The current Department application portfolio can be found in Appendix B.

The current system environment includes:

- 168 distinct applications presently relied upon to support operations. Over 1/4 of the applications utilized

by the Facilities, with many based on a Microsoft Access 2016 platform.

- The 168 applications are:
 - Running on 30 separate servers which reside on one of 5 database layers.
 - Utilizing 6 different operating systems.
 - Utilizing 6 application types.
 - Written in 4 different programming languages.

The annual hardware and software costs at all facilities combined is listed in Exhibit VI-5:

Agency Program Support Cost	FY 2016-17
Hardware	\$ 547,565
Software	\$ 76,315
Maintenance & Support Services	\$ 181,398
Data Communications Services	\$ 31,343
IT Staff Support	\$ 1,719,804
Total	\$ 2,556,426

Exhibit VI-5: Annual Operating Costs (IT Budget)

C. Proposed Technical Solution

1. Technical Solution Alternatives

[This information will be included in the final version of this document.]

2. Rationale for Selection

[This information will be included in the final version of this document.]

3. Recommended Technical Solution

[This information will be included in the final version of this document.]

D. Proposed Solution Description

1. Summary Description of Proposed System

The proposed solution option includes a vendor remotely hosting the solution in the cloud. Access would be provided to EHR applications via web services. The cloud hosted solution will support all platforms and run on any industry standard web browser.

Reliability, Availability, and Serviceability and Data Loss Prevention: The system should guarantee uptimes by function according to industry standards. Pharmacy, dietary, and laboratory systems must remain accessible 24/7 with built-in redundancy. Scheduled maintenance, patches, upgrades, and new release integration should require minimal time, effort, or downtime.

The system should provide industry standard safeguards to prevent loss of and ensure ongoing access to information.

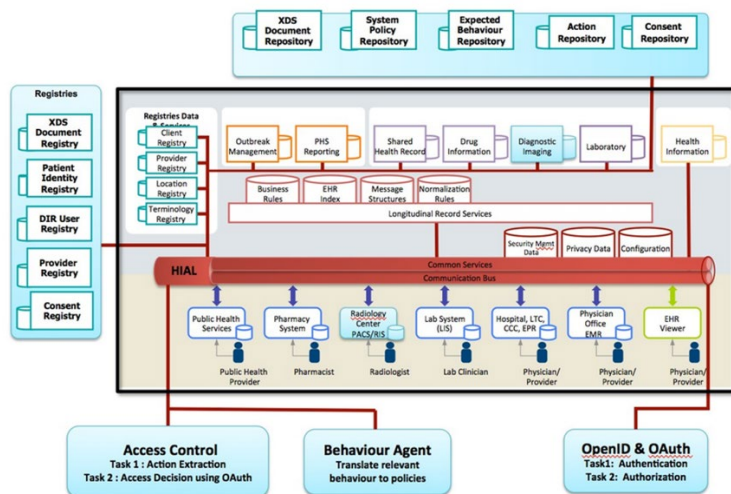
Interoperability and interface support: The system should be compliant with HL7 standards for interoperability. The solution should include an integrated pharmacy or laboratory solution, or support the ability to interface with MealSuite Dietary IS and ClinLab Laboratory IS, respectively. The system should be able to interoperate with Touchpoint medication dispensing system.

The system should also support receipt of external documents and records, delivery of documents to external parties/systems; compatibility with Health Information Exchange (HIE) and community primary care provider EHRs and have comprehensive HL7 compliant import and export capabilities.

User access, account provisioning, and security: The system should support online access for internal and external users, including residents. The accounts should be compatible with Active Directory or Single Sign-On (SSO) tool like OKTA provisioning services. The scope of access should be defined by user group and should support access to specific resident information according to staff responsibility and/or team assignment.

The system will comply with HIPAA and all other relevant federal and state laws regarding information security.

Technical environment: The system should be cloud hosted, web-based, use the most current version of industry acceptable hardware and software and rely on current industry standard coding/languages for programming. It should be accessible to end users through the Department standard browser.



The recommended option includes having the selected vendor hosting the server hardware and software components required for the EHR in a secure cloud. That estimated pricing along with the estimated licensing fees are included in the CBA. This allows for a lower startup cost and an overall lower total cost of ownership and places the responsibility for system maintenance, backups, upgrades, and support on a vendor who is the most knowledgeable with what is needed to

maximize the benefits of their EHR. The solution readily allows direct access to all databases and data by authorized users defined by role-based security provisioning.

Networking support: The system will require upgrades to networking and redundant internet pathways for each facility.

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

Resource requirements and summary level funding resource requirements for the SMHTF EHR project are unknown at this time, although it is not anticipated that current staffing levels will change. Information will be available once a system has been procured and sized.

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

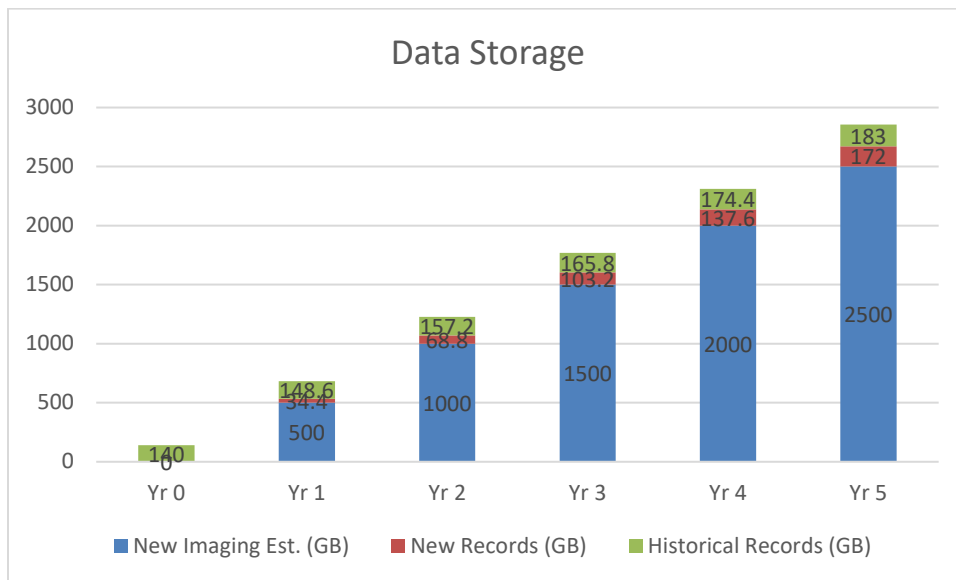
The objective of Capacity Planning is to verify any proposed solution will be able to not only absorb the current data stores and transaction loads but also provide the capability to grow with the demands of the three hospitals. Over time, the number of users will increase nominally, as more medical staff are hired to support an ever-increasing resident population. The selected option will handle a user base of 3,000 overall users and 1,000 concurrent users with the capability to absorb an annual increase of 10% with no loss service levels.

What is known is that the SMHTFs currently create an average of 800 paper documents for a single admission. With approximately 2000 total admissions a year, the facilities are producing a prolific 1,600,000 total paper documents annually that are filling up file cabinets per data retention restrictions that require health records to be physically stored onsite for at least seven years. NEFSH uses a 13-step admission process while FSH uses a 17-step process, both requiring 40 minutes of staff time to produce a paper record. This disparity illustrates the lack of standard processes or systems across the enterprise.

The core set of EHR related CMHC applications at FSH currently uses 540 GB of data storage. The data stored at the other two facilities consume approximately 250 GB of data storage.

The selected option will at a minimum be able to handle the estimated two times the paper transactions currently recorded each year at FSH to account for the workloads from the other two facilities. Using a conversion formula of one printed character = 1 byte of data, 1000 characters equals 1 kilobyte. If one page has an average 2000 characters on it (full double-spaced page) then it will take two kilobytes of data storage. That means 500 pages of text equals one megabyte of data storage. Using this formula, in the first full year the currently estimated load of 17.2 million paper transactions will consume 34.4 GB of storage data in an EHR solution¹⁷.

Exhibit IV-7 below displays the estimated data storage demands over the next 5 years. This includes the current storage used along with an estimate that the three facilities will convert a quarter of their existing paper documentation each year along with their new needs as they move from a paper-based environment to EHR. Estimates indicate the annual imaging requirements to be no more than 500 GBs annually. The overall data storage requirements over a five-year period will be less than three terabytes of data stored at the vendor-hosted facility.



F. Exhibit VI-7: Estimated Data Storage Needs

Even with the numerous systems in place a major portion of health services activities are captured by hand and documented on paper forms. The majority of the systems that will be replaced by an EHR solution are driven by manual processes with limited to no automated system interfaces. The anticipated capacity of an implemented EHR system will support current and estimated growth rates and will be defined in detailed requirements documented and available during the procurement phase.

VII. Schedule IV-B Project Management Planning

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

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

NOTE: For IT projects with total cost in excess of \$10 million, the project scope, business objectives, and timelines described in this section must be consistent with existing or

¹⁷ The 17.2 million paper transactions is a derivative of the 8.6 million annual paper transactions reported by FSH, the largest State Mental Health Treatment Facility, on July 24, 2015.

proposed substantive policy required in s. 216.023(4)(a)10, F.S.

A. Project Charter

The program charter establishes a foundation for the program by ensuring that all participants share a clear understanding of the program purpose, objectives, scope, approach, deliverables and timeline. It serves as a reference of authority for the future of the program. It includes the following:

1. Program Name

This program is referred to as State Mental Health Treatment Facilities (SMHTF) Electronic Health Records (EHR) Implementation project.

2. Purpose

The purpose of the project is to Develop and Release an formal solicitation for an EHR solution, Manage the EHR Procurement and Selection, and Manage the Vendor Implementation. These activities will occur over a three-year period that allows for quick realization of benefits. The benefits include the following:

1. Facilitate compliance with Section 394.9082, Florida Statutes, by providing Managing Entities and community-based providers with extensive facility-based treatment records when individuals are transitioned to the community.
2. Improve resident safety and quality of care by utilizing technology to support clinical decisions by allowing facility personnel to easily access comprehensive information more effectively.
3. Maximize revenue streams such as Medicare and avoid unnecessary costs.

3. Objectives

This project will meet the following objectives:

- Reduce costs for preventable adverse drug events as well as for clinical management.
- Reduce laboratory and radiology costs for redundant and unnecessary tests.
- Reduce personnel time spent using manual processes and outdated, inefficient technology.
- Reduce average lengths of stay as a result of increased timeliness and completeness of clinical data, which will allow for quicker diagnosis and treatment.
- Increase utilization management leading to staffing efficiency gains, improve adherence to medication protocols, and facilitate easier regulatory reporting.
- Reduce legacy operating and maintenance costs as well as hardware and software costs by replacing existing stand-alone data systems with a single hosted system.

4. Project Phases

The proposed solution will consist of Development and Release of a formal solicitation for an EHR solution, Manage the EHR Procurement and Selection, and Manage the Vendor Implementation. These activities will occur over a three-year period. The first year will include establishing the PMO, performing detailed planning and reporting activities, and establishing a sound foundation for effectively managing the project.

5. Project Management

The Department will use the PMI's Project Management Framework to develop and maintain the Project Management Plan. The DCF Project Manager and the implementation vendor will agree upon the appropriate aspects of the PMI framework for project management methodology. The Project Manager will be a certified Project Management Professional (PMP). The Project Director or Project Sponsor may consider changes to the methodology at any phase of the project, as deemed appropriate.

The following list the management and control mechanisms used to manage the project:

- Project Charter that clearly conveys what will be accomplished by the project, signed, and authorized by the Project Executive Sponsor.
- Project contract(s).

- Project Management Plan.
- Baseline project schedule.
- Independent Verification and Validation (IV&V).
- Change Control Register.
- Project Issues Register.
- Project Risk Register.

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

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

6. Project Scope

The scope of this project will include a significant business process analysis and requirements effort as well as the design, procurement, development, testing, user training, and implementation of a new business system.

Included in the Project Scope:

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

Exhibit VII-1 below summarizes the activities to support the System Implementation:

System Implementation Activities	
Activity	Description
Analysis	Validation of the system requirements collected during previous business process improvement and requirements gathering efforts.
Design	Joint Application Design sessions with end users, functional and technical design documentation and user interface prototyping.
Buy or Build	Application configuration and system development, database development, data conversion, data migration, data warehouse development, unit testing, creation of help screens and development of an online user tutorial.
Test	Creation of test plans and test cases, and the performance of integration and system testing, user acceptance testing, and regression testing.

System Implementation Activities	
Activity	Description
Deploy	Implementation planning and the deployment of the new system to a production environment.
Operations	Begins during the system implementation phase. The emphasis of this phase will be to ensure that the necessary equipment, staff, and procedures are in place to meet the needs of end users and ensure that the system will continue to perform as specified.

Exhibit VII-1: System Implementation Activities

7. Project Deliverables

Exhibit VII-2 contains a preliminary list of project deliverables. The final deliverables list, which will include acceptance criteria, will be developed in conjunction with the selected implementation vendor and will be appropriate to the technology solution chosen.

Project Deliverables	
Name	Deliverable Description
Project Management Status Reports	Weekly status reports to project management team.
Risk and Issue Registers	Prioritized lists of risks and issues identified and reviewed during the course of the project.
Meeting Minutes	Record of decisions, action items, issues, and risks identified during formal stakeholder meetings.
Schedule IV-B Feasibility Study (Updates)	Incorporates information to be submitted with the Department’s Legislative Budget Request for follow on phases.
Project Charter	Issued Project Sponsor that formally authorizes the existence of the project and provides the Project Manager with the authority to apply organizational resources to project activities.
Project Management Plan	Includes the following documents as required by the DCF Project Director and/or the PMO: <ul style="list-style-type: none"> ▪ Work Breakdown Structure. ▪ Resource Loaded Project Schedule. ▪ Change Management Plan. ▪ Communication Plan. ▪ Document Management Plan. ▪ Scope Management Plan. ▪ Quality Management Plan. ▪ Risk Management Plan. ▪ Risk Response Plan. ▪ Issue Management Plan. ▪ Resource Management Plan. ▪ Conflict Resolution Plan. ▪ Baseline Project Budget.

Project Deliverables	
Name	Deliverable Description
As-Is Business Process Flows	Represents, graphically, the current state of the business processes using standard business process notation. This document should include narrative descriptions of key activities, including owners, inputs and outputs.
To-Be Business Process Flows	Represents the future state of the business processes, as reengineered by the vendor in conjunction with DCF subject matter experts. Develop process flows using standard business process notation. This document should include narrative descriptions of key activities, including owners, inputs and outputs.
Technical Design Specification	Detailed technical design for data and information processing in the new business system to include: <ul style="list-style-type: none"> ▪ Data Model/ERD. ▪ Data Dictionary. ▪ Technical Architecture (to include a hardware usage plan).
Design Demonstration	Review and acceptance of the system integrator’s design required before proceeding to development. Key stakeholders will experience the prototype and then a go/no-go decision is submitted to the Project Sponsors for action.
Data Conversion Plan	Plan for converting data from existing systems to meet the specifications of the new database design, to include detailed data conversion mapping and manual input priorities and procedures.
Knowledge Transfer Plan	Details the steps taken to transfer knowledge about the system to the resources that ultimately will be responsible for implementation.
Organizational Change Management (OCM) Plan	Describes the overall objectives and approach for managing organizational change during the project, including the methodologies and deliverables that are used to implement OCM for the project.
OCM Status Reports	Weekly status reports to project management team.
Stakeholder Analysis	Identifies the groups impacted by the change, the type and degree of impact, group attitude toward the change and related change management needs.
Training Plan	Defines the objectives, scope and approach for training all stakeholders who require education about the new organizational structures, processes, policies and system functionality.
Change Readiness Assessment	Surveys the readiness of the impacted stakeholders to “go live” with the project and identifies action plans to remedy any lack of readiness.
IV&V Project Charter	A document issued by the Project Sponsor that formalizes the scope, objectives, and deliverables of the IV&V effort.
IV&V Status Reports	Quarterly reports to the Executive Management Team.

Project Deliverables	
Name	Deliverable Description
IV&V Periodic Assessments	Documents the results of IV&V activity to determine the status of project management processes and outcomes including but not limited to: <ul style="list-style-type: none"> ▪ Schedule Review Summary. ▪ Budget Review Summary. ▪ Business Alignment Summary. ▪ Risk Review Summary. ▪ Issue Review Summary. ▪ Organizational Readiness Summary. ▪ Recommended Next Steps/Actions for each of the above areas. ▪ Milestone and Deliverable reviews (to determine if the project is prepared to proceed to the next phase in the project work plan). ▪ Current scorecard of the project management disciplines. ▪ Strengths and areas for improvement in the project management disciplines. ▪ IV&V Next Steps/Actions.
IV&V Contract Compliance Checklist	Documents that vendors involved with the project have met all contractual requirements.
Data Migration Plan	Plan for migration of data from existing systems to new databases (as required).
Test Plans	Detailed test plans for unit testing, system testing, load testing, and user acceptance testing.
Test Cases	Documented set of actions to perform within the system to verify all functional requirements have been met.
Implementation Plan	Detailed process steps for implementing the new business system statewide.
Knowledge Transfer Plan	Based on a gap analysis, this plan will detail the steps taken to transfer knowledge about the system to the resources that ultimately will be responsible for post-implementation support.
Functional Business System	Final production version of the new business system.
System Operation and Maintenance Plan	Detailed plan for how the finished system will be operated and maintained.

Exhibit VII-2: Project Deliverables

8. Project Milestones

It is anticipated the project will be managed according to the milestones in Exhibit VII-3. Go/no-go checkpoints may be added to the project schedule where appropriate based on the chosen solution. Checkpoints will require Project Sponsor sign-off prior to commencing the next activity.

Project Milestones and Decision Points	
Milestone	Deliverable(s) to Complete
Legislative Approval	<ul style="list-style-type: none"> Updated Schedule IV-B
Project Kick-Off	<ul style="list-style-type: none"> Project Charter
Project Management Documents Completed	<ul style="list-style-type: none"> Various (See deliverable list)
Business Process Analysis Completed	<ul style="list-style-type: none"> As-Is Business Process Flows To-Be Business Process Flows
Acceptance of Functional and Technical Requirements	<ul style="list-style-type: none"> System Requirements Document Public Assistance Requirements Document
Project Management Documents Completed	<ul style="list-style-type: none"> Various (See deliverable list)
Acceptance of Validated Requirements	<ul style="list-style-type: none"> Validated Functional Requirements Document
Acceptance of User Interface Prototypes	<ul style="list-style-type: none"> User Interface Prototypes
Acceptance of Functional and Technical Design Specifications	<ul style="list-style-type: none"> Functional and Technical Design Specification documents
User Acceptance Testing Complete	<ul style="list-style-type: none"> N/A
End User Training Complete	<ul style="list-style-type: none"> On-site training sessions Training materials
System Deployment	<ul style="list-style-type: none"> Functional system released into production
Project Close-out	<ul style="list-style-type: none"> Lessons Learned Knowledge Transfer Contract Compliance Checklist Project Close-out Checklist

Exhibit VII-3: Project Milestones and Go/No-Go Decision Points

9. General Project Approach

The following activities are required to complete the SMHTF EHR Implementation:

1. Conduct EHR Market Analysis [To be included in the final version of this document]
2. Develop and Submit LBR for EHR.
3. Develop and release a formal solicitation for EHR Integration (for Vendor and System).
4. EHR Procurement/Selection.
5. Vendor Implementation.
6. Execute the project.
7. Monitor and control the project.
8. Implement a comprehensive system to provide a modern electronic health record (EHR) system for the State Mental Health treatment facilities.
9. Deploy the system to trained users who are fully prepared to use the new system and are supported by on-screen help.
10. Conduct knowledge transfer.
11. Continued operations, administration and support of the system through the warranty period.
12. Close-out the project.

13. Operate and enhance the system throughout its service life.

10. Change Request Process

Projects of this magnitude should expect change as the project progresses through the design, development and implementation phases. All change requests will be formally documented and validated by the PMO and the Change Control Board (CCB). The CCB will be comprised of key project stakeholders according to the Change Management Plan. Once validation has occurred, the appropriate stakeholders will assess the change, determine the associated time, and cost implications.

Upon acceptance of the change request and its validation by the PMO, the tasks to implement the change will be incorporated into the project plan and a project change order will be initiated. A priority will be assigned and the request will be scheduled accordingly. Exhibit VII-4 illustrates the proposed change request process.

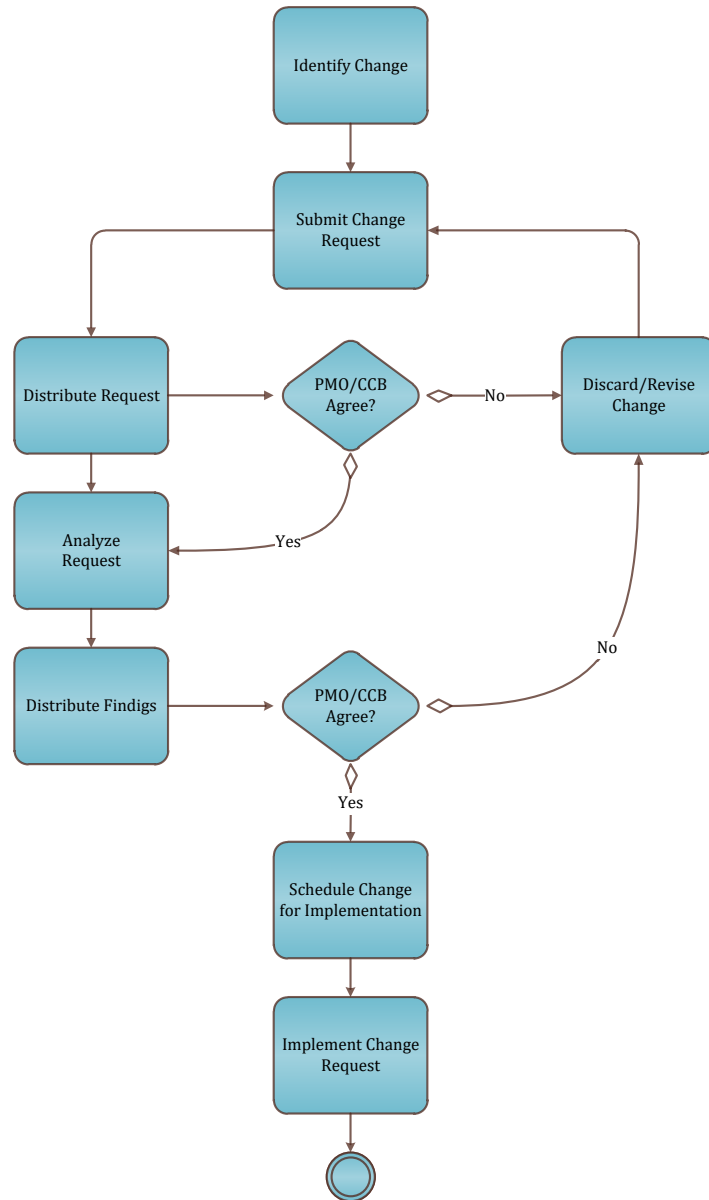


Exhibit VII-4: Proposed Change Request Process

B. Project Schedule

The final detailed project schedule will be highly dependent upon the technology solution chosen and finalized during the procurement phases of the project. The development of the actual detailed project schedule will be the responsibility of the DCF project manager and implementation vendor(s). The chart in Exhibit VII-5 illustrates implementation roadmap in three annual phases.

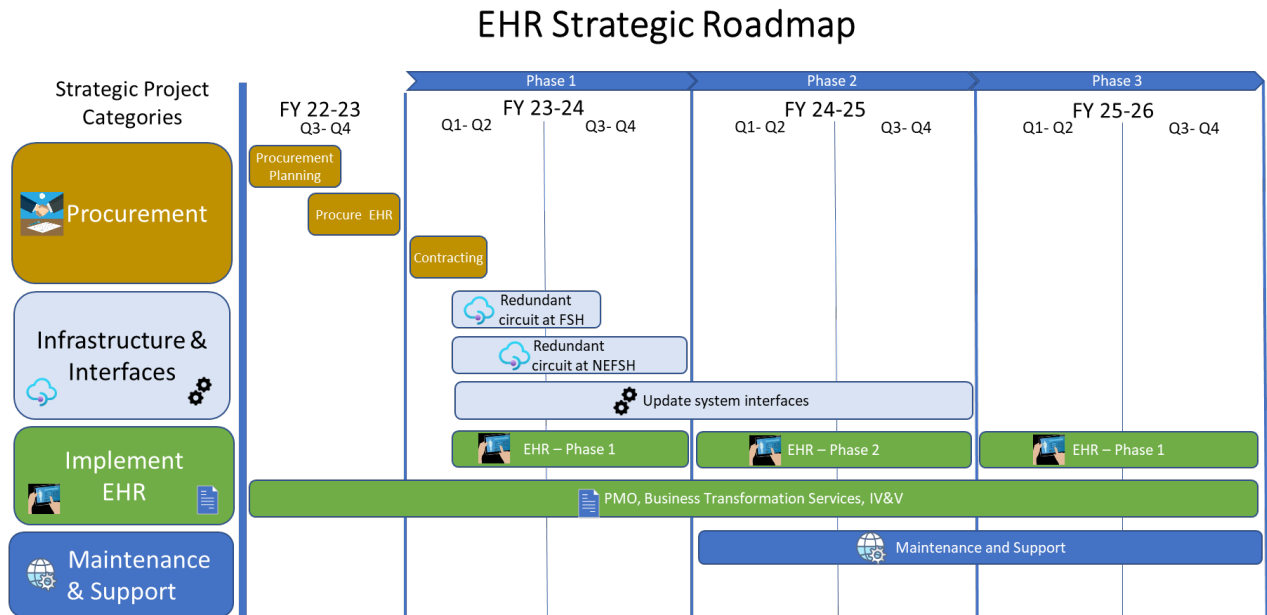


Exhibit VII-5: High-Level Roadmap/Project Schedule

C. Project Organization

The Project Director heads the DCF Project Management Team and includes the Vendor Project Manager. This team will be responsible for day-to-day oversight of the project. In addition, the Project Management Team will work closely with the Office of Policy and Budget (OPB) and the Florida Digital Service (FLDS) to ensure that sufficient external project oversight is established and maintained and to ensure compliance with OPB and FLDS PM Standards.

For a project of this size and duration, the Department will implement a Project Management Office (PMO) to create project management plans, monitor project issues and risks, and provide general support to the Project Director throughout the project. The PMO will be staffed with multiple Certified Project Management Professionals.

The project business stakeholders include seasoned DCF staff from the program’s core business areas. These key stakeholders will be instrumental in the design, development and testing of the new business system and will assist in the review and approval of all project deliverables. The proposed project organization is illustrated in Exhibit VII-7.

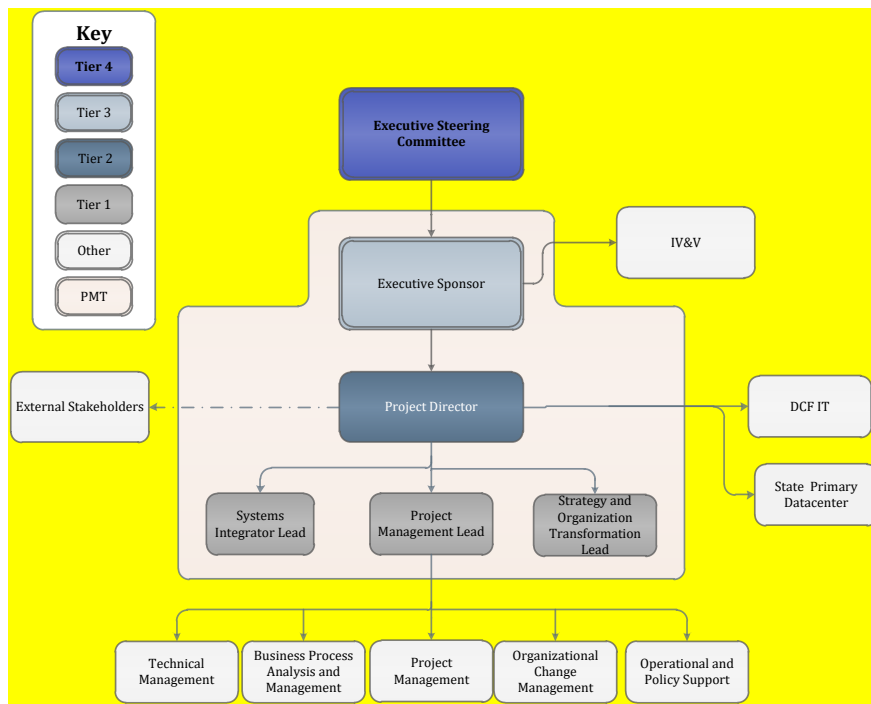


Exhibit VII-7: Proposed Project Organization

Exhibit VII-8 identifies roles in the project organization and a summary of their responsibilities.

Project Organization Roles		
Role Name	Description	Assigned To
Executive Steering Committee (ESC)	<ul style="list-style-type: none"> Provides executive oversight to the project. Supports the project vision. Resolves escalated issues. 	TBD

Project Organization Roles		
Role Name	Description	Assigned To
IV&V Vendor	<ul style="list-style-type: none"> ▪ Verifies that the system is developed in accordance with validated requirements and design specifications. ▪ Validates that the system performs its functions satisfactorily. ▪ Monitors project management processes and provides feedback on any deficiencies noted. ▪ Reviews and provides feedback on project deliverables. ▪ Presents to Executive Management team on IV&V activities. 	TBD
Executive Sponsor	<ul style="list-style-type: none"> ▪ Has programmatic decision making authority. ▪ Champions the project within the customer’s organization. ▪ Provides guidance on overall strategic direction. ▪ Provides business resources for project success. ▪ Has Programmatic responsibility for successful development and implementation of the project. ▪ Facilitates communication with the EMT. 	DCF-SAMH Director
Project IT Sponsor	<ul style="list-style-type: none"> ▪ Has IT decision making authority. ▪ Champions the project within the customer’s organization. ▪ Provides guidance on overall strategic direction. ▪ Provides IT resources for project success. ▪ Has responsibility for successful development and implementation of the project. ▪ Facilitates communication with the EMT. 	DCF Chief Information Officer
Project Budget Officer	<ul style="list-style-type: none"> ▪ Controls project budget. ▪ Provides budget related input into project scope and contract change decision making process. 	TBD
Project Director	<ul style="list-style-type: none"> ▪ Has overall responsibility for the successful development and implementation of the project. ▪ Oversees the development and implementation of the project. ▪ Oversees the Project Management Office for the project. ▪ Liaison with IT Sponsor for resources. ▪ Liaison with Project Business Sponsor for business resources and day-to-day activities. 	TBD
Project Management Office	<ul style="list-style-type: none"> ▪ Responsible for day-to-day project oversight. ▪ Provides overall guidance and direction to the System Integrator. ▪ Coordinates with the Project Director for resources. ▪ Works with System Integrator Project Manager to ensure stakeholder needs are met. ▪ Has daily decision making authority. ▪ Oversees and manages project plan. ▪ Facilitates the Business Stakeholders Committee. ▪ Coordinates project resources, budgets and contract management. ▪ Reviews and provides feedback on project deliverables. ▪ Responsible for project management areas including scope, risk, quality and change control. ▪ Coordinates project status communications. ▪ Liaison with external agencies as needed to include AST. 	TBD

Project Organization Roles		
Role Name	Description	Assigned To
Project Business Stakeholders <i>(Small Group of internal and external stakeholders from DCF and other agencies to include FLDS.)</i>	<ul style="list-style-type: none"> ▪ Provides input on functional requirements. ▪ Participates in project user group meetings and sessions. ▪ Provides input on project activities. ▪ Reviews and comments on project documents and deliverables. ▪ Disseminates project information and updates to local internal/external stakeholders. 	TBD
Systems Integrator (SI) Project Manager	<ul style="list-style-type: none"> ▪ Reports to the Project Director. ▪ Works with the Project Management Office to seek guidance and direction. ▪ Responsible for systems integrator project management activities. ▪ Leads the planning and development of project deliverables. ▪ Develops and manages the project schedule and associated tasks. ▪ Maintain all project documentation including detailed project plan. ▪ Ensure adherence to the process and project management standards and guidelines. ▪ Responsible for project management areas including scope, risk, quality and change control. ▪ Prepare formal project reports and presentations. ▪ Ensure deliverables conform to DCF standards. ▪ Facilitate project related meetings as required. 	SI Vendor

Exhibit VII-8: Project Organization Members - Roles & Descriptions

D. Project Quality Control

Purpose: To understand project quality requirements and ensure that effective quality control processes and procedures are in place and operational in time to support the needs of the project.

The project will follow the PMO guidelines delineating timeline, budget, and quality specifications for each deliverable. Each deliverable will be assigned detailed acceptance criteria in the project contract. Quality will be monitored and controlled by the Project Management Team and deliverables will be accepted only when the acceptance criteria have been met. The PMO will provide oversight and assistance to the entire Project Team to ensure that standards are followed.

Quality Standards	
Project Area	Description
Development Standards	If applicable, the vendor responsible for design and development of the SMHTF EHR System will follow DCF’s programming and development standards.
Testing Management	The vendor will follow the established standards of the DCF PMO for Testing Management. This includes unit testing, integration testing, system testing, load testing and user acceptance testing.
Approval	All deliverables will require individual stakeholder approval and sign-off upon completion of the final draft.
Software Configuration Management	If applicable, the vendor will follow the established standards of the DCF PMO for Software Configuration Management. This includes Stakeholder sign-off, documentation, and version control.
Contract Management	The DCF PMO will be involved in contract management. All contracts must pass executive and legal approval. In addition, external project oversight will be required for contract negotiation.

Exhibit VII-9: Quality Standards by Project Area

In addition to these formal areas of quality control, the following practices will be maintained during the life of the project:

- Peer reviews of artifacts.
- Project team acceptance and approval.
- Periodic project team meetings.
- Project status meetings.
- Periodic contractor, contract manager, project manager and project team meetings.
- Change control management processes, including the creation of a change review and control board that provides representation for all affected stakeholders.
- Contract manager and DCF Project Director acceptance and approval.
- Maintain detailed requirements definitions under configuration management.
- Defined test plan with standard levels of technical and acceptance testing.
- Risk Management and Mitigation.

Quality will be monitored throughout the project by the PMO. Multiple levels of acceptance by all stakeholders will be built into the process to ensure project quality control.

E. External Project Oversight

Purpose: To understand any unique oversight requirements or mechanisms required by this project.

A full-scale Independent Verification and Validation (IV&V) effort will be in place throughout the life of the project. The purpose of IV&V is to provide an unbiased review and assessment of the project to help ensure it is meeting its desired goals; it adheres to internally documented or recognized industry standards and guidelines. They will also verify the products or deliverables meet the requirements and are of high quality, appropriate controls are defined and utilized, and that the stakeholders in the process are effectively involved and aligned. Specific objectives of the IV&V effort for this project will include:

- Providing validation that the implementation vendor:
 - Complies with the terms of the contract.
 - Performs and provides deliverables to the satisfaction of the Department.
 - Fulfills the technical and non-technical requirements of the contract.
 - Completes the project within the expected timeframe.
 - Demonstrates value and is committed to achieving the goals outlined by the Department.
 - Acts in the best interests of the Department and surfaces issues in a timely and comprehensive manner.
- Providing an independent, forward-looking perspective on the project by raising key risks, issues and concerns and making actionable recommendations to address them.
- Enhancing management’s understanding of the progress, risks and concerns relating to the project and providing information to support sound business.
- Provide ongoing advice and direction to the Executive Management Team, the Project Director and DCF Executive Leadership throughout each phase of the project.

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

F. Risk Management

Purpose: To ensure that the appropriate processes are in place to identify, assess, and mitigate major project risks that could prevent the successful completion of this project.

The purpose of risk management is to identify the risk factors for the project and establish a risk management plan to minimize the probability that the risk will negatively affect the project.

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

Risk Management Plan

All phases of the project will follow the standards defined by the PMO. Standards include processes, templates, and procedures for documenting and mitigating risk. Formal risk analysis, tracking and mitigation will be ongoing throughout all phases of the project. Risks are actively identified, detailed, and prioritized. Mitigation strategies are developed. Risks are tracked, mitigated and closed throughout the lifecycle.

A Risk Management Plan (RMP) will be developed and adhered to throughout all phases of the project. The RMP will include clear risk management procedures including standard checkpoints and mitigation strategies. Execution of a well-defined RMP with clear mitigation strategies for each risk is critical to the success of the SMHTF EHR. The purpose of risk management is to identify the risk factors for the project and establish a risk management plan to minimize the probability that the risk will negatively affect the project. It is recommended that the following checkpoints in Exhibit VII-10 be followed during the project:

Task	Recommendation
Risk Management Plan	Have planned semi-annual reviews and updates after the submission and approval of the Risk Management Plan with the Project Director and Project Sponsor.
Risk Management Reviews	As part of a disciplined approach to addressing project risks, Risk Meetings should be conducted during the project lifecycle at a frequency not to exceed monthly.

Exhibit VII-10: Project Risk Checkpoints

G. Organizational Change Management

Purpose: To increase the understanding of the key requirements for managing the changes and transformation that the users and process owners will need to implement for the proposed project to be successful.

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

The Department will adhere to the standards of the PMO for Organizational Change Management. A specific OCM strategy has not been identified at this Phase, but will be identified in the Organizational Change Management Plan.

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

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

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

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

H. Project Communication

Purpose: To ensure that effective communication processes are in place to disseminate information and receive feedback from users, participants, and other project stakeholders to facilitate project success.

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

Disseminating knowledge among stakeholders is essential to the project's success. Project sponsors, core project team members, and key stakeholders must be kept informed of the project status and how changes to the status affect them. The more people kept informed about the progress of the project, and how it will help them in the future, the more they will participate and benefit.

At this time, the specific communication needs of project stakeholders and the methods and frequency of communication have not been established. A detailed Communication Plan will be completed which outlines the requirements for effective communication methods and how they will be implemented. These requirements will include project kick off, regular status meetings, regular status reports, regular review and evaluation of project issues and risks, milestone reporting, periodic project evaluation, regular product demonstrations and reviews, a web-based discussion board, project website, etc. It is expected that the Communication Plan will be adhered to and will receive updates as applicable during the life of the project.

VIII. Appendices

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

A. EHR Requirements

#	Item	Detail
General Requirements		
1	Comprehensive EHR for mental and behavioral health system	The system should represent a comprehensive EHR solution for public mental and behavioral health treatment facilities, supporting creation and maintenance of health records for in-patients, out-patients, and residential clients in both civilian and forensic environments located across multiple facilities with capacities in excess of 1,000 beds.
2	Certified EHR Technology	ONC Certified EHR Technology (CEHRT) Promoting Interoperability Stage 3 with the commitment to satisfy future stages of the same platform; including ONC Cures Act Final Rule supporting seamless and secure access, exchange, and use of electronic health information.
3	Data search, reporting, dashboards, and printing capability	The system should support the ability to search, sort, drill down, filter, and otherwise report on all data elements tracked within the system, according to user access levels. The system should also include a set of standardized reports and dashboards for managerial and clinical purposes; intuitive and flexible ad hoc (user defined) report creation capabilities; real-time patient census/locale reporting capability; data and report exporting capability (for other systems and desktop processing); and report printing capability.
4	Master Patient Index	<p>The system should include a Master Patient Index (MPI) function that relies on a unique ID per patient and a structure to record comprehensive patient demographic information (including photo identification, full name(s); aliases; multiple telephone numbers; multiple addresses; DOB; other identifiers, such as, SSN or DL; gender; race; ethnicity) and other relevant information (employment history, guardianship, insurance information, ADA status, etc.) This information should be updated continuously with each encounter.</p> <p>The system should support the ability to access (cross-reference) the MPI for each registration (verify if existing and, if so, provide history) with automated (during registration or scheduling) and manual MPI ID assignment. The system should include deduplication/merging and unmerging capabilities; audit history for tracing and fixing any errant changes or updates to the MPI or associated records; and client purge and archive procedures.</p>
5	Alerts and noticing capabilities	<p>The system should include a comprehensive alert system keyed by critical events for residents; allergies; missing information; workflow events; order support; release of information tracking and alerts; and assignment notifications stemming from ADT transactions. The system should provide a core set of rules (with ability to modify) to use as basis for developing rules for order entry decision support.</p> <p>The system should provide specific appropriate safeguards and alerts regarding drug, dietary, and environmental contraindications and allergies. Patient classification of risks should also be supported, such as danger to self or others.</p>
6	Electronic signature and consent	The system should support electronic signatures for clinicians and other staff as well as residents, supporting both consent and workflow approval functions.

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#	Item	Detail
7	User customization	The system should support access to patient records based on team and/or individual patient assignments, with displays tailored and customizable to user groups, including global and discipline- or team-specific display headers. The system should also support seamless transfer between units and corresponding changes to record accessibility.
8	Forms development	The solution should enable local forms customizations. Forms customizations include: hiding fields, adding fields, identifying required fields, adding links to external sources, default value setting. It would also be desirable to have the ability to add local processing as forms are opened and before data is saved.
9	Draft Mode and Document Locking	The solution should support the ability to save documents in draft mode, before reaching a finalized state. Documents and/or data in a draft state should be readily identifiable via form views/queries, reports, extract, etc. The solution should support unlocking documents by appropriate staff to enable further editing, including changing of dates.
10	Auditing capability	The system should provide comprehensive auditing capabilities, trails, and time stamping for all data entry, edits, or deletions. This should include appropriate support for the Master Patient Index (e.g., the ability to perform and reverse patient identity merges) and identification and tracking of inappropriate file access and other security breaches. Audit logs should enable reporting of who accessed, added, changed, or deleted what and when and from where in the solution. Auditing capabilities should also allow ready access to point in time documentation (treatment plans, charts, etc.) via tracking of changes over time. Effective dating (and lapsing) data throughout the EHR is of critical importance, but entry and maintenance of these must be easy and efficient. The solution should enable default dates (with override capability), non-redundant entry, and ability to change dates (as appropriate for authorized staff).
11	Information release procedures and tracking	The system should include adequate controls and monitoring to manage Information releases, including authorizations, tracking, and expiration, in full compliance with HIPAA standards.
12	User training and help/support	The system should provide online help and training utilities for all end users.
13	Document distribution	The system should allow for communication of documentation and components of the health record to internal and external users. This should include support for medical records abstraction.
14	Workflow capability	The system should include support for customizable workflows by user-defined classification, Including deficiency alerts and response management utilities.
15	Environmental management	The system should include full environmental management capabilities including infection tracking and control utilities.
16	Customer satisfaction and grievance support	The system should support collection of customer/patient satisfaction and/or grievances.
17	Visitation tracking support	The system should support the ability to track visitations to patients and residents, including visitor identification and visitation history and patient-approved visitor lists.
18	Resident property support	The system should support the ability to catalog and identify the locale of resident/patient personal property.
Clinical Requirements		

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#	Item	Detail
19	Clinical data repository	The system should include a comprehensive clinical data repository, including support for entry and storage of physical/medical and mental/behavioral diagnoses; tracking of all medical and other order placements and treatment plans; multimedia support (text, graphics, images, including patient picture ID); medical imaging storage; and inpatient and outpatient support.
20	Multi-disciplinary treatment plan and assessment support	The system should support global and discipline-specific treatment plans, as well as screenings, assessments, and evaluations (standard guidelines and protocols throughout), including interfaces and functionality appropriate for nurses, nurse practitioners, physicians; psychologists; psychiatrists; psychosocial evaluation; social worker; case management; dietary; physical therapy; rehabilitation services; and criminal justice related input.
21	Order placement	The system should support multi-disciplinary online order entry and tracking with customizable rules, layout, entry, prompts, and reporting/queries. This should include medication and prescription ordering for inpatients and outpatients; support for a patient order profile; support for user defined templates; customizable order structures or groupings and line items; support for approval protocols (multiple signatures, senior signatures); and appropriate ancillary notifications (e.g., a physician order notifies responsible nurse).
22	Medication tracking and associated charting support	The system should include comprehensive Medication Administration Record (MAR); Medication Exception Record (MER); and related dosage, schedule, and charting support.
23	Clinical decision support	The system should entail industry standard clinical decision support functionality. Evidenced based practices are increasingly important, for reasons of care efficacy, care standardization, consistency of quality, and cost management. The solution should enable this through provided clinical decision support and by providing the ability for us to implement our own clinical decision support.
24	Patient charting support	The system should include full support for patient charting, including customizable multi-disciplinary charting and assessment forms; progress notes and flow sheets (e.g., restraint, seclusion, diabetic, vital signs); charting against treatment plans; inputs and outputs; and trend analysis according to user defined time periods with graphical and tabular display capability.
25	Patient education support	The system should support tracking of patient education, such as completion of medication awareness course or other required rehabilitative services, including patient confirmation of receipt of information via electronic signature.
26	Medical coding support	The system should include comprehensive medical coding support with cross walking and cross-referencing capabilities for the latest releases and all historic iterations of ICD (v. 10 and prior), DSM (v. 5 and prior), DRG, HCPCS, and CPT. The coding system should also support further user-defined customization to append codes as necessary for further classification as needed to support various unit functions.
27	Patient problem list and case management support	The system should include case management and patient problem list functionality, including multi-disciplinary work lists and coverage lists for on-call or covering physicians. This system should also support confidential communication (both code and comment fields); monitoring and notices of patient and/or physician risk factors and significant events (potential for violence, suicide, etc.); restraint and seclusion logs; and drug, dietary, or environmental allergies (as indicated in the alerts requirement).

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#	Item	Detail
28	Lab and other results reporting	The system should include comprehensive support for entry, import, tracking and reporting of order results, including lab and all other standard medical (e.g., EKG, or radiological) or mental health related (psychological assessments) orders.
29	Medical transcription	The system should provide support for medical transcription.
30	Incident management	The system should support the ability to classify and track incidents by customizable levels of classification, with associated tracking, flags, and notifications to ensure appropriate treatment and response.
Business Office Requirements		
31	Business office support	<p>The system should include comprehensive business function support, including patient history, with eligibility and authorization functionality; insurance processing/provider claims and charge capture; interface with diagnosis and procedure codes; and accounts receivable tracking and aging reports.</p> <p>The system should include automated online collection functions; history, and follow-up alerts; statement generation; billing and procedure entry; payment posting; manual and electronic payment support; voids; re-bills; sliding fees, copays, exceptions; and electronic claims; claim error and exceptions tracking. Finally, business office functionality should also include support for reclassifications (change in eligible payer); write-offs; adjustments to amounts for services and tracking of rationale; and summary and drill down utilities and capabilities for all financial information.</p>
32	Admission, Discharge, Transfer functionality	The system should support all Admission, Discharge, and Transfer (ADT) functions, including pre-admission, rapid/quick registration, discharge planning, and external referrals; support for anonymous/unidentified persons; identification of barriers to discharge; referencing against the Master Patient Index to prevent duplication of records and avoid unnecessary re-entry of data; as well as all payer setup necessities.
33	Patient classification and acuity support	The system should support user defined patient care indicators and associated required resources (e.g., the number of staff required to support activities by type, based on acuity); automatic acuity classification based on defined indicators; resource, staffing, and budget estimations based on patient acuity; multiple levels of patient classification (e.g., program level/multi-disciplinary, acuity/nursing staff, observation level by risk or safety factors/psychiatric or other treatment staff; acuity and other classification data trending capability; support for assorted commitment status and discharge classifications
34	Patient census and resource availability support	The system should allow the determination of the location and status of patients at all times as well as availability of resources, such as rooms/beds based on admissions and discharge activity.
35	Legal support	The system should include capacity to support tracking of patients through the legal system, including identification of legal status and support for a catalog of associated legal status definitions. This should encompass tracking for criminal charges; legal action calendars; court appearance date tracking; medication court support; maintenance of court orders and assignments; attorney information; and patient declared restrictions of information (what can be shared with whom). This should also include tracking for jurisdiction and judge assignments; and subpoena and other legal document storage, as well as support and tracking for legal guardians/advocates and associated consent requirements; as well as support for advanced directives for patients.

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#	Item	Detail
36	Utilization management/review	The system should provide full support for utilization review including an interface between pre-authorizations, continued stay authorizations, and treatment plan information to streamline submission of supporting documentation required by the utilization review or managed care organization.
37	Staff management and classification support (practice management)	The system should include full staff/practice management capabilities, including staffing counts by discipline and customization to track specific incidences and flags by staff member, such as AMA (Against Medical Assignment); LWOT (Leave Without Treatment), LOS (Length of Stay), activity, and admits.
38	Staff, resource, and patient/resident scheduling support	The system should include comprehensive scheduling capabilities for staff, residents, and resources, including creation and management of appointments, on-demand schedule summaries as well notification of conflicts and accompanying resolution procedures. (For example, resident transport could entail scheduling of vehicles, clinical staff; and security staff across multiple facilities.)
39	Resident banking services	The system should support or interact with banking services provided for residents.
40	Resident canteen services	The system should support or interact with canteen services for residents, such as interfaces with dietary.
Technical Requirements		
41	Reliability, Availability, and Serviceability and Data Loss Prevention	<p>The system should guarantee uptimes by function according to industry standards. Pharmacy, dietary, and laboratory systems must remain accessible 24/7 with built-in redundancy. Scheduled maintenance, patches, upgrades, and new release integration should require minimal time, effort, or downtime.</p> <p>The system should provide industry standard safeguards to prevent loss of and ensure ongoing access to information.</p>
42	Interoperability and interface support	<p>The system should be compliant with HL7 standards for interoperability. If your solution does not include an integrated pharmacy or laboratory solution, it support the ability to interface with MEDICS Pharmacy IS and ClinLab Laboratory IS, respectively.</p> <p>The system should also support receipt of external documents and records, delivery of documents to external parties/systems; compatibility with Health Information Exchange (HIE) and community primary care provider EHRs and have comprehensive HL7 compliant import and export capabilities.</p>
43	User access, account provisioning, and security	<p>The system should support online access for internal and external users, including patients. The accounts should be compatible with Active Directory or Lightweight Directory Access Protocol (LDAP) provisioning services. The scope of access should be defined by user group and should support access to specific patient information according to staff responsibility and/or team assignment.</p> <p>The system should have appropriate form and field security; ; compliance with HIPAA and all other relevant federal and state laws regarding information security (sufficient safeguards against common network vulnerabilities; login monitoring and control against concurrent logins; alerts regarding inappropriate file access; etc.)</p>

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#	Item	Detail
44	Technical environment	<p>The system must be web-based and use a Windows or Linux server based application; using the latest MS SQL database version and must rely on current industry standard coding/languages for programming. It must be accessible to end users through the Department standard browser.</p> <p>If an on-premise solution, it must fit within our enterprise technology standards and enable functionality required by our IS area. This includes (but is not limited to) database access, support of standard reporting tools, support of standard query tools, support of vendor provided forms tools, support of custom forms development and associated processing, role-based security provisioning, development of role-based solution views, and dashboards with applicable drill-ins.</p> <p>The solution should readily allow direct access to all databases and data by authorized users. The scope of access should entail the ability for IT staff to develop processes that may update the databases.</p>
45	Device support	<p>The system should provide comprehensive support for and compatibility with desktop and mobile devices, browsers, and associated operating systems. However, full system functionality must be available with or without mobile device hardware.</p>

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B. SAMH OITS Applications List

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	DR (Y/N)	Supported?	App (Y/N)
FSH	Administrators Daily Report	ASP	Microsoft SQL 2017	FSH: Analysis tool of daily operations throughout hospital	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Alternative Environments	ASP	Microsoft SQL 2017	FSH: Living environment alternative preferences	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Aramark Employee Tracking	ASP	Microsoft SQL 2017	FSH: Manage contract employees from Aramark	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Authorized Visitors	ASP	Microsoft SQL 2017	FSH: Records residents authorized visitors.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Banking-FSH	.NET	Microsoft SQL 2017	FSH: Resident banking	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Canteen POS	ASP	Microsoft SQL 2017	FSH: Tracks Resident Canteen Inventory and Sales	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Chart Selector	ASP	Microsoft SQL 2017	FSH: Randomly selects resident charts for nursing review.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Clinical Debriefing	ASP	Microsoft SQL 2017	FSH: Clinical debriefing information used by recovery planning	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Clinical Risk Assessment	ASP	Microsoft SQL 2017	FSH: Electronic Clinical Risk Assessment Tool	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	ClinLab-FSH	proprietary	Advantage Database Server 12	FSH: Clinlab application used for laboratory testing	FSHCLINLABPROD	Advantage Database Server 12	Windows Server 2019	Y	Y	Y
FSH	CMHC	COBOL	proprietary	FSH: Records resident demographics and tracks admissions, discharges, and transfers and 22 mainframe Resident data collections	CMHC_RISC	proprietary	AIX version: 05.01.0000.0035	Y	N	Y
FSH	Communications Log	ASP	Microsoft SQL 2017	FSH: Record of Ward events, observations, precautions, restrictions, etc.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Competency Evaluation	ASP	Microsoft SQL 2017	FSH: Electronic version of the Competency Evaluation Administration Record.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Competency Recovery System	ASP	Microsoft SQL 2017	FSH: Psychologists use it for manuals and competency training	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Computer Asset Tracker	ASP	Microsoft SQL 2017	FSH: Computer hardware inventory	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y

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Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	DR (Y/N)	Supported?	App (Y/N)
FSH	Consultation Referral Report	ASP	Microsoft SQL 2017	FSH: Electronic Referral Consults	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Court Reports Scheduler	ASP	Microsoft SQL 2017	FSH: Tracks/Schedules Resident Competency Evaluations	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Critical Event Report	ASP	Microsoft SQL 2017	FSH: Track Critical Events	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Dental	ASP	Microsoft SQL 2017	FSH: Patient dental scheduling	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Desk Files	ASP	Microsoft SQL 2017	FSH: Displays Resident-specific information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Desk Files Lite	ASP	Microsoft SQL 2017	FSH: External FSH Users Access to Resident Information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Discharge LOA Summary 916	ASP	Microsoft SQL 2017	FSH: Electronic Record of Discharge/LOA Summary for 916s	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Discharge Ready Checklist	ASP	Microsoft SQL 2017	FSH: Checklist for discharge readiness used by Social Services	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Discharge Receipt	ASP	Microsoft SQL 2017	FSH: Receipt of information used for discharging patients	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Discharge Summary Form - Civil	ASP	Microsoft SQL 2017	FSH: Electronic Record of Civil Discharge Summary	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Disclosure Tracking Log	ASP	Microsoft SQL 2017	FSH: Tracks requests for confidential information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Employee and Resident Search	ASP	Microsoft SQL 2017	FSH: Stakeholder patient search	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Employee Health-FSH	ASP	Microsoft SQL 2017	FSH: Records Employee Infection Control data.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	External Income	.NET	Microsoft SQL 2017	FSH: Resident Income management for residents.	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
FSH	Eye Clinic	ASP	Microsoft SQL 2017	FSH: Patient scheduling for eye clinic	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Face Sheet	ASP	Microsoft SQL 2017	FSH: Summary of patient information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Freedom of Movement	ASP	Microsoft SQL 2017	FSH: Tracks patient grounds privileges used by treatment team	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Functional Resource Assessment	ASP	Microsoft SQL 2017	FSH: Tool for capturing patient functional resource assessment	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y

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Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	DR (Y/N)	Supported?	App (Y/N)
FSH	Hard of Hearing Assessment	ASP	Microsoft SQL 2017	FSH: Records/tracks Hard of Hearing Resident assessments	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	HCS Clinicals-FSH	proprietary	Microsoft SQL 2017	FSH: medication administration and pharmacy software	FSHHCSPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Health and Human Services	ASP	Microsoft SQL 2017	FSH: Tracks medical devices provided for residents.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Health Information Services	ASP	Microsoft SQL 2017	FSH: Patient information management, bed management	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	High Risk Meeting Minutes	ASP	Microsoft SQL 2017	FSH: Provides electronic record of High-Risk Meeting.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	HR Employee Tracking	ASP	Microsoft SQL 2017	FSH: Employee information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Incident Reporting-FSH	ASP	Microsoft SQL 2017	FSH: Incident reporting application	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Inferring Personal Criteria	ASP	Microsoft SQL 2017	FSH: Inferring Personal Criteria	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Intranet-FSH	ASP	n/a	FSH: Internal Intranet	FSHWEBPROD	n/a	Windows Server 2019	Y	Y	Y
FSH	Language Preference	ASP	Microsoft SQL 2017	FSH: Electronic tracking of services for residents with limited English	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Living Environment Preferences	ASP	Microsoft SQL 2017	FSH: Patient living environment preferences	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Maladaptive Behaviors	ASP	Microsoft SQL 2017	FSH: Tracks/records resident maladaptive behaviors	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	MealSuite-FSH	proprietary	cloud	FSH: Food service and dietary application	cloud	cloud	cloud	Y	Y	Y
FSH	Medical Appointments	ASP	Microsoft SQL 2017	FSH: resident medical appointments	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Medical Appointments Dashboard	ASP	Microsoft SQL 2017	FSH: Dashboard for viewing medical appointments	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Medical Appointments Scheduler	ASP	Microsoft SQL 2017	FSH: Scheduling Suite for Medical Services inpatient and outpatient clinics	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Medical Psychiatric Note	ASP	Microsoft SQL 2017	FSH: Psychiatric progress notes	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Medical Services Daily Report	ASP	Microsoft SQL 2017	FSH: Concurrent Review for Resident in Medical Unit	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Monthly Nursing Progress Notes	ASP	Microsoft SQL 2017	FSH: Provides electronic version of Form 78	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y

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Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	DR (Y/N)	Supported?	App (Y/N)
FSH	Nursing Assessment Tool	.NET	Microsoft SQL 2017	FSH: manage COVID symptoms in residential population	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Ongoing Issues	ASP	Microsoft SQL 2017	FSH: Records and tracks residents issues	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Outpatient Clinic Schedule	ASP	Microsoft SQL 2017	FSH: Outpatient clinic scheduling in MSU	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Overall Resident Data	ASP	Microsoft SQL 2017	FSH: Resident data reports	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Patient Advocacy	ASP	Microsoft SQL 2017	FSH: Tracks resident complaints	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Patient Bed Assignment	ASP	Microsoft SQL 2017	FSH: Patient bed assignments	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Patient Injury Images	ASP	Microsoft SQL 2017	FSH: Images of resident injuries, identifying marks, scars, and tattoos	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Patient Locator	ASP	Microsoft SQL 2017	FSH: Electronic tracking of resident locations.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Patient Orientation Checklist	ASP	Microsoft SQL 2017	FSH: Electronic Record of Resident Orientation Checklist	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Personal Safety Plan	ASP	Microsoft SQL 2017	FSH: Tool used for patient de-escalation	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Phone Directory	ASP	Microsoft SQL 2017	FSH: telephone directory	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Physical Therapy	ASP	Microsoft SQL 2017	FSH: Physical therapy scheduling	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Physician Providers	ASP	Microsoft SQL 2017	FSH: List of physician providers	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Pre-Discharge Civil	ASP	Microsoft SQL 2017	FSH: Pre-discharge checklist	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Preferred Environment	ASP	Microsoft SQL 2017	FSH: Patient environmental preferences	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Pregnancy Tracking	ASP	Microsoft SQL 2017	FSH: Electronic tracking of residents that are pregnant	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Progress and Event Note	ASP	Microsoft SQL 2017	FSH: Patient progress and event notes	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Psychiatric Progress Note	ASP	Microsoft SQL 2017	FSH: Electronic Psychiatric Progress Note	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Psychology Caseload Manager	ASP	Microsoft SQL 2017	FSH: Tracks Caseload for psychologists/Schedules Resident's FARs evaluations	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Psychology Progress Note	ASP	Microsoft SQL 2017	FSH: Electronic Psychology Progress Note	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y

SCHEDULE IV-B FOR STATE MENTAL HEALTH TREATMENT FACILITY ELECTRONIC HEALTH RECORD IMPLEMENTATION

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	DR (Y/N)	Supported?	App (Y/N)
FSH	Readiness Assessment	ASP	Microsoft SQL 2017	FSH: Rehab services readiness assessment	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Recovery Plan	ASP	Microsoft SQL 2017	FSH: Electronic resident recovery plan	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Recovery Planning Scheduling	ASP	Microsoft SQL 2017	FSH: Schedules Recovery Plan Team Reviews	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Recovery Team Minutes	ASP	Microsoft SQL 2017	FSH: Electronic Recovery Team notes	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Rehab Services	ASP	Microsoft SQL 2017	FSH: Rehab services summary	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Rehab Skills Assessment	ASP	Microsoft SQL 2017	FSH: Tracks/records resident interests and skills.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Report of Contact	ASP	Microsoft SQL 2017	FSH: Record of patient contacts and associated information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Resident Schedules	ASP	Microsoft SQL 2017	FSH: Tracks and schedules resident services provided	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Respiratory	ASP	Microsoft SQL 2017	FSH: Patient scheduling respiratory therapist	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Security	ASP	Microsoft SQL 2017	FSH: Security application used for dispatch logs, resident information, and menu for other FSH applications.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Security Patient Incident	ASP	Microsoft SQL 2017	FSH: Security incident reporting application	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Service Attendance Rates	ASP	Microsoft SQL 2017	FSH: Tracks Resident Services Attendance	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Service Hours	ASP	Microsoft SQL 2017	FSH: Therapeutic service hours	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Service Provider Progress Note	ASP	Microsoft SQL 2017	FSH: Electronic version of the Service Provider Progress Note.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Services	ASP	Microsoft SQL 2017	FSH: Therapeutic service hours	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Social Services Progress Note	ASP	Microsoft SQL 2017	FSH: Electronic Social Services Progress Note	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Social Workers Caseload Manager	ASP	Microsoft SQL 2017	FSH: Tracks Resident Discharge Planning, Competency data and Caseload	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Staff Admission Note	ASP	Microsoft SQL 2017	FSH: Electronic Admission Note	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y

SCHEDULE IV-B FOR STATE MENTAL HEALTH TREATMENT FACILITY ELECTRONIC HEALTH RECORD IMPLEMENTATION

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	DR (Y/N)	Supported?	App (Y/N)
FSH	Staff Editor	ASP	Microsoft SQL 2017	FSH: Manage staff information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Status Discharge Bed Movement	ASP	Microsoft SQL 2017	FSH: Tracks Resident Discharge and Bed Movement Realtime	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Substance Abuse Use Screen	ASP	Microsoft SQL 2017	FSH: Substance abuse assessment	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Suggestions	ASP	Microsoft SQL 2017	FSH: Provides Executive Leadership avenue for employee suggestions and outcome tracking	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Telecommunications Phone System	ASP	Microsoft SQL 2017	FSH: Tracks Phone Numbers/Circuit Numbers	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	TouchPoint-FSH	proprietary	Microsoft SQL 2014	FSH: medication cart program	FSH-MEDDISP-SVR	Microsoft SQL 12	Windows Server 2019	Y	Y	Y
FSH	Transfer Plan	ASP	Microsoft SQL 2017	FSH: Resident transfer plan used by recovery team	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Transition Plan	ASP	Microsoft SQL 2017	FSH: Electronic Transition / Transfer Plan	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Transportation Calendar	ASP	Microsoft SQL 2017	FSH: Patient transportation scheduling	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Treatment Scheduling FSH	.NET	Microsoft SQL 2017	FSH: This application is used to schedule and track resident treatments including Individual, Group, Work, and Recreational treatments & appointments. A master treatment schedule is built in this application. Attendance rosters are automatically generated, and treatment providers track attendance with this application. Treatment teams set patient Grounds Access and record patient MRT (movement/risk/treatment) eligibility. This application contains numerous reports.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Unscheduled Absence	ASP	Microsoft SQL 2017	FSH: Tracks Employee Unscheduled Absences.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	Veritas Backup	proprietary	Microsoft SQL 2014	FSH: Server backup application	FSHBACKUP1	Microsoft SQL 12	Windows Server 2012	Y	Y	Y

SCHEDULE IV-B FOR STATE MENTAL HEALTH TREATMENT FACILITY ELECTRONIC HEALTH RECORD IMPLEMENTATION

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	DR (Y/N)	Supported?	App (Y/N)
FSH	Visual Preference	ASP	Microsoft SQL 2017	FSH: Electronic tracking of services for residents that are visually impaired.	FSHDATAProd	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	WebLab-FSH	proprietary	Microsoft SQL 2017	FSH: web-based laboratory interface, part of ClinLab	FSHDATAProd	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
FSH	X-Ray	ASP	Microsoft SQL 2017	FSH: Tracks/records X-Rays schedules	FSHDATAProd	Microsoft SQL 14	Windows Server 2019	Y	Y	Y
All	Active Directory Utility	WPF	n/a	MHTF: Query and manage Active Directory objects. Also used to maintain AD DLL used by various apps.	SCFMI310	n/a	Windows Server 2016	Y	Y	Y
All	Arcserve Backup	proprietary	Microsoft SQL 2014	MHTF: Facility server backup solution for NEFSH & NFETC, FSH in the future	NEFSHArcServe, NFETCArcServe	Microsoft SQL 12	Windows Server 2019	Y	Y	Y
All	Cardinal	proprietary	cloud	MHTF: Cardinal pharmacy application used for ordering and inventory management	cloud	cloud	cloud	Y	Y	Y
All	Document Management	WPF	Microsoft SQL 2017	MHTF: Manage, track, and report on documents (forms, policies, procedures, etc.).	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
All	Document Management Viewer	.NET	Microsoft SQL 2017	MHTF: Public web application used to view documents (forms, policies, procedures, etc.)	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
All	Facility Resources	WPF	Microsoft SQL 2017	MHTF: Used by staff to access resources, including network files & shares, documents, web applications, and various other applications. List is determined by AD roles/memberships.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
All	FASAMS Uploader	.NET	Microsoft SQL 2017	MHTF: Application used to query and upload data to SAMH FASAMS database via SFTP.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
All	File Share Management	WPF	n/a	MHTF: Manage file shares on network server.	SCFMI310	n/a	Windows Server 2016	Y	Y	Y
All	HCS-CIM FTP Interface	.NET	Microsoft SQL 2017	MHTF: used to move certain types of transaction information from HCS at each facility to the Cardinal Inventory Management system via FTP.	FSHDATAProd	Microsoft SQL 14	Windows Server 2019	Y	Y	N

SCHEDULE IV-B FOR STATE MENTAL HEALTH TREATMENT FACILITY ELECTRONIC HEALTH RECORD IMPLEMENTATION

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	DR (Y/N)	Supported?	App (Y/N)
All	ICD Lookup	.NET	Microsoft SQL 2017	MHTF: View and look up ICD 10 information.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
All	Kronos Time Keeping	proprietary	cloud	MHTF: Time keeping application used by DCF Facilities, now entirely cloud based	cloud	cloud	cloud	Y	Y	Y
All	Micromedex	proprietary	cloud	MHTF: drug information for clinicians	cloud	cloud	cloud	Y	Y	Y
NEFSH	Acteon	proprietary	proprietary	NEFSH: Acteon dental software	W5503ACTEON	proprietary	Windows 10 Pro	Y	Y	Y
NEFSH	Badge Pass	proprietary	Microsoft SQL 2014	NEFSH: Badger software	SCFMHFP001	Microsoft SQL 12	Windows Server 2012 R2	Y	Y	Y
NEFSH	Banking-NEFSH	.NET	Microsoft SQL 2017	NEFSH: Resident banking	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	ClinLab-NEFSH	proprietary	Advantage Database Server 12	NEFSH: Clinlab application used for lab testing	SCFMH305	Advantage Database Server 12	Windows Server 2016	Y	Y	Y
NEFSH	Clothing	.NET	Microsoft SQL 2017	NEFSH: Tracks clothing issuance to residents and maintains inventory of clothing items.	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	HCS Clinicals-NEFSH	proprietary	Microsoft SQL 2017	NEFSH: Medication administration application	SCFMH303	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	Incident Reporting Training	.NET	Microsoft SQL 2017	NEFSH: Incident Reports training	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	Incident Reporting-NEFSH	.NET	Microsoft SQL 2017	NEFSH: Allows staff to submit incident reports at NEFSH based on current procedures using a web interface and enabling the process to be managed by nurses, supervisors, and Risk Management. Medication variances are also incidents captured in this system.	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	Infection Control Resident	.NET	Microsoft SQL 2017	NEFSH: Manage testing and result for residents. Resident tests include PPD, X-ray, Hepatitis, Vaccination, STD, other diseases, HIV, and appointments.	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	Infection Control Staff	.NET	Microsoft SQL 2017	NEFSH: This application is for the maintenance of state and federally required	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y

SCHEDULE IV-B FOR STATE MENTAL HEALTH TREATMENT FACILITY ELECTRONIC HEALTH RECORD IMPLEMENTATION

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	DR (Y/N)	Supported?	App (Y/N)
				information regarding staff infectious disease status and training.						
NEFSH	Intranet-NEFSH	.NET	Microsoft SQL 2017	NEFSH: Intranet is used by staff to access information and resources.	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	MealSuite-NEFSH	proprietary	cloud	NEFSH: Food service and dietary application	cloud	cloud	cloud	Y	Y	Y
NEFSH	MedDispense	proprietary	Microsoft SQL 2016	NEFSH: Medication cart application	SCFMH306	Microsoft SQL 13	Windows Server 2016	Y	Y	Y
NEFSH	Pass and Tag	.NET	Microsoft SQL 2017	NEFSH: This system tracks the assignment of security decals to staff vehicles.	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	Patient Information Access NEFSH	.NET	Microsoft SQL 2017	NEFSH: Manage admission, discharges, summaries, diagnoses, and other facets of the residents' treatment.	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	Patient Information NEFSH	.NET	Microsoft SQL 2017	NEFSH: Displays core resident demographic data along with frequently queried reports including the Face Sheet report.	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	Patient Information Security	.NET	Microsoft SQL 2017	NEFSH: Provides members of the Security department with access to basic resident demographic information and photos. Provides a dashboard in which users create Security Activity Reports, add their narratives to assigned reports, approve or decline reports submitted to them. Utilizes email notifications. Provides reports for Security staff.	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	Staff Information-NEFSH	.NET	Microsoft SQL 2017	NEFSH: This is a staff tracking application that has data elements not available in the People First data warehouse.	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	Treatment Scheduling NEFSH	.NET	Microsoft SQL 2017	NEFSH: This application is used to schedule and track resident treatments including Individual, Group, Work, and Recreational	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y

SCHEDULE IV-B FOR STATE MENTAL HEALTH TREATMENT FACILITY ELECTRONIC HEALTH RECORD IMPLEMENTATION

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	DR (Y/N)	Supported?	App (Y/N)
				treatments & appointments. A master treatment schedule is built in this application. Attendance rosters are automatically generated, and treatment providers track attendance with this application. Treatment teams set patient Grounds Access and record patient MRT (movement/risk/treatment) eligibility. This application contains numerous reports.						
NEFSH	WebLab-NEFSH	proprietary	Microsoft SQL 2017	NEFSH: web-based laboratory interface, part of ClinLab	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NEFSH	Xmaru View V1	proprietary	proprietary	NEFSH: Radiology PACS software	Desktop-GN7SR7L	proprietary	Windows 10 Pro	N	Y	Y
NFETC	24 Hour Nursing Report	Microsoft Access 2016	Microsoft Access 2016	NFETC: Communicate information between nursing shifts	SCFMI311	Microsoft Access 2016	Windows Server 2016	Y	Y	Y
NFETC	Acute Care Entry	Microsoft Access 2016	Microsoft SQL 2017	NFETC: Manage, track, and report intensive interventions (seclusion, restraints, 1:1, 2:1, GO).	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NFETC	Acute Care Info	Microsoft Access 2016	Microsoft SQL 2017	NFETC: Displays and provides reports on intensive interventions (seclusion, restraints, 1:1, 2:1, GO).	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NFETC	BacTalk	proprietary	proprietary	NFETC: AC controller software	SCFMI906	proprietary	Windows Server 2012 R2	Y	Y	Y
NFETC	Banking-NFETC	.NET	Microsoft SQL 2017	NFETC: Resident banking	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NFETC	Canteen and Shop	Microsoft Access 2016	Microsoft Access 2016	NFETC: Manage canteen and shop inventories and transactions.	SCFMI311	Microsoft Access 2016	Windows Server 2016	Y	Y	Y
NFETC	Chart Audits	Microsoft Access 2016	Microsoft Access 2016	NFETC: Document and remediate chart deficiencies.	SCFMI311	Microsoft Access 2016	Windows Server 2016	Y	Y	Y
NFETC	Court	Microsoft Access 2016	Microsoft Access 2016	NFETC: Schedule and communicate medication court hearing info	SCFMI311	Microsoft Access 2016	Windows Server 2016	Y	Y	Y
NFETC	Employee Health-NFETC	Microsoft Access 2016	Microsoft Access 2016	NFETC: Used to manage PPD administration and results	SCFMI311	Microsoft Access 2016	Windows Server 2016	Y	Y	Y

SCHEDULE IV-B FOR STATE MENTAL HEALTH TREATMENT FACILITY ELECTRONIC HEALTH RECORD IMPLEMENTATION

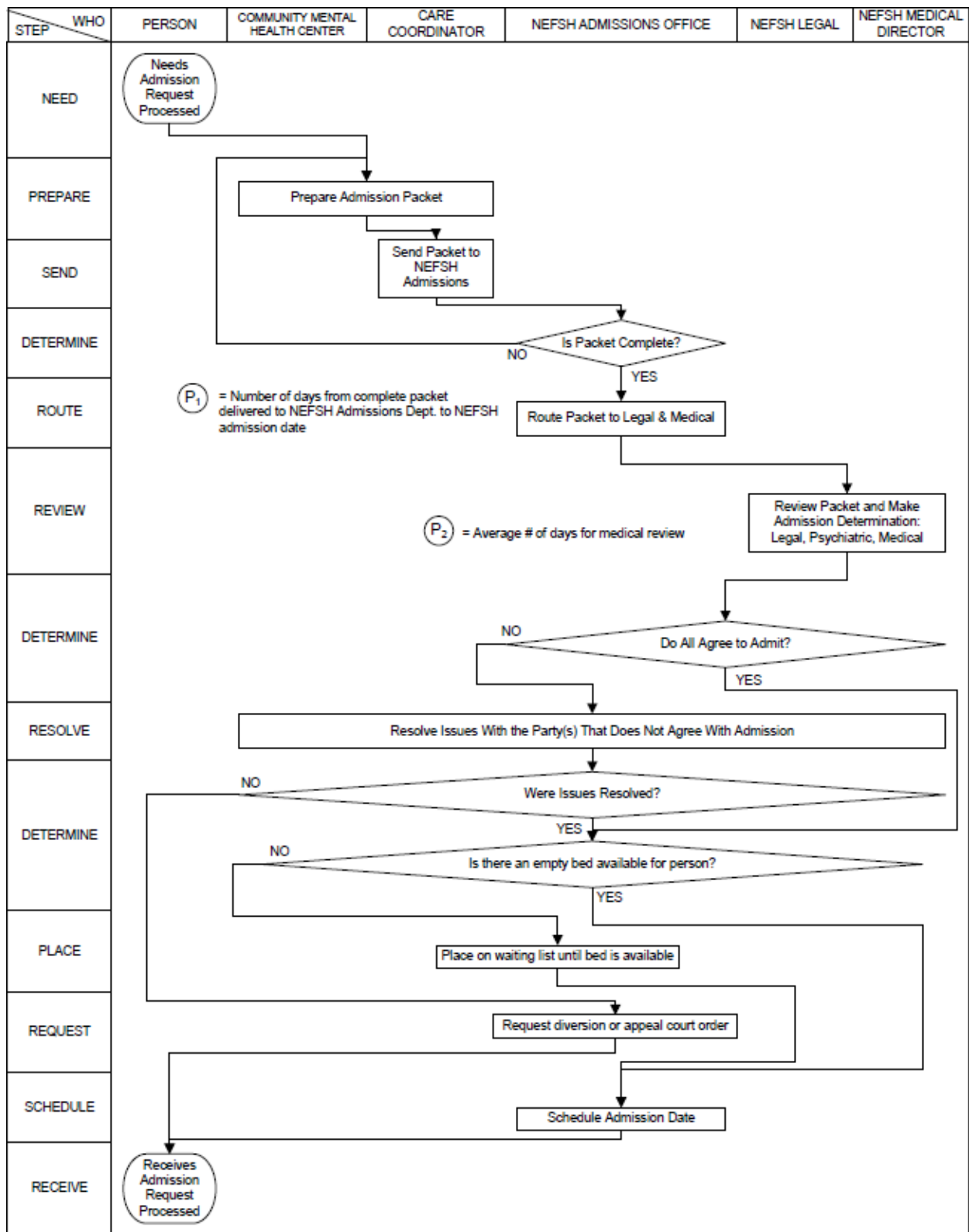
Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	DR (Y/N)	Supported?	App (Y/N)
NFETC	HCS Clinicals-NFETC	proprietary	Microsoft SQL 2017	NFETC: ePharmacy and eMAR application	SCFMI304	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NFETC	Incident Reporting-NFETC	Microsoft Access 2016	Microsoft SQL 2017	NFETC: Incident reports for staff at NFETC.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NFETC	InfoSys	Microsoft Access 2016	Microsoft SQL 2017	NFETC: Manage admissions, discharges, summaries, diagnoses, and all other facets of medical record.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NFETC	Intranet-NFETC	.NET	n/a	NFETC: Intranet is used by staff to access information and resources.	SCFMI310	n/a	Windows Server 2016	Y	Y	Y
NFETC	Investigations	Microsoft Access 2016	Microsoft Access 2016	NFETC: Incident tracking and reporting.	SCFMI311	Microsoft Access 2016	Windows Server 2016	Y	Y	Y
NFETC	Keywatcher	proprietary	Microsoft SQL 2014	NFETC: Keywatcher application	SCFMI306	Microsoft SQL 12	Windows Server 2016	Y	Y	Y
NFETC	MealSuite-NFETC	proprietary	cloud	NFETC: Food service and dietary application	cloud	cloud	cloud	Y	Y	Y
NFETC	Medical Appointments	Microsoft Access 2016	Microsoft Access 2016	NFETC: Tracks outside medical appointments for residents as well as billing and information.	SCFMI311	Microsoft Access 2016	Windows Server 2016	Y	Y	Y
NFETC	Movement Counts	Microsoft Access 2016	Microsoft SQL 2017	NFETC: Track resident admissions, discharges, movements, & counts.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NFETC	Patient Information Staff	Microsoft Access 2016	Microsoft SQL 2017	NFETC: Displays resident information for general staff.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NFETC	Patient Property	Microsoft Access 2016	Microsoft Access 2016	NFETC: Manage resident property from admission to discharge.	SCFMI311	Microsoft Access 2016	Windows Server 2016	Y	Y	Y
NFETC	Pedestrian	Microsoft Access 2016	Microsoft Access 2016	NFETC: Track outside visitors when in secure area	SCFMI311	Microsoft Access 2016	Windows Server 2016	Y	Y	Y
NFETC	Q-Audit	Microsoft Access 2016	Microsoft Access 2016	NFETC: Deficiency audits for quality management.	SCFMI311	Microsoft Access 2016	Windows Server 2016	Y	Y	Y
NFETC	QuickBooks	proprietary	proprietary	NFETC: Accounting software	SCFMI904	proprietary	Windows Server 2016	Y	Y	Y
NFETC	Resident Property Reports	Microsoft Access 2016	Microsoft Access 2016	NFETC: Viewing and reporting interface for resident property	SCFMI311	Microsoft Access 2016		Y	Y	Y
NFETC	SAMHIS File Generator	WPF	Microsoft SQL 2017	NFETC: Used to generate files uploaded to the Data Warehouse.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NFETC	Security Master Log	Microsoft Access 2016	Microsoft SQL 2017	NFETC: Manage event reporting across facility.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y

SCHEDULE IV-B FOR STATE MENTAL HEALTH TREATMENT FACILITY ELECTRONIC HEALTH RECORD IMPLEMENTATION

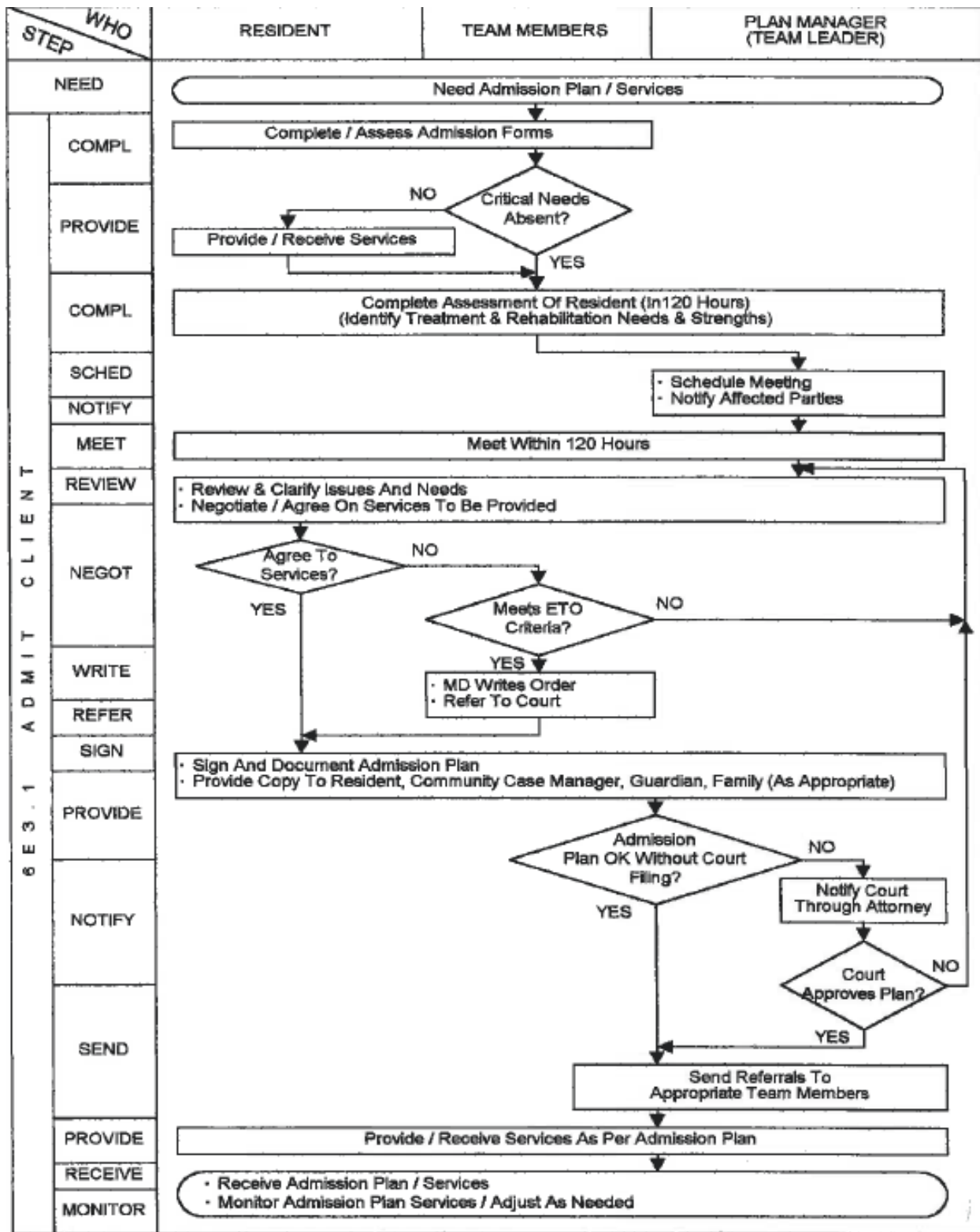
Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	DR (Y/N)	Supported?	App (Y/N)
NFETC	Staff Information-NFETC	Microsoft Access 2016	Microsoft SQL 2017	NFETC: Manage NFETC employee information needed by local databases.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NFETC	Summary Management	.NET	Microsoft SQL 2017	NFETC: Manage summary processing from admission to discharge.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y
NFETC	TouchPoint-NFETC	proprietary	Microsoft SQL 2014	NFETC: medication cart software	SCFMI302	Microsoft SQL 12	Windows Server 2012 R2	Y	Y	Y
NFETC	Treatment Scheduling NFETC	.NET	Microsoft SQL 2017	NFETC: This application is used to schedule and track resident treatments including Individual, Group, Work, and Recreational treatments & appointments. A master treatment schedule is built in this application. Attendance rosters are automatically generated, and treatment providers track attendance with this application. Treatment teams set patient Grounds Access and record patient MRT (movement/risk/treatment) eligibility. This application contains numerous reports.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y	Y	Y

C. Admission Process Flow Chart

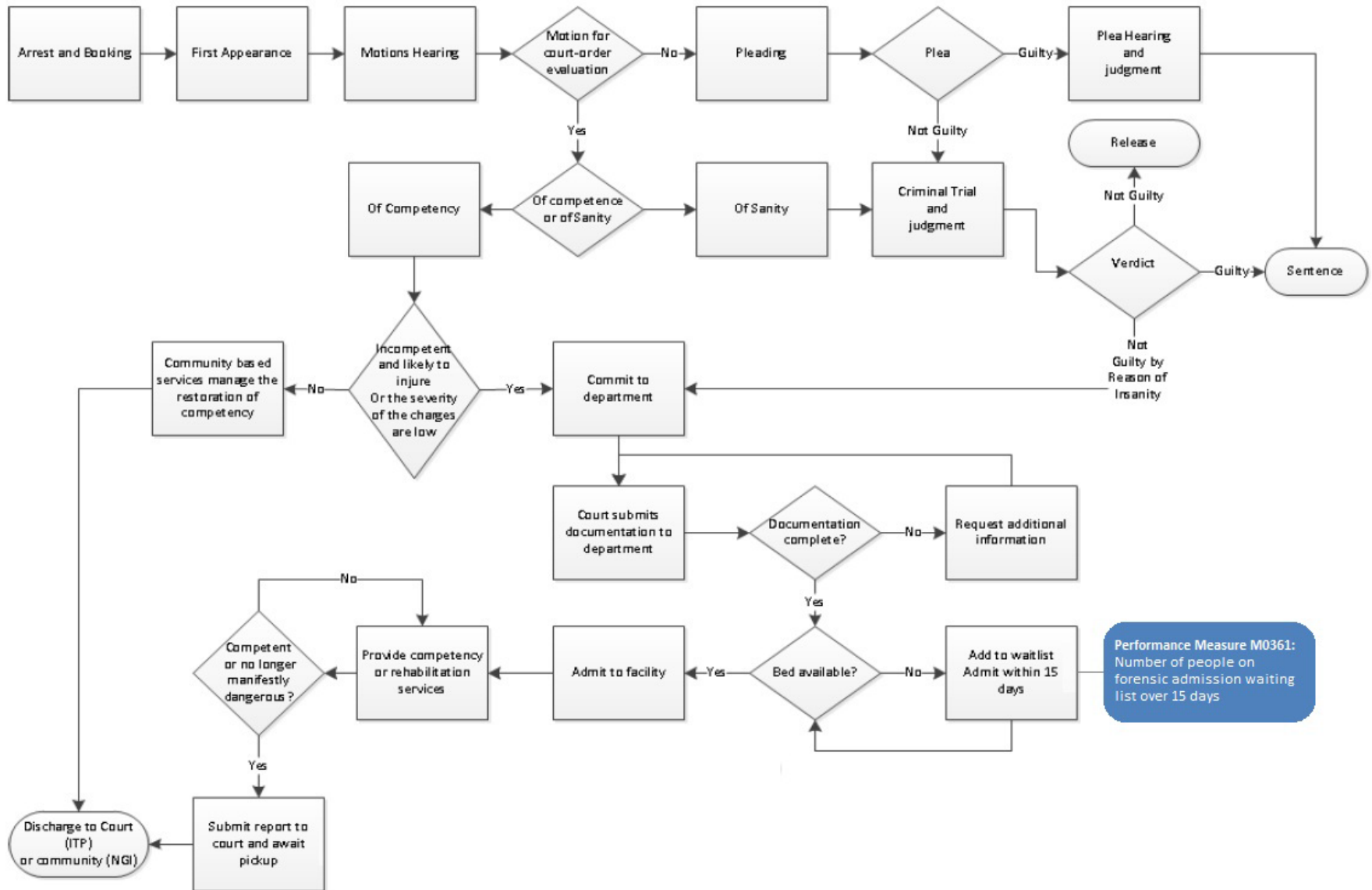
1. Northeast Florida State Hospital Admission



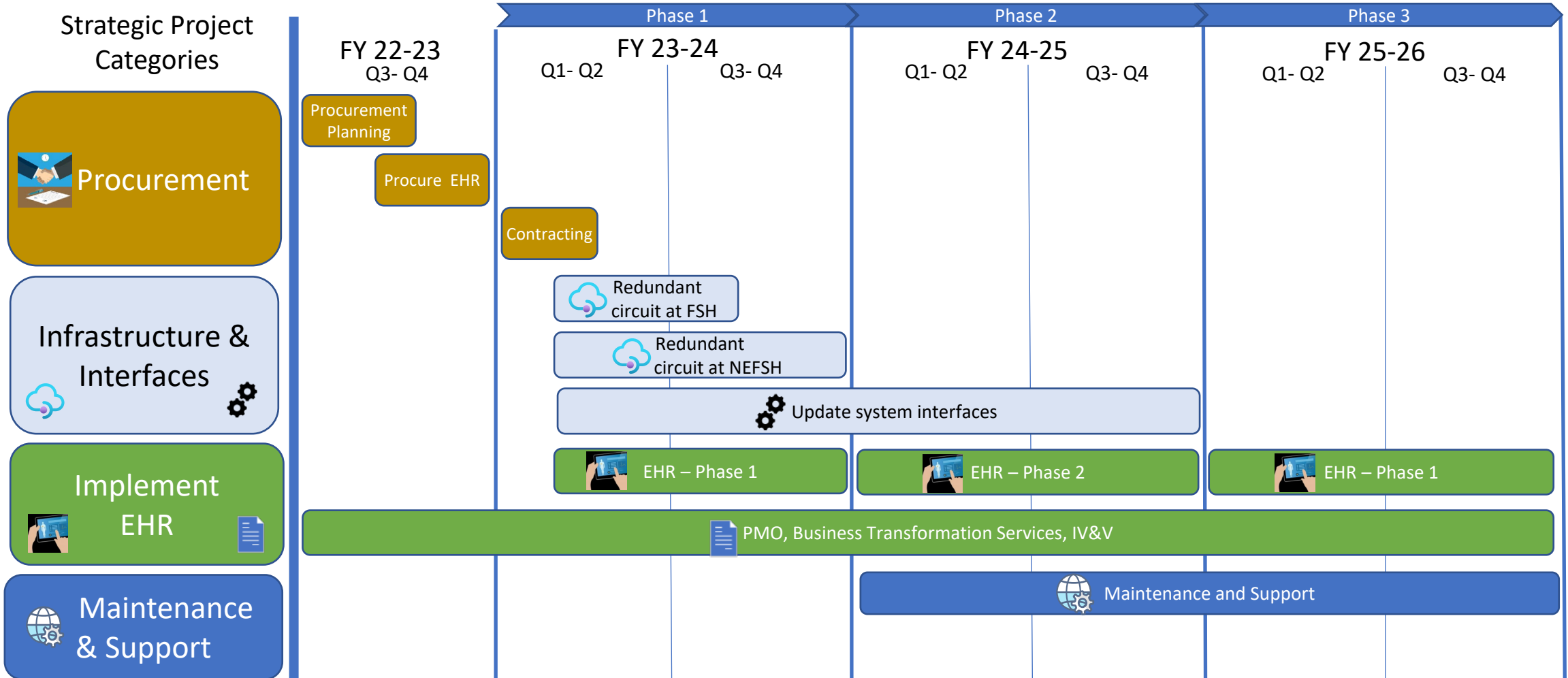
2. Florida State Hospital Admission



D. FSH Forensic Process Flow Map



EHR Strategic Roadmap



SCHEDULE VI: DETAIL OF DEBT SERVICE

Department: Children and Families **Budget Period 2023 -2024**
Budget Entity: 60910506

(1)	(2)	(3)	(4)
SECTION I	ACTUAL FY 2021-2022	ESTIMATED FY 2022-2023	REQUEST FY 2023-2024
Interest on Debt	(A) \$ 1,950,593.47	\$ 1,699,000.00	\$ 1,434,250.00
Principal	(B) \$ 4,905,000.00	\$ 5,160,000.00	\$ 5,430,000.00
Repayment of Loans	(C)		
Fiscal Agent or Other Fees	(D) \$ 11,114.79	\$ 12,000.00	\$ 12,000.00
Other Debt Service	(E)		
Total Debt Service	(F) \$ 6,866,708.26	\$ 6,871,000.00	\$ 6,876,250.00

Explanation: South Florida Evaluation Treatment Center COP - 2021A(\$12,945,000.00)
Florida Civit Commitment Center COP - 2021B (\$28,520,000.00)

SECTION II

ISSUE: South Florida Evaluation Treatment Center COP - 2021A(\$12,945,000.00)

(1)	(2)	(3)	(4)	(5)
INTEREST RATE	MATURITY DATE	ISSUE AMOUNT	30-Jun-23	30-Jun-24
5%	10/1/2025	\$ 12,945,000.00	\$ 8,155,000.00	\$ 5,570,000.00

(6)	(7)	(8)	(9)
	ACTUAL FY 2021-2022	ESTIMATED FY 2022-2023	REQUEST FY 2023-2024
Interest on Debt	(G) \$ 588,853.70	\$ 469,125.00	\$ 343,125.00
Principal	(H) \$ 2,335,000.00	\$ 2,455,000.00	\$ 2,585,000.00
Fiscal Agent or Other Fees	(I) \$ 4,040.63	\$ 5,000.00	\$ 5,000.00
Other	(J)		
Total Debt Service	(K) \$ 2,927,894.33	\$ 2,929,125.00	\$ 2,933,125.00

ISSUE: Florida Civil Commitment Center COP - 2021B (\$28,520,000.00)

INTEREST RATE	MATURITY DATE	ISSUE AMOUNT	30-Jun-23	30-Jun-24
5%	10/1/2029	\$28,520,000.00	\$ 23,245,000.00	\$ 20,400,000.00

	ACTUAL FY 2021-2022	ESTIMATED FY 2022-2023	REQUEST FY 2023-2024
Interest on Debt	(G) \$ 1,361,739.77	\$ 1,229,875.00	\$ 1,091,125.00
Principal	(H) \$ 2,570,000.00	\$ 2,705,000.00	\$ 2,845,000.00
Fiscal Agent or Other Fees	(I) \$ 7,074.16	\$ 7,000.00	\$ 7,000.00
Other	(J)		
Total Debt Service	(K) \$ 3,938,813.93	\$ 3,941,875.00	\$ 3,943,125.00

DIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: Children and Families

Chief Internal Auditor: Steven Meredith

Budget Entity: _____

Phone Number: (850) 717-4167

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
Internal Audit A-1819DCF-043	3-Dec-21	Office of Administrative Services - Financial Services - Revenue Management and Partner Compliance	<p>Finding 1: A real or apparent conflict of interest arose when Partnership for Strong Families, Inc. (PSF) created Service Management Solutions for Children, Inc. (SMS), a separate but related entity, and entered a non-competitively procured agreement whereby SMS provides management and administrative services to PSF.</p> <p>Recommendation 1: We recommend that the Assistant Secretary for Administration, in conjunction with the General Counsel, take the following actions:</p> <ul style="list-style-type: none"> o Consider implementing a policy that contractually prohibits a Department contract provider from awarding Department funds to an entity that is related to the Department contract provider, through common ownership or management. This would include related entities such as a parent, affiliate, or subsidiary of the Department contract provider; o Consider implementing a policy requiring Department contract providers to submit justification for and receive written approval from the Department prior to awarding Department funds through a non-competitive and o Verify that existing service contracts have been amended to reflect the written Department approval requirements for subcontracts that went into effect May 9, 2019. 	<p>Partially Implemented</p> <p>The Department has included the requirements in the currently active Managing Entity contracts.</p> <p>The Department is working to execute amendments for the Community Based Care (CBC) Lead Agency contracts to add contractual language which further addresses conflicts of interest. These amendments will also address the requirement for providers to receive written approval from the Department prior to awarding Department funds through a non-competitive process, for all awards exceeding \$65,000. As of September 1, 2022, the Department has revised some of the [contract] language and resubmitted to the CBC [lead agencies].</p> <p>As of September 1, 2022, the Department has selected a forensic accountant with CPA credentials. The Department is in discussions to determine how many [CBC lead agencies] will be audited each year.</p>	

<p>Internal Audit A-1819DCF-043</p>	<p>3-Dec-21</p>	<p>Office of Administrative Services - Financial Services - Revenue Management and Partner Compliance</p>	<p>Finding #2 A real or apparent conflict of interest arose when Big Bend Community Based Care, Inc. (BBCBC) created NWF Partnership for Better Communities, Inc. (NWF Partnership), a separate but related entity, and entered a non-competitively procured agreement whereby, NWF Partnership provides management and administrative services to BBCBC.</p> <p>Recommendation #2 We recommend that the Assistant Secretary for Administration, in conjunction with the General Counsel, take the following actions:</p> <ul style="list-style-type: none"> o Consider implementing a policy that contractually prohibits a Department contract provider from awarding Department funds to an entity that is related to the Department contract provider, through common ownership or management. This would include related entities such as a parent, affiliate, or subsidiary of the Department contract provider; o Consider implementing a policy requiring Department contract providers to submit justification for and receive written approval from the Department prior to awarding exceeds purchasing Category Three (\$65,000); and o Verify that existing service contracts have been amended to reflect the written Department approval requirements for subcontracts that 	<p>Partially Implemented Policy requirements will be implemented in the Office of Contracted Client Services Playbook (Playbook). As of September 1, 2022, Playbook updates are still being reviewed.</p>	
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Internal Audit A-1819DCF-043	3-Dec-21	Office of Administrative Services - Financial Services - Revenue Management and Partner Compliance	<p>Finding #3</p> <p>During the fiscal year ended June 30, 2018, Eckerd Youth Alternatives, Inc. (d/b/a Eckerd Connects) forgave approximately \$2.5 million in debt owed by its subsidiary, Paxen, LLC. In the same fiscal year, Eckerd Connects received approximately \$7.5 million in "Back of the Bill" funding from the Department to offset financial operating deficits.</p> <p>Recommendation #3</p> <p>To ensure that additional funding to contract providers, such as "Back of the Bill" or risk pool funding, is used for the purpose intended, we recommend the Assistant Secretary for Administration enhance the protocol for evaluating the financial needs of a contract provider to include the following:</p> <ul style="list-style-type: none"> o If the contract provider has related entities that are included in its consolidated financial statements, evaluate the contract provider in total and consider the impact of the related entities on the contract provider's need for additional funding; o Review the contract provider's audited contract provider's need for additional funding; o To the extent possible, base decisions on the most current audited financial statements, rather than preliminary or projected financial data; and o When issued, review the audited financial statements for the fiscal year in which the additional funding was awarded to ensure that the additional funding was justified and that any unexpended funding is accounted for and, as necessary, returned to the Department. 	Fully Implemented [The Office of CBC/ME Financial Accountability] has reviewed it's monitoring tools and added additional tests related to this recommendation and will add more tests in the FY 22-23 monitoring tool.	
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Internal Audit A-1819DCF-087	16-Feb-22	Office of Administrative Services - Financial Services - Revenue Management and Partner Compliance	<p>Finding #1 Eight of 17 lead agencies directly provided more than 35% of all child welfare services.</p> <p>Recommendation #1 We recommend the Office of CBC/ME Financial Accountability, in conjunction with the Office of Child Welfare, consistently monitor CBC lead agencies and, where appropriate, recommend corrective action to ensure compliance with §409.988(1)(j), Florida</p>	<p>Partially implemented The Office of CBC/ME Financial Accountability is prepared to implement the monitoring actions identified in their response once new CFOP 170-16, <i>Child Welfare Administrative Functions</i>, Chapter 9, <i>Community Based Care Lead Agency Direct Services Exemption Process</i> has been implemented. (See status of Finding #2.)</p>	
Internal Audit A-1819DCF-087	16-Feb-22	Office of Administrative Services - Financial Services - Revenue Management and Partner Compliance	<p>Finding #2 The Department did not develop policy and procedures to approve or deny lead agency requests for exemptions from the direct services threshold.</p> <p>Recommendation #2 We recommend the Office of Child Welfare develop policy and procedures to review and, where appropriate, approve or deny lead agency requests to exceed the direct services threshold,</p>	<p>Partially Implemented Newly created CFOP 170-16, Ch 9, <i>Community Based Care Lead Agency Direct Services Exemption Process</i> has been routed and is under Chief of Staff review. The operating procedure will be implemented upon approval, anticipated by August 30, 2022.</p>	
Internal Audit A-2122DCF-018	9-May-22	Office of Administrative Services - Contracted Client Services	<p>Finding #1 The Department did not ensure contract information entered into FACTS was accurate, complete, and entered within 30-days after contract execution, as required by statute.</p> <p>Recommendation #1 Going forward, we recommend that the Assistant Secretary for Administration ensure the information entered into FACTS is accurate, complete, and timely in accordance with §</p>	<p>Partially Implemented We concur with the recommendation and provide greater context to the finding. Corrective action status TBD.</p>	

Internal Audit A-1920DCF-131	30-Jun-22	Office of Substance Abuse and Mental Health - State Mental Health Treatment Facilities	<p>Finding #1 Florida State Hospital (FSH) and Northeast Florida State Hospital (NEFSH) did not have surveillance cameras specifically positioned to view outside common areas. North Florida Evaluation Treatment Center (NFETC) lacked a surveillance camera in its controlled substance room, where narcotics are secured.</p> <p>Recommendation #1 We recommend that the Assistant Secretary for Substance Abuse and Mental Health (SAMH) determine the need for additional outside surveillance cameras at FSH and NEFSH to ensure resident and staff safety and security and to observe any disruptive or unauthorized behavior. We further recommend that the Assistant Secretary for SAMH consider</p>	<p>Partially Implemented We concur with the recommendation. The Chief Hospital Administrator (CHA) is working with each Hospital Administrator to finalize plans for equipment additions.</p> <p>We have prepared an initial legislative Budget Request (LBR) to address the specific recommendation provided by the DCF Office of Inspective General (OIG).</p> <p>Corrective action status TBD.</p>	
Internal Audit A-1920DCF-131	30-Jun-22	Office of Substance Abuse and Mental Health - State Mental Health Treatment Facilities	<p>Finding #2 Mental Health Treatment Facilities (MHTF) had limited outdoor lighting to safely illuminate campuses during darkness.</p> <p>Recommendation #2 We recommend that the Assistant Secretary for SAMH review the need for outdoor lighting at the MHTF to illuminate any hazardous conditions and provide sufficient lighting for video surveillance of incidents or disruptive</p>	<p>Partially Implemented We concur with the recommendation. Focusing on security camera expansion, the CHA is working with each of the 3 MHTF hospital administrators to finalize plans for equipment additions.</p> <p>We have prepared an initial LBR to address the specific recommendation provided by the DCF OIG.</p>	
Internal Audit A-1920DCF-131	30-Jun-22	Office of Substance Abuse and Mental Health - State Mental Health Treatment Facilities	<p>Finding #3 The FSH education building had no barriers to prevent residents from accessing a heavily trafficked road in front of the FSH facility.</p> <p>Recommendation #3 We recommend that the Assistant Secretary for SAMH consider installing suitable fencing at the FSH education building to provide for the safety and security of residents and staff.</p>	<p>Partially Implemented We concur in part with the recommendation. The CHA is working with each of the three MHTF Hospital Administrators to evaluate the fencing needs on each campus. We have prepared an initial LBR to address the specific recommendation provided by the DCF OIG.</p>	

Internal Audit A-1920DCF-131	30-Jun-22	Office of Substance Abuse and Mental Health - State Mental Health Treatment Facilities	<p>Finding #4 The FSH main entrance guard booth lacked a suitable barrier and adequate communication and electronic surveillance equipment.</p> <p>Recommendation #4 We recommend that the Assistant Secretary for SAMH consider installing hard wired telecommunication and video surveillance equipment to the FSH main entrance guard booth as well as a suitable barrier for safety.</p>	<p>Partially Implemented We concur with the recommendation. We have prepared an initial LBR to address the specific recommendation provided by the DCF OIG. These funds will be in addition to general revenue funds provided to each facility to perform routine maintenance on security system across all three campuses.</p>	
Auditor General 2022-189	2020-2021	Office of Information Technology - Information Security Services	<p>Finding 2021-058 Certain security controls related to user authentication for the FDCF network need confidentiality, integrity, and availability of Axiom Pro data and related information technology (IT) resources.</p> <p>We recommend that FDCF management improve certain security controls related to FDCF network user authentication to ensure the confidentiality integrity, and availability of Axiom Pro data and related IT resources.</p>	<p>Fully Corrected The Department will review current system functionality, software capabilities, and planned enhancement initiatives based on the analysis and final determination. The Department will document a position on implementing Multi-Factor Authentication (MFA) by September 30, 2022. The Department will also identify the financial and operational enforcement measures necessary to support the</p>	
Auditor General 2022-189	2020-2021	Office of Information Technology - Information Security Services	<p>Finding 2021-059 Certain security controls related to user authentication for the Grants and Other Revenue, Allocation and Tracking System (GRANTS) need improvement to ensure the confidentiality, integrity, and availbilty of GRANTS data and related information technology (IT) resources.</p> <p>We recommend that FDCF management improve certain security controls related to GRANTS user authentication to ensure the</p>	<p>Fully Corrected The Department concurs and will review current system functionality, software capabilities, and planned enhancement initiatives based on the analysis and final determination. The Department will document a position on implementing Multi- Factor Authentication (MFA) by September 30, 2022. The Department will also identify the financial and operational enforcment measures</p>	

Auditor General 2022-189	2020-2021	Office of Information Technology - Information Security Services	<p>Finding 2021-060 Certain security controls related to user authentication for the Florida Online Recipient Integrated Data Access (FLORIDA) system need improvement to ensure the confidentiality, integrity, and availability of FLORIDA system data and related information technology (IT) resources.</p> <p>We recommend that FDCF management improve certain security controls related to FLORIDA system user authentication to ensure the confidentiality, integrity, and availability of</p>	<p>Fully Corrected The Department will review current system functionality, software capabilities, and planned enhancement initiatives based on the analysis and final determination. The Department will document a position on implementing Multi-Factor Authentication (MFA) by September 30, 2022. The Department will also identify the financial and operational enforcement measures necessary to support the</p>	
Auditor General 2022-189	2020-2021	Office of Information Technology - Information Security Services	<p>Finding 2021-063 Certain security controls related to user authentication for the Automated Community Connection to Economic Self Sufficiency (ACCESS) Document Imaging (ADI) system need improvement to ensure the confidentiality, integrity, and availability of ADI system data and related information technology (IT) resources.</p> <p>We recommend that FDCF management improve certain security controls related to ADI system user authentication to ensure the</p>	<p>Fully Corrected The Department received additional clarification from the Auditor General that security controls that promote confidentiality, integrity, and availability of agency IT resources must be at the network or application level. The Department uses network-level security controls on the FDCF network, which requires users to authenticate before receiving authorization to access DCF-related IT resources. Based on the</p>	
Auditor General 2022-189	2020-2021	Office of Information Technology - Information Security Services	<p>Finding 2021-068 Certain security controls related to user authentication for the Integrated Benefit Recovery System (IBRS) need improvement to ensure the confidentiality, integrity, and availability of IBRS data and related information technology (IT) resources.</p> <p>We recommend that FDCF management improve certain security controls related to IBRS user authentication to ensure the confidentiality, integrity, and availability of IBRS system data and related IT resources.</p>	<p>Fully Corrected The Department received additional clarification from the Auditor General that security controls that promote confidentiality, integrity, and availability of agency IT resources must be at the network or application level. The Department uses network-level security controls on the FDCF network, which requires users to authenticate before receiving authorization to access DCF-related IT resources. Based on the</p>	

Auditor General 2022-189	2020-2021	Office of Information Technology - Information Security Services	<p>Finding 2021-074 Certain security controls related to user authentication for the Florida Safe Families Network (FSFN) system need improvement to ensure the confidentiality, integrity, and availability of FSFN system data and related information technology (IT) resources.</p> <p>We recommend that FDCF management improve certain security controls related to FSFN system user authentication to ensure the confidentiality, integrity, and availability of FSFN system data and related IT resources.</p>	<p>Fully Corrected The Department received additional clarification from the Auditor General that security controls that promote confidentiality, integrity, and availability of agency IT resources must be at the network or application level. The Department uses network-level security controls on the FDCF network, which requires users to authenticate before receiving authorization to access DCF-related IT resources. Based on the</p>	
Auditor General 2022-189	2020-2021	Office of Economic Self Sufficiency - Strategic Programs and Innovation	<p>Finding 2021-013 FDCF records did not always support expenditures charged to the Emergency Solutions Grant Program (ESGP).</p> <p>We recommend that the FDCF enhance controls to ensure that all ESGP expenditures are</p>	<p>Fully Corrected All corrective actions were completed/implemented by November 2021.</p>	
Auditor General 2022-189	2020-2021	Office of Economic Self Sufficiency - Strategic Programs and Innovation	<p>Finding 2021-072 The FDCF did not always timely review and process Income Eligibility and Verification System (IEVS) data exchange responses.</p> <p>We recommend that the FDCF take action, including necessary control enhancements, to ensure that data exchange responses are reviewed and processed within established time frames.</p>	<p>Partially Corrected The following corrective actions were completed/implemented: •The Department identified and prioritized data exchanges that need to be worked. Notification and training reminders were distributed statewide on June 24, 2021, and July 19, 2021, respectively to reinforce the importance of the timely completion of data exchange processing. •Phase I of the integration data exchange projects for Unemployment Compensation Benefits (UCB) and Earned Income Eligibility Verification was completed December 11, 2021.</p> <p>The following corrective actions are in progress with an anticipated completion date of September 30, 2023: •Phase II of the UCB and Earned Income Eligibility Verification data exchange projects. •Migration of the Data Exchange Power tool into the AMS system. The</p>	

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Office of Policy and Budget - July 2022

Fiscal Year 2023-24 LBR Technical Review Checklist

Department/Budget Entity (Service): Florida Department of Children and Families

Agency Budget Officer/OPB Analyst Name: DCF: Chad Barrett OPB: Kate West

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)					
	60900101	60900202	60910310	60910506	60910708	60910950

I. GENERAL

1.1 Are Columns A01, A04, A05, A91, A92, A93, A94, A95, A96, A36, A10, IA1, IA4, IA5, IA6, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? (CSDI or Web LBR Column Security)	Y	Y	Y	Y	Y	Y
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y	Y	Y	Y	Y	Y

AUDITS:

1.3 Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y	Y	Y	Y	Y	Y
1.4 Have Column A03 trust fund files been copied to Column A12? Run Schedule I (SC1R, SC1 or SC1R, SC1D adding column A12) to verify.	Y	Y	Y	Y	Y	Y
1.5 Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? (CSDR, CSA)	Y	Y	Y	Y	Y	Y
TIP 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 included in the LAS/PBS Web upload process requires 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 56 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y	Y	Y	Y
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	Y	Y	Y	Y	Y	Y

Fiscal Year 2023-24 LBR Technical Review Checklist

Department/Budget Entity (Service): Florida Department of Children and Families

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Action	Program or Service (Budget Entity Codes)					
	60900101	60900202	60910310	60910506	60910708	60910950

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	Y
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity and program component at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y	Y	Y	Y	Y	Y
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y	Y	Y	Y	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 subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.						

4. EXHIBIT D (EADR, EXD)

4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
4.2 Is the program component code and title used correct?	Y	Y	Y	Y	Y	Y
TIP Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.						

5. EXHIBIT D-1 (EDIR, EXD1)

5.1 Are all object of expenditures positive amounts? (This is a manual check.)	Y	Y	Y	Y	Y	Y
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AUDITS:

5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y	Y	Y	Y	Y	Y
5.3 FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.)	Y	Y	Y	Y	Y	Y
5.4 A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.)	Y	Y	Y	Y	Y	Y
TIP If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.						
TIP If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.						
TIP Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2021-22 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.						

Fiscal Year 2023-24 LBR Technical Review Checklist

Department/Budget Entity (Service): Florida Department of Children and Families

Agency Budget Officer/OPB Analyst Name: DCF: Chad Barrett OPB: Kate West

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)					
	60900101	60900202	60910310	60910506	60910708	60910950
TIP If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a \$5,000 allowance at the department level.						
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)						
6.1 Are issues appropriately aligned with appropriation categories?	Y	Y	Y	Y	Y	Y
TIP 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.						
7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)						
7.1 Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 27 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.2 Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 64 through 69 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.3 Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	N/A	Y	N/A	Y	N/A	N/A
7.4 Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y	Y	N/A	Y	N/A	N/A
7.5 Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E.4 through E.5 of the LBR Instructions.)	Y	Y	Y	N/A	Y	N/A
7.6 Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	N/A	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 93 through 92 of the LBR Instructions.)	N/A	Y	Y	Y	Y	Y
7.8 Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A	N/A	N/A	Y	N/A	N/A
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Y	N/A	Y	N/A	N/A	Y
7.10 Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #23-003?	N/A	N/A	N/A	N/A	N/A	Y
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. (PLRR, PLMO)	N/A	N/A	N/A	N/A	N/A	N/A
7.12 Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A	N/A	N/A	N/A	N/A	N/A
7.13 Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A	N/A	N/A	N/A	N/A	Y
7.14 Do the amounts reflect appropriate FSI assignments?	Y	Y	Y	Y	Y	Y
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	Y

Fiscal Year 2023-24 LBR Technical Review Checklist

Department/Budget Entity (Service): Florida Department of Children and Families

Agency Budget Officer/OPB Analyst Name: DCF: Chad Barrett OPB: Kate West

A "Y" indicates "YES" and is acceptable, an "N/I" 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)					
	60900101	60900202	60910310	60910506	60910708	60910950
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 26 and 88 of the LBR Instructions.)	Y	N/A	Y	Y	Y	N/A
7.17 Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y	Y	N/A	Y	N/A	N/A
7.18 Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A	N/A	N/A	Y	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	Y
AUDIT:						
7.20 Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	N/A	N/A	N/A	N/A	N/A	Y
7.21 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	N/A	N/A	N/A	N/A	N/A	N/A
7.22 Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	N/A	N/A	Y	Y	N/A	Y
7.23 Have FCO appropriations been entered into the nonrecurring column (A04)? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Y	N/A	N/A	N/A	N/A	N/A
7.24 Has narrative been entered for all issues requested by the agency? Agencies do not need to include narrative for startup issues (1001000, 2103XXX, etc.) that were not input by the agency. (NAAR, BSNR)	Y	Y	Y	Y	Y	Y
7.25 Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2022-23? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2022-23. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	N/A	N/A	N/A	N/A	N/A	N/A
TIP Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.						
TIP The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 69 of the LBR Instructions.						
TIP Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.						
TIP If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).						
TIP If an appropriation made in the FY 2022-23 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.						
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)						

Fiscal Year 2023-24 LBR Technical Review Checklist

Department/Budget Entity (Service): Florida Department of Children and Families

Agency Budget Officer/OPB Analyst Name: DCF: Chad Barrett OPB: Kate West

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Action	Program or Service (Budget Entity Codes)					
	60900101	60900202	60910310	60910506	60910708	60910950
8.1 Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y	Y	Y	Y	Y	Y
8.2 Has a Schedule I and Schedule IB been completed in LAS/PBS for each operating trust fund?	Y	Y	Y	Y	Y	Y
8.3 Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IC, and Reconciliation to Trial Balance)?	Y	Y	Y	Y	Y	Y
8.4 Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y	Y	Y	Y	Y	Y
8.5 Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y	Y	Y	Y	Y	Y
8.6 Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y	Y	Y	Y	Y	Y
8.7 If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	Y	Y	Y	Y	Y	Y
8.8 If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to section 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	Y	Y	Y	Y	Y	Y
8.9 Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870, 001970)?	Y	Y	Y	Y	Y	Y
8.10 Are the statutory authority references correct?	Y	Y	Y	Y	Y	Y
8.11 Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to section 215.20, Florida Statutes, for appropriate General Revenue Service Charge percentage rates.)	Y	Y	Y	Y	Y	Y
8.12 Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y	Y	Y	Y	Y	Y
8.13 If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y	Y	Y	Y	Y	Y
8.14 Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y	Y	Y	Y	Y	Y
8.15 Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y	Y	Y	Y	Y	Y
8.16 Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y	Y	Y	Y	Y	Y
8.17 If applicable, are nonrecurring revenues entered into Column A04?	Y	Y	Y	Y	Y	Y
8.18 Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y	Y	Y	Y	Y	Y
8.19 Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y	Y	Y	Y	Y	Y
8.20 Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y	Y	Y	Y	Y	Y
8.21 Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y	Y	Y	Y	Y	Y
8.22 Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y	Y	Y	Y	Y	Y

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	60900101	60900202	60910310	60910506	60910708	60910950
8.23 Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y	Y	Y	Y	Y
8.24 Are prior year September operating reversions appropriately shown in column A01, Section III?	Y	Y	Y	Y	Y	Y
8.25 Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y	Y	Y	Y	Y	Y
8.26 Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y	Y	Y	Y	Y	Y
8.27 Has the agency analyzed for continuing appropriations (category 13XXXX) and properly accounted for in the appropriate column(s) in Section III?	Y	Y	Y	Y	Y	Y
8.28 Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y	Y	Y	Y	Y	Y
8.29 Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	Y	Y	Y	Y	Y
AUDITS:						
8.30 Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y	Y	Y	Y	Y	Y
8.31 Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? If a Schedule IB was prepared, do the totals agree with the Schedule I, Line I? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y	Y	Y	Y	Y	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. (SC1R, DEPT)	Y	Y	Y	Y	Y	Y
8.33 Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y	Y	Y	Y	Y	Y
8.34 Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y	Y	Y	Y	Y	Y
TIP The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!						
TIP Determine if the agency is scheduled for trust fund review. (See pages 124 through 126 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.						

Fiscal Year 2023-24 LBR Technical Review Checklist

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9. SCHEDULE II (PSCR, SC2)

AUDIT:						
9.1 Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 155 of the LBR Instructions.)	N/A	Y	Y	Y	Y	Y

10. SCHEDULE III (PSCR, SC3)

10.1 Is the appropriate lapse amount applied? (See page 90 of the LBR Instructions.)	N/A	N/A	N/A	N/A	N/A	N/A
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 93 through 94 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/A	Y	Y	Y	Y	Y

11. SCHEDULE IV (EADR, SC4)

11.1 Are the correct Information Technology (IT) issue codes used?	Y	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.						

12. SCHEDULE VIIIA (EADR, SC8A)

12.1 Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.	Y	Y	Y	Y	Y	Y
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13. SCHEDULE VIIIB-1 (EADR, S8B1)

13.1 NOT REQUIRED FOR THIS YEAR	N/A	N/A	N/A	N/A	N/A	N/A
TIP If all or a portion of an issue is intended to be reduced on a nonrecurring basis, include the total reduction amount in Column A91 and the nonrecurring portion in Column A92.						

14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)

14.1 Do the reductions comply with the instructions provided on pages 99 through 102 of the LBR Instructions regarding a 10% reduction in 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	Y
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.						
TIP If all or a portion of an issue is intended to be reduced on a nonrecurring basis, in the absence of a nonrecurring column, include that intent in narrative.						

15. SCHEDULE VIIIC (EADR, S8C) (NO LONGER REQUIRED)

16. SCHEDULE XI (UCSR, SCXI) (LAS/PBS Web - see pages 104-108 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)

16.1 Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y	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	Y

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:

16.3 Does the FY 2021-22 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y	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)? (Audit #1 should print "No Activities Found")	Y	Y	Y	Y	Y	Y

Fiscal Year 2023-24 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)					
	60900101	60900202	60910310	60910506	60910708	60910950
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	Y	Y	Y	Y	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 Audit #3 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	Y
16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y	Y	Y	Y	Y	Y
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.	The difference of (\$187) in the Department's Schedule XI is due to rounding.					
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 52 through 109 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y	Y	Y
17.2 Does manual exhibits tie to LAS/PBS where applicable?	Y	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	Y
17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 128 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US ?	N/A	Y	N/A	Y	N/A	N/A
17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	Y	N/A	N/A	N/A	N/A	N/A
AUDITS - GENERAL INFORMATION						
TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 154 through 156) 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	N/A	N/A	N/A	N/A	N/A
18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y	N/A	N/A	N/A	N/A	N/A
18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y	N/A	N/A	N/A	N/A	N/A
18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y	N/A	N/A	N/A	N/A	N/A
18.5 Are the appropriate counties identified in the narrative?	Y	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?	Y	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?	Y	Y	Y	Y	Y	Y