State of Florida
Department of Children and Families

Ron DeSantis
Governor

Shevaun Harris
Secretary

LEGISLATIVE BUDGET REQUEST

September 12, 2023

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

Tim Sadberry, 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 2024-25 Fiscal Year.

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

Sincerely,

Shevaun L. Harris
Secretary

Florida Department of Children and Families
Temporary Special Duty – General Pay Additives Implementation Plan for Fiscal Year 2024-2025

Pursuant to section 110.2035(7)(b), F.S., this is the Florida Department of Children and Families (Department) written plan for implementing temporary special duties – general pay additives for Fiscal Year 2024-2025. The Department 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 Department 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 Department 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. 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 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. 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 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 78.00 F.T.E. Career Service positions in the following classifications:
    - Human Service Worker II

    For FSH, includes a total of 14.00 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 $154,875.00. The annual cost at FSH is approximately $27,798.00.

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 2022-2023 General Appropriations Act and other provisions of state law." The Department 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 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 107 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 15+ years for positions under the original agreement/implementation plan.

6. Annual cost is approximately $212,457.00.

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 2022-2023 General Appropriations Act and other provisions of state law." The Department 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 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 12 F.T.E. Career Service positions in the following classifications:
    - Human Service Worker I
    - Human Service Worker II

5. Annual cost is approximately $23,826.00.

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 2022-2023 General Appropriations Act and other provisions of state law." The Department 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 26.00 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 $76,593.00.

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 2022-2023 General Appropriations Act." See Article 25, Section 1 of the AFSCME Agreement. We would anticipate similar language in future agreements. The Department 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 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 7.00 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 $15,698.00.

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 2022-2023 General Appropriations Act." See Article 25, Section 1 of the AFSCME Agreement. We would anticipate similar language in future agreements. The Department has a past practice of providing these pay additives to bargaining unit employees.

Questions regarding this plan may be directed to Chad Barrett, Budget, Finance & Accounting Director, at (850) 717-4756.

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.

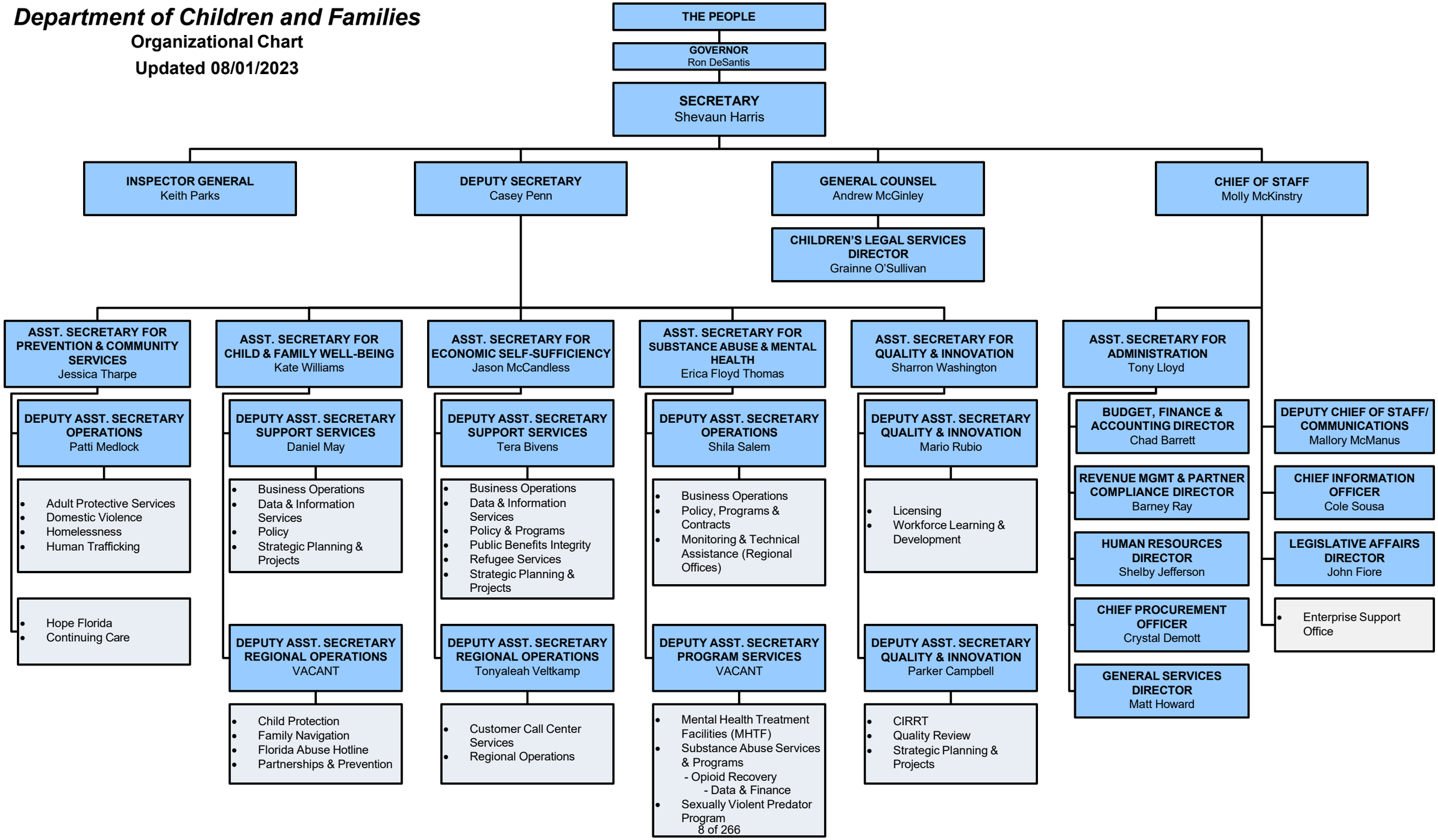
Agency:	**Department of Children and Families**		
Contact Person:	Shawn Belcher	Phone Number:	850-717-4225

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 08/01/2023



CHILDREN AND FAMILIES, DEPARTMENT OF

SECTION I: BUDGET	FISCAL YEAR 2022-23 OPERATING	FIXED CAPITAL OUTLAY
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT	4,163,475,892	37,670,600
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)	685,149,952	-2,565,000
FINAL BUDGET FOR AGENCY	4,848,625,844	35,105,600

SECTION II: ACTIVITIES * MEASURES	Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)				35,105,600
Protective Services * **Number of people receiving protective supervision, and protective intervention services and number of investigations completed**	43,266	1,485.02	64,250,955	
Healthy Families * **Number of families served in Healthy Families**	8,132	3,490.06	28,381,164	
Protective Investigations * **Number of investigations**	166,674	1,765.62	294,282,631	
In-home Supports * **Number of children under protective supervision (point in time)**	8,376	71,009.43	594,774,973	
Out-of-home Supports * **Number of children with a goal of adoption who remain in out-of-home care after 24 months.**	5,020	84,620.78	424,796,309	
Child Welfare Legal Services * **Number of termination of parental rights petitions filed**	4,734	15,328.16	72,563,496	
Emergency Shelter Supports *	5,342	8,189.66	43,749,190	
Report Intake, Assessment And Referral * **Number of calls to the Florida Abuse Hotline**	409,759	76.94	31,526,394	
Adoption Subsidies * **Number of children receiving adoption subsidies**	44,184	6,170.86	272,653,398	
Adoption Services * **Children receiving adoptive services**	7,694	9,267.75	71,306,083	
License Child Care Arrangements * **Number of facilities and homes licensed**	8,867	2,615.29	23,189,810	
Daily Living * **Number of qualified disabled adults (ages(18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver**	292	6,175.72	1,803,311	
Home Care For Disabled Adults * **Number of qualified disabled adults (ages 18 - 59) in the HCDA Program**	1,101	1,700.75	1,872,528	
Emergency Stabilization *	934	5,892.08	5,503,200	
Emergency Stabilization *	17,981	6,424.06	115,511,075	
Provide Forensic Treatment * **Number of adults in forensic commitment served**	3,491	62,438.87	217,974,089	
Provide Civil Treatment * **Number of people in civil commitment served**	2,143	116,008.53	248,606,286	
Community Support Services *	35,655	4,012.61	143,069,593	
Community Support Services *	2,209	240,036.47	530,240,557	
Assessment * **Number of sexual predators assessed**	3,916	8,186.10	32,056,757	
Detoxification *	358	4,338.02	1,553,012	
Treatment And Aftercare *	10,328	7,759.85	80,143,685	
Detoxification *	38,719	2,139.02	82,820,632	
Prevention *	744,741	297.56	221,608,319	
Benefit Recovery/Error Rate Reduction * **Return on investment from fraud prevention/benefit recovery**	32,975,870	0.60	19,668,220	
Refugee Assistance * **Number of refugee clients served**	309,741	879.47	272,408,984	
Issue Optional State Supplementation Payments * **Number of applications processed for Optional State Supplementation payments**	112	81,765.15	9,157,697	
Homeless Assistance * **Number of grants issued for homeless clients**	48,952	2,087.82	102,203,018	
Eligibility Determination/Case Management * **Number of cash assistance payments**	1,672,312	269.79	451,168,856	
Issue Welfare Transition Program Payments * **Total number of cash assistance applications**	288,675	401.33	115,854,740	
TOTAL			4,574,698,962	35,105,600

SECTION III: RECONCILIATION TO BUDGET			
PASS THROUGHS			
TRANSFER - STATE AGENCIES			
AID TO LOCAL GOVERNMENTS			
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS		28,354	
OTHER			
REVERSIONS		238,898,802	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)		4,813,626,118	35,105,600

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 2024 - 2025 LBR Issue Code:	**FY 2024 -2025 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: **Printed Name:**	**Date:**
Agency Chief Information Officer: ***(If applicable)*** **Printed Name:**	**Date:**
Budget Officer: **Printed Name:**	**Date:**
Planning Officer: **Printed Name:**	**Date:**
Project Sponsor: **Printed Name:**	**Date:**

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.

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?
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.
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.
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.
8. Identify all other Legislative Budget Request issues that are related to this proposal.

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.
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.
11. Provide a plan to verify vendor(s) compliance with public records laws.
12. If applicable, provide a plan to verify vender compliance with applicable federal and state law ensuring access by persons with disabilities.
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.
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.

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 2023 contain revenue or expenditure estimates related to your agency?
Yes [X] No [ ]

2) If yes, please list the estimates for revenues and budget drivers that reflect an estimate for your agency for Fiscal Year 2024-2025 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 2024-2025 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Maintenance Adoption Subsidies	B	489.4	13.5
b	Community-Based Care (CBC) Lead Agencies			0.0
c	Child Abuse Investigations			0.0
d	Foster Care Room and Board Rates			5.2
e	State Mental Health Treatment Facility Needs and Operating Contracts - see line o			0.0
f	Substance Abuse and Opioid Misuse Prevention - see line q			0.0
g	Mental Health Services - see line o			0.0
h	Forensic Treatment Beds			
i	Funding Needs Resulting from Recent Federal Changes - see line n			0.0
j	Personnel Resources to Assist Individuals with Public Assistance Eligibility Determination - see line p			
k	Fixed Capital Outlay	B		42.5
l	Executive Direction & Support Services -36118C0 Florida Palm Agency Implementation	B		0.6
m	Information Technology 36316C0 -FLORIDA System Modernization 36123C0 - Child Welfare Software And Enterprise Architecture Modernization 36356C0 - Electronic Health Records - Mental Health Treatment Facilities 36240C0 - Information Technology Licensing Renewals 36240C0 - Enterprise Wireless Access Points (WAPs) Replacements 36370C0 - Mental Health Facilities Safety and Security System Upgrades 36385C0 - Public Assistance Fraud Prevention Triage (Equifax) 36390C0 - ESS Call Center Enhancement - Artificial Intelligence	B		89.5

n	Family Safety and Preservation Services 4004960 - Auditing Services For Settlement Monitoring 4002410 - Continuation Funding for Hope Line Agents 4002420 - Continuation Funding for Behavioral Health Consultants 4000870 - Local Prevention Grant Program 4002430 - Children's Justice Act Task Force Initiatives 4002450 - Human Trafficking Emergency Bed Expansion 4002460 - Human Trafficking Operational Response Expansion 4002470 - Independent Living Expansion 36360C0 - Hotline Operations 4002520 - Office of Licensing Workforce Stabilization 4002530 - Child Care School Readiness Increase 3000630 - Guardianship Assistance Program (GAP) 4000A90 - Children's Legal Services Salary Compensation	B		39.2
o	Mental Health Services 4000590 - Mental Health Treatment Bed Capacity Maintenance 4004580 - Cost Of Living Adjustment - Mental Health Contracted Agencies 4000120 - Implement Anti-Ligature Improvements To Comply With Federal Regulation 2401100 - Medical Equipment for the Mental Health Treatment Facilities 2402100 - Patient Furniture for the Mental Health Treatment Facilities	B		91.0
p	Economic Self Sufficiency Services 4002570 - Medicaid Eligibility Determinations (Federal Data Services Hub) 4002580 - Mailing Operations (Excela) 4002590 - Customer Call Center	B		18.4
q	Community Substance Abuse and Mental Health Services 4001360 - State Opioid Response (SOR) Grant Budget Authority Request 4001770 - Substance Abuse And Mental Health (Samh) Block Grant 4001640 - Expand And Enhance 988 Suicide And Crisis Lifeline Services 4002550 - Enhancing Mobile Response Services to Support Crisis Diversion 4300030 - Opioid Settlement - Applied Research 4300050 - Opioid Settlement - Court Diversion Program 4300070 - Opioid Settlement - On-Demand and Mobile Medication Assisted Treatment (MAT) 4300080 - Opioid Settlement - Hospital Bridge Programs 4300120 - Opioid Settlement - Naloxone 4300130 - Opioid Settlement - Prevention and Media Campaigns 4300140 - Opioid Settlement - Peer Supports and Recovery Community Organizations 4300150 - Opioid Settlement - Recovery Housing 4300160 - Opioid Settlement - Non-Qualified Counties 4300190 - Opioid Settlement - Treatment and Recovery Support Services 4300040 - Opioid Settlement – Coordinated Opioid Recovery (CORE) 4002560 - 988 State and Territory Improvement Grant	B		146.9

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

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 2023

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 2024-25

September 2023

DEPARTMENT OF CHILDREN AND FAMILIES

Contents

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: September 2023
Project Name: ACCESS Florida System Modernization	Is this project included in the Agency's LRPP? X Yes No
FY 2024-25 LBR Issue Code:	FY 2024-25 LBR Issue Title: Type text here 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	
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 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: Shevaun L. Harris for Printed Name: Shevaun L. Harris	Date: 9/15/23
Agency Chief Information Officer (or equivalent): Cole Sousa Printed Name: Cole Sousa	Date: 09/13/2023
Budget Officer: Chad Barrett Printed Name: Chad Barrett	Date: 09/14/2023
Planning Officer: Timothy Lawson Printed Name: Timothy Lawson	Date: 9/13/2023
Project Sponsor: Jason McCandless Printed Name: Jason McCandless	Date: 09/14/2023
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Chris Presnell, 850-408-9376, Christopher.Presnell@myflfamilies.com
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Technology Planning:	Girish Narayana, Girish.Narayana@myflfamilies.com
Project Planning:	Cole Sousa, 850-544-9065, Cole.Sousa@myflfamilies.com

A. Executive Summary

The Florida Department of Children and Families has primary responsibility to assist the state's most vulnerable citizens and help individuals and families solve their safety, well-being, and self-sufficiency challenges. The Department's program and service areas include Economic Self-Sufficiency (ESS), Child Welfare, Adult Protective Services, Refugee Services, Mental Health, Substance Abuse, and Homelessness.

Through its ESS Program, the Department is responsible for administering several federal and state public assistance programs including the Supplemental Nutrition Assistance Program (SNAP, also known as food assistance or food stamps), Temporary Assistance for Needy Families (TANF, also known as temporary cash assistance), and the Refugee Assistance Program (RAP), as well as for determining eligibility for Florida's Medicaid Program. The Department's customers use these various forms of assistance to provide the necessities for their families, while moving towards self-sufficiency. Nationally, Florida ranks among the highest in households enrolled in these critical human services programs. During the last fiscal year, SNAP benefits were distributed to nearly 3 million individuals, over 4.7 million individuals received Medicaid benefits, and more than 67,000 individuals received TANF benefits monthly.

The ESS integrated 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 Department created a 6-year roadmap to incrementally update the system that streamlines the customer experience, improves worker efficiency, leverages enterprise architecture, and replaces the mainframe legacy infrastructure. State and Federal partners have invested two years of funding thus far. The ACCESS Florida System modernization project began in FY 22-23 with $16.5M (Year One). Approved funding for FY 23-24 (Year Two) is $20M. This Schedule IV-B for FY 24-25 supports the continuation of the project for Year Three with $36,625,000 requested in funding ($6,691,730 nonrecurring General Revenue and $29,933,270 in nonrecurring Federal Grants Trust Fund). The total anticipated cost for the 6-year project is $183 million.

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 are 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.
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.

PROBLEM	SOLUTION	ACCELERATOR	OUTCOME
The aging mainframe system is increasingly complex and costly to maintain, leading to challenges implementing new requirements, and meeting business objectives.	A full system replacement, starting with the mainframe, utilizing a modern architecture with cloud services will enable a flexible, scalable architecture at a reduced operating cost.	Federal funding opportunities that are currently available make the necessary system replacement feasible.	A modern system setup with the future in mind, will resolve the root cause of challenges stemming from the mainframe, while enabling ROI after implementation as well as long-term business value.

Exhibit I-1: 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 project approach prioritizes implementing key architecture elements in Year One, completing migration of core functionality from the mainframe to the cloud by the end of Year Three, and completing migration of the remaining mainframe functionality by Year Six. 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 (Year One) set 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 initiated preliminary work toward the replacement of the worker portal with limited functionality. The initial phase also established a project management office (PMO) and identified the vendors and products relevant for this phase.

The following two phases (Year Two and beyond) 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.

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.

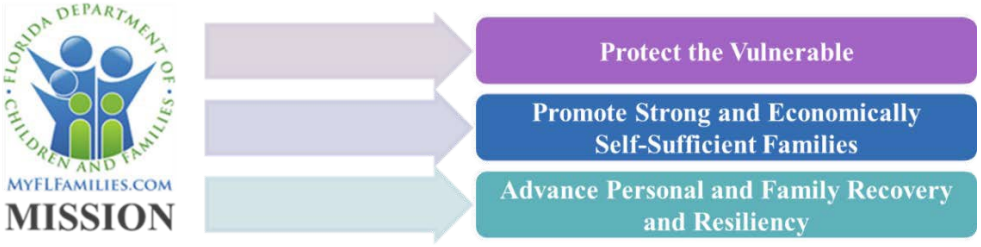

Exhibit II-1: DCF Mission

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 H*ope 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 debt[1]. 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

[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.

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 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 to become economically self-sufficient. This approach represents the modernization of the current integrated 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.

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:
    - 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-2 organizes the Department's needs into four categories and summaries for each category are provided below.

Exhibit II-I: 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, 2023, the average monthly number of individuals receiving SNAP, Medicaid and TCA benefits were as follows:

- SNAP – 2.99 million
- Medicaid – 4.7 million
- TCA – 67.2 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 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 very complex environment of 28 interconnected applications across various platforms and over 150 internal and external interfaces to support interconnectivity. 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 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 increased[2]. 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. For FY 22-23, the maintenance and operations expenses were $4.7 million with an additional $4.7 million for system enhancements ($9.4 million total).

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 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 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-3**.

[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.

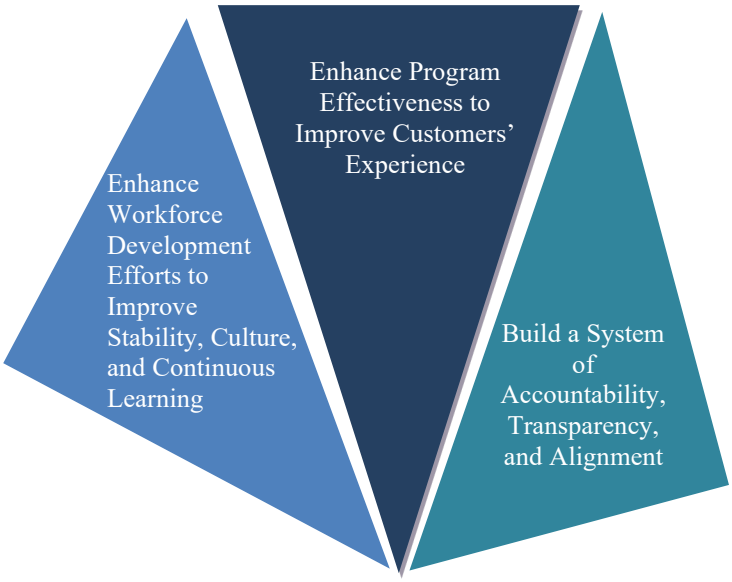

Exhibit II-3: DCF LRPP Goals

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 modernization 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.
- 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 2.2 compliance.
- Fully maximize the 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. A list of the ESS performance measures is shown below in **Exhibit II-4** while details for each meaure are listed in **Appendix A**.

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 project can be found in **Section III: Success Criteria**.

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-4: 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-5: 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.

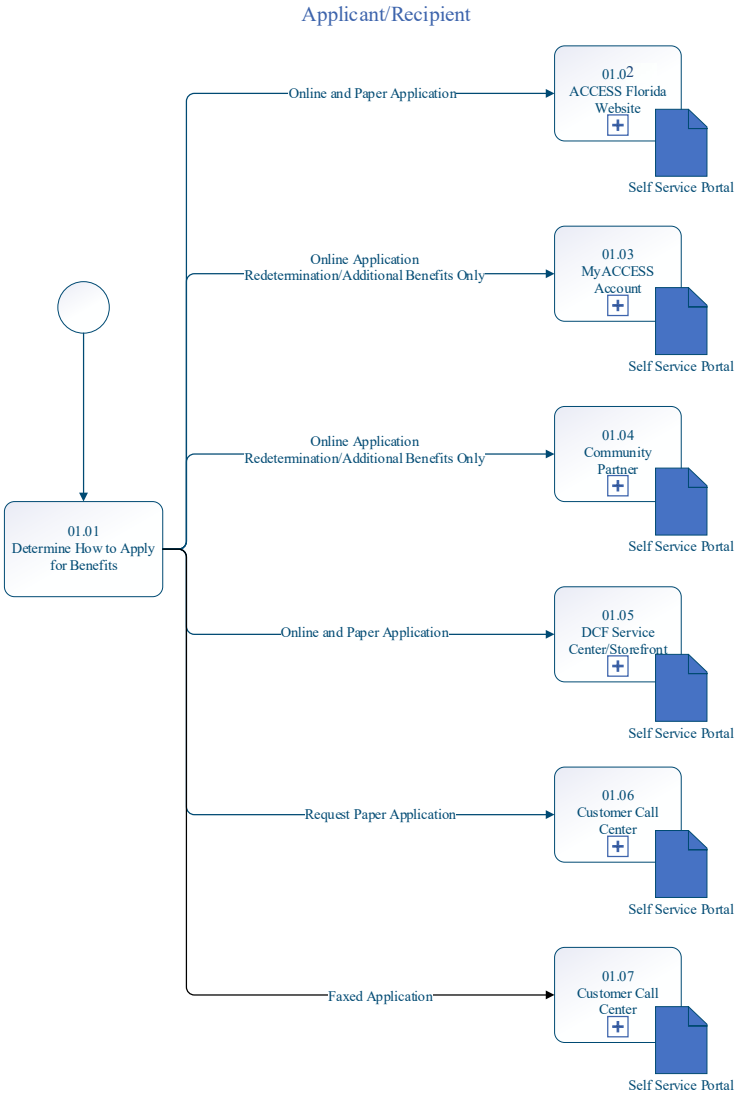

Exhibit II-5: Customer Application Process

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.

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-6: 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-7** 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.

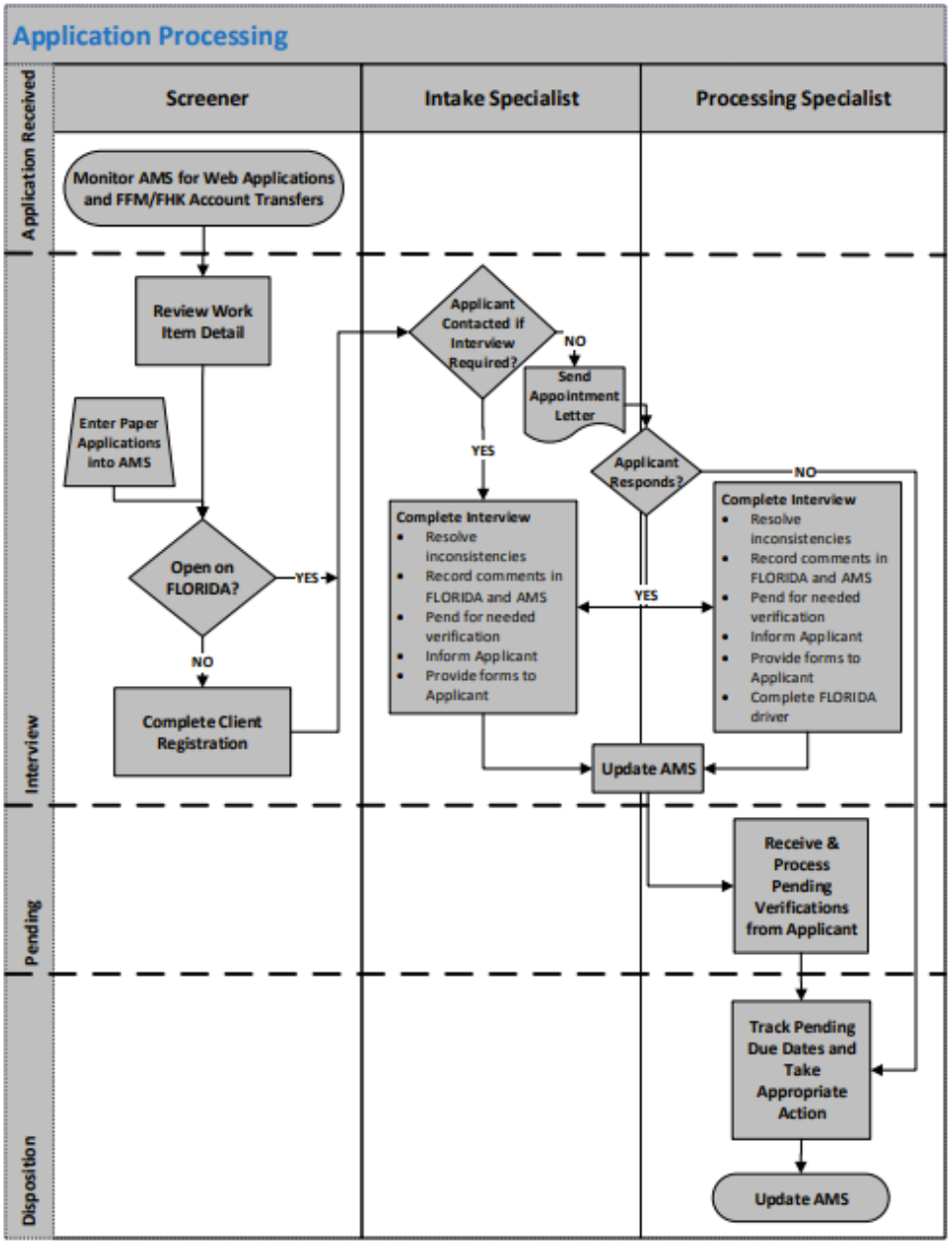

Exhibit II-7: Internal Application Processing

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 Onlines, 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

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-8: 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	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	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	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	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.	✓	✓		

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.	✓	✓		

 = Business Functionality  = Information and Data  = Architecture  = Support & Maintenance

Exhibit II-8: 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-9: 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: • 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.

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 Commerce (FloridaCommerce) (formerly Department of Economic Opportunity/DEO)	FloridaCommerce provides mandatory work activities and employment programs for select groups of food and cash assistance recipients. FloridaCommerce also functions as a community partner in the ACCESS network. FloridaCommerce 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: • 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: • Notice provider • Asset verification provider • Identity verification provider • EBT service provider • Maintenance & Operations (M&O) provider

Business Process Stakeholder Groups	
Stakeholder	**How affected and/or how group will participate**
	• Benefit recovery collections provider
Other States	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: • 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	Other Federal Agencies have an impact on the ACCESS Florida System and provide a source of data used in determinations. They include: • 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-9: 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-10: ESS Service Area Descriptions** below.

ESS Services	
Category	**Description/Programs**
Medical Assistance	**Medicaid** 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. 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).

ESS Services	
Category	**Description/Programs**
Food Assistance	**SNAP** helps low-income individuals and families who meet the technical and income requirements of the program to buy the food they need for good health. The Disaster SNAP Program (DSNAP) offers emergency food benefits to victims of hurricanes or other types of disasters. **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. DCF determines ABAWD status and refers these recipients to DEO for engagement. Data is exchanged between both agencies to facilitate the program.
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 assistance 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	**RAP** provides short-term (twelve months) cash and medical benefits to newly arrived refugees who are not eligible for TANF cash assistance and/or Medicaid.

Exhibit II-10: 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 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 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 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 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 by the system integration vendor.
- MARS-E 2.2 security and privacy control framework must be maintained.
- Stakeholder involvement with and understanding of the project will be time-consuming.

C. 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.

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

Business Process Requirements

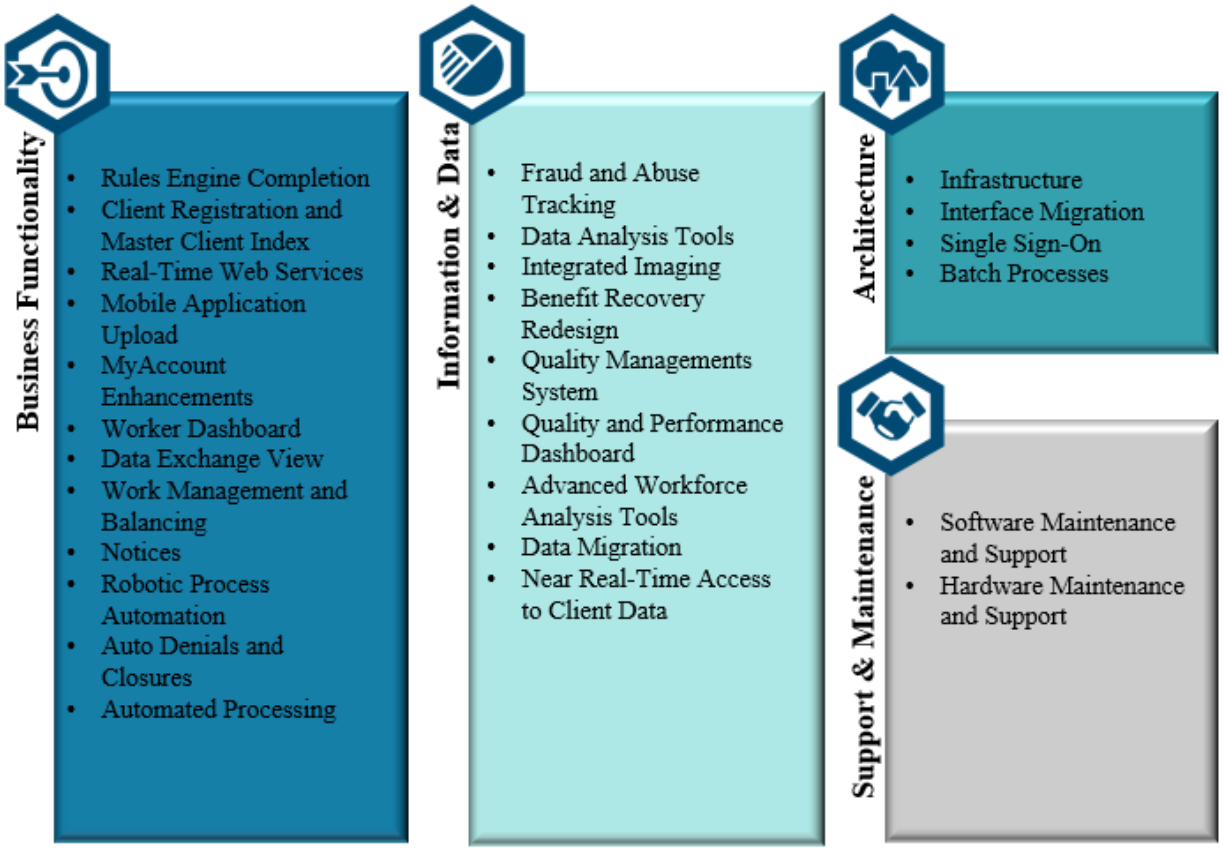

Exhibit II-11: System Initiatives

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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 system initiative will enhance automation of federally mandated quality control (QC) business processes, including auto-population of review findings.

Quality and Performance Dashboard: The 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 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 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 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 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 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 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 system solution will help build stronger relationships with customers and enable quicker access to services with improved outcomes.

- **Interfaces Migration:** The 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 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 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 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 system initiative will provide the Department with the ability to better manage ongoing software maintenance and support costs.

- **Hardware Maintenance/Support:** The 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. However, it provides more "visible" results sooner and potentially delivers more value to interface end users.

- **Back-End First:** This sequencing prioritizes replacing back-end components first. Changes resulting from modernization are not publicly visible early in the process as a result and can prolong end user value delivery.

As for a project schedule and timeline, a 4-Year and 6-Year timeline were considered. While the 6-Year timeline carries less risk by allowing for additional development and testing time, it would carry greater cost, would leverage fewer federal matching dollars, and would delay realization of full project benefits and return on investment (ROI). However, a 4-Year timeline is too aggressive and requires a greater annual budget approval from the state legislature. Therefore, a 6-Year implementation timeline and project schedule works best.

Additionally, the following selection criteria was considered:

- **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.

- **Short-Term Business Value** – 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. When evaluating the Department's current caseload, workload balancing, number of call center inquires, and overall pain points, it became clear that prioritizing customer and worker interfaces were preferred.

- **Long-Term Business Value** – 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. In this case, components of the mainframe will be addressed in each year of the roadmap to reduce the dependency incrementally.

In conclusion, a phased, complete system modernization, taking a front-end first approach, over 6-Years was selected. The phased, front-end first 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 by including modules of mainframe

functionality in each year of the roadmap.

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 will be carried out in 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 fraud detection and quality assurance. As modules are replaced, data 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 in **Exhibit II-12**.

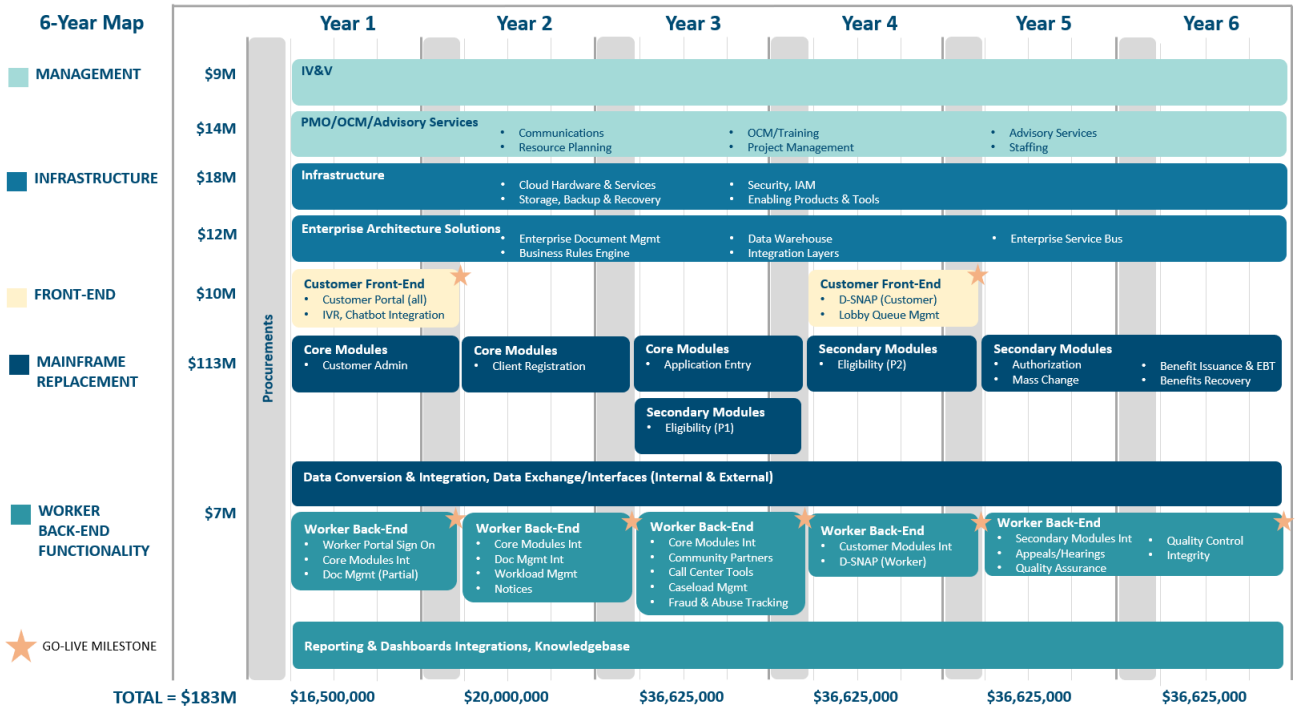

Exhibit II-12: Six Year Roadmap

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 roadmaps above, will provide solutions for both the business and technical objectives.

D. Functional and Technical Requirements

The functional and technical requirements are listed below in **Exhibit II-13: 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.

Requirement Area	Initiative	Description
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.
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.

Requirement Area	Initiative	Description
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.
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.

Requirement Area	Initiative	Description
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.
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.

Requirement Area	Initiative	Description
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.
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-13: 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 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 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.

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.	• 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.	• 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.	• 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.	• 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.	• 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

Success Criteria		
#	Description of Success Criteria	Key Performance Indicator
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.	• 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.	• On-going support and maintenance costs • Number of unscheduled system outages • Adherence to benchmarks for system response times
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.	• 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.	• 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).	• 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.	• 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.	• 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.	• Audits and review results
14	The solution will provide a positive financial ROI to the State of Florida.	• Project ROI • Project IRR
15	The project will be completed on-schedule, in accordance with an approved project plan.	Interim project milestones

Success Criteria		
#	Description of Success Criteria	Key Performance Indicator
16	The project will be completed within the prescribed budget constraints defined in advanced of project initiation.	• 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.	• 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.	• 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.	• 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.	• Reports and analytics comprised of accurate enterprise data providing a holistic view of the customer • Improved drill-down analysis to improve responsiveness
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.	• 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.	• 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.	• 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.	• Number of eligible payments • Increased identity theft detection
25	Expanded browser compatibility	• 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	• Improved systems integration between DCF and other Agencies promote data sharing • Reduced duplicate data entry, data records, and instances

Exhibit III-1: 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	• DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers	• 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	• 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: • Client Registration • Customer Admin • Application Entry • Basic Fraud Detection	• DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers	• 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	• 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 3

Secondary Mainframe Replacement Replacement of secondary functionality within the mainframe, to include: • Benefit Issuance/Mgmt • Authorization/Mass Change • Client Notices • Eligibility (SFU& EDBC) • Advanced Fraud Detection • Benefit Recovery • Quality Assurance • Quality Control	• DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers	• 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	• 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	Completed End Year 6
Case Management	• DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers	• 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	• Number of cases processed • Case processing times • Percentage of applications processed within time standards • Percentage of benefits determined accurately • Number of referrals processed	Completed End Year 2

Workload Management	• DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers	• 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	• Amount of work routed properly the first time • Work output by personnel • Cases processed • Calls to the CCC	Completed End Year 1
Reporting and Dashboards	DCF Staff DCF Customers (Program Participants) DCF Partner Agencies Florida Taxpayers	• 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	• Case processing times	Completed End Year 6
Customer Portal	• DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers	• 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	• Number of calls to the CCC for status updates • Reduced lobby visits • Potential repositioning of lobby staff	Completed End Year 1
External Interfaces and Data Exchanges	• DCF Staff • DCF Customers (Program Participants) • DCF Partner Agencies • Florida Taxpayers	Expanding interfaces and data exchanges Implementation of real-time web services Reduced case processing times through reduction of manual inquiries to DAVID and CCIS	• Number of data exchanges • Number of data transactions • Case processing times	Completed End Year 6

Exhibit IV-1: 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 project. Tangible Benefits: Estimates for tangible benefits resulting from implementation of the 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: • 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 or 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

  - 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**.

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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

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-1: Current ACCESS Florida System Architecture** below depicts the high-level architecture of the supporting systems:

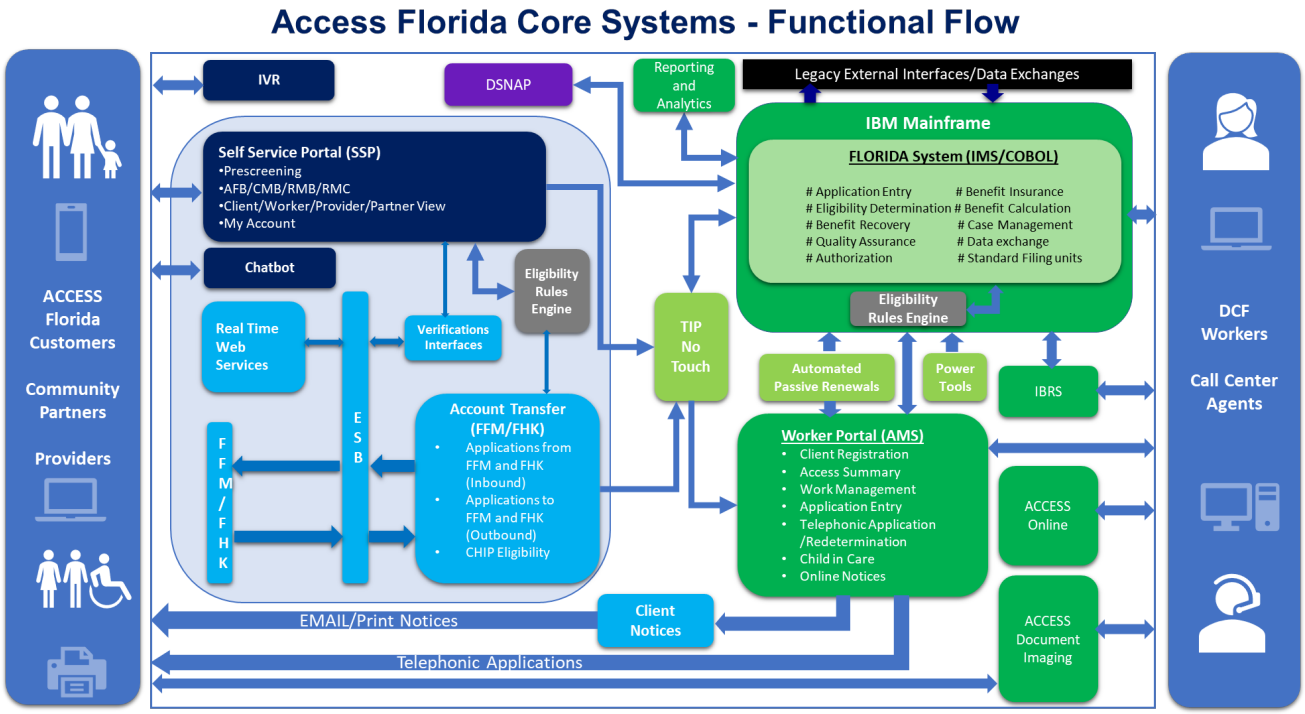


Exhibit VI-1: Current ACCESS Florida System Architecture

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.

- **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:

- **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.

ACCESS Florida System and its supporting systems are compliant with the provisions of DCF Information Technology

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

4) ACCESS Systems and technology platforms

Exhibit VI-2: 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-2: 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

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-3: 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-4: ACCESS Florida System Maintenance & Operations Costs for FY 22-23 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
a) NWRDC Mainframe, Midrange Maintenance & Operations	$19,150,942
b) ACCESS Florida System Integrator Maintenance & Operations (M&O) – Base Contract	$4,713,120
c) ACCESS Florida System Integrator M&O – Enhancements (provided in Base Contract)	$1,649,592
d) ACCESS Florida System Integrator M&O – Additional Enhancements (amendments to contracted allowance) *	$3,107,746
Total	$28,621,400

**The base contract (b) provides a limited amount of enhancement hours (c). The contract is typically amended for additional enhancement expenditures (d).*

Exhibit VI-4: ACCESS Florida System Maintenance & Operations Costs for FY 22-23

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 and rules:

- Medicaid Information Technology Architecture (MITA)
- Minimum Acceptable Risk Standards for Exchanges (MARS-E), Version 2.2.
- 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-5: 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)

Current Mainframe Hardware Characteristics	
I/O Capacity	8 ports – InterSystem Channel (ISC) coupling links
	8 ports – Fibre Connection (FICON) E8s LX2P (0409)
	8 ports – FICON-E8s SX2P (0410)
	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-5: Current Mainframe Hardware Characteristics

C. 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. 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. Many organizations conclude that what best fits their needs is some combination of choices, as was the case with the ACCESS Florida System modernization project.

In making this decision, the following technical alternatives were considered:

- **COTS:** Some COTS software can be an overall platform solution or provide add-on components intended to work seamless with a platform solution. COTS software can be tailored to meet specific business requirements through a combination of configuration and customization by software developers experienced with the platform.
- **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 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 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 requirements of the originating state. Careful validation of the transferred solution is required to assess the level of effort required to undo customizations made for the originating state while implementing the receiving state's requirements.

Additionally, the following business rationales were considered:

- **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 to 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.
- **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 custom solution. Transfer solutions require effort to undo customization for the source agency, however, they may still offer an advantage in time to implement if customizations are minimal.
- **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.

By evaluating the technical solution alternatives and business rationales, the Department concluded that the solution be a hybrid approach, utilizing a combination of COTS packages, transferred solution from other state(s), and custom development (as needed). This allows selecting best of breed solutions at the module level while still retaining the flexibility of a custom developed solution where necessary. Additionality, this selection conforms with the SMD Letter of 3/31/2016 (#16-004) regarding the use of COTS software.

D. Solution Description

Summary Description of System

The 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 transferred solutions, 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 business and technical solution, including the business needs and capabilities as well as the technical solution to achieve those capabilities.

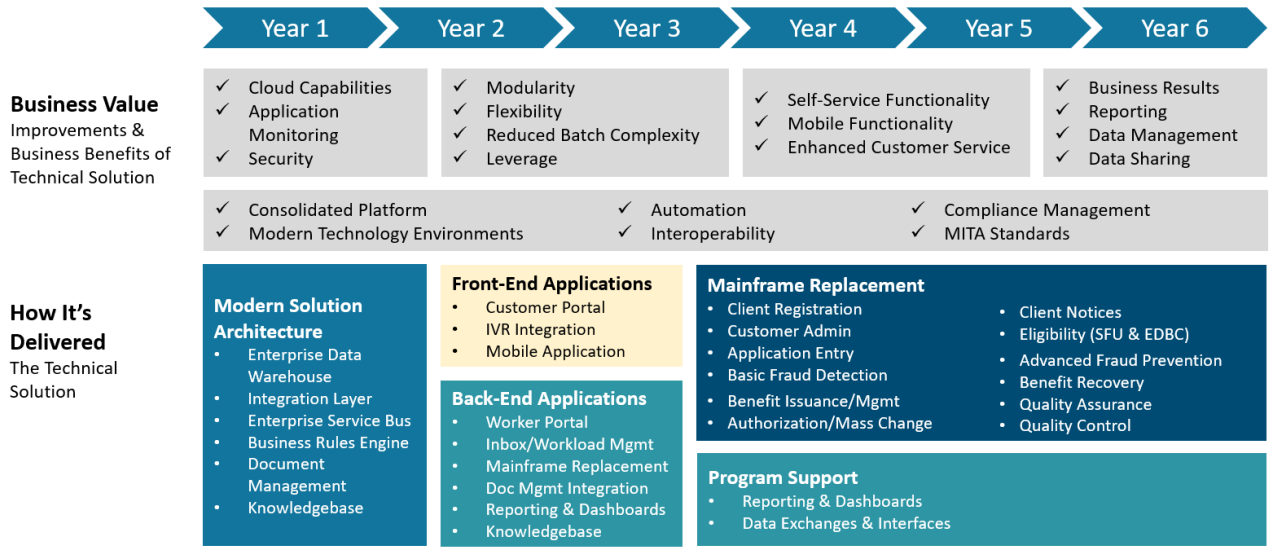


Exhibit VI-7: Solution

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

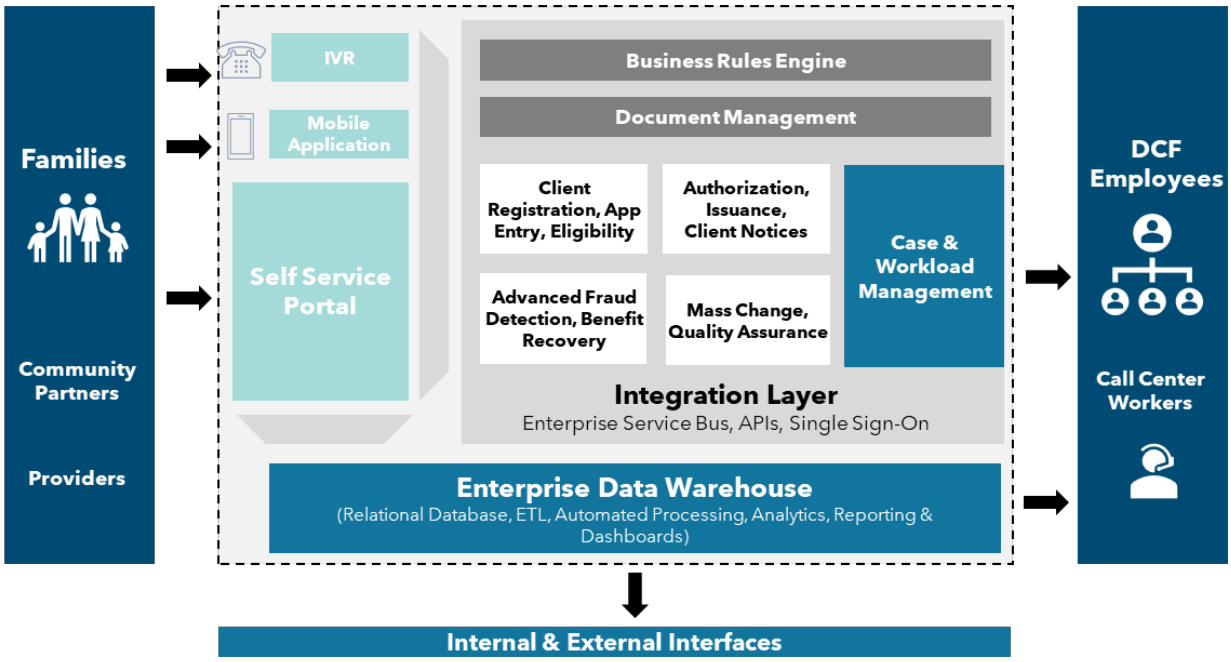


Exhibit VI-8: Future ACCESS Florida System Architecture

The future 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-10** provides a method for evaluating COTS vs custom-build for each application in the future system. The following provides a breakdown of the high-level system components of the solution architecture.

Front-end / User Facing Application Components - These are the applications that users will interact with related to benefits services..

- **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 One, 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 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 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 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 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.

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	• Online primarily business hours • Online citizen usage 24x7, batch cycle evenings, some scheduled system wide maintenance outages	• 24x7
Users	• Internal workers	• Internal, external, and public
User Authentication and Access	• Internal system	• Federated authentication extending to external organizations
User Interface	• Fixed character screens	• Graphical, browser, mobile device
Integration	• Data replication; Data extract, transformation and load (ETL) • Fixed format file interfaces • File transfer	• Real-time data access • Web services • REST, XML data
Data Sharing	• External within state enterprise (other state systems)	• Public sector, private sector, academic organizations and citizen

Solution Alternative Technology Characteristics Considerations		
Item	**Legacy System Characteristics**	**Modern System Characteristics**
Security	• Emphasis on firewall and perimeter security; Trusted internal staff and infrastructure	• Security hardening in every system component • Encryption of data at rest and in motion • Highly restricted data access
Reporting	• Extract to data repository • SQL-based reports	• Real-time operational reporting • Dashboards • Predicative analytics
Business Rules	• Embedded in custom application system logic	• Use of rules engine • Written in natural language
Processing Triggers	• Batch file records • Online user-entered data	• Messages and event-based from asynchronous and real time messages (often via an ESB)
Batch Processing	• Processing nightly driven by mainframe processing capacity / cost and database locking issues	• Processing can be run any time • Asynchronous updates
Workflow	• 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	• 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	• Custom-developed	• Service-oriented architecture • Use of "Best-of-Breed" COTS components or software services
Application Ownership	• Internally-owned asset	• COTS, Software as a Service • (SaaS) • Reduced internal ownership of assets
Application Development Strategy	• Custom development or • Customize a transfer system	• COTS • Reduced Custom development
Application Customization	• Business rules defined and • applications customized in response	• Align business rules to match application capabilities
Application Maintenance	• In-house on-site • Contracted hourly resources	• SaaS • Application maintenance provider task-based contracting
Infrastructure	• Mainframe • Dedicated servers • Using internal hosting services	• Cloud-based • Software as a Services (SaaS) or Infrastructure as a Service (IaaS)

Exhibit VI-9: 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 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
- 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 or 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 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 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-10: 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 and design efforts.

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

Application/Module	COTS Product(s)	Custom Development
Reporting and Dashboards		
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-10: 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 Solution (if known)

Refer to **Appendix 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.

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 Modernization.

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 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 Modernization 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
   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 Department's enterprise Project Management Office (PMO) will support the project. A dedicated Modernization Project Manager and Project Team of DCF staff will be assigned to execute tasks and work collaboratively with the Vendor/Contractor Project Teams. The day-to-day project will be run by the Modernization Project Manager, who will report status and escalate as necessary to the Chief Information Officer (CIO) and Assistant Secretary for the Office of Economic Self-Sufficiency. The Department's Executive Governance Council will receive regular updates as well as project escalations as necessary. An IV&V vendor will provide oversight to the project and have visibility to observe, monitor, and report on project progress and risks.

Subject matter experts (SMEs) will be assigned to the project, both from the Department and procured externally, through vendor/contractor services. SMEs will be instrumental in assisting the project team throughout the system development project lifecycle including the validation of "as-is" and "to-be" process flows, requirements, project deliverables, testing, and organizational change management/training activities.

The project management methodology used by DCF and contracted vendors is based on the PMI's Project Management Framework. Contracted vendors will provide Project Management Plans for their work streams. DCF's Modernization Project Manager will execute and update the state's Operational Work Plan (OWP) for the overall project.

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.
Project Management Plan	Includes the following documents as required by the DCF Project Director and/or the PMO: • 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.

Name	Deliverable Description
Technical Design Specification	Detailed technical design for data and information processing in the new business system to include: • 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.
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: • 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.

Name	Deliverable Description
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-1: Project Deliverables

General Project Milestones

The project will be managed according to the general milestones outlines in **Exhibit VII-2.** Specific deliverables for FY 23-24 will be included in vendor procurements as well as the Operational Work Plan (OWP). 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	• Updated Schedule IV-B
Federal Funding Approval	• Advance Planning Document
Project Kick-Off	• Project Charter
Project Management Documents Completed	• Various (See deliverable list)
Business Process Analysis Completed for Each Phase	• As-Is Business Process Flows • To-Be Business Process Flows
Acceptance of Functional and Technical Requirements for Each Phase	• System Requirements Document • Public Assistance Requirements Document
Acceptance of Validated Requirements for Each Phase	• Validated Functional Requirements Document
Acceptance of User Interface Prototypes for Each Phase	• User Interface Prototypes
Acceptance of Each Phase's Functional and Technical Design Specifications	• Functional and Technical Design Specification documents
User Acceptance Testing for Each Phase Completed	• End-to-end role-based test scripts • Log of UAT tickets by status
End User Training for Each Phase Completed	• On-site training sessions • Training materials
System Deployment Phases (based on ACCESS Modernization Roadmap)	• Functional system released into production
Project Close-out	• Lessons Learned • Knowledge Transfer • Contract Compliance Checklist • Sunset Plan • Project Close-out Checklist

Exhibit VII-2: Project Milestones and Deliverables to Complete

General Project Approach

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

1. Submit a Legislative Budget Request
2. Perform Schedule IV-B Feasibility Study update
3. Prepare federal Implementation Advance Planning Document Update (IAPDU)

4. Submit IAPDU for approval
5. Develop major procurements and submit for prior federal approval
6. Execute procurement(s)
7. Submit proposed award(s) and contract(s) for federal prior approval
8. Execute contract(s)
9. Execute the project
10. Monitor and control the project
11. Develop and test the solution as described in the Technology Planning section
12. Implement the solution
13. Conduct Organizational Change Management and Communications activities
14. Develop and Conduct Training
15. Deploy the system to trained users who are fully prepared to use the new system and are supported by on-screen help
16. Conduct knowledge transfer
17. Continued operations, administration, and support of the system through the warranty period
18. Close Out the project
19. 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-3** illustrates the proposed change request process.

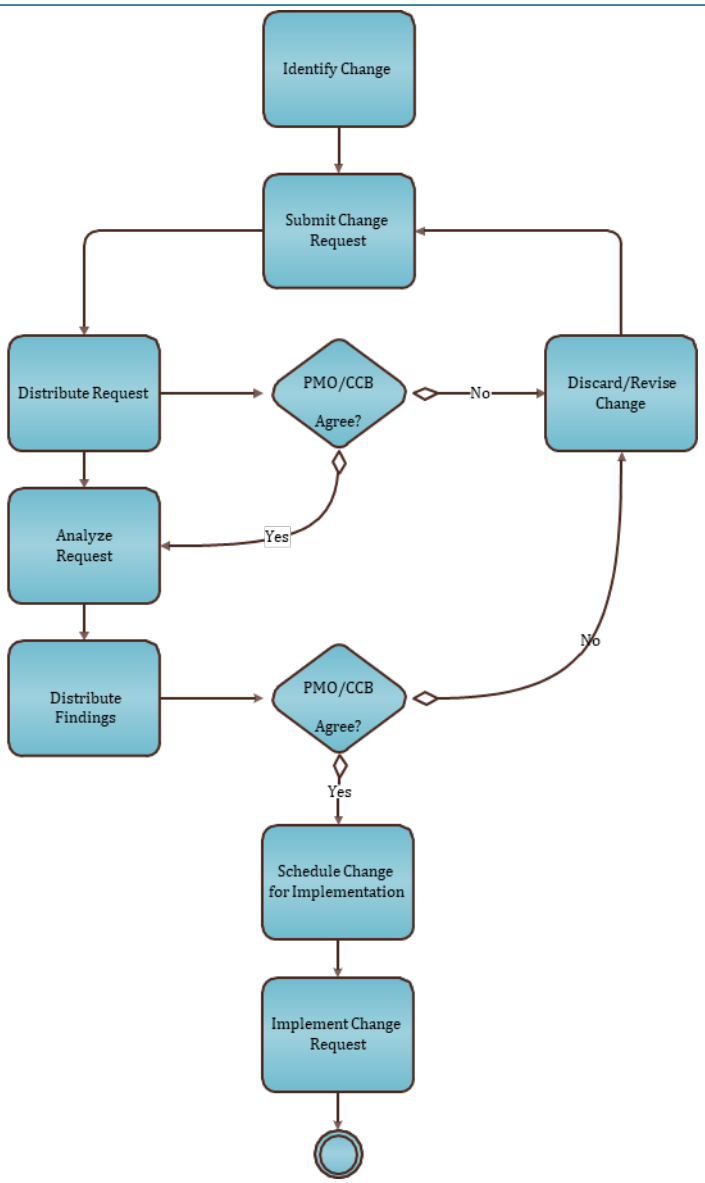


Exhibit VII-3: Proposed Change Process

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 ACCESS System modernization project.

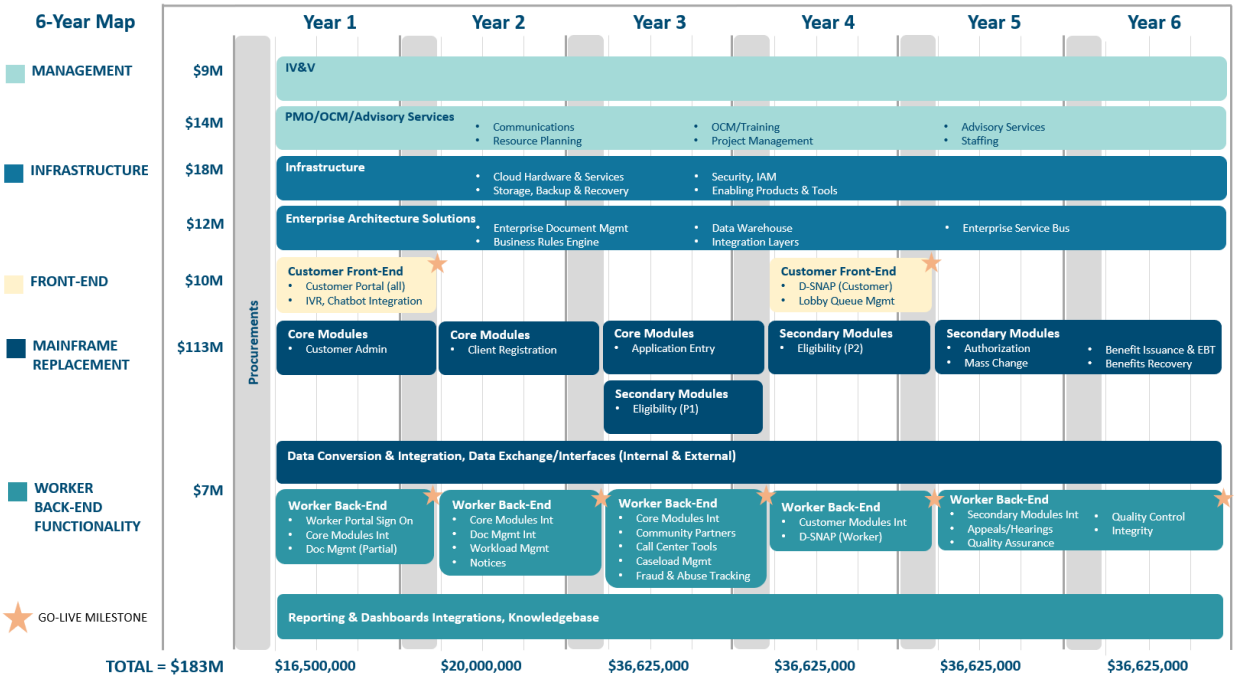


Exhibit VII-4: High-Level Project Schedule

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

Will be provided at a later date.

B. Cost Benefit Analysis Workbook

Will be provided at a later date.

C. Risk Assessment

Will be provided at a later date.

D. Requirements

Will be provided at a later date.

Schedule IV-B for Modernizing Florida's Comprehensive Child Welfare Information System (Updated)

For Fiscal Year 2024-25

October 2023

DEPARTMENT OF CHILDREN AND FAMILIES

Contents

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 2023
Project Name: Modernizing Florida's Comprehensive Child Welfare Information System	Is this project included in the Agency's LRPP? __X__ Yes ____ No
FY 2023-24 LBR Issue Code: 36123C0	FY 2024-25 LBR Issue Title: Child Welfare Software and Enterprise Architecture Modernization (Updated)
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Cole Sousa, 850-320-9166, cole.sousa@myflfamillies.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: Printed Name: Shevaun L. Harris	Date: 9/15/23
Agency Chief Information Officer (or equivalent): Printed Name: Cole Sousa	Date: 09/12/2023
Budget Officer: Chad Barrett Printed Name: Chad Barrett	Date: 9/13/2023
Planning Officer: Timothy Lawson Printed Name: Timothy Lawson	Date: 09/12/2023
Project Sponsor: Printed Name: Kathryn Williams	Date: 9/12/23
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Daniel May, 510-7281, Daniel.May@myflfamilies.com
Cost Benefit Analysis:	James Cheatham, 879-5573, James.Cheatham@myflfamilies.com
Risk Analysis:	Tim Lawson, 491-8653, Timothy.Lawson@myflfamilies.com
Technology Planning:	James Cheatham, 879-5573, James.Cheatham@myflfamilies.com
Project Planning:	James Cheatham, 879-5573, James.Cheatham@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 $35 million across two (2) years, including $25 million for FY24-25 and $10 million in FY25-26, to procure the services and software necessary to continue to implement a CCWIS solution for the State of Florida. Although additional exploration is needed to ensure the selected solution(s) will continue to align with Florida's child welfare practice model and determine exact costs until final implementation, 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 partner state and local agencies, and systems of community-based care throughout Florida to support Florida's most vulnerable citizens. While the state and local partners are more engaged with service delivery, ACF provides 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.

ACF promulgated its Comprehensive Child Welfare Information System (CCWIS) framework rule[2] in 2016 for information systems. 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 child welfare 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 provided 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 ensued between 2019 and 2021 that presented alternative solutions that were not available at that time that included other states' progress in implementing CCWIS solutions and the emergence of Commercial

[1] Florida Department of Children and Families (myflfamilies.com)
[2] Federal Register :: Comprehensive Child Welfare Information System

off the Shelf (COTS) products that are more capable of supporting child welfare practice from intake through crisis resolution and permanency.

In FY22-23, the Department launched the development of Phase I of its CCWIS implementation that included modern modular functionality using a Salesforce platform to replace the Intake and Investigations functions performed by FSFN and is currently preparing Phase II (FY22-24) that includes the replacement of Case Management and associated functionality. Phase II is slated for completion in September 2024.

The current estimated total cost for FY24-25 through FY25-26 is up to $35 million across two (2) years.

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

1. Transfer a fully operational CCWIS modular 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 continues to prefer, based upon currently available information and its current two phases of implementation planning and execution, 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. No COTS solution will provide 100% of Florida's practice needs and CCWIS requirements, so additional components or custom-built solutions will need to be integrated. This is the foundation for the continued recommendation of a hybrid modular 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 initially identified in the first two (2) quarters of each fiscal year as the modular 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, including the Agile management of a software development lifecycle, and Chapter 60GG-1, Florida Administrative Code, that must be followed are outlined in Section VII Project Management Planning that acknowledge the need for a structured implementation approach to ensure effective risk mitigation throughout implementation.

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

A. Background and Strategic Needs Assessment

1. Business Need

Overview

Section 20.19, Florida Statutes (F.S.), 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) lead agencies 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 June 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 (Phase I) of the project. In FY 23-24, the Legislature approved $15M for the second year (Phase II) 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 the longer FSFN remains in operation.

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 bi-directional data exchange with each of the following state systems:
    - Child abuse and neglect system(s)

  - System(s) operated under Title IV-A
  - 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)

- 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 ad 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 continuing to mitigate 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 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	• 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	• 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	• 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	• 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	• 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	• 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	• 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	• 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	• 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	• Provide for On-Demand Report Processing that can be run any time • Incorporate Asynchronous Updates
Reduce Cost of Ownership	• 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	• Align Business Rules to Match Application Capabilities • Design New Functionality in Modular Components
Manage Infrastructure	• 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 by Department staff. 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

A. The project has ongoing support from the DCF Executive Project Sponsor, Business Sponsor, and Chief Information Officer.

B. Procurement of vendor services for year 3 (Phase III) and year 4 (Phase IV) 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 phased 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 continue to inform implementing the new CCWIS technology and functionality timely since they serve as a primary

source for story tailoring in phases III and IV.

It was determined that the Intake and Investigation modules would be implemented for year 1 (Phase I) and Case Management and associated modules for year 2 (Phase II). Requirements validation sessions were held in July-August 2022 to validate the requirements for intake, investigation, common functions, and non-functional requirements. Validation schedules will be held in September 2023 to validate requirements for case management, common functions, and non-functional requirements.

2. Business Solution Alternatives

The search for a full 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.

Between 2019 and 2021, alternative solutions emerged, including lessons learned from other states that were/are transitioning an existing system to CCWIS compliance. Three (3) states reported they had implemented their full CCWIS solution; one of which achieved compliance by developing requirements on a COTS solution. As a result, there continue to be two (2) viable alternatives for Florida's continued transition to CCWIS based on iterative modular replacement of Florida's current child welfare legacy system, FSFN:

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

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 shown in Exhibit II-1 for the identified modular features/functions for Phase III and Phase IV

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 and modularity.

3. Rationale for Selection

A thorough analysis of these alternatives' ability to achieve the objectives in Exhibit II-1 would need to be completed during the procurement phase of the CCWIS Strategic Roadmap for both phases III and IV (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 both 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 a similar modular CCWIS systems. This section describes what is currently known or estimated about these options based on completed research.

Alternative 2

Purchasing/subscribing to a best-of-breed COTS solution provides a ready-made, canned solution. This option also offers 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 (SoA) provides 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.

4. Recommended Business Solution

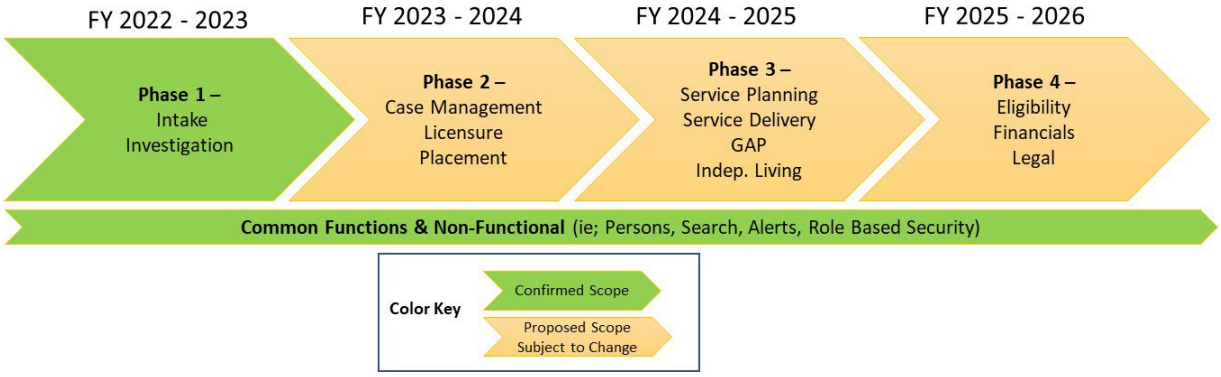
The recommended alternative continues to be a combination of alternatives 2 and 3, utilizing COTS/SaaS where feasible, while building custom components where COTS/SaaS solutions are not feasible. A cloud-based solution that enables timely enhancements and customizations provides the best alignment of business needs with technology optimization, and flexibility moving forward.9999

Projected costs for this selected approach are $30 million over a two-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	$7,500,000	$12,500,000	$5,000,000	**$32,500,000**
Federal Funding	$7,500,000	$7,500,000	$12,500,000	$5,000,000	**$32,500,000**
TOTAL	**$15,000,000**	**$15,000,000**	**$25,000,000**	**$10,000,000**	**$65,000,000**

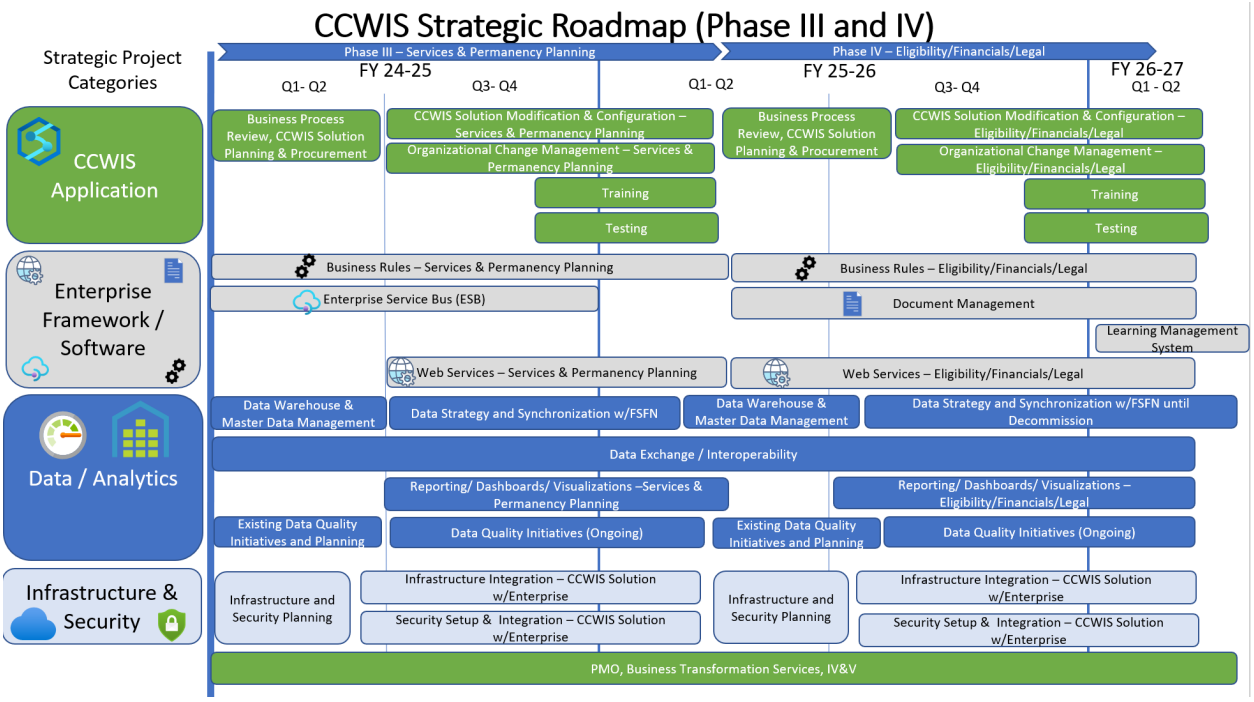
DCF has developed a phased approach to implement CCWIS functionality. Exhibit II-2 depicts the functionality that is planned to be implemented in each phase. Phase I developed Intake and Investigation modular functionality, Phase II will develop Case Management functionality (pending validation through the RFQ currently in progress), where phases III and IV 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 III and IV. 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.

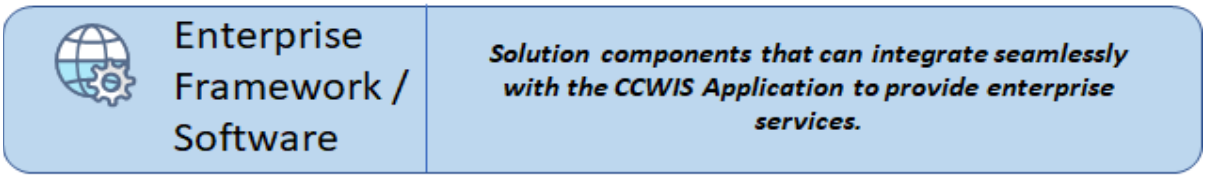
Exhibit II-3: Modernizing Florida's Child Welfare System – CCWIS Strategic Roadmap



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.

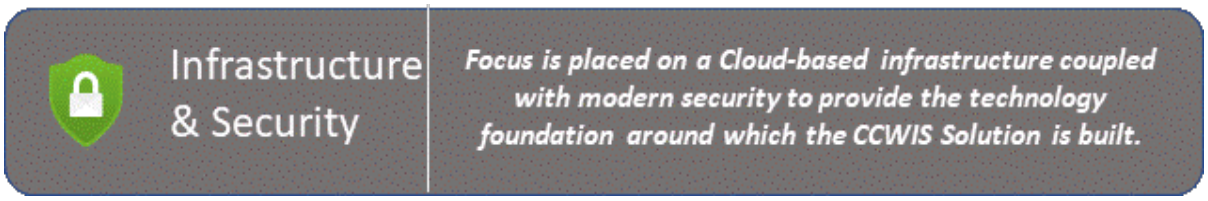
CCWIS Application – CCWIS Solution		
Element	**Description**	**Duration**
Business Process Review and CCWIS Solution Planning and Procurement	Review of current child welfare business processes to ensure that any solution procured will support the current Florida child welfare practice model, comply with state policy, and federal CCWIS requirements. Selection of the solution components will involve determining the functional modules to be included in the CCWIS Solution during each project phase. A CCWIS Solution that best meets the State's needs will be procured through an RFQ. 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 24-25 Q1 & Q2 FY 25-26
Organizational Change Management	Individual and group change planning for processes that will enhance performance or will be necessitated by new modular functionality system components based on thorough review of the business processes designed and defined for each project phase.	Q3 & Q4 FY 24-25 Q1 & Q2 FY 25-26 Q3 & Q4 FY 25-26 Q1 & Q2 FY 26-27
CCWIS Solution Modification & Configuration	Creation and prioritization of user stories for each modular functionality within each project phase. It is expected that the general support functions of the modular functionality application will be configured depending on the complexity of the selected modular functionality for each project phase. 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 24-25 Q1 & Q2 FY 25-26 Q3 & Q4 FY 25-26 Q1 & Q2 FY 26-27
Testing	A series of functional and technical test designed to affirm that all intended modular functions perform as expected and designed.	Q3 & Q4 FY 24-25 Q1 & Q2 FY 25-26 Q3 & Q4 FY 25-26 Q1 & Q2 FY 26-27

Training	Training includes the development of pertinent user guides and instructional materials and performing a series of Train-the-Trainer and End User Training for all users identified for each modular functionality within each project phase.	Q3 & Q4 FY 24-25 Q1 & Q2 FY 25-26 Q3 & Q4 FY 25-26 Q1 & Q2 FY 26-27



Enterprise Framework/Software		
Element	**Description**	**Duration**
Business Rules	Assessment of the application during procurement process to determine the extent of its usage versus the use of DCF's enterprise Rules Engine. Creation of business rules.	Q1-Q4 FY 24-25 Q1-Q4 FY 25-26
Enterprise Service Bus	The enterprise service bus will be purchased and/or built to: • 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 24-25
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 25-26 Q1 FY 26-27
Learning Management System	Vendor services will be procured to develop training resources that can be integrated into and used on an ongoing basis as part of the overall CCWIS.	Q1-Q2 FY 26-27
Web Services	Establish 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 modular application for each project phase, General web services will be developed during procurement of the CCWIS Solution. After the procurement has been completed, web services will be developed to integrate the CCWIS Solution.	Q3 & Q4 FY 24-25 Q1 & Q2 FY 25-26 Q3 & Q4 FY 25-26 Q1 & Q2 FY 26-27

Data Analytics		
Element	**Description**	**Duration**
Data Warehouse and Master Data Management	Use of, and integration with the established 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. Potential implementation of functionality for identifying data that needs to be cleaned and ensuring data quality prior to using for reporting or analysis. Entails 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 24-25 Q1 & Q2 FY 25-26
Data Strategy and Synchronization w/FSFN & until Decommission	Define a data strategy that serves as a plan to improve the ways data is acquired, stored, managed, shared, and used. Establish bi-directional data synchronization between FSFN and the new solution to ensure a unified database and single source of truth.	Q3 & Q4 FY 24-25 Q1 & Q2 FY 25-26 Q3 & Q4 FY 25-26 Q1 & Q2 FY 26-27
Data Exchange/ Interoperability	Planning for the data to address the CCWIS requirement for bi-directional data exchanges with external systems that collect or use CCWIS data. The primary focus of this effort is around the planning of the architecture for the exchange.	Q1-Q4 FY 24-25 Q1-Q4 FY 25-26
Reporting/ Dashboards/ Visualization	Identification of the reports (including ad hoc reporting capability), dashboards, and visualizations by OCFW and OITS that will be made available through CCWIS and all the relevant parameters needed to create them.	Q3 & Q4 FY 24-25 Q3 & Q4 FY 25-26
Data Quality Initiatives	Identifying data quality initiatives to accompany the implementation of CCWIS modular functionality per project phase. Implementing the initiatives and testing for data quality parameters.	Q1-Q4 FY 24-25 Q1-Q4 FY 25-26



Infrastructure & Security - Enterprise Security Identity and Access Management		
Element	**Description**	**Duration**
Infrastructure and Security Planning	Planning for incorporating security precautions into the CCWIS solution and/or determining if existing practices are sufficient to ensure users can only access functions/information they are authorized to; access is revoked when inappropriate use is detected; all data entry is audited/tracked so users making and changes made can be identified; and ensure all data within the system is secure and confidentiality is maintained, as required by law and practice.	Q1 & Q2 FY 24-25 Q1 & Q2 FY 25-26
Infrastructure Integration	Ensure 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. Ensure the CCWIS design complies with all industry standards and CCWIS requirements regarding security and maintaining confidentiality. Define and incorporate 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 into the overall CCWIS system.	Q1-Q4 FY 24-25 Q1-Q4 FY 25-26
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.	Q1-Q4 FY 24-25 Q1-Q4 FY 25-26

Project Management Office, Business Transformation Services, IV&V

Project management services will be provided throughout both phases of the project and 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 may 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 project team is employing best practices and will give particular attention to ensuring that project metrics are maintained and that business objectives are met. The IV&V provider may also provide enhanced testing services for the project.

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.

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	• Measured and assessed by ACF through the ACF-prescribed compliance review process • IV&V Documentation	• State of Florida • DCF staff • Florida Taxpayers
2	Maximized Federal Funding	• 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	• State of Florida • DCF staff • Florida Taxpayers
3	Enhanced User Support/ Experience	IV&V Documentation of: • 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	• Child Protective Investigators and Case Managers • Children and Families Served by DCF • Foster Parents
4	Mobile Functionality	IV&V Documentation of: • Availability of Mobile Device Support • Availability of Mobile Assessment Functionality • Availability of Offline Work Capability and Subsequent Data Synchronization • Availability of Route Management Tools	• DCF Staff • Children & Families Served by DCF
5	Enhanced Workflow/Workforce Management	IV&V Documentation of: • 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	• Child Protective Investigators and Case Managers • DCF Staff • Children & Families Served by DCF

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: • 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	• State of Florida • DCF Staff • Children & Families Served by DCF
7	Interoperability Enabled	IV&V Documentation of: • 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	• DCF Staff • DCF Leadership • Children & Families Served by DCF
8	Enhanced Data Quality and Data Management Tools	IV&V Documentation of: • Availability of Data Quality Assurance Tools • Integration with MDM and Data Quality Assurance Tools	• Child Protective Investigators and Case Managers • DCF Leadership • Children & Families Served by DCF
9	Enhanced Batch Processing	IV&V Documentation of: • Availability of On-Demand Report Processing • Availability of Asynchronous Data Updates	• Child Protective Investigators and Case Managers • DCF Leadership
10	Reduced Cost of Ownership	Documentation of: • Operations and Maintenance Costs Each Year During Implementation • Incorporation of Best-of-Breed COTS Components • Use of SaaS, When Cost-Efficient	• State of Florida • DCF Staff • Florida Taxpayers
11	Customized Solution	IV&V Documentation of: • Alignment of Business Rules with Application Functionality • Modularly Built Functionality	• Child Protective Investigators and Case Managers • Foster Parents • DCF Leadership • Children & Families Served by DCF
12	Managed Infrastructure	• 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)	• 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 25/26
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 25/26
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 dissembling 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.

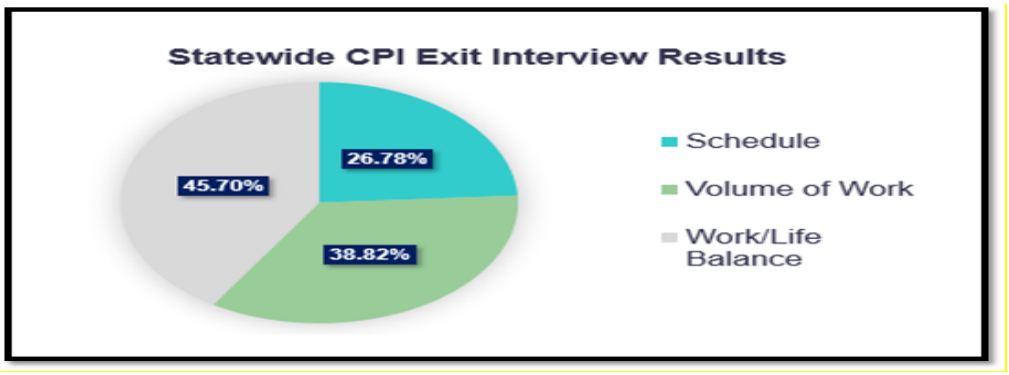
A.3 Benefit 3 - Enhanced Staff Productivity through CCWIS Solution Mobility

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

- 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: Cost Benefit Analysis (CBA Form 2A)

	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	$15,000,000	$25,000,000	$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)	($19,000,000)	($31,000,000)	($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)	($76,613,638)	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.

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.

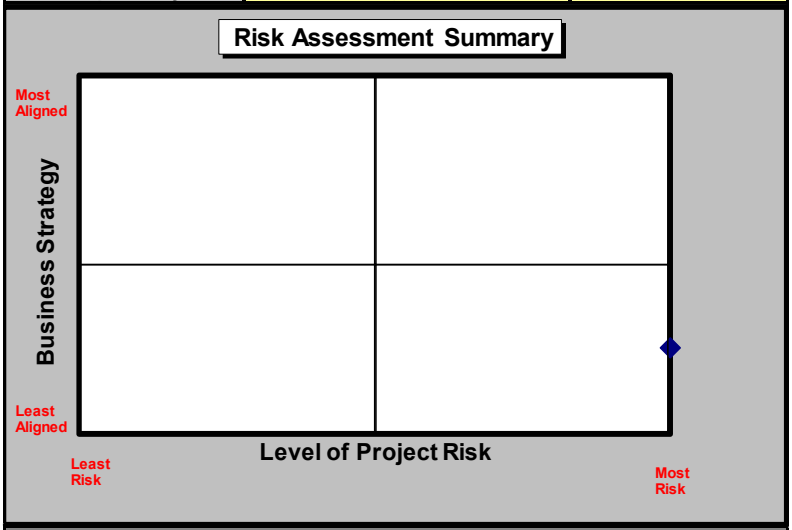
- **Strategic Assessment:** The project will have multiple agency visibility, statewide enterprise visibility, public visibility, and will likely take multiple years to implement. Additionally, some of the project milestones and completion dates are dependent upon state or federal actions.
- **Technology 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	*DCF Modernizing CCWIS - FSFN Replacement*	
Agency	*Department of Children and Families*	
FY 2022-23 LBR Issue Code:	**FY 2022-23 LBR Issue Title:**	
Issue Code	*Issue Title*	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
Timtothy Lawson, Timothy.Lawson@myflfamilies.com		
Executive Sponsor		
Project Manager	*TBD*	
Prepared By	*Timothy Lawson*	*9/2/2022*



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.

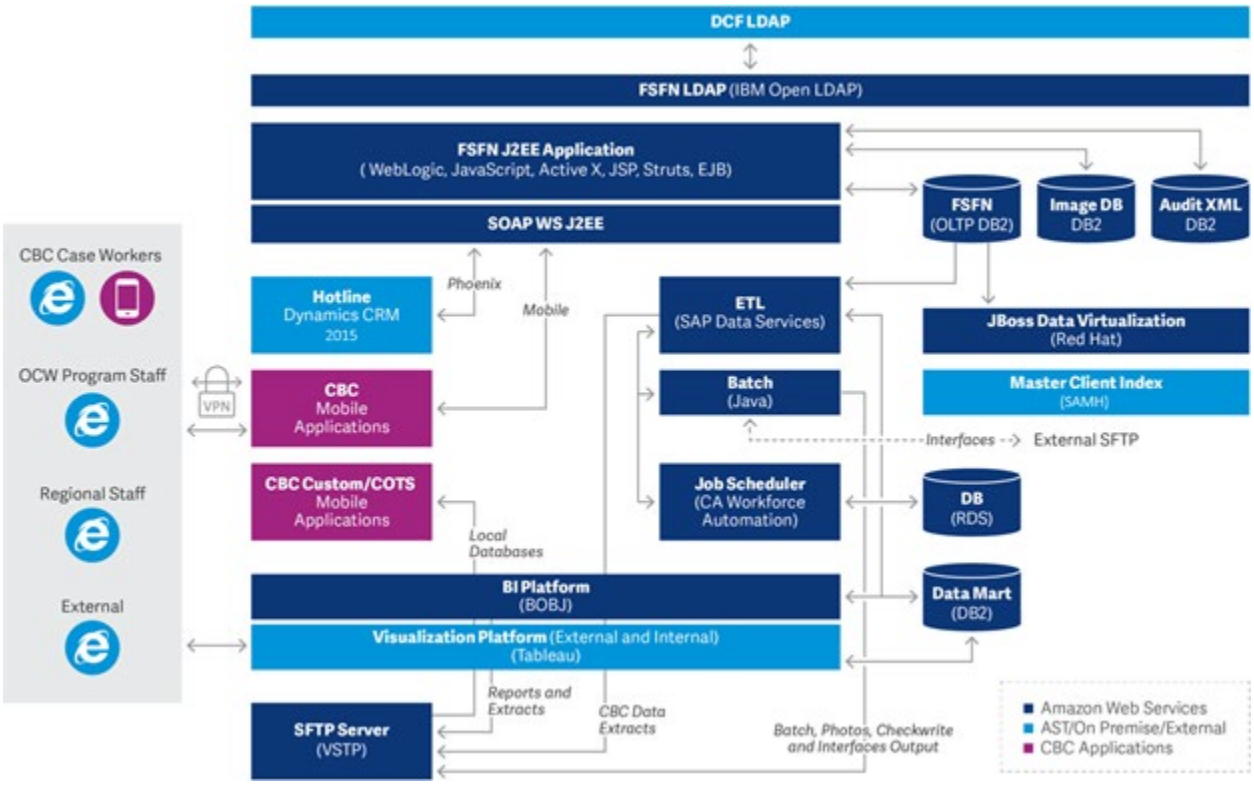
ii. Application Web Servers

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

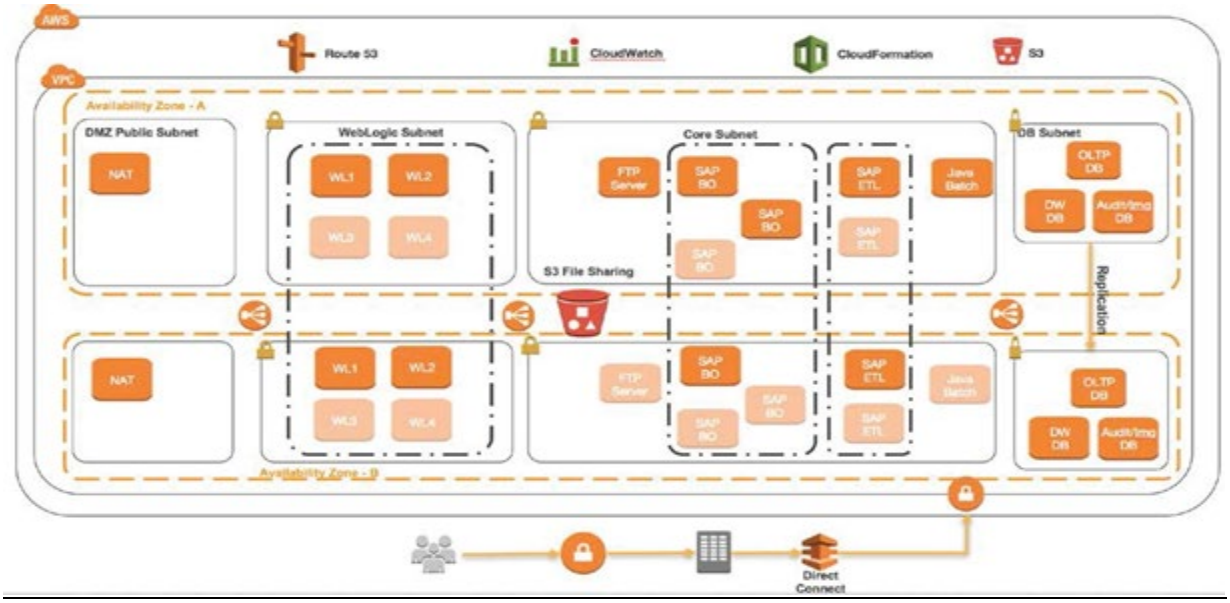
1. Server Inventory

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 FSFN Production Servers, provides a high-level architecture of the production environment's primary Virtual Private Cloud (VPC).

Exhibit VI-4: Current FSFN Production Servers



2. Software Inventory

Exhibit VI-5 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-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

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	• 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	• 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	• Browser and Device agnostic user interface • Persona-based intuitive user interface • Mobile functionality
Interoperability	• 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	• 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	• Reuse and integrate with existing IT assets • Maximize the use of DCF Enterprise IT roadmap assets

Evaluation Criteria	System Characteristics
Analytics and Reporting	• Real-Time Operational Reporting • Dashboards and Data Visualization • Predictive Analytics
Business Rules	• Use of Rules Engine • Written in Natural Language
Data Management and Data Quality	• Implement and align with CCWIS Data Quality plan • Integrate with MDM and Data Quality tools
Batch Processing	• Processing can be run at any time • Asynchronous Updates
Workflow	• 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	• Service-Oriented Architecture • Use of Best of Breed COTS components or Software Services • Alignment with DCF Enterprise Architecture Roadmap
Cost of Ownership	• COTS • SaaS
Application Development Strategy, Methodology, and Approach	• Alignment with DCF SDLC Methodology • Use of automated tools for release and testing
Solution Customization	• Align Business Rules to Match Application Capabilities • Modular Design
Application Maintenance	• COTS product • Standards based Application changes • Application Maintenance
Infrastructure	• Cloud based • SaaS or IaaS • Scalable • Alignment with DCF DR and COOP
Alignment with Federal Requirements	• 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

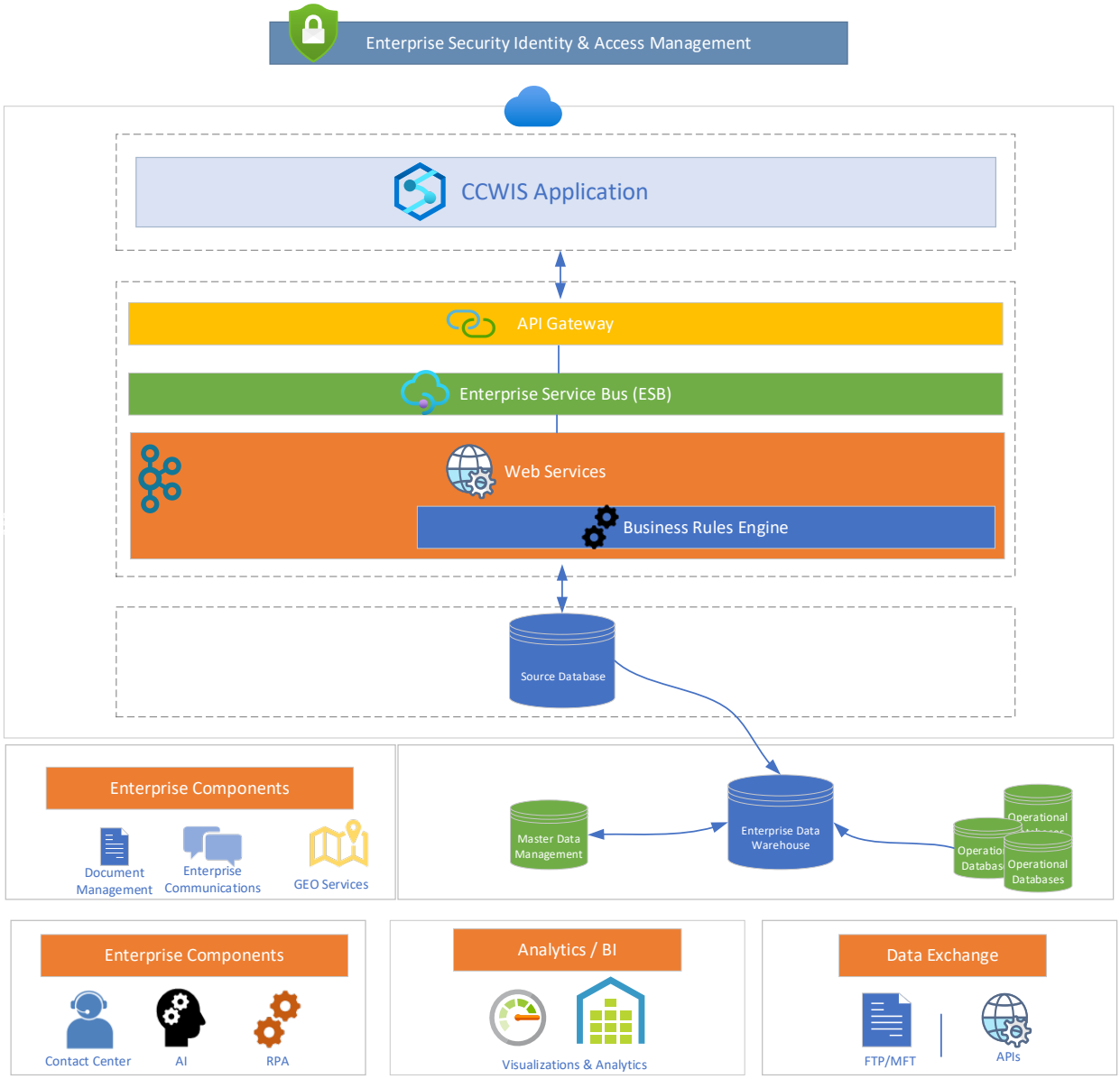
This alternative involves replacing the current FSFN components with modern, "best-of-breed" solution components that offer greater flexibility, interoperability, performance, and data quality, while providing alignment with DCF's overall enterprise strategy. For any components that cannot be replaced 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.

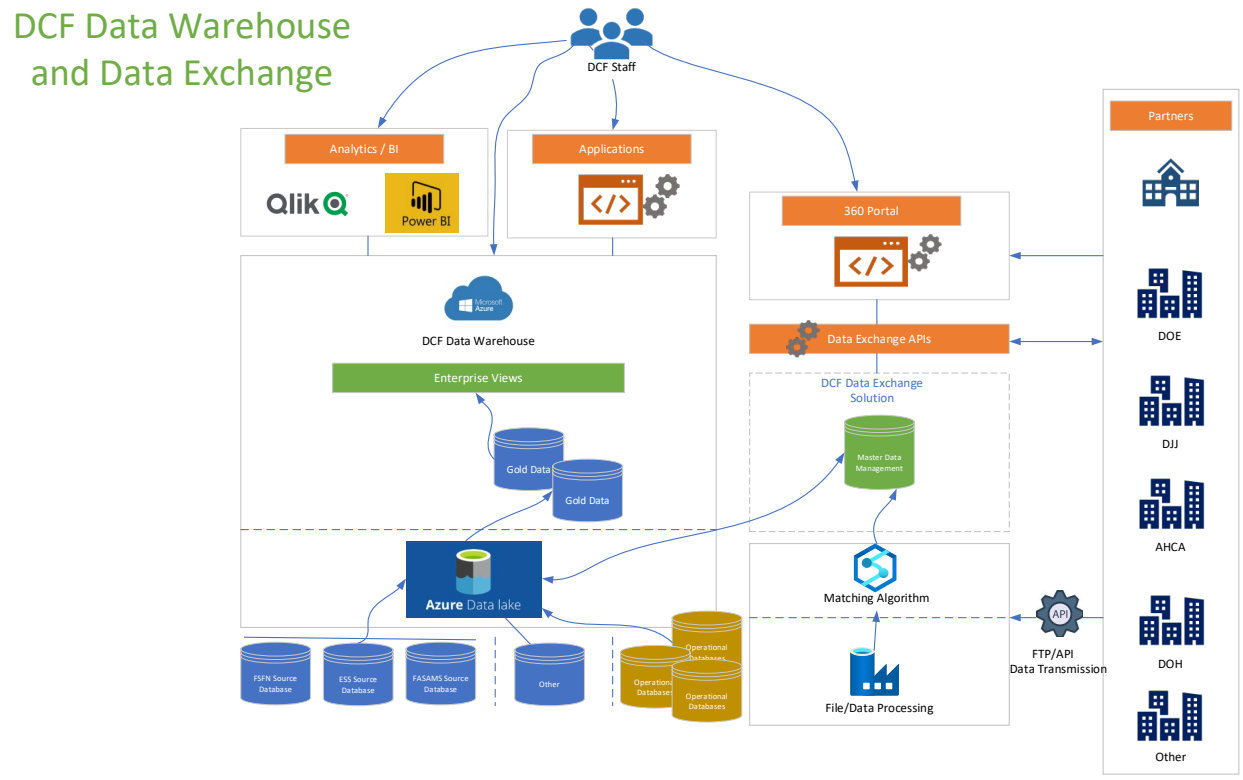
Exhibit VI-8 (on the next page) depicts the proposed system architecture that aligns with the Strategic Roadmap, where the approach consists of a CCWIS Application that is integrated with an API Gateway, Enterprise Service Bus, Business Rules Engine, and Web Services.

Exhibit VI--8: 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--9: CCWIS Solution Proposed Architecture Approach



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 for both phases of implementation. 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 year 1 (Phase I) 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 Project Manager (PM) will be responsible for the day-to-day execution of the project and will report to a Program and a Technical DCF Project Director who will be responsible for the overall successful delivery of the project. The project directors will report to a 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 directors throughout the project. The PMO will be staffed with multiple project management professionals.

The business stakeholder members of the project management team include experienced DCF staff, CBC staff, and other key 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	• 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	• 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	• 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	• Controls project budget • Provides budget-related input into project scope, project change control, and contractual financial impacts	TBD
PMO Project Director	• 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

DCF Project Manager(s)	• Responsible for day-to-day project oversight • Provides overall guidance and direction to the System Integrator • Coordinates with the PMO 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	OCFW & OITS
Project Business Stakeholders Committee ***(Group of internal and external stakeholders from DCF and other agencies.)***	• 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	• 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	Vendor System Integrator

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 PMO Project Manager, the DCF project managers, 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

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 PMO Project Manager will work closely with OCFW and OITS 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 I is provided in Exhibit VII-2. Phases II-IV 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

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.

Will be provided at a later date.

Appendix B – Business Process Flow Diagrams

Will be provided at a later date.

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.

Will be provided at a later date.

Appendix D – CCWIS Functional Modules

Will be provided at a later date.

Appendix E – Non-Functional Requirements Traceability Matrix

Will be provided at a later date.

Appendix F – Cost/Benefit Analysis

Will be provided at a later date.

Appendix G – Risk Assessment

Will be provided at a later date.

SCHEDULE IV-B FOR STATE MENTAL HEALTH TREATMENT FACILITY ELECTRONIC HEALTH RECORD IMPLEMENTATION

For Fiscal Year 2024-25

August 23, 2023

DEPARTMENT OF CHILDREN AND FAMILIES

Contents

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 2024-25 LBR Issue Code:	FY 2024-25 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: for Printed Name: Secretary Shevaun Harris	Date: 9/15/23
Agency Chief Information Officer (or equivalent): Cardeo Butts for Cole Sousa Printed Name: Cole Sousa	Date: 09/12/2023
Budget Officer: Chad Barrett Printed Name:	Date: 09/13/2023
Planning Officer: Timothy Lawson Printed Name: Timothy Lawson	Date: 09/12/2023
Project Sponsor: Printed Name: Peter Kennedy	Date:

Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	
Cost Benefit Analysis:	
Risk Analysis:	
Technology Planning:	
Project Planning:	

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

A. Background and Strategic Needs Assessment

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 Information Technology (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 Facilities[1]

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:

- Florida State Hospital (FSH)
  - Civil Commitment Capacity
  - Forensic Commitment Capacity
  - Forensic Step-down Services
- Northeast Florida State Hospital (NEFSH)
  - Civil Commitment Capacity
  - Forensic Step-down Services
- 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.
- Healthcare services.
- Individual and group therapy.

[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.

- 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 inability to provide safe, high-quality, and evidence-based care in a system that is fully reliant on an outdated paper-based documentation system to manage complex patient care. The absence of a digitized record keeping system and integrated database that collects data in a single health record across the multiple systems at each State Facility, leaves the State unable to obtain a complete representation of the medical history and treatment plans of its most vulnerable population.

The State Facilities currently utilize varying types of outdated handwritten patient documents, record keeping practices, manual processes and homegrown IT systems for resident medical treatment and facilities management. This is a health data management approach that is not compliant with the Health Information Technology for Economic and Clinical Health Act (HITECH)[2] or 21st Century Cures Act[3] and applicable laws. The Department must better coordinate treatment between State Facilities and community providers to be following modernized hospital and clinical processes for the care of individuals as required by Federal and State regulations and policy as it is no longer acceptable to continue antiquated methods of care management.

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 and important to bring the hospitals into compliance with HITECH, Health Information Portability and Accountability Act[4] (HIPAA; Privacy and Security) and the 21st Century Cures Act. In order to accomplish critical business objectives, the Department looks to acquire and implement an EHR platform that is technologically compliant with the Office of the National Coordinator (ONC) Certified Electronic Health Record. ONC Certified Health IT products require clinical data record systems to include the following eight categories of functionality:

- Clinical Processes
- Care Coordination
- Clinical Quality Measurement
- Privacy and Security
- Patient Engagement
- Public Health
- Health IT Design and Performance
- Electronic Exchange

[2] U.S. Department of Health & Human Services (HHS) (2009) Health Information Technology for Economic & Clinical Health Act. Retrieved from HITECH Act Enforcement Interim Final Rule | HHS.gov
[3] U.S. 114th Congress. (2015-2016). 21st Century Cures Act Retrieved from H.R.34 - 114th Congress (2015-2016): 21st Century Cures Act | Congress.gov | Library of Congress
[4] Code of Federal Regulations (eCFR). (2022) Health Information Portability and Accountability Act (HIPAA). Retrieved at eCFR :: 45 CFR 164.501.

Without such functionality in an electronic and digital format as required by the ONC then healthcare delivery, quality, safety, and data management fail.

The current process for resident health information management is inefficient and drives suboptimal effectiveness for the operations of the State Mental Health Treatment Facilities and care delivery. The result is a diminished level of quality, safety, and coordination of care between the Department and community providers. 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 Facility resources by coordinating admissions and follow-up services with community providers through an electronic platform.

Specifically, a strategic approach positions the Program to improve resident outcomes and staff engagement more effectively by addressing the following critical business needs:

- **Improve quality of care**

  An EHR enables State Mental Health Treatment Facilities to track, monitor, evaluate and deliver high standard of care to patients. EHRs improve safety through standardized record keeping with auditing capabilities to ensure care is delivered in a manner that is consistent with best practices and national standards. EHRs can also enhance care through Clinical Decision Support (CDS) tools which give providers additional information about their residents and help 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. Most physicians with EHRs reported EHR use enhanced patient care overall (78 percent), helped them access a patient's chart remotely (81 percent), and alerted them to a potential medication error (65 percent) and critical lab values (62 percent).[5]

- **Improve care coordination**

  An EHR enables State Mental Health Treatment Facilities to engage with community providers, other hospitals, and 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 discharge from a State Facility, the EHR will enable the sharing of records back to the community provider when an active care relationship exists on file, allowing both the providers in the State Facilities and the community to deliver continuity of care and facilitate the transition as a unified team. State Facility hospital and clinic staff (e.g., care coordinators, case managers) will find and use information for the coordination of internal and external resources to ensure care and services are delivered in a manner that decreases length of stay, readmissions and wait times.

- **Improve safety by reducing risk**

  An EHR would enable 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.[6] This feature reduces cost. 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 medication contraindications. 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

[5] King, J., Patel, V., Jamoom, E. W., & Furukawa, M. F. (2014). Clinical benefits of electronic health record use: national findings. *Health services research*, *49*(1pt2), 392-404.

[6] 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)

drive assaults, require seclusion and restraint, and lengthen duration of stay.

2. Business Objectives

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. Florida Statute 394.9082 finds that 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 with 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 safety, 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 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, evidence-based 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 safety, quality outcomes and operational 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 digital 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 people served by more than 600 people per year from expected productivity gains from EHR.

Moreover, improved analytical abilities would enable increased insight, accountability, transparency, oversight, and state and federal compliance for the Department. The increase in data availability and the ability to measure 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 electronically communicate across facilities would enable better more proactive decision support for State Mental Health Treatment Facility Administrators and behavioral healthcare providers. Instituting more HIPAA compliant open two-way 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. The enablement of rapid response to emergencies and systematic coordination of internal services through automation (referrals, appointments, and bed management) will improve onsite and cross campus capacity management.

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 and unplanned medical events to staff will also improve staff safety.

Overtime, the EHR may improve workforce retention as the amount of manual paperwork for current staff decreases, and the use of automation increases operational efficiency. Achieving Promoting Interoperability[7] standards with Office of the National Coordinator (ONC) Certified EHR Technology (CEHRT)[8] 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.

An enterprise EHR will allow the Department to reduce wait times by providing better visibility into State Facility bed availability and patient flow patterns. 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 will allow more efficient use of existing beds, further reducing delays to resident treatment, and ensuring that individuals with the highest need are treated ongoing and those that can return to the community do so as they are able. 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 will substantially 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 106 of the 168 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.

[7] Centers for Medicare and Medicaid (CMS) Services (2022). Promoting Interoperability Programs Retrieved on November 14, 2022, from Promoting Interoperability Programs | CMS

[8] Centers for Medicare and Medicaid (CMS) Services (2022). Certified EHR Technology. Retrieved on November 14, 2022, from Certified EHR Technology | CMS

B. Baseline Analysis

States across the country are devoting considerable resources and effort to implementing EHR systems to enhance their information systems capacity moving away from fragmented legacy systems and paper-based record keeping. According to a 2019 survey conducted by the NASMHPD Research Institute (NRI) only 10 states have not implemented an EHR. Florida is one.[9] 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 below[10].

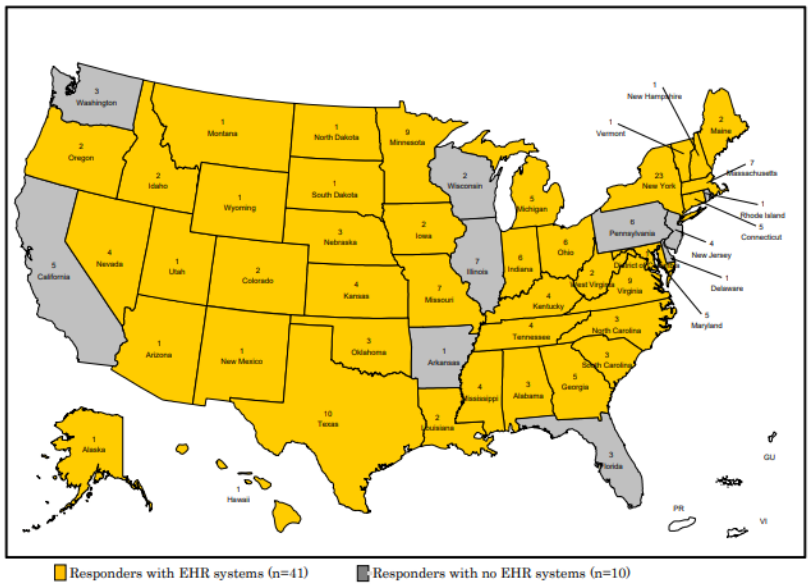


Exhibit II-2: Implementation Status of EHRS in State Facilities

The Department is optimistic an EHR can reduce the burden of maintaining separate paper-based and IT systems and will improve the ability 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)(2016) in Section II, D-Functional and Technical Requirements, and was updated by Centauri Health Solutions (2022).

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. Exhibit II-9 shows 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 A.

[9] *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

[10] 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.

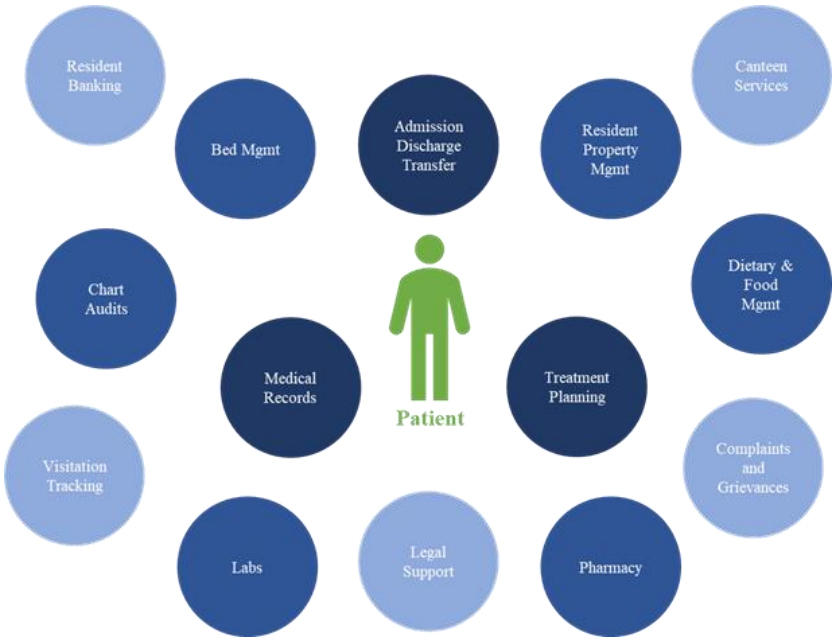


Exhibit II-3: Current State Processes

Current Business Process(es)

The State Facility applications currently in place use a variety of technologies, design methodologies, and interfaces running on 30 separate servers utilizing six (6) different operating systems, four (4) application types written in three (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. No electronic health record is available.

A number of these applications were created for specific State Facility programs decades ago with differing support requirements, legacy technology, and end-of-life time frames with no strategy to facilitate uniform, standardized structure data across the three State Facilities. All of these silo environments produce duplicated and redundant data across the State Facilities. There is no data interoperability and no effective way to communicate resident health records to support continuity of care within the community.

The disparate set of independent applications increase the following technology issues:

- Support – Vendors no longer provide technical support for legacy products.
- Security – security vulnerabilities from unsupported applications that are not HIPAA or ONC CEHRT compliant.
- Availability –Readily accessible and reliable systems (24/7) even through scheduled maintenance.
- Scalability – Systems lack the ability to grow with the increasing demand of three campuses.
- Modernization – Platform, System & Interface standards are subject to change over time.

Underlying these current systems issues, the Department also identified four key challenges with current processes:

- State Mental Health Treatment Facilities are falling behind in technology by operating in silos on antiquated systems and manual processes.
- Inadequate mechanisms to store, to protect, and to access resident data create challenges to meeting state and federal compliance.
- Lack of standardized, shared information and coordination within and across State Facilities and communities severely hinders, and sometimes prevents continuity of care.
- Limited visibility into State Facility bed 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 that don't meet the changing demands of both internal and external stakeholders as a result of heavy reliance on paper-based data capture and 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 B.

These manually completed, non-standardized processes underlie the disparity in policy, process, and technology that negatively impact operational inefficiency, and create unnecessary costs across all three State Facilities. The proliferation of these redundant paper records and non-standardized procedures also exposes the State Facilities to operational risk and legal non-compliance, 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.[11] 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.[12] An additional 40,000-80,000 errors in communication can be avoided by implementation of EHR 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. The Florida's Auditor General the 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 system[13] 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.

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

[11] 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

[12] Maidment ID, Lelliott P, Paton C. Medication errors in mental healthcare: a systematic review. Qual Safe Health Care 2006;15:409–13. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464884/

[13] Operational Audit. Department of Children and Families: Oversight of Substance Abuse and Mental Health Services. Report No. 2015-155. March 2015.

mailed, incurring an unnecessary incremental cost.[14] 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 unidimensional, 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.

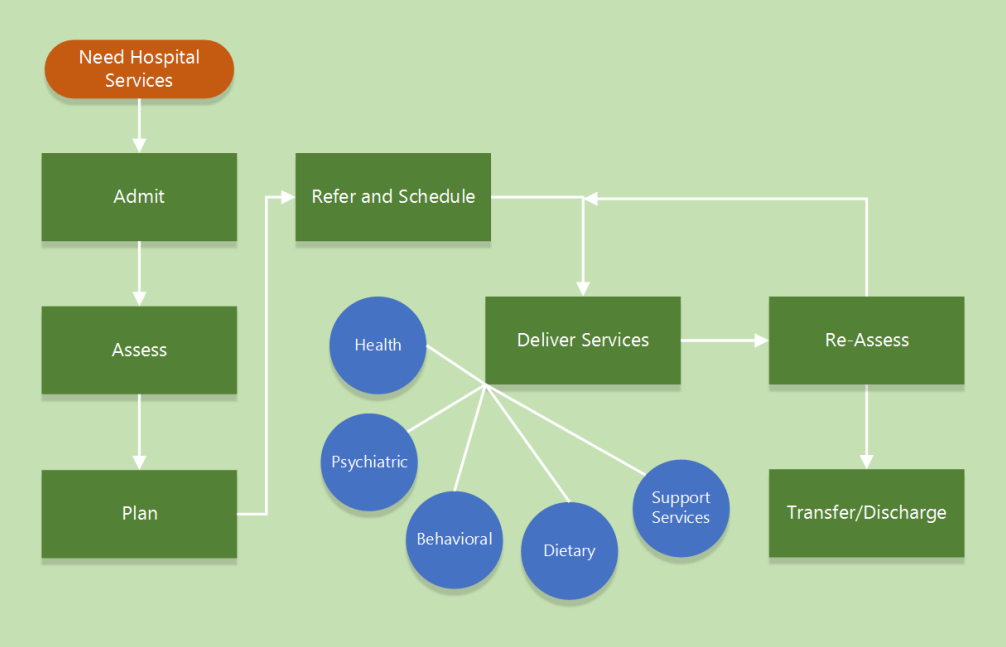


Exhibit II-4: State Mental Health Treatment Facility Service Delivery System

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 organizational boundaries[15].

[14] Confidentiality/Release of Information. Florida State Hospital Operating Procedure No. 151-19 as of May 13, 2015, received from FSH on July 22, 2015.
[15] A string of mistakes: the importance of cascade analysis in describing, counting, and preventing medical errors.

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

Each State Facility varies in its bed management procedures. All three State Facilities 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 B. 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-day 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. [16] 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 in 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.[17] 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.

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 paper-based and legacy IT 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 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

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/

[16] State Mental Health Treatment Facility Forensic Waitlist Review (2022). Office of Substance Abuse and Mental Health, Department of Children and Families, Tallahassee, Florida.

[17] Agency Amended Legislative Budget Request Fiscal Year 2021-22 Exhibit D-3A: Expenditures by Issue and Appropriation Category

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 release throughout the year, depending upon a 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 state 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's 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

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 and updates conducted by Centauri Health Solutions[18]. Functional and Technical Requirements in Section D below provides a more expansive description of the Department's future state requirements.

[18] Market Analysis Update. Centauri Health Solutions. November 2022.

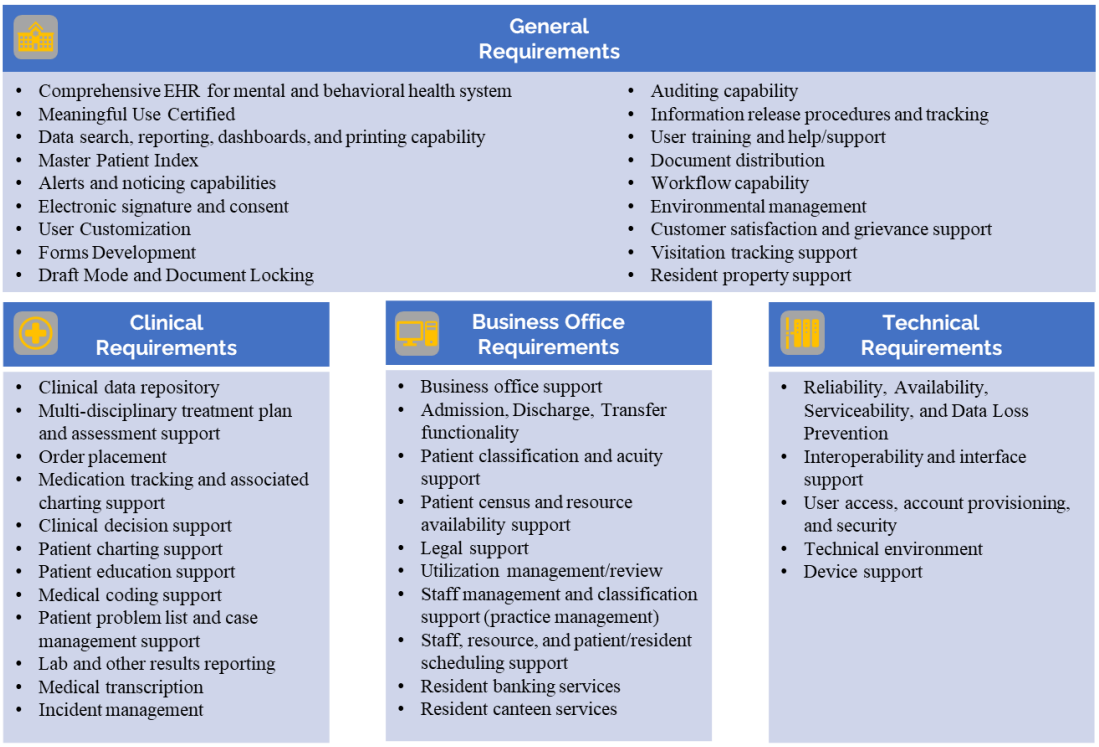


Exhibit II-5: Proposed Business Process Requirements

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.

The 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 informationwill 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. 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.[19] 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 based on role and minimum necessary in compliance with HIPAA Security Rule. 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 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 assessment, treatment plans and care plan goals, and automated chart review, giving providers the ability to be more agile and respond to the changing needs of persons being served.

An EHR ensures that all providers 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 EHR should support treatment, prevention, and follow-up service coordination throughout the system of behavioral healthcare. Not only will it support case management by 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.

An EHR should allow State Facilities to send internal messages electronically and coordinate client-related tasks with other staff members. The EHR should also allow for external messages to be sent electronically using standard HIPAA compliant mechanisms. The State Facilities should have the ability to receive, track and submit information across the three State Facilities and community providers to promote coordinated continuity of care. Interoperability will enable a comprehensive 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.

[19] Feedback on Virginia Department of Behavioral Health and Developmental Services' recent EHR implementation obtained directly from CIO of Virginia DBHDS on August 12, 2015.

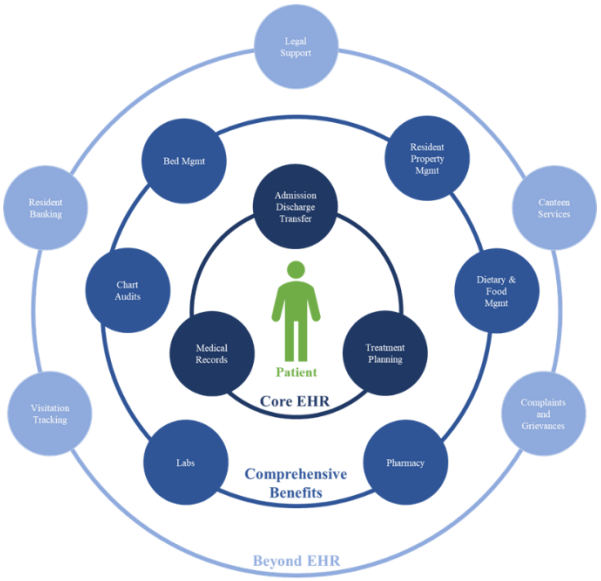
d. Bed Management

The system will allow greater visibility into State Facility bed 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. Bed management also improves staff management. The EHR will allow practitioners to make more informed clinical decisions that will impact the overall length of stay, thereby shortening wait days. Resident safety will be improved with automated tools to track and warn staff regarding resident separation requirements.

2. Business Solution Alternatives

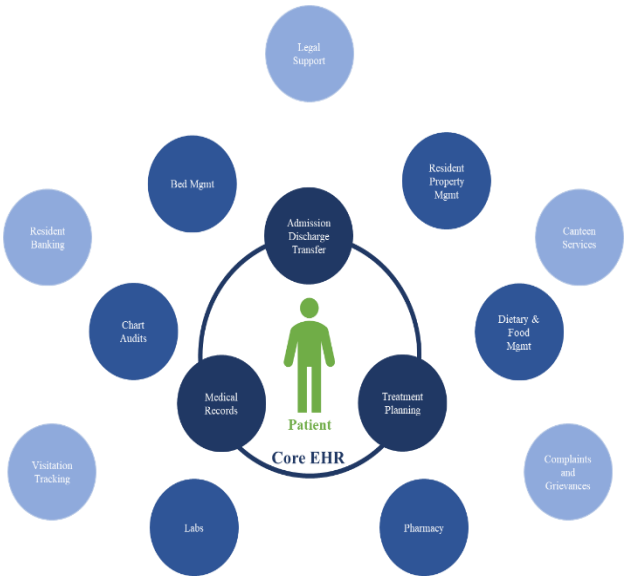
The State of Florida is facing increasing pressure to address the disparities between its public State Facilities' use of paper charts and the private sector's use of Electronic Health Records. EHR systems have delivered process efficiencies by enabling a higher level of continuity of care across the 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 109 current legacy applications.
- Meets statutory compliance for streamlining administrative processes and establishing a uniform system.

- **Alternative 2 – Custom EHR solution**



- Purchase a core EHR COTS system to serve as the hub and develop 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.
- Upfront costs will be higher due to the software design & development needs with high ongoing operational costs to ensure the software stays current with industry trends and updates

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 weighed for overall strategic importance to the potential project and the Department. Descriptions for the evaluation criteria and its factors are below in Exhibit II-7 and detail behind each of the alternative scoring results can be found in Appendix C.

Evaluation Criteria Description			
No.	**Evaluation Criteria**	**Weight**	**Factors**
1	**Strategic Alignment** The extent to which the solution is aligned with the Department's mission, strategic objectives and priorities.	15%	▪ **Stewardship** – The solution will enable the Department to effect program improvements by applying proven best practices to maximize efficiency and outcomes. ▪ **Protect the 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	**Outcomes** The value the solution will bring to the persons being served in State Mental Health Treatment Facilities.	25%	▪ **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 the people 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	**Risk Mitigation** The potential implementation risk and the anticipated reduction in service delivery risks after implementation.	15%	▪ **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	**Modern Solution** 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.	20%	▪ **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	**Business Alignment** How well the solution supports current and future business processes and strengthens the core capabilities of the Department.	15%	▪ **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	**Cost Benefit** The tangible and intangible benefits that the solution can bring to the Department and the State of Florida.	10%	▪ **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-8 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	• 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:	**High**	**2.67**

Exhibit II-8: Summary Scores by Alternative

Each of the evaluation criterion scores were applied to 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-9.

		Alternative 1		Alternative 2	
Criteria	Wt.	Score	Total	Score	Total
Strategic Alignment	15%	**High**	**2.83**	Medium	2.00
Outcomes	25%	**High**	**3.00**	High	2.50
Risk Mitigation	15%	**High**	**3.00**	Medium	2.43
Modern Solution	20%	**High**	**2.67**	Medium	2.00
Business Alignment	15%	**Medium**	**2.40**	Medium	2.00
Cost Benefit	10%	**Medium**	**2.00**	Medium	1.80
Total Weighted Score	100%	**2.72**		2.17	

Exhibit II-9: Summary Scores by Alternative

4. Recommended Business Solution

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.

Alternative 1 is the highest ranked option. Exhibit II-16shows 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.

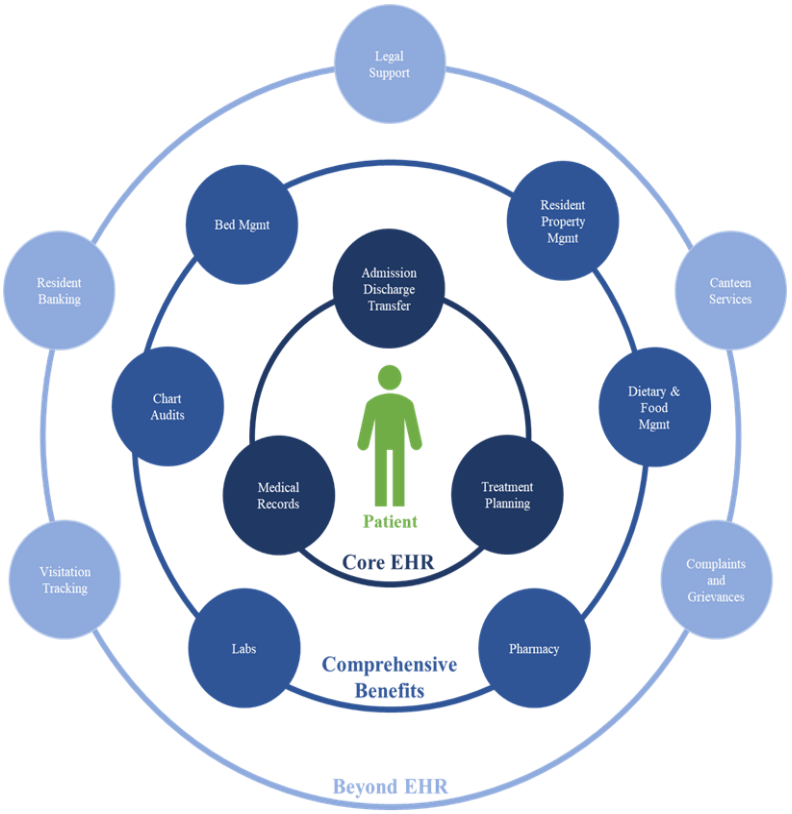


Exhibit II-10: Person-Centric Enterprise EHR Solution

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 paper-based and disparate IT 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 people served by an estimated 600 persons per year through 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 to 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 Promoting Interoperability standards by:
  - Fully moving from paper records to digitized health record
  - Systematic data capture, storage, and availability in standard format
  - 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 paper documents, 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, lower cost of care 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."[20] 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"[21] 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.[22]

[20] State of Colorado Fiscal Year 2015-16 Information Technology Request, Human Services, Electronic Health Record and Pharmacy System Replacement.
[21] State of Colorado EHR Overview presentation "Electronic Health Record and Pharmacy System Replacement – Phase 2.
[22] 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

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 the 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 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 people 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.

Recommendation: 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

The 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-11.

These functional and technical requirements are fully met by Alternative 1, the highest ranked alternative. Alternative 2 addresses the majority of these functional and technical requirements.

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.

The new EHR solution must integrate with the Departments enterprise architecture components, that are in place, to leverage existing investments as much as possible. The Departments enterprise architecture components are listed in Appendix D.

Category	Requirement	Requirement Description
Multi-Hospital Specialty Health System	Mental and Behavioral Health Specialty	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.
Multi-Hospital Specialty Health System	MPI	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.
Multi-Hospital Specialty Health System	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.
Multi-Hospital Specialty Health System	Authorization to Release Information	The system should include adequate controls and monitoring to manage Information releases, including authorizations, tracking, and expiration, in full compliance with HIPAA standards and applicable laws.
Multi-Hospital Specialty Health System	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.
Multi-Hospital Specialty Health System	Bed Management & Patient Movement	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.
Multi-Hospital Specialty Health System	Staffing & Patient Acuity Management	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
Multi-Hospital Specialty Health System	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

Category	Requirement	Requirement Description
		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.
Multi-Hospital System	Environmental Management	The system should include full environmental management capabilities including infection tracking and control utilities.
Multi-Hospital System	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.
Clinical Charts	Auto-Save	In the application, all patient records, notes, reports, and supporting documents can be automatically saved as users fill in the details
Clinical Charts	Documentation Templates	The application has standard and customizable documentation templates for use in hospital and clinical settings that allow for the full episode of care to be recorded and the applicable assessments to be completed.
Clinical Charts	Encounter Summary/Complete Encounter Review	The application allows users to create new encounters and search for relevant details. Users can view all encounter content, review the problems list, and edit text. User should be able to choose any text and the application navigates back to the screen where it originated from and make changes to status (i.e., improved, worsened, etc.).
Clinical Charts	Flowsheet	The application has flowsheets. Users are able to review a combination of relevant patient vitals and lab results to get a comprehensive view of critical data over time and analyze progress.
Clinical Charts	Patient Chart Management	The application allows users to manage the patient from a single view across services, programs, and hospitals units.
Clinical Charts	Multi-disciplinary Plan of Care	The application should support global and discipline specific treatment plans, as well as screenings, assessments, and evaluations, including 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 Charts	Patient Vitals	The application offers out-of-the-box system vitals and biometrics and allows new vital flow sheets to be built. Users can add multiple vitals to a single encounter, review and edit vitals from previous encounters, and enter additional properties for vitals, such as blood pressure measurement location, patient position, hip circumference, etc.
Clinical Charts	Preventive Screening Checklists and questionnaires	The application dynamically generates a list of preventative screenings, checklists, and questionnaires on a patient-by-patient basis, based on their age, gender, and problem list.
Clinical Workflow	Document Management Storage	The application allows uploading and storing files (e.g., paper charts, clinical images, photographs, x-rays, audio files, medical drawings, etc.) in various file formats, like Word, PDF, Excel, BMP, JPEG, etc.
Clinical Workflow	Document Management Fax and Scanning	The application allows scanning, viewing, printing documents, attaching documents to records, scanning, and receiving a fax, and managing and organizing document batches.
Clinical Workflow	Electronic Signature/ Digital Signature	The application allows patients and practitioners to sign electronic documents such as invoices, consent forms, clinical notes,

Category	Requirement	Requirement Description
		prescriptions, faxes, etc. with a digital signature or handwritten signature.
Clinical Workflow	Follow-up Reports/Recall Tracking	The application allows for generating reports of patients who need follow-up appointments and additional testing.
Clinical Workflow	Health Care Plan Reminders	The application allows the creation of customizable health plans based on clinical decision support and triggers.
Clinical Workflow	Immunization Management	The application allows for immunization administration management and public health reporting of immunization information.
Clinical Workflow	Medication Management	The application allows for medication management including medication administration and relevant medication documentation.
Clinical Workflow	Orders and Lab Management	The application allows placing orders and document results for a lab test, diagnostic test, medication, radiology reports, X-ray images, procedure, etc. It provides the option to check duplicate orders.
Clinical Workflow	Referral Management	The application allows primary care users to refer patients to specialists within or outside their practice. It can electronically populate outbound forms with treatment authorization, patient, and provider information. Referrals can be sent by secure direct message, eFax, or downloading and printing the file.
Collaboration	Annotations/Notes	The application allows users to mark up, type, and erase annotations.
Collaboration	Doctor-Doctor Messaging	The application allows exchanging secure messages between physicians in the hospital and internal programs.
Collaboration	File Transfer	The application allows patients to share files securely for provider review.
Collaboration	Provider worklist & 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).
Electronic Prescribing	Benefit Verification and Formulary	The application enables searching and comparing medicines' prices during prescribing, enabling them to prescribe cost-efficient medication based on a patient's financial and insurance status.
Electronic Prescribing	Clinical Decision Support	The application has built-in clinical decision support to pick up on possible drug interactions with the patient's condition, allergies, or other drugs that the patient may be taking.
Electronic Prescribing	Dose Calculator	The application offers a dose calculator that identifies, and present appropriate dose recommendations based on patient-specific conditions and demographics at the time of medication orders.
Electronic Prescribing	Computerized Physician Order Entry	The application allows entering medication orders and laboratory, admission, referral, and procedure orders or medical practitioner instructions electronically into its EHR system
Electronic Prescribing	Electronic Prior Authorization (ePA)	The application should offer the ability to prescribe controlled substances using the built-in e-Rx functionality
Electronic Prescribing	Electronic prescribing of controlled substances	The application should offer the ability to prescribe controlled substances using the built-in e-Rx functionality.
Electronic Prescribing	Medication History	The application should be able to extract the complete history of a patient's past medications.
Electronic Prescribing	Refill	The application allows for refilling prescriptions online. When pharmacies send refill requests, the original prescriber or authorized

Category	Requirement	Requirement Description
		eRx-enabled users can process, approve, deny, or replace those requests.
Electronic Prescribing	e-Prescription	The application allows users to create e-prescriptions and securely transmit the prescription to pharmacies.
Integration and Extensibility	API Extensibility	The application offers API integration capabilities using RESTful or other methods to build custom integrations with other systems
Integration and Extensibility	Barcode Scanner Software Integration	The application includes barcode scanner functionality and/or integrates with popular barcode scanner apps.
Integration and Extensibility	Clinical Device Integration	The application include clinical device integration functionality and/or integrates with popular clinical device integration software.
Integration and Extensibility	Data Exchange and Interoperability	The application integrates with popular data exchange and interoperability platforms.
Integration and Extensibility	Data Migration Software Integration	The application includes enterprise data migration capabilities (data access controls, dynamic data masking, policy enforcement and auditing) and/or integrates with popular data migration software. (Example: Immuta)
Integration and Extensibility	Dictation/Speech-to-Text Software Integration	The application includes dictation/speech-to-text capabilities and/or integrates with popular dictation/speech-to-text software. (Example: Dragon)
Integration and Extensibility	Document Management	The application includes document management functions and/or integrates with popular document management, document scanning, and fax management software.
Integration and Extensibility	Healthcare Compliance Software	The application includes healthcare compliance software and/or integrates with popular healthcare compliance application to improve day-to-day compliance operations (employee/physician sanction screening, result verification, compliance hotline service, policies, and procedure templates)
Integration and Extensibility	Insurance Card Scanning Integration	The application includes the functionality to capture insurance card information and/or allows capturing insurance card information by integrating with popular insurance card scanning software.
Integration and Extensibility	Inventory Management Software	The application includes the functionality to manage inventory and/or integrates with popular inventory management software.
Integration and Extensibility	Laboratories Integration	The application includes the laboratory management functionality (lab order and results, lab equipment, safety, sematic mapping, CAP, COLA and CLIA compliance, inspections) and/or integrates with popular laboratory software and applications.
Integration and Extensibility	Medical Billing and Coding (Clearinghouse, Mobile Charge Capture, and Claims Reimbursement)	The application includes revenue cycle management, contract management, patient liability estimates, eligibility verification, claim scrubbing and submission, remittance management, denial, and audit management, reporting and data mining, deposit bank reconciliation) and/or integrates with popular medical billing, coding, and clearinghouse software.
Integration and Extensibility	Medical Scheduling Software Integration	The application includes medical scheduling functionality and/or integrates with popular scheduling software.
Medical Billing	Claims Submission and Management	The application offers a centralized platform that manages the entire claims process in one location, from charge capture to full reimbursement. The application automatically scrubs, tracks, reviews, and submits claims.
Medical Billing	Electronic Remittance Advice	The application allows receiving electronic remittance advice (ERA) reports, receiving payment via electronic funds transfer, and automatically posting electronic insurance payments.
Medical Billing	Electronic Superbills	The application allows for the linking of therapy notes to bills prior to submission of bill, to serve as a proof.

Category	Requirement	Requirement Description
Medical Billing	Eligibility Checks	The application allows checking primary or secondary insurance eligibility in real-time or before an appointment. It allows submitting insurance eligibility inquiries to both government and commercial insurance companies and the posting of any documentation or notes related to the findings.
Medical Billing	Insurance Coverage	The application allows entering the patient insurance details such as insurance ID, start date, end date, etc. It includes provider information based on the location where the patient was seen, record payments from patients and insurance companies, manage deductibles, co-pays, discounts, support guarantors, track insurance authorizations, and issue reminders when new authorization is needed
Medical Billing	Medical Billing Codes	The application allows physicians to enter ICD-9 ICD-10, CPT, HCPCS, and NDC codes simultaneously for any procedures
Medical Billing	Patient Payments	The application allows patients to manage, view, download detailed statements, access payment histories, manage a credit card on file, and a payment plan. It also allows them to download credit card payment receipts for tax purposes. (Future Need)
Medical Billing	Patient Statements	The application allows customizing, mailing, printing, and e-mailing patient statements. (Future Need)
Medical Billing	Rejection and Denial Management	The application quantifies and categorizes the denials by tracking, evaluating, and recording the denial trends. It enables addressing the root cause of denials and allows billers to automatically flag denials that require review, resolve denials, and resubmit insurance claims.
Medical Billing	Taxonomy Code and NPI Lookups	The application supports the healthcare provider taxonomy codes and NPI lookup. These codes define the healthcare service provider type, classification, and area of specialization.
Mobile EHR	Android App/iOS App	The application offers native mobile apps on the Android and iOS platform
Mobile EHR	Barcode/QR Code Scanning	The application allows scanning a patient's electronic health records and medication barcodes using a built-in camera in their mobile devices.
Mobile EHR	Mobile Access	The application allows creating new patients, sub notes, importing histories, capturing charges, documents, and managing schedules, rooming, prescriptions, allergy lists, problem lists, patient education, immunizations, etc. from a mobile device.
Mobile EHR	Mobile Collaboration	The application allows users to collaborate within the EHR mobile app via in-app messages, group chats, and other collaboration methods. Mobile users can read and reply to new messages, review all conversations, and start new ones, and see who has read a message.
Mobile EHR	Responsive Design	The application renders seamlessly on a variety of devices and windows or screen sizes.
Mobile EHR	Search Feature in Mobile App	The application provides a search tool in the mobile app to find patient records, medications, result notes, etc.
Mobile EHR	Speech-to-text Dictation	The application facilitates speech-to-text dictation using a mobile device to dictate notes and letters automatically without typing.
Mobile EHR	Uploading Pictures and Videos	The application allows uploading pictures and videos directly from the mobile device into the EHR system.
Notes and Templates	Clinical Order	The application offers predefined templates to help set up any procedural orders or testing order.
Notes and Templates	Custom Templates	The application allows practices to customize and add templates to suit individual preferences, priorities, and protocols with a template editor.

Category	Requirement	Requirement Description
Notes and Templates	Duplication of Notes	The application enables duplicating of any note from the patient's previous visit
Notes and Templates	Note Assist Shortcuts	The application provides customizable shortcuts to dynamically populate patient information and templates in medical notes.
Notes and Templates	Progress Notes	The application provides progress notes in standard formats (SOAP, BIRP, etc.) to organize and document patient information. It allows practitioners to write out notes about diagnosis and assessment, symptoms, treatment, and progress towards treatment goals in patients' health records.
Notes and Templates	Specialty Templates	The application offers customized templates as per specialty like Public Health, Oncology, OB/GYN, Cardiology, Dermatology, etc
Patient Engagement	Appointment Reminders	The application provides appointment reminders to patients and physicians through various means such as emails, voice calls, text messages, etc.
Patient Engagement	Calendar	The application offers a calendar through which users can manage their entire practice. Users can view appointments, automatically invoice patients and funding bodies, accept payments, send reminders, receive confirmations, and create patient records.
Patient Engagement	Check-out	The application allows users to review details about the patient's balance, insurance plans, current transactions, etc. It also allows users to capture a photo of the patient using a digital camera or the patient's digital signature using a signature pad, schedule a future appointment, print a visit receipt, view notifications, and warnings on the patient's file.
Patient Engagement	Color-Coded Appointments	The application allows color-coding appointments for quick indication of whether it is blocked, booked, overbooked, or open. It also allows predefining color-codes for every visit type like 'New Patient Visit,' 'Follow-up Visit,' etc. and every status like 'Checked In,' 'Consulted,' 'No Show' etc. to track patient flow.
Patient Engagement	In-Clinic Patient Tracking	The application allows patient tracking in ambulatory clinics affiliated with the hospital system.
Patient Engagement	Physician Appointment Scheduling	The application allows physicians to create, cancel, reschedule, and manage their upcoming appointments through mobile apps or web-portals and update their schedules.
Patient Engagement	Waiting List	The application allows maintaining a waiting list that provides access to the patients' names, incidents, birth dates, existing appointment details (if any), phone numbers, and appointment notes. Users can view the waiting list automatically any time they cancel or move an appointment, and that time slot opens up.
Platform Capabilities	Activity Monitoring/ Activity Logs/ Audit Trails	The application maintains a chronological record that provides a permanent record of all user activity. The user activity includes who accessed the electronic medical record, log on and log off times, what was viewed and for how long, as well as any changes, additions, or deletions, etc.
Platform Capabilities	Custom Fields	The application enables creating custom fields in various EHR records such as patient demographics, claims, appointments, encounters, etc.
Platform Capabilities	Custom Layouts	The application allows customizing page layouts of various EHR records like patients, encounters, appointments, etc.
Platform Capabilities	Customizable Workflows	The application allows configuring custom workflows in various EHR modules to trigger specific actions based on certain changes and updates.

Category	Requirement	Requirement Description
Platform Capabilities	Encryption	The application provides encryption capabilities for stored data to ensure that data-at-rest is protected, and in-transit information is secure.
Platform Capabilities	Favorites List	The application allows users to set up their most commonly used procedure, diagnosis codes, prescriptions, and pharmacies as favorites.
Platform Capabilities	Global Search Bar	The application offers a search bar to search for encounters, patients, notes, etc. It also allows searching for electronic medical records based on the author, location, medication, document type, time, etc.
Platform Capabilities	HIPAA	The application is compliant with HIPAA regulations.
Platform Capabilities	HITECH	The application has been certified to be compliant with the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009.
Platform Capabilities	Health Information Exchange	The application provides the capability to electronically move clinical information among disparate healthcare information systems and thus facilitate electronic sharing of health-related data between two or more organizations.
Platform Capabilities	Health Level 7 (HL7)	The application abides by Health Level 7 (HL7) standard.
Platform Capabilities	Meaningful Use	The application has been certified to meet "Meaningful Use (Stages 1, 2, 3, and beyond)" requirements.
Platform Capabilities	Notifications and Alerts	The application allows sending e-mails, and SMS notifications for appointments (confirmed, canceled, scheduled, denied), balances due, messages received, and payments.
Platform Capabilities	ONC-ATCB	The application has been certified by the ONC-Authorized Testing and Certification Bodies (ONC-ATCB) and is compliant with the standards, implementation specifications, and certification criteria adopted by the U.S. Department of Health and Human Services (HHS) Secretary
Platform Capabilities	Quick Search in Modules	The application offers a quick search feature in every module (Patient Records, Clinical Notes, Documents, Appointments, Billing, Reports, etc.) to find specific records by searching for patient id, patient's name, etc.
Platform Capabilities	Registries	The application includes built-in custom integration with state/national registries such as the American College of Cardiology's CathPCI registry, the United Network for Organ Sharing (UNOS) TIEDI registry, etc. It reports to every state that has an active specialty registry such as cancer, immunization, etc.
Platform Capabilities	Role-Based Access	The application assigns permissions to staff based on their role to ensure minimum necessary and appropriate access according to HIPAA's Privacy Rule.
Platform Capabilities	Two Factor Authentication	The application allows configuring two-factor authentication for all the users or a group of users using various methods like security questions, one-time passcodes, security tokens, etc.
Platform Capabilities	Patient Consent and Intake	The application allows physicians to create, view, and manage intake forms, consent documents, and clinical notes remotely.
Reporting	Ad-Hoc Reporting	The application provides instant access to clinical data to create specialized reports.
Reporting	Auto-schedule Reports	The application facilitates the automatic delivery of reports at recurring time schedules
Reporting	Bookmarking	The application allows bookmarking any view for immediate recurring access. It also allows saving any set of filters on any report

Category	Requirement	Requirement Description
Reporting	Custom Reports and Dashboards	The application allows customizing standard reports and dashboard features such as labels, charts, tables (columns, rows), formulas.
Reporting	Exporting Reports	The application allows exporting reports in various formats such as HTML, Excel, CSV, or PDF files.
Reporting	Pre-built Reports and Dashboards	The application provides prebuilt standard reports and dashboards on various KPIs and parameters such as key indicators dashboard.
Training	Web-based Training Materials	Learning management system that supports EHR training and staff education and competency training delivery, certificate of completion and auditing.

Exhibit II-11: Functional and Technical Requirements

III. Success Criteria

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, 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.	▪ Bed utilization. ▪ Resident satisfaction. ▪ Contact time. ▪ Chart audit quality.	• Patients • Health System • All disciplines	SFY2027-28
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.	▪ Average length of stay. ▪ Number of redundant procedures, labs. ▪ Time to restore people to competency. ▪ Number of discharges.	• Patients • System • Florida Judicial System • Hospital Throughput	SFY2027-28
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.	▪ Time to complete the admission process. ▪ Time to process court reports. ▪ Number of paper documents produced. ▪ Number of adverse incidents. ▪ Bed utilization.	▪ Patients ▪ System ▪ Florida Judicial System ▪ Hospital Throughput	SFY2027-28
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.	▪ Number of people served. ▪ Time on waitlist for admission to a State Facility. ▪ Time on forensic waitlist. ▪ Number of data breaches. ▪ System outages. ▪ Employee satisfaction.	▪ Patients ▪ System ▪ Florida Judicial System ▪ Hospital Throughput	SFY2027-28
5	The solution will allow providers and staff to see if clients are up to date for recommended preventative services.	▪ Average length of stay. ▪ Recidivism rate.	▪ Patients ▪ Clinical Staff	SFY2027-28

SUCCESS CRITERIA TABLE				
6	The solution will improve aggregation, analysis, and communication of person information to prevent adverse incidents.	▪ Number of adverse incidents.	▪ Patients ▪ Quality	SFY2027-28
7	The solution will provide built-in safeguards against prescribing treatments that would result in adverse events.	▪ Number of adverse medication events. ▪ Average length of stay.	▪ Patients ▪ Clinical Staff	SFY2027-28

Exhibit III-1: Success Criteria Table

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 Date (MM/YY)**
1	**Increase in Practice Efficiencies** 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: ▪ Resident record management and charting. ▪ Resident record (chart) pulls. ▪ Resident record (chart) audits. ▪ Utilization reviews. A projected value of approximately $357,377 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 people served by the facilities. Practice efficiencies are estimated as follows: ▪ 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, a reduction in the time spent on	Residents Served State Mental Health Treatment Facility Staff DCF/State of Florida Florida Taxpayers	Business process design and standardization. Functionality delivered by the EHR solution enabling the automation of business processes and seamless workflows. Comprehensive staff training and organizational change management.	Improvements in quality-of-care metrics. Improvements in resident outcome metrics. Decrease in state mental health treatment facility waitlist. Improvement in staff job satisfaction scores.	Partial benefit realization beginning in SFY2025-26. Full benefit realization across all facilities by SFY2027-28.

BENEFITS REALIZATION TABLE					
	this activity would result in significant practice efficiencies. Calculation: [(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, a reduction in the time spent on this activity would result in practice efficiencies. Calculation: [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, a reduction in the time spent on this activity would result in practice efficiencies. Calculation: [Number of Resident Record Audits Per Year*Average Time Saved on a Resident Record Audits with an EHR Solution*Average Value of Staff Time]. ▪ Utilization reviews: Given the average amount of time spent by Nursing Consultants in the State Facilities on utilization reviews, a reduction in the time spent on this activity would result in practice efficiencies. Calculation: [Current Average Annual Cost Per Staff to Perform Utilization Reviews*50%*Number of Staff Performing Utilization Reviews].				
2	**Reduction in Average Length of Stay (LOS)**	Residents Served	Implementation of an enterprise EHR solution	Resident average length of stay.	Partial benefit realization beginning in

BENEFITS REALIZATION TABLE					
	A 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 Given the current daily rates and average LOS for forensic and civil residents in the State Facilities, a reduction in resident LOS an estimated would generate cost savings of approximately $365,246 per year when fully realized.	State Mental Health Treatment Facility Staff DCF/State of Florida Florida Taxpayers	which offers advanced reporting and data analytics and the availability of real-time resident information to facility staff.		SFY2025-26. Full benefit realization across all facilities by SFY2027-28.
3	**Reduction in Readmissions** A 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. Given the current number of readmissions per year and estimated cost of a readmission, a reduction in readmissions translates to cost avoidance of approximately $225,000 per year when fully realized.	Residents Served DCF/State of Florida Florida Taxpayers	Implementation of an integrated EHR solution which enables the sharing of resident data with community-based managing entities, hospitals, and providers.	Annual number of readmissions.	Partial benefit realization beginning in SFY2025-26. Full benefit realization across all facilities by SFY2027-28.

Exhibit III-2: Benefits Realization Table

B. Benefit Opportunities Quantification

The Benefit Opportunities

It is anticipated that as the individual hospitals begin to fully use the EHR tangible benefits will begin to occur and build upon each other. It should also be noted that there are likely other benefits that could come from the use of the technology, but their benefits have not been quantified here. Exhibit III-3 details what could be expected as tangible benefits across the categories of:

- **Operational Cost Savings** – stemming from the removal and reduction of separate IT systems that are in use today by the facilities
- **Average Length of Stay** – through the improved availability of information at the caregiver level, automatic notification across the care continuum, and enhanced availability of data and reporting capabilities it's expected that the ALOS across the system can be reduced.
- **Reduction in Readmissions** – implementing an EHR improves the ability to communicate clinical information internally during a patient's stay as well as communicate and coordinate post-acute care with community providers/resources
- **Practice Efficiency** – through the benefit of having all clinical and patient information available electronically it is expected staff members will be able to operate more efficiently across multiple facets such as improved records management, charts auditing capabilities, and utilization reviews. If benefits are fully realized in this category, they could exceed the amounts included in this report but for the purposes of this report have assumed that the realized benefits would be at a lower percentage due to factors related to ultimate design/process decisions that will be made during the project, the features and capabilities ultimate implemented, the overall duration of the project, and the ultimate adoption of the EHR across the entire user base within the facilities.

Benefit Category	FY2023-24	FY2024-25	FY2025-26	FY2026-27	FY2027-28
Recurring Operational Cost Savings	$0	$122,000	$363,944	$363,944	$363,944
Additional Tangible Benefits					
- *Reduction in Average Length of Stay*			$320,720	$332,042	$365,246
- *Reduction in Readmissions*			$168,750	$205,163	$225,000
- *Increase in Practice Efficiency*			$315,351	$335,363	$357,377
Net Tangible Benefits			$804,821	$872,568	$947,623
Total Cost Saving Opportunity		**$122,000**	**$1,168,765**	**$1,236,512**	**$1,311,567**

Exhibit III-3: Net Tangible Benefits Opportunities

C. Cost Benefit Analysis (CBA)

Cost Benefit Analysis will be updated later.

V. Schedule IV-B Major Project Risk Assessment

An in-depth risk assessment of the SMHTF EHR Implementation project was performed using the risk assessment tool provided as part of the Information Technology Guidelines and Forms on the Florida Fiscal Portal. The tool involves answering 89 questions about the project being considered, divided into eight assessment categories. The results of the assessment are summarized below.

A. Risk Assessment Summary

The SMHTF EHR Implementation project is in alignment with the Department business strategy and goals. As would be expected at this early stage, the project carries some risk. It is expected that overall project risk will diminish significantly by the conclusion of the first year when the project structure is fully in place and the foundational technology elements have been implemented. Exhibit V-1 is a graphical representation of the results computed by the risk assessment tool in Appendix F.

Assumptions:

- Current project management and governance structure will be utilized for the SMHTF EHR Feasibility Study project will remain in place for implementation
- The procurement process will produce a qualified vendor to support project management and IV&V services to work in tandem with State IT.
- This project will rely heavily on lessons learned from recent successful implementations completed by the Department and State IT.

The Department project management methodology has yielded multiple successful IT implementations over the past few years. The most recent example is the Medicaid Eligibility System (MES) modifications to the ACCESS Florida system to ensure compliance with the Affordable Care Act (ACA), HITECH, and the 21st Century Cures Act. ACCESS MES was a multi-year, multi- million-dollar project interfacing with over 30 partner organizations. This initiative was delivered 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.

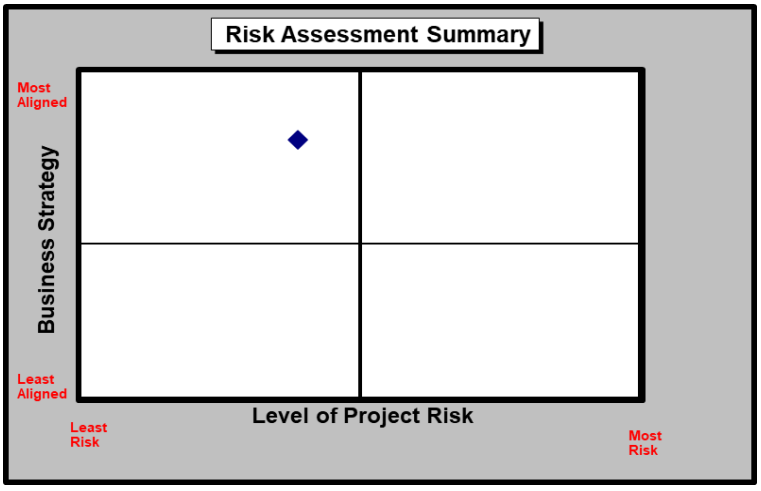


Exhibit V-1: Risk Assessment Summary

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

- Strategic Risk
  - All of the project objectives will be clearly aligned with DCF's legal mission
  - The project objectives will be clearly documented and signed off by the stakeholders
  - The project charter will be signed by the executive sponsor
  - All of the project requirements, assumptions, constraints, and priorities will be defined
- Technology Risk

    - Detailed hardware and software capacity requirements will be defined
- Organizational Change Management Risk
    - The business process changes will be defined and documented
    - Organizational Change Management will be essential for success
    - An Organizational Change Management Plan will be developed and approved early in the project
- Communication Risk
    - The communication Plan will be approved
    - The Communication Plan will promote the routine use of feedback (at a minimum)
    - All affected stakeholders will be included int eh Communication Plan
    - All key messages will be documented in the Communication Plan
    - Desired message outcomes and success measures will be documented in the Communication Plan
    - The Communication Plan will identify and assign needed staff
- Fiscal Risk
    - A Spending Plan will be documented and approved for the project lifecycle
    - All project expenditures will be identified and documented in the Spending Plan
    - The cost estimates for the project will be accurate within +/- 10%
    - We anticipate funds will be available within existing resources to complete the project
    - All tangible benefits will be identified and validated during the procurement phase
    - The procurement strategy will be reviewed and approved
    - A contract manager will be assigned to the project
- Project Organization
    - The project organization and governance structure will be defined and documented
    - A project staffing plan will identify and document all staff roles and responsibilities
    - The change review and control board will include representation from all stakeholders
- Project Management Risk
    - All requirements and specifications will be defined and documented
    - All requirements and specifications will be traceable to specific business rules
    - All project deliverables and acceptance criteria will be identified
    - The Work Breakdown Structure will be defined to the work package level
    - The project schedule will specify all project tasks, go/no-go decision points, milestones, and resources
    - Formal project status reporting will be in place
    - All planning and reporting templates will be available
    - All known project risks and mitigation strategies will be identified
- Complexity Assessment
    - Organizational Change Management will be essential to mitigate the risks of multiple entities at multiple locations throughout the state
    - Communications Planning will be critical to ensure stakeholders are informed and involved

Exhibit V-2 illustrates the risk assessment areas that were evaluated, and the breakdown of the risk exposure assessed in each area. As indicated above, the overall project risk should diminish significantly by the conclusion of the first year when the project structure is in place and the foundational technology elements have been implemented.

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

Exhibit V-2: Risk Assessment Areas

VI. Schedule IV-B Technology Planning

A. Current Information Technology Environment

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.

Description of Current System

The critical role these facilities play requires the majority of the over 3,200 staffed positions to use the various assortment of systems listed in Appendix A 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 breakdown by user types.

User Type	Percentage	Positions
Direct Care/Clinical (Dr., RN, Behavioral Specialist, etc.)	79 %	2539
Administrative (Legal, Accounting, Operations, etc.)	8%	267
Facility Operations (Mechanic, Food Services, etc.)	8%	239
Security	4 %	118
Education	1%	43
	Total	3206

Exhibit VII-1: Percentage of Staff by User Types

The disparate system at multiple locations makes a comprehensive view of the daily transactions totals across all three (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 six (6) different operating systems, four (4) application types written in three (3) different programming languages. According to the OITS team, 106 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 168 key EHR related applications.

Operating Systems (OS)	Percentage	Applications
Windows Server (Windows 10, 2012, 2016, 2019)	96%	162
Cloud	4%	6
	Total	**168**

Exhibit VII-2: Operating Systems Summary

Programming Languages	Percentage	Applications
C#	**18%**	31
Proprietary	**14%**	24
Visual Basic	**56%**	94
Microsoft Access	**11%**	19
	Total	**168**

Exhibit VII-3: Programming Languages Summary

Application Layer	Percentage	Applications
.NET	**15%**	**25**
Microsoft Access 2016	**11%**	**19**
ASP	**56%**	**94**
WPF	**3%**	**5**
Proprietary	**15%**	**25**
	Total	**168**

Exhibit VII-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 is severely impacted by the disparate systems inability to interact efficiently and effectively under a common database.

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.

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 2,500 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.

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

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 A.

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 five (5) database layers.
  - Utilizing six (6) different operating systems.
  - Utilizing six (6) application types.
  - Written in four (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	$ 537,800
Software Maintenance & Support Services	$ 370,262
Data Communications Services	$ 3,600
IT Staff Support	$ 673,576
Total	**$ 1,585,238**

Exhibit VI-5: Annual Operating Costs (IT Budget)

C. Proposed Technical Solution

Technical Solution Alternatives

When developing a new technical solution, 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. Potential benefits must be weighed against the solution requirements and potential constraints imposed by a COTS package. A fully custom solution can provide a precise fit to the business, but also carries some associated risks and constraints. This decision is 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 seamlessly 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.

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.
- **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 Custom solution.
- **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.

Recommended Technical Solution

The recommended technical solution is to procure a Software as a Service (SaaS) based cloud COTS solution. This option will enable the Department to enjoy the benefits of the latest technologies when the solution is implemented and centrally upgraded over time. This option also outsources the responsibility for all hardware and system maintenance to the vendor.

D. Proposed Solution Description

Summary Description of Proposed System

The proposed solution option includes a vendor remotely hosting the solution as a SaaS solution. Access would be provided to EHR applications via web services with appropriate authentication and security controls to manage data access. The SaaS based solution and infrastructure specifics will also be designed to support optimal performance within the hospitals and be accessible on all platforms and run on any industry standard web browser.

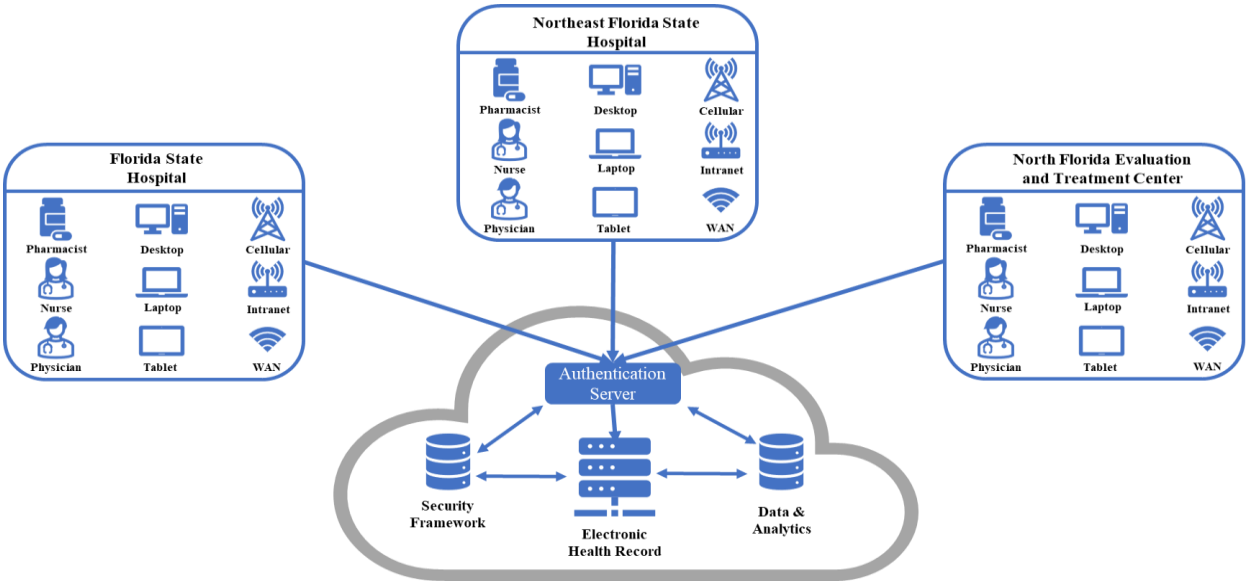


Exhibit VI-6: Sample Cloud Based Multi-Facility Infrastructure Design

Reliability, Availability, 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 must be compliant with Health Level 7 (HL7), Fast Healthcare Interoperability Resources (FHIR) and Interoperable Health Exchange (IHE) standards for interoperability to ensure compliance with the 21st Century Cures Act. This includes the ability to interface with other intermediaries like public and private Health Information Exchanges. The system should also support receipt of external documents and records, delivery of documents to external parties/systems; compatibility with community primary care provider EHRs and have comprehensive HL7 compliant import and export capabilities

Integration: The system should be an orchestrated aggregation of subsystems cooperating so that the enterprise solution is able to deliver overarching functionality. 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.

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 a cloud (SaaS based) 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 SaaS based 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.

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 the system has been procured and sized.

E. Capacity Planning

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 3,007 overall users and 1,500 concurrent users with the capability to absorb an annual increase of 10% with no loss of 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 applications at FSH currently uses 540 GB of data storage. The data stored at the other two facilities consumes 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 of 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 solution[23].

Exhibit VI-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.

[23] The 17.2 million paper transactions are a derivative of the 8.6 million annual paper transactions reported by FSH, the largest State Mental Health Treatment Facility, on July 24, 2015.

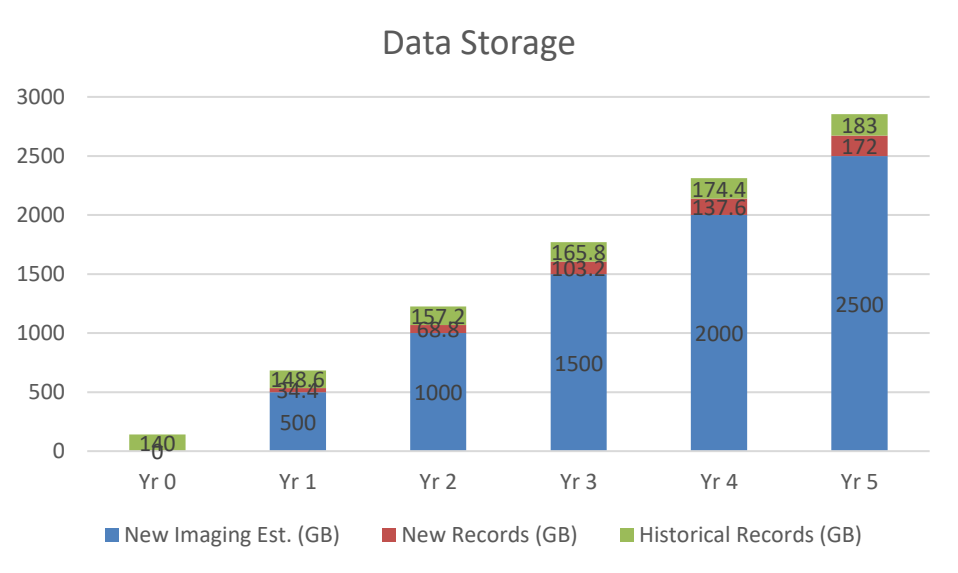


Exhibit VI-7: Estimated Data Storage Needs

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

A. Project Charter

The program charter establishes a foundation for the program by ensuring that all participants share a clear understanding of the program's 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 the State Mental Health Treatment Facilities (SMHTF) Electronic Health Records (EHR) Implementation project.

2. Purpose

The purpose of the project is to Develop and Release 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 that allows for quick realization of benefits. The benefits include the following:

- 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.
- 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.
- Maximize revenue streams such as Medicare and avoid unnecessary costs.

3. Objectives

This project will meet the following objectives:

- Improve Quality of Care:
  - Reduce laboratory and radiology costs for redundant and unnecessary tests.
  - Increase utilization management leading to staffing efficiency gains, improve adherence to medication protocols, and facilitate easier regulatory reporting
- Improve Care Coordination
  - 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.
- Improve Safety by Reducing Risk
  - Reduce costs for preventable adverse drug events as well as for clinical management.
- Improve Operating Support Costs
  - 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.

System Implementation Activities	
Activity	**Description**
Test	Creation of test plans and test cases, and the performance of integration and system testing, user acceptance testing, and regression testing.
Deploy	Implementation planning and the deployment of the new system to a production environment.
Operations	Begins during the system implementation phase. The emphasis of this phase will be to ensure that the necessary equipment, staff, and procedures are in place to meet the needs of end users and ensure that the system will continue to perform as specified.

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 Deliverables	
Name	**Deliverable Description**
Project Management Plan	Includes the following documents as required by the DCF Project Director and/or the PMO: ▪ 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 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: ▪ 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.

Project Deliverables	
Name	**Deliverable Description**
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.
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: ▪ 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	▪ Updated Schedule IV-B
Project Kick-Off	▪ Project Charter
Project Management Documents Completed	▪ Various (See deliverable list)
Business Process Analysis Completed	▪ As-Is Business Process Flows ▪ To-Be Business Process Flows
Acceptance of Functional and Technical Requirements	▪ System Requirements Document ▪ Public Assistance Requirements Document
Project Management Documents Completed	▪ Various (See deliverable list)
Acceptance of Validated Requirements	▪ Validated Functional Requirements Document
Acceptance of User Interface Prototypes	▪ User Interface Prototypes
Acceptance of Functional and Technical Design Specifications	▪ Functional and Technical Design Specification documents
User Acceptance Testing Complete	▪ N/A
End User Training Complete	▪ On-site training sessions ▪ Training materials
System Deployment	▪ Functional system released into production
Project Close-out	▪ 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:

- Update EHR Market Analysis
- Develop and Submit LBR for EHR.
- Develop and release a formal solicitation for EHR Integration (for Vendor and System)
- EHR Procurement/Selection
- Vendor Implementation
- Execute, Monitor, and Control the project
- Implement a comprehensive system to provide a modern electronic health record (EHR) system for the State Mental Health treatment facilities
- Deploy the system to trained users who are fully prepared to use the new system and are supported by on-screen help
- Conduct knowledge transfer
- Continued operations, administration, and support of the system through the warranty period
- Close-out the project
- 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.

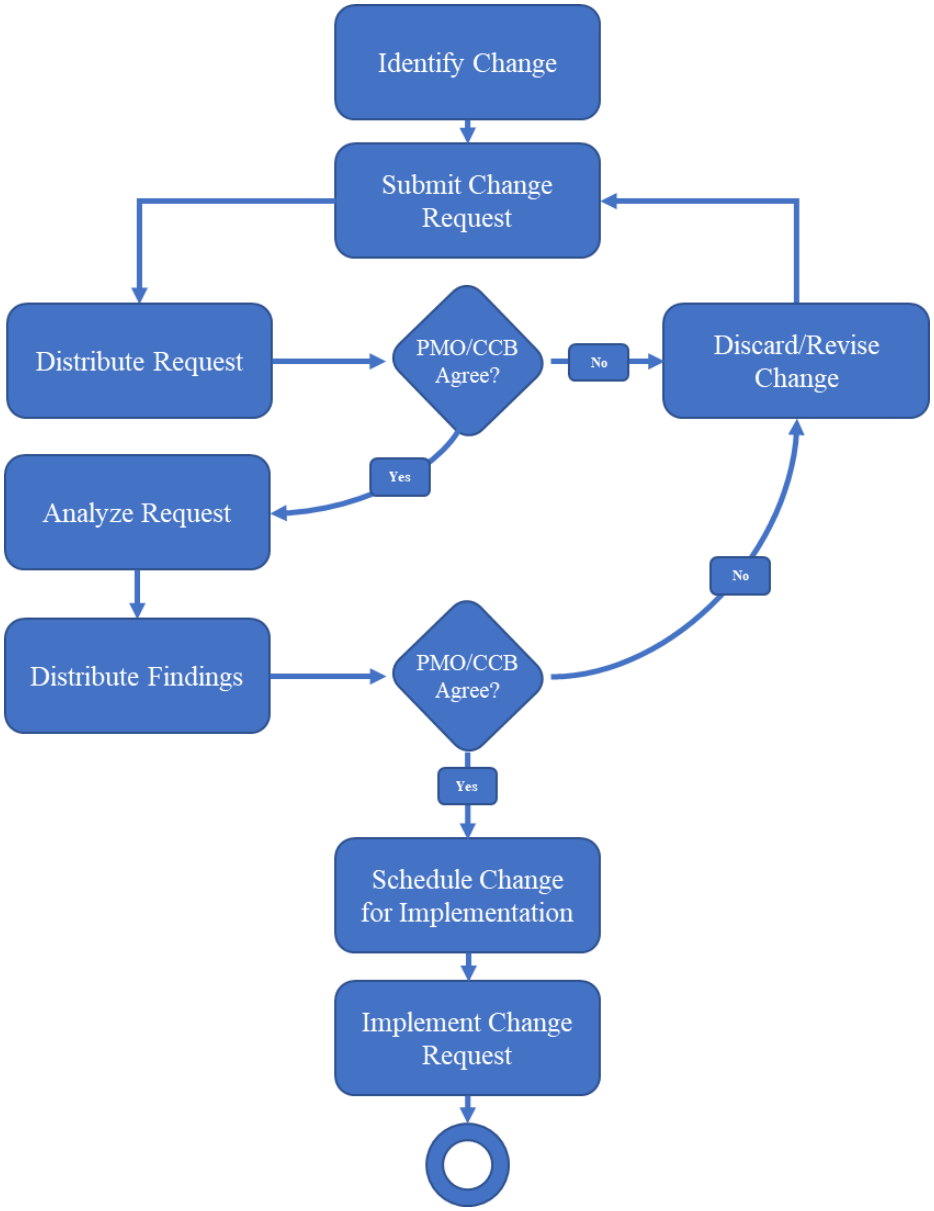


Exhibit VII-4: Proposed Change Request Process

B. Project Roadmap

The following roadmap strategy will be used to develop the detailed project schedule. The project schedule is highly dependent upon the technology solution chosen during the procurement phase of the project. The development of the project schedule will be the responsibility of the DCF project manager and implementation vendor(s). Exhibit VII-5 shows the planned phased approach for the SMHTF EHR Implementation between calendar years 2023 - 2025.

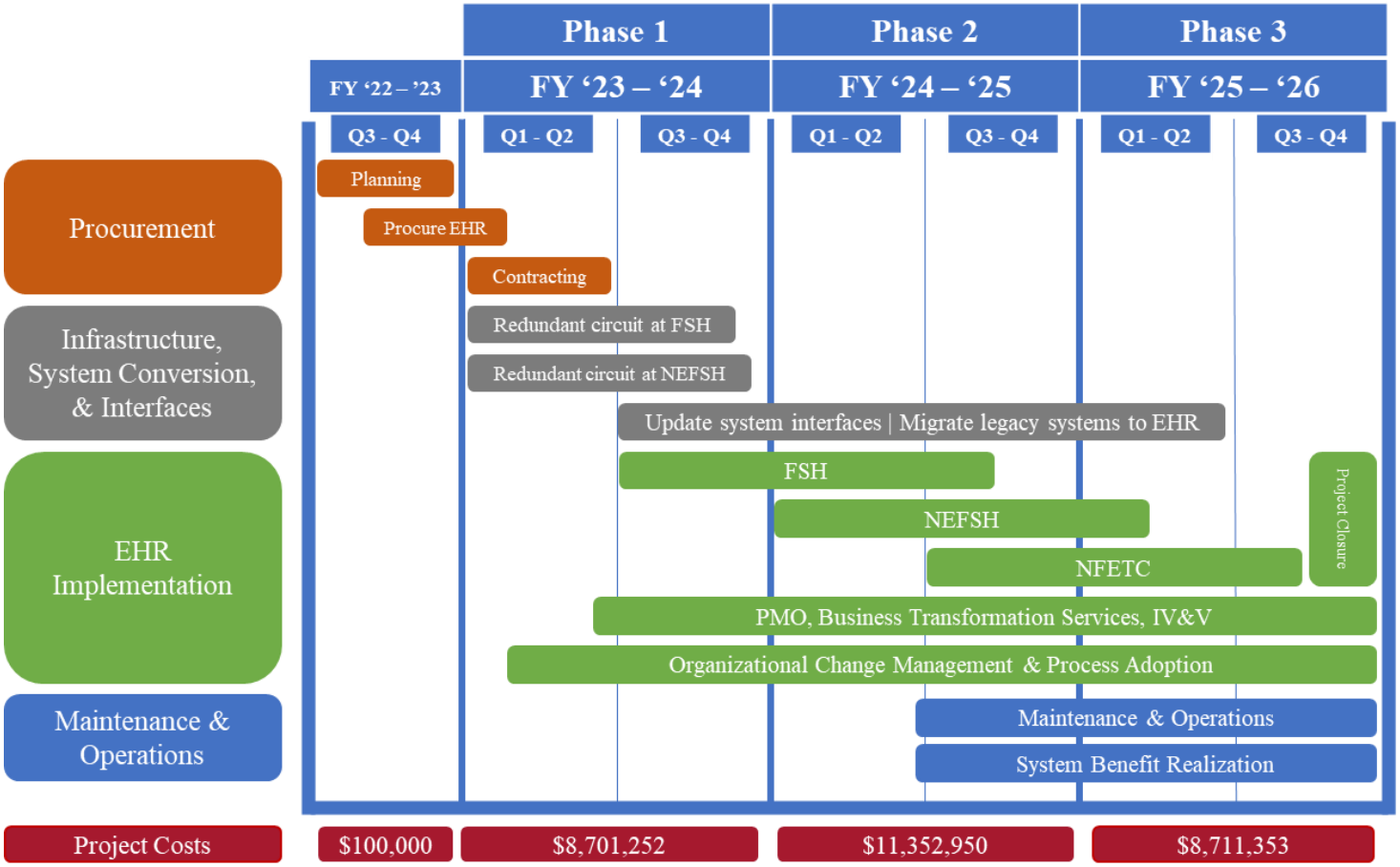


Exhibit VII-5: High-Level Roadmap

The SMHTF EHR implementation roadmap includes the following project components:

- EHR Procurement
  - Planning
  - Procurement
  - Contracting
- Infrastructure and Interfaces
  - Redundant Circuit FSH
  - Redundant Circuit NEFSH
  - Update System Interfaces & Migrate legacy systems to the EHR
- EHR Implementation
  - PMO Transformation Services and IV&V
  - Organizational Change Management
  - Florida State Hospital (FSH)
  - Northeast Florida State Hospital (NEFSH)
  - North Florida Evaluation Treatment Center (NFETC)
- Maintenance and Operations
  - Ongoing Management
  - Incremental Benefit Realization
- Project Costs
- Project Benefits

C. Project Phases

Pre-Implementation Phase

In Q3-Q4 FY '22-'23 the State Mental Health Treatment Facilities EHR system procurement process begins. Planning begins with writing and posting the RFQ, reviewing and evaluating RFQ responses and negotiation and contracting with a commercial EHR vendor. The State will set up its Project Management Office (PMO) while it assembles the project team. Key members of the project team will include team members with expertise in delivering large scale technology applications, team members who have deep domain expertise in both hospital operations and clinical practice standards, team members with technology integration and hospital application experience. Additionally, this will include defining the composition and responsibilities of the PMO and procuring the IV&V team.

Deliverable Expectation Documents[24] listed in the State Project Management and Oversight program will be drafted to support the multi-site implementation project plan and include initiation of the change readiness assessment of each hospital site (FSH, NEFSH, NFETC). The PMO will want to work with hospital administrators to identify and procure all staff augmentation resources for both IT and business (hospital providers, nurses, other staff).

Develop a sequence for individual business units to begin pre-implementation activities. This may include pharmacy, laboratory, diagnostics, billing, medical records, residential housing, etc. Identify key staff resources and begin to understand current business processes. Where possible assign a project lead to the individual business unit to ensure monitoring, tracking and oversight. Identify potential risks and mitigation strategies. Deploy Organizational Change Management in each business unit.

Initiate activities related to conversion of old records from paper to digital documents when document repository is setup. If needed procure Health Information Management (HIM) resources to manage manual data entry activities for data migration of paper records to digital environment. This includes procuring document scanning software or equipment.

Begin conversion of hospital compliance program policies and procedures to meet digital environment rules and regulations.

[24] Florida State Project Management and Oversight (2022). Deliverable Expectation Documents. Retrieved on 11/22/22 from https://www.dms.myflorida.com/other_programs/project_management_and_oversight

Implementation Phase 1

PMO Business Transformation Services (IV&V) as outlined in Section A (above) and Section C (below) create the appropriate project structure and communication mechanisms to deliver a successful EHR implementation and deployment. The IV&V team will ensure that all contractual obligations are being met by both parties.

Organizational Change Management (OCM) & Process Adoption will begin early and continue through all phases of the implementation. This is because today's documentation processes are mostly manual and paper-based, and staff are reported to have low computer literacy skills. OCM will focus on assessment of hospital staff computer literacy skills and mitigation of literacy gaps through pre-implementation training and education.

The initial implementation phase establishes the foundational technical infrastructure needed to deploy the EHR platform for the SMHTF. This includes adding network redundancy to both FSH and NEFSH to provide back-up network connectivity in the event the current line is adversely impacted. Engineers will begin to modernize current system interfaces to current technology standards and prepare for integration with the Electronic Health Record.

Q3 – Q4 FY 2023 – 2024 SMHTF EHR implementation begins with the first hospital. FSH is the largest and most complex of the three facilities in this implementation. FSH has the largest proportion of beds, highest number of patients and largest hospital staff roster. This approach ensures the State gets the most realized benefit early in the implementation process as standardized business and clinical processes, data abstraction and analysis become available, and the State begins to measure key performance indicators and outcome measures. It should also be noted that while the first hospital to be implemented in this phase is FSH, there are likely to be system-wide decision points that will impact all three facilities and therefore they will need to have representation and input during this initial phase. As a result of this, it is expected that implementation costs will be higher during this phase due to the size of FSH compared to the other facilities but also because of the additional facilities being involved in system-wide design decision making and process mapping. Successive phases of implementation will be less expensive as a result of implementing smaller hospitals, benefiting from the upfront system decisions being made, and incorporating deployment learnings from Phase 1.

The plan is to implement and configure the EHR and then turn on the full system throughout FSH and have all staff begin using the system at the same time. Known as the "Big Bang" approach – this will ensure that none of the staff are left behind, that all functions are implemented, tested, and deployed and that the system works end-to-end so that no part of patient care is affected by the change over from paper to digital system.

EHR implementations rely heavily on input from staff related to identification of current paper-based workflows and the subsequent redesign of workflows based on digital data capture, recall and automation. Workflow redesign is a primary information gathering activity for the implementation team. Information is used to customize document templates, automate workflows, and configure the system. The system will be tested by a group of superusers, and any defects are fixed, and updates completed. The "firm and final" go-live date will be determined once testing is completed, and staff finish training.

Go-live means that the system is moved to a production environment and patient data is entered into the system. The go-live period can last a few days to a few weeks depending on the staff adoption rate in the new system. With adequate planning and good change management in the presence of strong sponsors and champions the hospital staff will generally gain skill and competency in the first days and weeks as they begin to manage patient care in the digital environment. The IT team will continue to take feedback and input from hospital staff during the first weeks and months until the system stabilizes, and staff gain confidence.

Implementation Phase 2

Northeast Florida State Hospital (NEFSH) begins implementation activities in Phase 2. This includes a formal review of lessons learned from the FSH implementation. Each hospital will need to repeat the current-to-future state process mapping exercises as workflows are identified, the system is configured, and automation is enabled. The goal should be to apply standardization across hospital systems where possible while allowing for some enhancements based on unique program features where needed.

Florida State Hospital (FSH) will complete its go-live period and will be moved into ongoing maintenance and operation activities. This includes the initiation of the helpdesk and enabling the ticket system for system issues and downtime procedures. The enterprise hospital system will need to begin compliance checks to proactively monitor for unauthorized access and retraining opportunities related to any identified privacy or security issues. This includes procedures for suspected breach notification and random audits.

Change management continues for all three hospitals but resources are decreased at FSH and increased at NEFSH and NFETC. A satisfaction survey will be used to identify ongoing issues with staff and mitigation strategies will be applied. Training and retraining activities will continue and be viewed as educational opportunities and non-punitive. Staff augmentation will be applied where needed to support staff as they begin using the system and productivity drops off. Supervisors will monitor adoption and use of the system and act as key informants of risk and mitigation strategies.

Northeast Florida State Hospital (NEFSH) will begin EHR implementation in Q1 – Q2 FY 2024 – 2025. This includes a formal review of lessons learned from the FSH implementation and signals the end of pre-implementation activities and the beginning of full enterprise operation across all three SMHTF. NEFSH will proceed with the same process of configuration, testing and move to production environment. Any defects will be fixed, and updates or refinements completed in the next release. The PMO will monitor and report on measures of success as milestones are met.

Implementation Phase 3

This phase begins upon the completion of the NEFSH Go-Live and the North Florida Evaluation and Treatment Center (NFETC) EHR go-live will be scheduled in Phase 3. Once they go-live, all facilities will be operational with the EHR platform. Additionally, Phase 3 will focus on project closeout activities that could include (but are not limited to) identification of additional integration needs that arose during the project, software changes that had been held until all facilities have gone live, any deployment/upgrades of applicable software enhancements that would benefit the system.

Project closure will include the development of technical and operational system documents that cover configuration, technical specifications, architecture diagrams, interface mapping, database artifacts, and training materials. Technical documentation must be completed prior to the EHR being transferred into the full maintenance and operations phase to ensure compliance and system stability as the vendor hands over the day-to-day operation to the State IT services and PMO.

Tangible benefits will be measured and experienced during phase 3. These may include but not be limited to 1) Average Length of Stay Reductions, 2) Readmission Reductions, and 3) Improved Practice Efficiencies. It's not expected that the full potential of the benefits will be experienced until all facilities are implemented but significant gains should begin to be realized as each facility comes on-line with the new Electronic Health Record System.

Maintenance and Operations Phase

The Maintenance and Operations phase will begin at each facility once they go-live with the EHR and will be fully commenced once all three (3) facilities are live in the production environment and all project closure activities have been completed. During the project, it should also be noted new skill sets will be required in order to continue to maximize the benefits of the system as well as adjust to changes in operations, clinical practices, and reporting/data needs. These additional skills set are accounted for in the CBA and Project Cost assessment as being new FTEs dedicated to each of the facilities as they support operational needs. It is estimated that two FTEs will be brought onboard in Phase 2 of the project and then two additional FTEs will be brought onboard in Phase 3, thus making a total of four net new FTEs.

OCM continues as full adoption takes place. The change management program will want to abstract data and measure KPI's going forward to monitor success and enable early issue identification and risk mitigation. This includes the measurement of KPIs that show benefits of the system in the form of an estimated $1.3M in annual net tangible benefits.

D. 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.

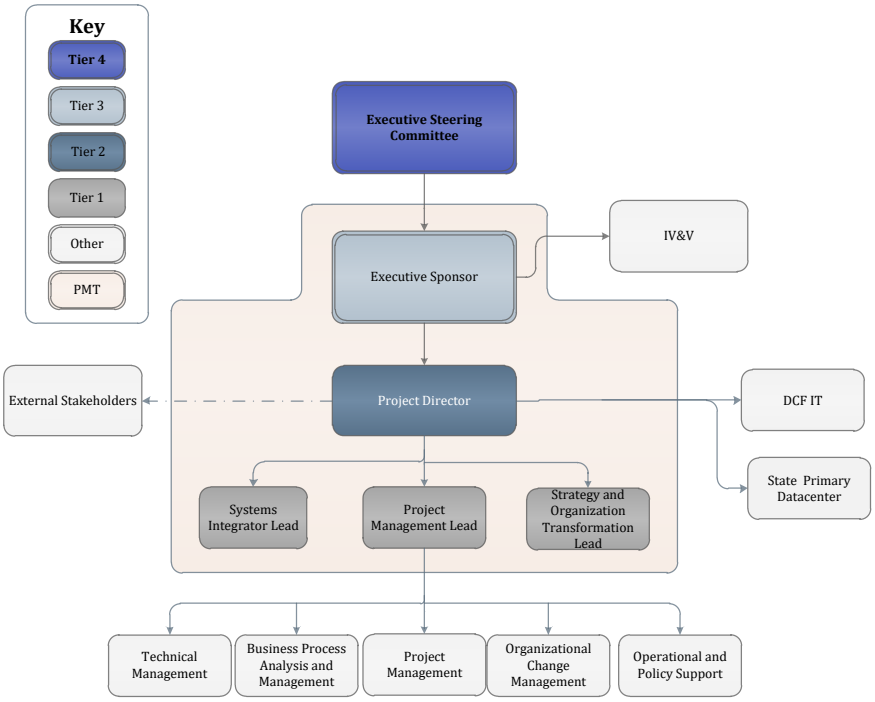


Exhibit VII-7: Proposed Project Organization

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)	▪ Provides executive oversight to the project. ▪ Supports the project vision. ▪ Resolves escalated issues.	TBD
IV&V Vendor	▪ Verifies that the system is developed in accordance with validated requirements and design specifications. ▪ Validates that the system performs its functions satisfactorily. ▪ Monitors project management processes and provides feedback on any deficiencies noted. ▪ Reviews and provides feedback on project deliverables. ▪ Presents to Executive Management team on IV&V activities.	TBD

Project Organization Roles		
Role Name	**Description**	**Assigned To**
Executive Sponsor	▪ 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	▪ 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	▪ Controls project budget. ▪ Provides budget related input into project scope and contract change decision making process.	TBD
Project Director	▪ 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	▪ 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 FLDS.	TBD
Project Business Stakeholders (*Small Group of internal and external stakeholders from DCF and other agencies to include FLDS.)*	▪ 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

Project Organization Roles		
Role Name	**Description**	**Assigned To**
Systems Integrator (SI) Project Manager	▪ 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

E. Project Quality Control

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. Applicable quality standards by project area are shown in Exhibit VII-9. 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.

F. External Project Oversight

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.

G. Risk Management

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

H. Organizational Change Management

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
- Change Champion(s) from each implementation site
- Superusers
- DCF Executive Management.

It is recommended that OCM include leading training practices necessary to support end-users as they learn about the new system and gain confidence in the use of the EHR in their daily work functions. These may include:

- Identification of early adopters
- Identification of staff members with high-level of computer literacy skills
- Identification of staff members with low-level computer literacy skills
- Provide computer literacy program
- Encourage participation in workflow design to understand current workflow and gain buy-in
- Pre-implementation education offerings related to digital record keeping in healthcare
- Pre-implementation HIPAA Privacy and Security training

I. Project Communication

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 are kept informed about the progress of the project, and how it will help them in the future, the more they will participate and benefit.

At this 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 Schedule IV-B.

A. SAMH OITS Applications List

The application portfolio consists of 168 applications in use today that run on 30 separate servers utilizing six (6) different operating systems. According to the OITS team, 106 of the 168 applications provide functionality that could be replaced with the implementation of an EHR.

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	EHR to Replace?
FSH	Administrators Daily Report	ASP	Microsoft SQL 2017	FSH: Analysis tool of daily operations throughout hospital	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	Alternative Environments	ASP	Microsoft SQL 2017	FSH: Living environment alternative preferences	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Aramark Employee Tracking	ASP	Microsoft SQL 2017	FSH: Manage contract employees from Aramark	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	Authorized Visitors	ASP	Microsoft SQL 2017	FSH: Records residents authorized visitors.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Banking-FSH	.NET	Microsoft SQL 2017	FSH: Resident banking	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	Canteen POS	ASP	Microsoft SQL 2017	FSH: Tracks Resident Canteen Inventory and Sales	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	Chart Selector	ASP	Microsoft SQL 2017	FSH: Randomly selects resident charts for nursing review.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Clinical Debriefing	ASP	Microsoft SQL 2017	FSH: Clinical debriefing information used by recovery planning	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Clinical Risk Assessment	ASP	Microsoft SQL 2017	FSH: Electronic Clinical Risk Assessment Tool	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	ClinLab-FSH	proprietary	Advantage Database Server 12	FSH: Clinlab application used for laboratory testing	FSHCLINLABPROD	Advantage Database Server 12	Windows Server 2019	N
FSH	Juno	proprietary	Microsoft SQL 2017	FSH: Records resident demographics and tracks admissions, discharges, and transfers and few other functions in Juno	FSHDSS	Microsoft SQL 14	Windows Server 2019	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
FSH	Competency Evaluation	ASP	Microsoft SQL 2017	FSH: Electronic version of the Competency Evaluation Administration Record.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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
FSH	Computer Asset Tracker	ASP	Microsoft SQL 2017	FSH: Computer hardware inventory	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	Consultation Referral Report	ASP	Microsoft SQL 2017	FSH: Electronic Referral Consults	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	EHR to Replace?
FSH	Court Reports Scheduler	ASP	Microsoft SQL 2017	FSH: Tracks/Schedules Resident Competency Evaluations	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Critical Event Report	ASP	Microsoft SQL 2017	FSH: Track Critical Events	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Dental	ASP	Microsoft SQL 2017	FSH: Patient dental scheduling	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	Desk Files	ASP	Microsoft SQL 2017	FSH: Displays Resident-specific information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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
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
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
FSH	Discharge Receipt	ASP	Microsoft SQL 2017	FSH: Receipt of information used for discharging patients	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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
FSH	Disclosure Tracking Log	ASP	Microsoft SQL 2017	FSH: Tracks requests for confidential information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Employee and Resident Search	ASP	Microsoft SQL 2017	FSH: Stakeholder patient search	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Employee Health-FSH	ASP	Microsoft SQL 2017	FSH: Records Employee Infection Control data.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	External Income	.NET	Microsoft SQL 2017	FSH: Resident Income management for residents.	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y
FSH	Eye Clinic	ASP	Microsoft SQL 2017	FSH: Patient scheduling for eye clinic	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	Face Sheet	ASP	Microsoft SQL 2017	FSH: Summary of patient information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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
FSH	Functional Resource Assessment	ASP	Microsoft SQL 2017	FSH: Tool for capturing patient functional resource assessment	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
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
FSH	HCS Clinicals-FSH	proprietary	Microsoft SQL 2017	FSH: medication administration and pharmacy software	FSHHCSPROD	Microsoft SQL 14	Windows Server 2019	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

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	EHR to Replace?
FSH	Health Information Services	ASP	Microsoft SQL 2017	FSH: Patient information management, bed management	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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	N
FSH	HR Employee Tracking	ASP	Microsoft SQL 2017	FSH: Employee information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	Incident Reporting-FSH	ASP	Microsoft SQL 2017	FSH: Incident reporting application	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	Inferring Personal Criteria	ASP	Microsoft SQL 2017	FSH: Inferring Personal Criteria	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Intranet-FSH	ASP	n/a	FSH: Internal Intranet	FSHWEBPROD	n/a	Windows Server 2019	N
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
FSH	Living Environment Preferences	ASP	Microsoft SQL 2017	FSH: Patient living environment preferences	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Maladaptive Behaviors	ASP	Microsoft SQL 2017	FSH: Tracks/records resident maladaptive behaviors	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	MealSuite-FSH	proprietary	cloud	FSH: Food service and dietary application	cloud	cloud	cloud	N
FSH	Medical Appointments	ASP	Microsoft SQL 2017	FSH: resident medical appointments	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Medical Appointments Dashboard	ASP	Microsoft SQL 2017	FSH: Dashboard for viewing medical appointments	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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
FSH	Medical Psychiatric Note	ASP	Microsoft SQL 2017	FSH: Psychiatric progress notes	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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
FSH	Monthly Nursing Progress Notes	ASP	Microsoft SQL 2017	FSH: Provides electronic version of Form 78	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Nursing Assessment Tool	.NET	Microsoft SQL 2017	FSH: manage COVID symptoms in residential population	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Ongoing Issues	ASP	Microsoft SQL 2017	FSH: Records and tracks residents issues	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Outpatient Clinic Schedule	ASP	Microsoft SQL 2017	FSH: Outpatient clinic scheduling in MSU	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Overall Resident Data	ASP	Microsoft SQL 2017	FSH: Resident data reports	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Patient Advocacy	ASP	Microsoft SQL 2017	FSH: Tracks resident complaints	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	EHR to Replace?
FSH	Patient Bed Assignment	ASP	Microsoft SQL 2017	FSH: Patient bed assignments	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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
FSH	Patient Locator	ASP	Microsoft SQL 2017	FSH: Electronic tracking of resident locations.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Patient Orientation Checklist	ASP	Microsoft SQL 2017	FSH: Electronic Record of Resident Orientation Checklist	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Personal Safety Plan	ASP	Microsoft SQL 2017	FSH: Tool used for patient de-escalation	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Phone Directory	ASP	Microsoft SQL 2017	FSH: telephone directory	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	Physical Therapy	ASP	Microsoft SQL 2017	FSH: Physical therapy scheduling	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Physician Providers	ASP	Microsoft SQL 2017	FSH: List of physician providers	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Pre-Discharge Civil	ASP	Microsoft SQL 2017	FSH: Pre-discharge checklist	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Preferred Environment	ASP	Microsoft SQL 2017	FSH: Patient environmental preferences	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Pregnancy Tracking	ASP	Microsoft SQL 2017	FSH: Electronic tracking of residents that are pregnant	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Progress and Event Note	ASP	Microsoft SQL 2017	FSH: Patient progress and event notes	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Psychiatric Progress Note	ASP	Microsoft SQL 2017	FSH: Electronic Psychiatric Progress Note	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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
FSH	Psychology Progress Note	ASP	Microsoft SQL 2017	FSH: Electronic Psychology Progress Note	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Readiness Assessment	ASP	Microsoft SQL 2017	FSH: Rehab services readiness assessment	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Recovery Plan	ASP	Microsoft SQL 2017	FSH: Electronic resident recovery plan	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Recovery Planning Scheduling	ASP	Microsoft SQL 2017	FSH: Schedules Recovery Plan Team Reviews	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Recovery Team Minutes	ASP	Microsoft SQL 2017	FSH: Electronic Recovery Team notes	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	Rehab Services	ASP	Microsoft SQL 2017	FSH: Rehab services summary	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Rehab Skills Assessment	ASP	Microsoft SQL 2017	FSH: Tracks/records resident interests and skills.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	EHR to Replace?
FSH	Report of Contact	ASP	Microsoft SQL 2017	FSH: Record of patient contacts and associated information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Resident Schedules	ASP	Microsoft SQL 2017	FSH: Tracks and schedules resident services provided	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Respiratory	ASP	Microsoft SQL 2017	FSH: Patient scheduling respiratory therapist	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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	N
FSH	Security Patient Incident	ASP	Microsoft SQL 2017	FSH: Security incident reporting application	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	Service Attendance Rates	ASP	Microsoft SQL 2017	FSH: Tracks Resident Services Attendance	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Service Hours	ASP	Microsoft SQL 2017	FSH: Therapeutic service hours	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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
FSH	Services	ASP	Microsoft SQL 2017	FSH: Therapeutic service hours	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Social Services Progress Note	ASP	Microsoft SQL 2017	FSH: Electronic Social Services Progress Note	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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
FSH	Staff Admission Note	ASP	Microsoft SQL 2017	FSH: Electronic Admission Note	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Staff Editor	ASP	Microsoft SQL 2017	FSH: Manage staff information	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
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
FSH	Substance Abuse Use Screen	ASP	Microsoft SQL 2017	FSH: Substance abuse assessment	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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	N
FSH	Telecommunications Phone System	ASP	Microsoft SQL 2017	FSH: Tracks Phone Numbers/Circuit Numbers	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	TouchPoint-FSH	proprietary	Microsoft SQL 2014	FSH: medication cart program	FSH-MEDDISP-SVR	Microsoft SQL 12	Windows Server 2019	N
FSH	Transfer Plan	ASP	Microsoft SQL 2017	FSH: Resident transfer plan used by recovery team	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Transition Plan	ASP	Microsoft SQL 2017	FSH: Electronic Transition / Transfer Plan	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	EHR to Replace?
FSH	Transportation Calendar	ASP	Microsoft SQL 2017	FSH: Patient transportation scheduling	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	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
FSH	Unscheduled Absence	ASP	Microsoft SQL 2017	FSH: Tracks Employee Unscheduled Absences.	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	Y
FSH	Veritas Backup	proprietary	Microsoft SQL 2014	FSH: Server backup application	FSHBACKUP1	Microsoft SQL 12	Windows Server 2012	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
FSH	WebLab-FSH	proprietary	Microsoft SQL 2017	FSH: web-based laboratory interface, part of ClinLab	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
FSH	X-Ray	ASP	Microsoft SQL 2017	FSH: Tracks/records X-Rays schedules	FSHDATAPROD	Microsoft SQL 14	Windows Server 2019	N
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	N
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	N
All	Cardinal	proprietary	cloud	MHTF: Cardinal pharmacy application used for ordering and inventory management	cloud	cloud	cloud	N
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	N
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	N
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	N

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	EHR to Replace?
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	N
All	File Share Management	WPF	n/a	MHTF: Manage file shares on network server.	SCFMI310	n/a	Windows Server 2016	N
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
All	ICD Lookup	.NET	Microsoft SQL 2017	MHTF: View and look up ICD 10 information.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y
All	Kronos Time Keeping	proprietary	cloud	MHTF: Time keeping application used by DCF Facilities, now entirely cloud based	cloud	cloud	cloud	N
All	Micromedex	proprietary	cloud	MHTF: drug information for clinicians	cloud	cloud	cloud	Y
NEFSH	Acteon	proprietary	proprietary	NEFSH: Acteon dental software	W5503ACTEON	proprietary	Windows 10 Pro	N
NEFSH	Badge Pass	proprietary	Microsoft SQL 2014	NEFSH: Badger software	SCFMHFP001	Microsoft SQL 12	Windows Server 2012 R2	N
NEFSH	Banking-NEFSH	.NET	Microsoft SQL 2017	NEFSH: Resident banking	SCFMH311	Microsoft SQL 14	Windows Server 2016	N
NEFSH	ClinLab-NEFSH	proprietary	Advantage Database Server 12	NEFSH: Clinlab application used for lab testing	SCFMH305	Advantage Database Server 12	Windows Server 2016	N
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	N
NEFSH	HCS Clinicals-NEFSH	proprietary	Microsoft SQL 2017	NEFSH: Medication administration application	SCFMH303	Microsoft SQL 14	Windows Server 2016	Y
NEFSH	Incident Reporting Training	.NET	Microsoft SQL 2017	NEFSH: Incident Reports training	SCFMH311	Microsoft SQL 14	Windows Server 2016	N
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 me managed by nurses, supervisors, and Risk Management. Medication variances are also incidents captured in this system.	SCFMH311	Microsoft SQL 14	Windows Server 2016	N
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
NEFSH	Infection Control Staff	.NET	Microsoft SQL 2017	NEFSH: This application is for the maintenance of state and federally	SCFMH311	Microsoft SQL 14	Windows Server 2016	N

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	EHR to Replace?
				required 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	N
NEFSH	MealSuite-NEFSH	proprietary	cloud	NEFSH: Food service and dietary application	cloud	cloud	cloud	N
NEFSH	MedDispense	proprietary	Microsoft SQL 2016	NEFSH: Medication cart application	SCFMH306	Microsoft SQL 13	Windows Server 2016	N
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	N
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
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
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
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
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 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.	SCFMH311	Microsoft SQL 14	Windows Server 2016	Y
NEFSH	WebLab-NEFSH	proprietary	Microsoft SQL 2017	NEFSH: web-based laboratory interface, part of ClinLab	SCFMH311	Microsoft SQL 14	Windows Server 2016	N
NEFSH	Xmaru View V1	proprietary	proprietary	NEFSH: Radiology PACS software	Desktop-GN7SR7L	proprietary	Windows 10 Pro	N

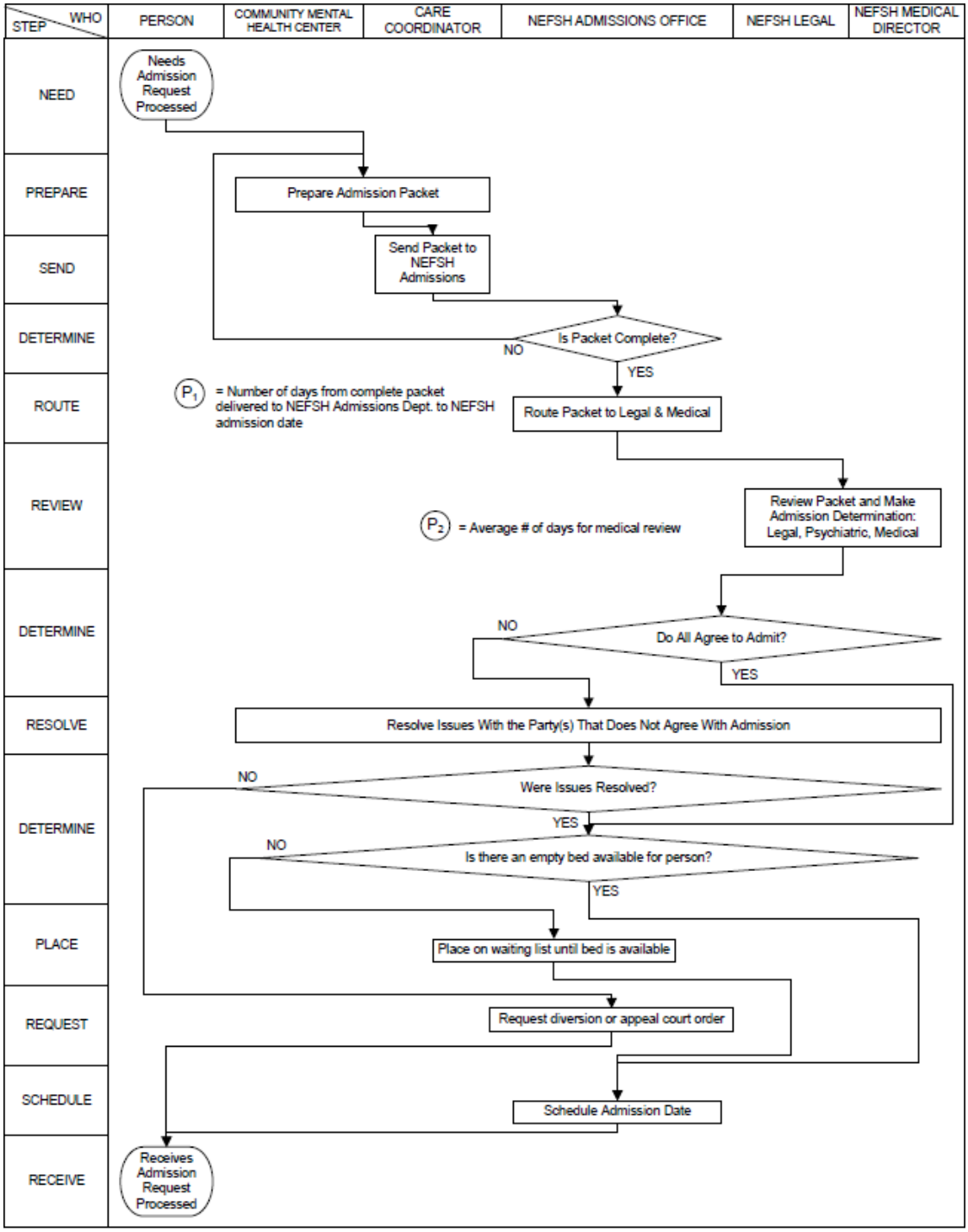
Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	EHR to Replace?
NFETC	24 Hour Nursing Report	Microsoft Access 2016	Microsoft Access 2016	NFETC: Communicate information between nursing shifts	SCFMI311	Microsoft Access 2016	Windows Server 2016	Y
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
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
NFETC	BacTalk	proprietary	proprietary	NFETC: AC controller software	SCFMI906	proprietary	Windows Server 2012 R2	N
NFETC	Banking-NFETC	.NET	Microsoft SQL 2017	NFETC: Resident banking	SCFMI311	Microsoft SQL 14	Windows Server 2016	N
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	N
NFETC	Chart Audits	Microsoft Access 2016	Microsoft Access 2016	NFETC: Document and remediate chart deficiencies.	SCFMI311	Microsoft Access 2016	Windows Server 2016	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
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	N
NFETC	HCS Clinicals-NFETC	proprietary	Microsoft SQL 2017	NFETC: ePharmacy and eMAR application	SCFMI304	Microsoft SQL 14	Windows Server 2016	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	N
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
NFETC	Intranet-NFETC	.NET	n/a	NFETC: Intranet is used by staff to access information and resources.	SCFMI310	n/a	Windows Server 2016	N
NFETC	Investigations	Microsoft Access 2016	Microsoft Access 2016	NFETC: Incident tracking and reporting.	SCFMI311	Microsoft Access 2016	Windows Server 2016	N
NFETC	Keywatcher	proprietary	Microsoft SQL 2014	NFETC: Keywatcher application	SCFMI306	Microsoft SQL 12	Windows Server 2016	N
NFETC	MealSuite-NFETC	proprietary	cloud	NFETC: Food service and dietary application	cloud	cloud	cloud	N

Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	EHR to Replace?
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
NFETC	Movement Counts	Microsoft Access 2016	Microsoft SQL 2017	NFETC: Track resident admissions, discharges, movements, & counts.	SCFMI311	Microsoft SQL 14	Windows Server 2016	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
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
NFETC	Pedestrian	Microsoft Access 2016	Microsoft Access 2016	NFETC: Track outside visitors when in secure area	SCFMI311	Microsoft Access 2016	Windows Server 2016	N
NFETC	Q-Audit	Microsoft Access 2016	Microsoft Access 2016	NFETC: Deficiency audits for quality management.	SCFMI311	Microsoft Access 2016	Windows Server 2016	Y
NFETC	QuickBooks	proprietary	proprietary	NFETC: Accounting software	SCFMI904	proprietary	Windows Server 2016	N
NFETC	Resident Property Reports	Microsoft Access 2016	Microsoft Access 2016	NFETC: Viewing and reporting interface for resident property	SCFMI311	Microsoft Access 2016		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	N
NFETC	Security Master Log	Microsoft Access 2016	Microsoft SQL 2017	NFETC: Manage event reporting across facility.	SCFMI311	Microsoft SQL 14	Windows Server 2016	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
NFETC	Summary Management	.NET	Microsoft SQL 2017	NFETC: Manage summary processing from admission to discharge.	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y
NFETC	TouchPoint-NFETC	proprietary	Microsoft SQL 2014	NFETC: medication cart software	SCFMI302	Microsoft SQL 12	Windows Server 2012 R2	N
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	SCFMI311	Microsoft SQL 14	Windows Server 2016	Y

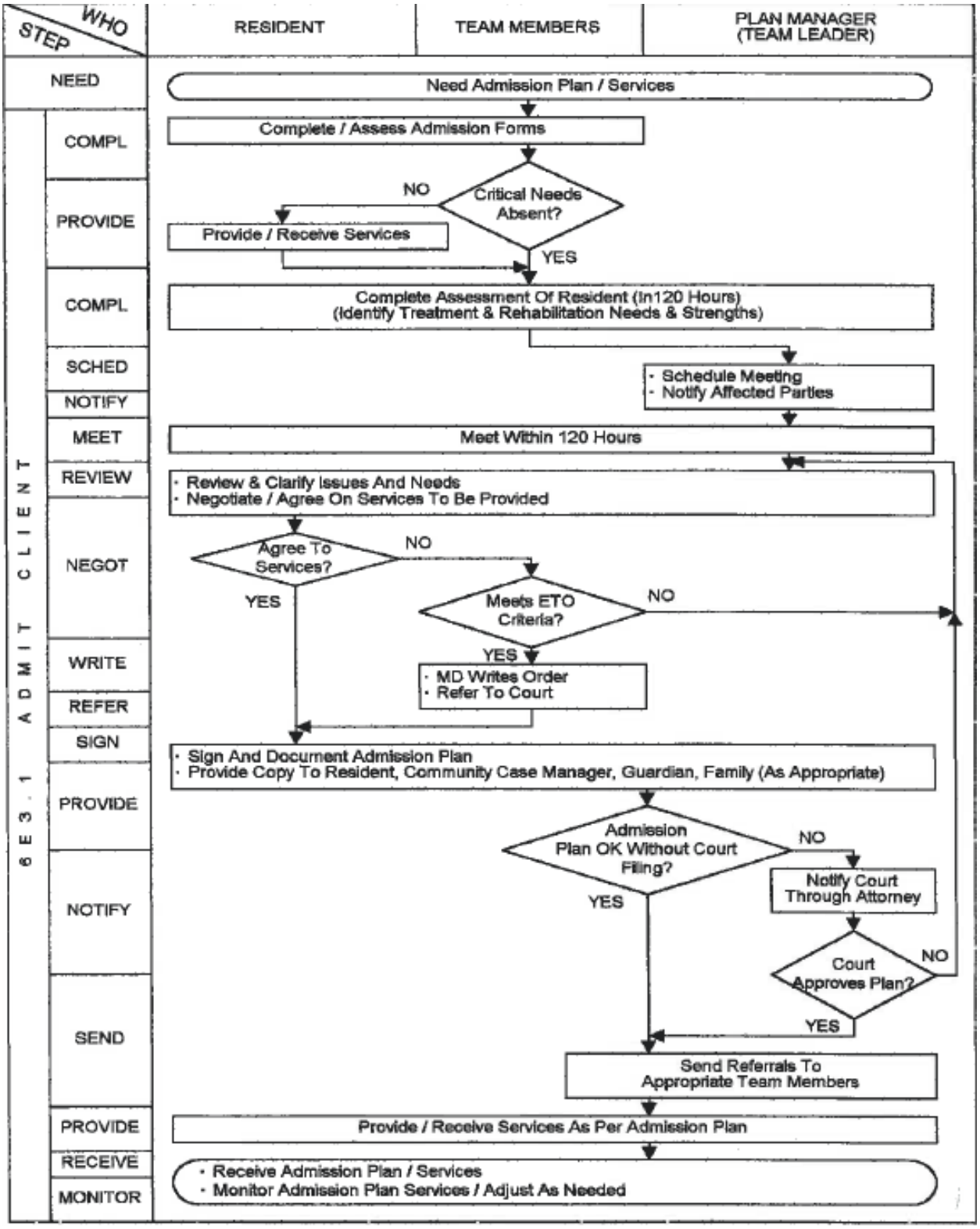
Facility	Applications	Application Layer	Database Layer	Application Description	Server Name	Platform	Operating System	EHR to Replace?
				application. Treatment teams set patient Grounds Access and record patient MRT (movement/risk/treatment) eligibility. This application contains numerous reports.				

B. Admission Process Flow Chart

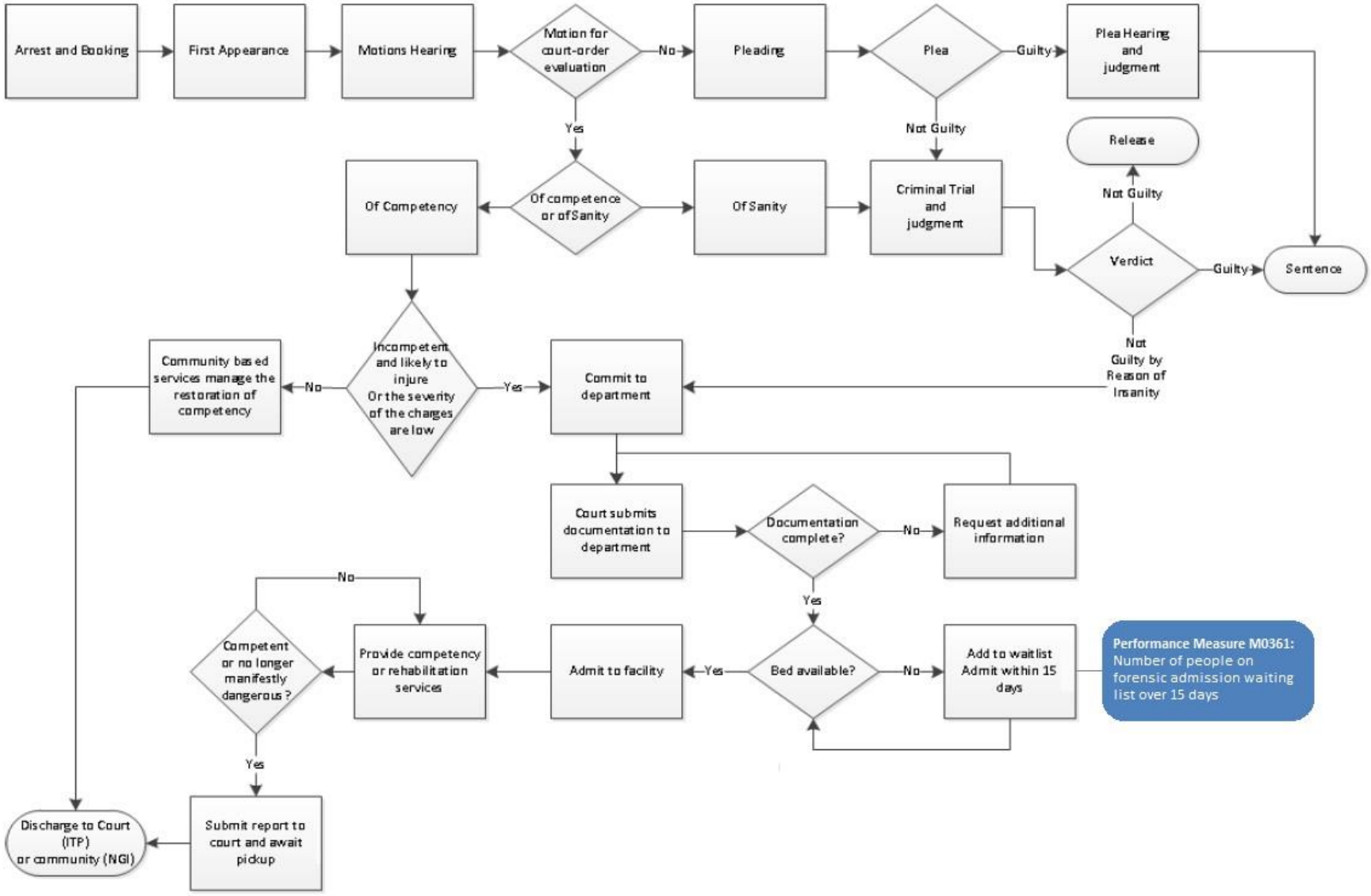
1. Northeast Florida State Hospital Admission



2. *Florida State Hospital Admission*



3. FSH Forensic Process Flow Map



C. Detailed Alternative Scoring Tables

Detailed evaluations found below expand on the weighted alternatives scoring system by providing justification and rationale of the scores assigned to each criterion. Furthermore, scores for the individual factors that constitute the criterion score are provided.

1. Alternative 1 – Deploy a Commercial Off-The-Shelf (COTS) EHR solution

Alternative 1 – Deploy a Commercial Off-The-Shelf (COTS) EHR solution					
No.	**Evaluation Criteria**	**Rationale for Scoring**	**Factors**	**Score**	
1	**Strategic Alignment**	• Allows the Department to protect the vulnerable through industry proven person-centric technology that allows for transparency and promotes quality results • Stewardship is rated moderately due to the large upfront investment required	· Stewardship	Medium	2
			· Protect Vulnerable	High	3
			· Person-Centric	High	3
			· Transparency	High	3
			· Quality Results	High	3
			· Practical Use of Technology	High	3
			AVERAGE SCORE :	**High**	**2.8**
2	**Outcomes**	• A fully integrated solution will provide better access to data for practioners to coordinate care internally and externally • Built-in safeguards and automated alerts make it easier to consider all aspects of a resident's condition when diagnosing, making treatment decisions, prescribing medication, etc.	· Resident Safety	High	3
			· Quality of Care	High	3
			· Continuity of Care	High	3
			· Care Coordination	High	3
			AVERAGE SCORE :	**High**	**3.0**
3	**Risk Mitigation**	• Patient classifications will prevent adverse incidents for residents and staff • System will be implemented as intended, therefore benefits will be realized • Reduces litigation risks due to better safety measures • Meets statutory compliance for streamlining administrative processes and establishing a uniform system	· Resident Safety	High	3
			· Staff Safety	High	3
			· Data Risk	High	3
			· Implementation Risk	High	3
			· Benefit Realization Risk	High	3
			· Litigation Risk	High	3
			· Statutory Compliance	High	3
			AVERAGE SCORE :	**High**	**3.0**
4	**Modern Solution**	• Creates signficant 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 AST 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 :	**High**	**2.7**
5	**Business Alignment**	• Does not align with "As Is" processes, but will drive the Department towards "To Be" processes and goals defined • Allows HL7 communication • Improves visibility into facility vacancies via improved bed management tools • Requires moderate resource capability transformation	· Current Business Process	Low	1
			· Future Business Process	High	3
			· Communication Channels	High	3
			· Visibility	High	3
			· Resource Capacity	Medium	2
			AVERAGE SCORE :	**Medium**	**2.4**
6	**Cost Benefit**	• High upfront costs • High ongoing operational costs • High tangible benefits • High intangible benefits	· One-time Project Costs	Low	1
			· Ongoing Operational Costs	Low	1
			· Financial Metrics	Medium	2
			· Tangible Benefits	High	3
			· Intangible Benefits	High	3
			AVERAGE SCORE :	**Medium**	**2.0**

2. Alternative 2 – Custom EHR Solution

Alternative 2 – Custom-integrate a Modular EHR solution					
No.	**Evaluation Criteria**	**Rationale for Scoring**	**Factors**	**Score**	
1	**Strategic Alignment**	• Implementing multiple systems moderately inhibits the ability to impact the Department's goals	· Stewardship	Medium	2
			· Protect Vulnerable	Medium	2
			· Person-Centric	Medium	2
			· Transparency	Medium	2
			· Quality Results	Medium	2
			· Practical Use of Technology	Medium	2
			AVERAGE SCORE :	**Medium**	**2.0**
2	**Outcomes**	• Resident safety alerts are not fully integrated when working with multiple systems • Care coordination will flow centrally through EHR, but will not encompass the entire set of resident data from modules when sending data externally	· Resident Safety	Medium	2
			· Quality of Care	High	3
			· Continuity of Care	Medium	2
			· Care Coordination	High	3
			AVERAGE SCORE :	**High**	**2.5**
3	**Risk Mitigation**	• Integrating multiple modules means more vendors, more contracts • Sending data between multiple systems creates data corruption risks • Requires monitoring access to multiple systems • Requires updating multiple systems against new vulnerabilities • Requires separate implementations for each module • Due to more complex integration, benefits realization may take longer • Potential for duplicate entry if communication between systems not real-time	· Resident Safety	High	3
			· Staff Safety	High	3
			· Data Risk	Medium	2
			· Implementation Risk	Medium	2
			· Benefit Realization Risk	Medium	2
			· Litigation Risk	Medium	2
			· Statutory Compliance	High	3
			AVERAGE SCORE :	**Medium**	**2.4**
4	**Modern Solution**	• Implementing multiple products will likely produce some redundancies in functionality • Requires multiple logins unless SSO is also implemented, further complicating access rights • Integration level is limited based on HL7 rules • Extensive customization will be required to integrate communication lines between systems • Most systems will be updated based on industry changes, but some may lag behind based on maturity/stability of vendor	· Meets AST Standards	Medium	2
			· Data Security and Privacy	Medium	2
			· Data Sharing	Medium	2
			· Flexibility	High	3
			· Customization Needs	Low	1
			· Integration	Medium	2
			· Maintenance Effort	Medium	2
			· Redundant Applications	Medium	2
			· Future Demand	Medium	2
			AVERAGE SCORE :	**Medium**	**2.0**
5	**Business Alignment**	• Does not align with current processes, but will allow the Department to make moderate progress towards goals • Allows information sharing across entities • Moderately improves visibility into facility vacancies via improved bed management tools	· Current Business Process	Low	1
			· Future Business Process	Medium	2
			· Communication Channels	High	3
			· Visibility	Medium	2
			· Resource Capacity	Medium	2
			AVERAGE SCORE :	**Medium**	**2.0**
6	**Cost Benefit**	• Moderate upfront costs • High ongoing operational costs • Moderate tangible benefits • Moderate intangible benefits	· One-time Project Costs	Medium	2
			· Ongoing Operational Costs	Low	1
			· Financial Metrics	Medium	2
			· Tangible Benefits	Medium	2
			· Intangible Benefits	Medium	2
			AVERAGE SCORE :	**Medium**	**1.8**

D. DCF Enterprise Architecture Components

The table below contains the enterprise architecture components that are currently in place.

okta	Identity Management System (IAM)	Contractor shall integrate solution/system with department's enterprise Identity Access Management System Okta. All solution/system user access will use department's enterprise Identity Access Management System Okta
Microsoft Azure	Enterprise Data Warehouse	Contractor shall integrate solution/system with department's Enterprise Data Warehouse Azure Synapse for data repository and analysis
	Integration Platform - API	Contractor shall integrate solution/system with department's Enterprise Integration/API platform Mulesoft for all web services and APIs
servicenow	ITSM – Ticketing	Contractor shall integrate solution/system with department's Enterprise Ticketing, alert, notification system ServiceNow.
inrule IBM	Enterprise Rules Engine	Contractor shall integrate solution/system with department's Enterprise Rules Engine, inrule or IBM CloudPak for Automation, for all complex business logic when/where appropriate
inzata	Master Client Index, MDM	Contractor shall integrate solution/system with department's Master Client Index, MDM platform Inzata for all MCI requirements
OnBase by Hyland	Enterprise Document Management System	Contractor shall integrate solution/system with department's Enterprise Document Management
twilio	Enterprise Communication Platform	Contractor shall integrate solution/system with department's enterprise communication platform
Azure DevOps	Dev Ops	Contractor shall integrate solution/system with department's Dev Ops tool
Qlik	Data Replication	Contractor shall use solution/system with department's Data Replication tool for real-time data replication needs when appropriate
Power BI	Data Analytics	Contractor shall use solution/system with department's Data Analytics tool, Microsoft Power BI

Cloud Infrastructure

Microsoft Azure aws	Cloud Environment	Contractor shall integrate solution/system with department's cloud environment when appropriate

E. Assumptions

The inputs and outputs of the cost-benefit analysis are documented in an Excel workbook containing several worksheet forms, which calculate the financial return of the proposed IT project. A copy of the workbook with the Schedule IV-B CBA forms and supporting documents as listed below can be found in attachment Florida EHR Report – CBA – 11302022.

1. Assumptions

The following key assumptions were made in determining the cost/benefit model for the Electronic Health Record project:

a. The project will take three fiscal years to complete but the actual project length will ultimately be determined between the State of Florida and the selected EHR partner and could end up being shorter or longer depending on unknown variables at this time.
b. Benefits will be realized in an incremental manner as the hospitals begin compliant use of the EHR system and will come from three main categories of: Reduction in average length of stay, Reduction in admissions, improvements in practice efficiencies. It is possible to realize additional benefits outside of these categories, but they are not quantified in this report. It is also possible that some benefits could be realized sooner or later than assumed here and would be a result of the ultimate organizational change management adoption of the new technology.
c. Project costs have been calculated based on current Department of Children and Families costs as well as from market research surrounding current industry practices for EHR Implementations. As the industry moves towards remote hosted (i.e., SaaS based cloud) solutions, cost categories have changed, and the ultimate solution may cause the specific costs to look different than what's included in the attached CBA. For the purposes of this feasibility study the following key assumptions were made (detailed calculations can be found in the CBA Form 2A):

    - All department staff have been included in the user license count
    - Commercial license software is assumed to be $500/year per user – this amount is consistent with market rates for other similar EHR providers, but the specific amount will be dependent on the selected vendor and details within the contract process.
    - Ongoing maintenance/support for the software is assumed to be 15% of the annual software license
    - Training and customization costs are assumed to only be relevant during the implementation portion of the project
    - A contingency cost factor of 12% has been applied to the implementation portion of the project for Year 1 and 10% cost factor in Years 2 & 3 to account for either unplanned/unexpected costs and/or costs that are higher than expected.

2. CBA Form 1 – Net Tangible Benefits

3. CBA Form 2A – Baseline Project Budget

4. CBA Form 2B, 2C – Project Cost Analysis

5. CBA Form 3 – Project Investment Summary

F. Risk Assessment Summary

A copy of the Risk Assessment Tool workbook for Alternative 1 is included in the attachment Florida Risk Assessment – EHR Project – 11302022.

SCHEDULE VI: DETAIL OF DEBT SERVICE

Department: Children and Families **Budget Period 2024-2025**

Budget Entity: 60910506

(1) SECTION I		(2) ACTUAL FY 2022-2023	(3) ESTIMATED FY 2023-2024	(4) REQUEST FY 2024-2025
Interest on Debt	(A)	$1,699,000.00	$1,434,250.00	$1,155,875.00
Principal	(B)	$5,160,000.00	$5,430,000.00	$5,705,000.00
Repayment of Loans	(C)			
Fiscal Agent or Other Fees	(D)	$10,377.40	$12,000.00	$12,000.00
Other Debt Service	(E)			
Total Debt Service	**(F)**	$6,869,377.40	$6,876,250.00	$6,872,875.00

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) INTEREST RATE	(2) MATURITY DATE	(3) ISSUE AMOUNT	(4) 30-Jun-24	(5) 30-Jun-25
5%	10/1/2025	$12,945,000.00	$5,570,000.00	$2,855,000.00

(6)		(7) ACTUAL FY 2022-2023	(8) ESTIMATED FY 2023-2024	(9) REQUEST FY 2024-2025
Interest on Debt	(G)	$469,125.00	$343,125.00	$210,625.00
Principal	(H)	$2,455,000.00	$2,585,000.00	$2,715,000.00
Fiscal Agent or Other Fees	(I)	$4,040.63	$5,000.00	$5,000.00
Other	(J)			
Total Debt Service	**(K)**	$2,928,165.63	$2,933,125.00	$2,930,625.00

ISSUE: Florida Civil Commitment Center COP - 2021B ($28,520,000.00)

INTEREST RATE	MATURITY DATE	ISSUE AMOUNT	30-Jun-24	30-Jun-25
5%	10/1/2029	$28,520,000.00	$20,400,000.00	$17,410,000.00

		ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
Interest on Debt	(G)	$1,229,875.00	$1,091,125.00	$945,250.00
Principal	(H)	$2,705,000.00	$2,845,000.00	$2,990,000.00
Fiscal Agent or Other Fees	(I)	$6,336.77	$7,000.00	$7,000.00
Other	(J)			
Total Debt Service	**(K)**	$3,941,211.77	$3,943,125.00	$3,942,250.00

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2024-2025

Department: Children and Families

Chief Internal Auditor: Keith Parks

Budget Entity:

Phone Number: (850) 488-1225

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
Inspector General Report A-2223DCF-066	Jan 2023	Human Resources and Office of Information Technology	**Finding** The Office of Human Resources (HR) did not fully comply with the requirement of CFOP 50-1 to conduct internal Quarterly Quality Control Reviews of logical access to the Department network drive where DHSMV personal data is stored. **Recommendation** To detect and deter inappropriate access, OIG recommended HR comply with CFOP 50-1 by consistently conducting quarterly reviews of logical access to the Department network drive where DHSMV personal data is stored, and that OITS coordinate with HR in conducting	Management concurred with the observation. HR will set electronic reminders effective January of each year, to request quarterly reviews by OTIS regarding logical access of the Department network drive where DHSMV data is stored.	
Auditor General Report No. 2023-174	Mar 2023	Office of Strategic Programs and Innovation	**Finding 2022-026** The FDCF did not always correctly report performance data in ERA monthly reports and FDCF records did not support financial data included in ERA quarterly reports. **Recommendation** We recommend that the FDCF ensure that the data submitted on ERA reports is accurate and adequately supported by FDCF	Partially Corrected The Department contracted with a vendor to conduct a financial reconciliation and eligibility compliance review of the ERA program. The review will be completed in August 2023.	

Auditor General Report No. 2023-174	Mar 2023	Office of Information Technology	**Finding 2022-034** 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. **Recommendation** We recommend that FDCF management improve certain security controls related to FLORIDA system user authentication to ensure the confidentiality, integrity, and availability of FLORIDA system data and related IT resources.	Not Corrected The finding remains 'Not Corrected' based on the risk associated with implementing the security controls related to the FLORIDA System user authentication within the current system poses critical threats to the application, Department's mission, and Floridians who apply and receive essential benefits via the FLORIDA system. On February 27, 2023, the Department implemented control to mitigate risk associated with the current user authentication process. The Department continues evaluating specific security controls related to user authentication for the FLORIDA system and has established a multi-year ACCESS Modernization project to address this finding. As of June 30, 2023, the projected timeline to remediate user authentication configuration will be in phase six of the modernization initiative, State	
Auditor General Report No. 2023-174	Mar 2023	Office of Information Technology	**Finding 2022-036** The FDCF did not always timely deactivate the Florida Online Recipient Integrated Data Access (FLORIDA) system access privileges for employees who separated from FDCF employment and, in one instance, a former employee used their account to inappropriately access the FLORIDA system subsequent to termination. **Recommendation** We recommend that FDCF management enhance controls to ensure that all assigned IT equipment is collected from employees prior to employment termination and FLORIDA system user access privileges are deactivated.	Partially Corrected The Department's OITS has begun implementing an Identity (ID) governance solution to appropriately act upon system users' accounts.	

Auditor General Report No. 2023-174	Mar 2023	Office of Administration	**Finding 2022-039** The FDCF did not report timely or accurately report the correct subaward information in the Federal Funding Accountability and Transparency Act (FFATA) Subaward Reporting System (FSRS) in accordance with Federal regulations. **Recommendation** We recommend that the FDCF management ensure that all subawards are appropriately and	Partially Corrected The Department has already taken measures to ensure the Post Award Notice process will be timely, and to include updated training and making staff who oversee FFATA reporting are aware of the requirements of 2 CFR Chapter 1, Part 170 for reporting guidelines.	
Auditor General Report No. 2023-174	Jan 2023	Office of Administration	**Finding 2022-043** The FDCF did not correctly report expenditure data on one TANF Financial Report submitted to the Administration for Children and Families (ACF). **Recommendation** We recommend that FDCF management strengthen TANF Financial Report preparation controls, including establishing a crosswalk between Financial Report expenditure categories and FDCF accounting records, to ensure that all expenditure	Partially Corrected The Department has updated the process by incorporating all quarters in the expenditure query then applying the report line number to each expenditure line. Once completed, all prior quarters are reconciled to the worksheet/ACF-196 report to ensure the OCA is being identified to the correct line number on the report.	

Auditor General Report No. 2023-174	Mar 2023	Office of Information Technology	**Finding 2022-044** The FDCF did not always timely review and process Income Eligibility and Verification System (IEVS) data exchange responses. **Recommendation** 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.	Partially Corrected In state fiscal year (SFY) 2020-21, the Florida Department of Children and Families (FDCF) established a project management team to correct the finding. In 2021, the FDCF, through the project management team, prioritized data exchanges that need to be worked and implemented an educational campaign to reinforce the importance of the timely processing of data exchanges. Additionally, the FDCF implemented Phase I of the integration data exchange projects for Unemployment Compensation Benefits (UCB) and Earned Income Eligibility Verification and had other developments in progress. The additional developments for this finding have been put on hold. FDCF is undergoing a modernization of its eligibility system and continues to use a phased approach for modernizing	
Auditor General Report No. 2023-174	Mar 2023	Office of Economic Self-Sufficiency	**Finding 2022-045** The State did not achieve its overall and two-parent work participation rates for Federal fiscal year 2021. **Recommendation** We recommend that the FDCF continue to work with the OFA to resolve the exception request for the SFAG penalty.	Fully Corrected On May 22, 2023, the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance (OFA) granted the Florida Department of Children and Families (FDCF) a reasonable cause exception from the Temporary Assistance for Needy Families work participation rate penalty. OFA will not impose a penalty for FDCF's failure to meet the work participation requirements in	

Auditor General Report No. 2023-174	Mar 2023	Office of Administration	**Finding 2022-047** FDCF expenditures charged to REAP and SSBG program grants were not incurred during the authorized period of performance. **Recommendation** We recommend that the FDCF ensure that costs are attributable to the authorized period of performance and are charged to the correct grant. We also recommend that the FDCF review expenditure data and records to determine the total costs that were charged to	Partially Corrected The Department is in the process of planning and developing the automation of this activity. Due to the current process being manual, all federal reporting staff are being provided with appropriate training to perform this activity.	
Auditor General Report No. 2023-174	Mar 2023	Office of Administration	**Finding 2022-048** The FDCF did not maintain documentation supporting the total number of recipients of selected SSBG services included in the Post-Expenditure Report submitted to the Office of Community Services and incorrectly reported the total number of recipients of Protective Services – Adults. **Recommendation** We recommend that the FDCF establish procedures for maintaining the data used as the basis to report information in the Post-Expenditure Report and ensure that amounts	Not Corrected The Department is establishing written procedures for receiving and maintaining the data received from various program areas that is used as the basis to report client data on the SSBG Post-Expenditure Report.	
Auditor General Report No. 2022-189	Mar 2022	Office of Economic Self-Sufficiency	**Finding 2021-013** FDCF records did not always support expenditures charged to the Emergency Solutions Grant Program (ESGP). **Recommendation** We recommend that the FDCF enhance controls to ensure that all ESGP expenditures are supported by adequate	Fully Corrected All corrective actions were completed/implemented by November 2021.	

Auditor General Report No. 2022-189	Mar 2022	Office of Information Technology	**Finding 2021-058** Certain security controls related to user authentication for the FDCF network need improvement to ensure the confidentiality, integrity, and availability of Axiom Pro data and related information technology (IT) resources. **Recommendation** 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	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 implementation of MFA.	
Auditor General Report No. 2022-189	Mar 2022	Office of Information Technology	**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 availability of GRANTS data and related information technology (IT) resources. **Recommendation** We recommend that FDCF management improve certain security controls related to GRANTS user authentication to ensure the confidentiality, integrity, and availability of	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 enforcement measures necessary to support the implementation of MFA.	
Auditor General Report No. 2022-189	Mar 2022	Office of Information Technology	**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. **Recommendation** We recommend that FDCF management improve certain security controls related to FLORIDA system user authentication to ensure the confidentiality, integrity, and	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 implementation of MFA.	

Auditor General Report No. 2022-189	Mar 2022	Office of Information Technology	**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) **Recommendation** We recommend that FDCF management improve certain security controls related to ADI system user authentication to ensure the confidentiality, integrity, and availability of ADI system data and related IT	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 clarification received from the Auditor General, no additional action is required.	
Auditor General Report No. 2022-189	Mar 2022	Office of Administrative Services	**Finding 2021-064** The FDCF did not report timely or accurately report the correct subaward information in the Federal Funding Accountability and Transparency Act (FFATA) Subaward Reporting System (FSRS) in accordance with Federal regulations. **Recommendation** We recommend that the FDCF contact the FSRS helpdesk to resolve subaward information reporting errors. In addition, FDCF management should ensure that correct subaward dates and amounts are timely and	Fully Corrected The Department has written and implemented procedures for completion and quality control for data entered into the Federal Subaward Reporting System. Information is entered monthly and quality assurance checks occur quarterly. Training guidance has been developed for new employees and to serve as a refresher for existing staff.	
Auditor General Report No. 2022-189	Mar 2022	Office of Administrative Services	**Finding 2021-065** The FDCF did not provide all required award information to subrecipients. **Recommendation** We recommend that the FDCF revise subaward documentation to include all required award information to be provided to subrecipients in accordance with Federal regulations.	Fully Corrected The Department recognized this prior to the recommendation and addressed how to utilize available resources and reporting systems to extract the data to meet the requirement. The Department implemented the use of the SQL Server Management System, Contract Accountability Reporting System, and Florida Accounting Information Resource to produce the Post Award Notice (PAN) to include the Federal Award Identification Number and the Federal award date, as available. On February 22, 2022, the first PAN with this information (as	

Auditor General Report No. 2022-189	Mar 2022	Office of Information Technology	**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. **Recommendation** We recommend that FDCF management improve certain security controls related to IBRS user authentication to ensure the confidentiality, integrity, and availability	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	
Auditor General Report No. 2022-189	Mar 2022	Office of Economic Self Sufficiency	**Finding 2021-072** The FDCF did not always timely review and process Income Eligibility and Verification System (IEVS) data exchange responses. **Recommendation** 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.	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. 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	

Auditor General Report No. 2022-189	Mar 2022	Office of Information Technology	**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. **Recommendation** We recommend that FDCF management improve certain security controls related to FSFN system user authentication to ensure the confidentiality, integrity, and availability of	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 clarification received from the Auditor
Auditor General Report No. 2022-189	Mar 2022	Office of Information Technology	**Finding 2021-075** The FDCF did not conduct periodic Florida Safe Families Network (FSFN) system user access privilege reviews or always timely deactivate the FSFN system user accounts for employees who separated from FDCF employment. **Recommendation** We recommend that FDCF management establish procedures requiring periodic reviews of FSFN system user access privileges. We also recommend that FDCF management enhance controls to ensure that FSFN system access privileges are deactivated immediately upon a user's separation from FDCF employment.	Fully Corrected March 2022, OITS updated department policy CFOP 50-2, Chapter 2, 'Upon receipt of written or verbal notification of a system user's resignation or separation from the Department, the supervisors and managers are responsible for:' notifying OITS via the Department's ticketing system. OITS staff can schedule the user's system access to terminate at the close of business on the last workday. OITS provided a list of active FSFN system users to the Office of Child and Family Well-Being for review. In July 2022, the Office of Child and Family Wellbeing completed a review of DCF FSFN system user access privileges. A listing of FSFN system user access privileges was shared with CBCs to conduct a review. The review was completed, and access privileges were removed for users no longer granted

Internal Audit A-1819DCF-043	Dec 2021	Office of Administrative Services	**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. **Recommendation** We recommend that the Assistant Secretary for Administration, in conjunction with the General Counsel, take the following actions: 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.	Partially Implemented The Department has included the requirements in the currently active Managing Entity contracts. 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]. 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.

Internal Audit A-1819DCF-043	Dec 2021	Office of Administrative Services	**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. **Recommendation** We recommend that the Assistant Secretary for Administration, in conjunction with the General Counsel, take the following actions: 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	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.

Internal Audit A-1819DCF-043	Dec 2021	Office of Administrative Services	**Finding #3** 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. **Recommendation** 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: 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	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.	

Internal Audit A-1819DCF-087	Dec 2021	Office of Administrative Services	**Finding #1** Eight of 17 lead agencies directly provided more than 35% of all child welfare services. **Recommendation** 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	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, *Child Welfare Administrative Functions* , Chapter 9, *Community Based Care Lead Agency Direct Services Exemption Process* has been implemented.
Internal Audit A-1819DCF-087	Dec 2021	Office of Administrative Services	**Finding #2** The Department did not develop policy and procedures to approve or deny lead agency requests for exemptions from the direct services threshold. **Recommendation** 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,	Partially Implemented Newly created CFOP 170-16, Ch 9, *Community Based Care Lead Agency Direct Services Exemption Process* has been routed and is under Chief of Staff review. The operating procedure will be implemented upon approval, anticipated by August 30, 2022.
Internal Audit A-2122DCF-018	May 2022	Office of Administrative Services	**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. **Recommendation** Going forward, we recommend that the Assistant Secretary for Administration ensure the information entered into FACTS is accurate, complete, and timely in accordance with §	Partially Implemented We concur with the recommendation and provide greater context to the finding. Corrective action status TBD.

Internal Audit A-1920DCF-131	Jun 2022	Office of Substance Abuse and Mental Health	**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. **Recommendation** 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	Partially Implemented We concur with the recommendation. The Chief Hospital Administrator (CHA) is working with each Hospital Administrator to finalize plans for equipment additions. We have prepared an initial legislative Budget Request (LBR) to address the specific recommendation provided by the DCF Office of Inspective General (OIG).
Internal Audit A-1920DCF-131	Jun 2022	Office of Substance Abuse and Mental Health	**Finding #2** Mental Health Treatment Facilities (MHTF) had limited outdoor lighting to safely illuminate campuses during darkness. **Recommendation** 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	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. We have prepared an initial LBR to address the specific recommendation provided by the DCF OIG.
Internal Audit A-1920DCF-131	Jun 2022	Office of Substance Abuse and Mental Health	**Finding #3** The FSH education building had no barriers to prevent residents from accessing a heavily trafficked road in front of the FSH facility. **Recommendation** 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.	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.

Internal Audit A-1920DCF-131	Jun 2022	Office of Substance Abuse and Mental Health	**Finding #4** The FSH main entrance guard booth lacked a suitable barrier and adequate communication and electronic surveillance equipment. **Recommendation** 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.	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.

Office of Policy and Budget - June 2023

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): Florida Department of Children and Families

Agency Budget Officer/OPB Analyst Name: Florida Department of Children and Families: Chad Barrett / OPB Analyst: Kate West

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Action	Program or Service (Budget Entity Codes)					
	60900101	60900202	60910310	60910506	60910708	60910950
1. GENERAL						
1.1 Are Columns A01, A04, A05, A91, A92, A93, A36, A10, IA1, IA4, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (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 57 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y	Y	Y	Y
2.3 Are the issue codes and titles consistent with *Section 3* of the LBR Instructions (pages 15 through 28)? Do they clearly describe the issue?	Y	Y	Y	Y	Y	Y
3. EXHIBIT B (EXBR, EXB)						
3.1 Is it apparent that there is a fund shift where an appropriation category's funding source is different between A02 and A03? Were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	Y	Y	Y	N/A	Y	Y
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.						

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	Action	Program or Service (Budget Entity Codes)					
		60900101	60900202	60910310	60910506	60910708	60910950
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.						
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.						
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 60 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
4.2	Is the program component code and title used correct?	Y	Y	Y	Y	Y	Y
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.						
5.	**EXHIBIT D-1 (ED1R, EXD1)**						
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y	Y	Y	Y	Y	Y
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 2022-23 approved budget. Amounts should be positive. The $5,000 allowance is necessary for rounding.						
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR 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 28 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y

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	Action	Program or Service (Budget Entity Codes)					
		60900101	60900202	60910310	60910506	60910708	60910950
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 63 through 70 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 67 through 70 of the LBR Instructions?	Y	Y	Y	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	Y	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	Y	Y	Y
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	N/A	N/A	Y	N/A	N/A	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 95 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y	Y	Y	Y	Y	Y
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y	Y	Y	Y	Y	Y
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #24-003?	N/A	N/A	N/A	N/A	N/A	N/A
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should not 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	Y	N/A	N/A	Y
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	N/A
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
7.16	Do the issue codes relating to special *salary and benefits* issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 27 and 89 of the LBR Instructions.)	N/A	N/A	Y	N/A	N/A	N/A
7.17	Do the issues relating to *Information Technology (IT)* 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	Y	Y	N/A	N/A
7.18	Are the issues relating to *major audit findings and recommendations* properly coded (4A0XXX0, 4B0XXX0)?	N/A	N/A	N/A	N/A	N/A	N/A
7.19	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y	Y	Y	Y	Y	Y

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	Action	Program or Service (Budget Entity Codes)					
		60900101	60900202	60910310	60910506	60910708	60910950
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	Y	N/A
7.21	Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? **(GENR, LBR2)**	N/A	N/A	N/A	N/A	N/A	N/A
7.22	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? **(GENR, LBR3)**	Y	N/A	Y	N/A	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 2023-24? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2023-24. 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 63 through 70 of the LBR Instructions.						
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.						
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 2023-24 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)							
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

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	Action	Program or Service (Budget Entity Codes)					
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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?	N/A	N/A	N/A	N/A	N/A	N/A
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
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y	Y	Y	Y	Y

Fiscal Year 2024-25 LBR Technical Review Checklist

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	Action	Program or Service (Budget Entity Codes)					
		60900101	60900202	60910310	60910506	60910708	60910950
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 121 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.						
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 *Base Rate Audit* on page 156 of the LBR Instructions.)	N/A	N/A	Y	Y	N/A	Y
10. SCHEDULE III (PSCR, SC3)							
10.1	Is the appropriate lapse amount applied? (See page 91 of the LBR Instructions.)	N/A	N/A	Y	Y	N/A	Y
10.2	Are amounts in *Other Salary Amount* appropriate and fully justified? (See pages 94 and 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use **OADI** or **OADR** to identify agency other salary amounts requested.	Y	Y	Y	Y	Y	Y
11. SCHEDULE IV (EADR, SC4)							

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Action		Program or Service (Budget Entity Codes)					
		60900101	60900202	60910310	60910506	60910708	60910950
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
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 100 through 103 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 105-109 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?	N/A	N/A	N/A	N/A	N/A	N/A
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:							
16.3	Does the FY 2022-23 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
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 should 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

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Action		Program or Service (Budget Entity Codes)					
		60900101	60900202	60910310	60910506	60910708	60910950
16.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? **(Audit #4 should print "No Discrepancies Found")**	N/J	N/J	N/J	N/J	N/J	N/J
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.						
17. MANUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to the Florida Fiscal Portal)							
17.1	Do exhibits and schedules comply with LBR Instructions (pages 53 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 129 and 130 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: **IT@LASPBS.STATE.FL.US?**	Y	Y	Y	Y	Y	Y
17.5	Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	Y	Y	Y	Y	Y	Y
AUDITS - GENERAL INFORMATION							
TIP	Review *Section 6: Audits* of the LBR Instructions (pages 155 through 157) for a list of audits and their descriptions.						
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.						
18. CAPITAL IMPROVEMENTS PROGRAM (CIP) (Required to be posted to the Florida Fiscal Portal)							
18.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y	Y	Y	Y	Y	Y
18.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP	Y	Y	Y	Y	Y	Y
18.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y	Y	Y	Y	Y	Y
18.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y	Y	Y	Y	Y	Y
18.5	Are the appropriate counties identified in the narrative?	Y	Y	Y	Y	Y	Y
18.6	Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	Y	Y	Y	Y	Y	Y
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.						
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