

September 15, 2023

Chris Spencer, Director  
Office of Policy and Budget  
Executive Office of the Governor  
1702 The Capitol  
Tallahassee, Florida 32399-0001

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

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

Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Legislative Budget Request for the Department of Elder Affairs is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our proposed needs for the 2024-25 Fiscal Year.

This submission has been approved by Michelle Branham, Secretary.

Sincerely,



Michelle Branham  
Secretary



**Temporary Special Duty  
General Pay Additives Implementation Plan For Fiscal  
Year 2024-2025**

Not Applicable





## Department Level Exhibits and Schedules

**LEGISLATIVE BUDGET REQUEST FY 2024-25**  
**Schedule VII: Agency Litigation Inventory**

Agency:	Department of Elder Affairs		
Contact Person:	Ana Gargollo-McDonald, GC	Phone Number:	(850) 414-2181
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	N/A		
Court with Jurisdiction:	N/A		
Case Number:	N/A		
Summary of the Complaint:	N/A		
Amount of the Claim:	\$ N/A		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	N/A		
Who is representing (of record) the state in this lawsuit? Check all that apply.	N/A	Agency Counsel	
	N/A	Office of the Attorney General or Division of Risk Management	
	N/A	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).	N/A		

**Department of Elder Affairs**  
Office of the Secretary & Chief of Staff  
June 27, 2023

Personal Secretary II  
43-6011-03 (PB 05)  
65000302 (120) (9714) 1.00

Secretary  
10-1011-03 (PB 25)  
65000001 (950) (8925) 1.00

Alzheimer's Disease  
Advisory Committee

Long-Term Care  
Ombudsman Program  
State Ombudsman  
11-1021-02 (PB 20)  
65000008 (540) 8867 1.00

Chief of Staff  
10-1021-02 (PB 24)  
65000002 (940) (8289) 1.00

**Office of the Inspector General**

Inspector General-DOEA  
10-1021-02 (PB 24)  
65000097 (920) (8868)  
1.00

Inspector Specialist  
13-1041-04 (PB 10)  
OPS 65650055 1.00

Government Operations  
Consultant III-SES  
13-1111-04 (PB 10)  
65000093 (425) (2235)  
1.00

Senior Management  
Analyst II – SES  
13-1111-04 (PB 10)  
65000005 (426) (2225)  
1.00

Operations & Mgmt  
Consultant I- SES  
13-1111-03 (PB 07)  
65000026 (421) (2234)  
1.00

**Office of the General Counsel**

General Counsel-DOEA  
10-9199-02 (PB 24)  
65000023 (930) (8914) 1.00

Deputy General Counsel  
11-9199-04 (PB 22)  
65000148 (240) (8416) 1.00

Senior Legal Assistant  
23-2011-02 (PB 06)  
65000085 (022) (3127) 1.00

Senior Attorney  
23-1011-04 (PB 14)  
65000076 (230) (7738)  
1.00

Senior Attorney  
23-1011-04 (PB 14)  
65000530 (230) (7738)  
1.00

Attorney  
23-1011-03 (PB 10)  
65000140 (220) (7736)  
1.00

OPS Paralegal Specialist  
23-2011-01 (PB 05)  
OPS 65650288 1.00

Senior Attorney  
23-1011-04 (PB 14)  
OPS 65650323 1.00

OPS Legal Assistant  
23-2011-01 (PB 05)  
OPS 65650144 .50

**Division of Elder Opportunities**

Director of Elder Opportunities  
10-9151-01 (PB 23)  
65000025 (930) (8767) 1.00

Dementia Director - SES  
11-9111-02 (PB 20)  
65000378 (426) (2300) 1.00

Human Services Program  
Analyst  
21-1099-03 (PB 07)  
OPS 65650320

Human Services Program  
Analyst  
21-1099-03 (PB 07)  
OPS 65650292

Human Services Program  
Analyst  
21-1099-03 (PB 07)  
OPS 65650064

Human Services Program  
Analyst  
21-1099-03 (PB 07)  
OPS 65650324

Human Services Program  
Analyst  
21-1099-03 (PB 07)  
OPS 65650332

Government Analyst II  
13-1111-04 (PB 10)  
65000335 (026) (2225)  
1.00

Administrative Assistant I  
43-6011-02 (PB 03)  
OPS 65650188 1.00

Government Operations  
Consultant II  
13-1111-04 (PB 10)  
65000489 (023) (2236) 1.00

Government Operations  
Consultant II  
13-1111-04 (PB 10)  
65000339 (023) (2236) 1.00

Human Services  
Program Analyst  
21-1099-03 (PB 07)  
OPS 65650204

Office of  
Communications

Bureau of Human  
Resources

Information Technology

Human Services  
Program Analyst  
21-1099-03 (PB 07)  
OPS 65650187

Human Services  
Program Analyst  
21-1099-03 (PB 07)  
OPS 65650002

Human Services Program  
Analyst  
21-1099-03 (PB 07)  
OPS 65650293

Human Services  
Program Analyst  
21-1099-03 (PB 07)  
OPS 65650213

Human Services  
Program Analyst  
21-1099-03 (PB 07)  
OPS 65650132

Senior Management  
Analyst II  
13-1111-04 (PB 10)  
OPS 65650495 1.00

Legislative Affairs

Office of Public &  
Professional  
Guardianship

Bureau of Elder  
Rights

Bureau of Planning &  
Evaluation

Government Operations  
Consultant II  
13-1111-04 (PB 10)  
65000495 (023) (2236) 1.00

Administrative Assistant II  
43-6011-03 (PB 05)  
OPS 65650140 1.00

**Division of Financial  
Administration**

Chief Financial Officer-DOEA  
10-3031-01 (PB 23)  
65000054 (930) (9095) 1.00

Contract Administration &  
Purchasing

Revenue Management

Accounting

Budget

General Services and  
Emergency Management

Monitoring & Quality  
Assurance

**Division of Statewide Community  
Based Services**

Director of Statewide  
Community Based Service  
10-9151-01 (PB 23)  
65000030 (930) (8765) 1.00

Government Analyst II  
13-1111-04 (PB 10)  
65000347 (026) (2225)  
1.00

Govt Ops Consultant II  
13-1111-04 (PB 10)  
65000072 (23) (2236)  
1.00

Bureau of Long-Term  
Care  
And Support

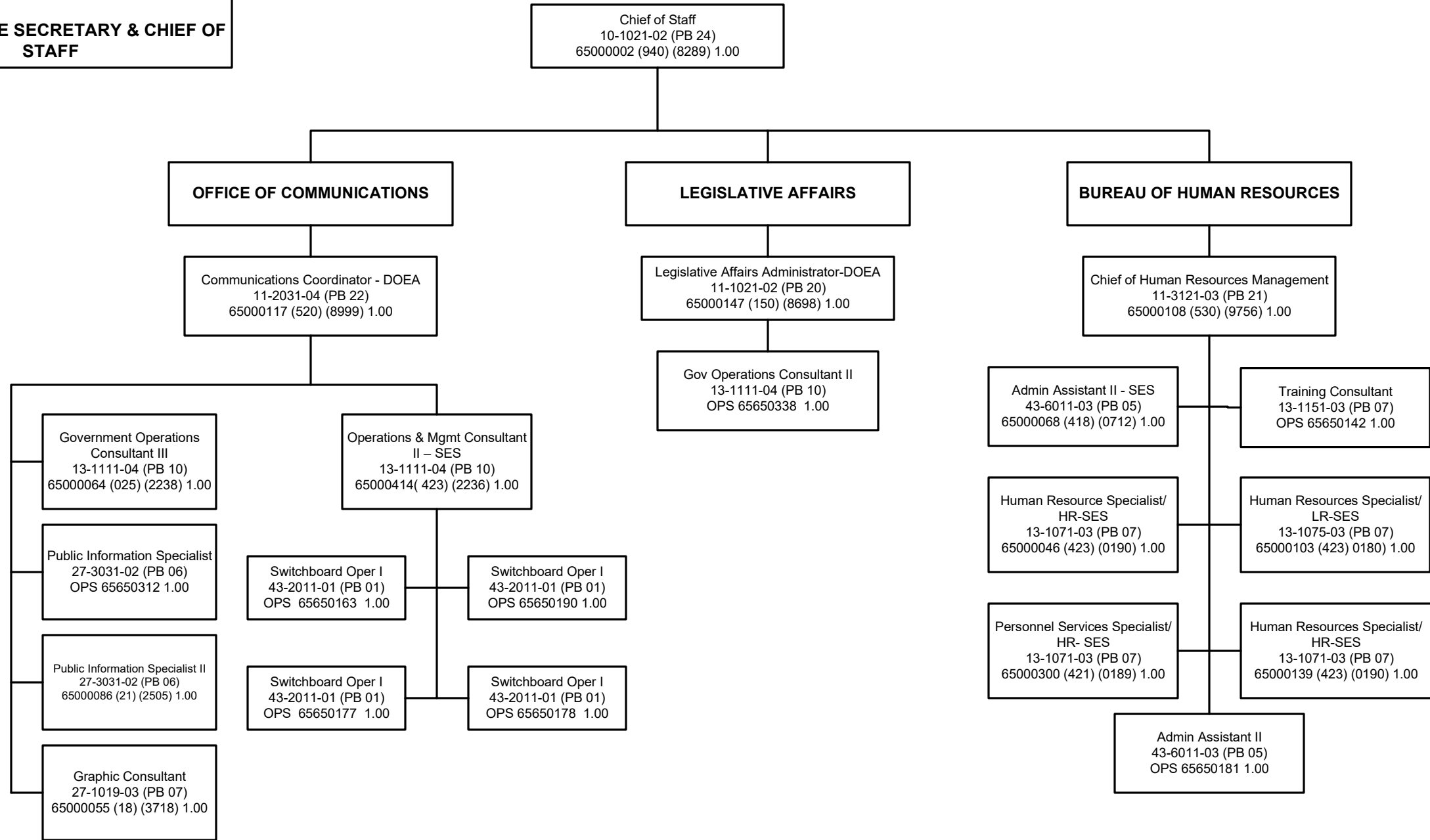
Bureau of Community &  
Support Services

Admin Assistant II  
43-6011-03 (PB 05)  
65000122 (418) (0712)  
1.00

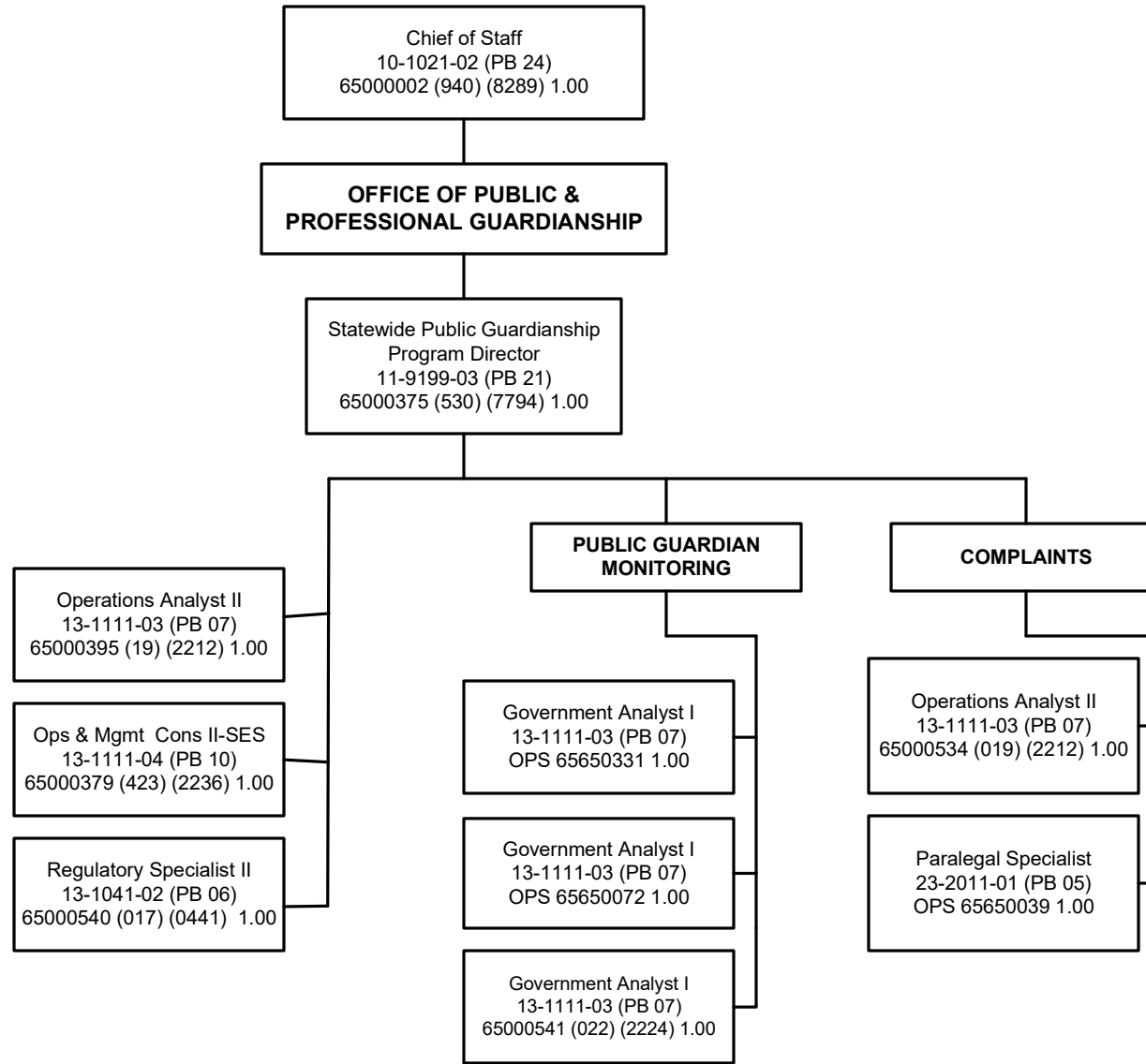
Govt Ops Consultant II  
13-1111-04 (PB 10)  
65000070 (23) (2236)  
1.00

Bureau of CARES

**DEPARTMENT OF ELDER AFFAIRS**  
**OFFICE OF THE SECRETARY & CHIEF OF STAFF**



**DEPARTMENT OF ELDER AFFAIRS**  
**OFFICE OF THE SECRETARY & CHIEF OF STAFF**



DEPARTMENT OF ELDER AFFAIRS  
 OFFICE OF THE SECRETARY & CHIEF OF STAFF  
**BUREAU OF INFORMATION TECHNOLOGY**

Chief of Staff  
 10-1021-02 (PB 24)  
 65000002 (940) (8289) 1.00

**INFORMATION TECHNOLOGY**

Chief Information Officer - DOEA  
 11-3021-03 (PB 21)  
 65000326 (540) (8738) 1.00

Government Analyst I  
 13-1111-03 (PB 07)  
 OPS 65650018 1.00

**DATA MANAGEMENT & SUPPORT**

Data Processing Administrator - SES  
 11-3021-02 (PB 20)  
 65000078 (424) (2130) 1.00

Systems Programmer III  
 15-1142-04 (PB 09)  
 65000079 (25) (2115) 1.00

Computer Programmer Analyst I  
 15-1131-02 (PB 06)  
 OPS 65650186 1.00

Computer Programmer Analyst I  
 15-1131-02 (PB 06)  
 OPS 65650141 1.00

**SERVICE DESK**

Distributed Computer Systems Admin- SES  
 11-3021-02 (PB 20)  
 65000036 (425) (2053) 1.00

Distributed Computer Systems Analyst  
 15-1142-02 (PB 06)  
 65000094 (22) (2052) 1.00

Distributed Computer Systems Analyst  
 15-1142-02 (PB 06)  
 65000044 (22) (2052) 1.00

Distributed Computer Systems Analyst  
 15-1142-02 (PB 06)  
 65000338 (22) (2052) 1.00

Office Automation Specialist I  
 15-1151-01 (PB 04)  
 OPS 65650206 1.00

**TECHNICAL MANAGEMENT**

Distributed Computer Systems Admin- SES  
 11-3021-02 (PB 20)  
 65000494 (425) (2053) 1.00

Distributed Computer Systems Consultant  
 15-1142-04 (PB 09)  
 65000037 (025) (2053) 1.00

Distributed Computer Systems Analyst  
 15-1142-02 (PB 06)  
 65000059 (22) (2052) 1.00

Information Security Analyst IV  
 15-1122-04 (PB 10)  
 65000343 (025) (2058) 1.00

**APPLICATIONS DEVELOPMENT & SUPPORT**

Sys Programming Administrator – SES  
 11-3021-02 (PB 20)  
 65000280 (427) (2117) 1.00

Systems Programmer III  
 15-1142-04 (PB 09)  
 65000061 (25) (2115) 1.00

Systems Project Analyst  
 15-1121-03 (PB 08)  
 65000115 (24) (2107) 1.00

Computer Programmer Analyst II  
 15-1131-02 (PB 06)  
 65000322 (22) (2103) 1.00

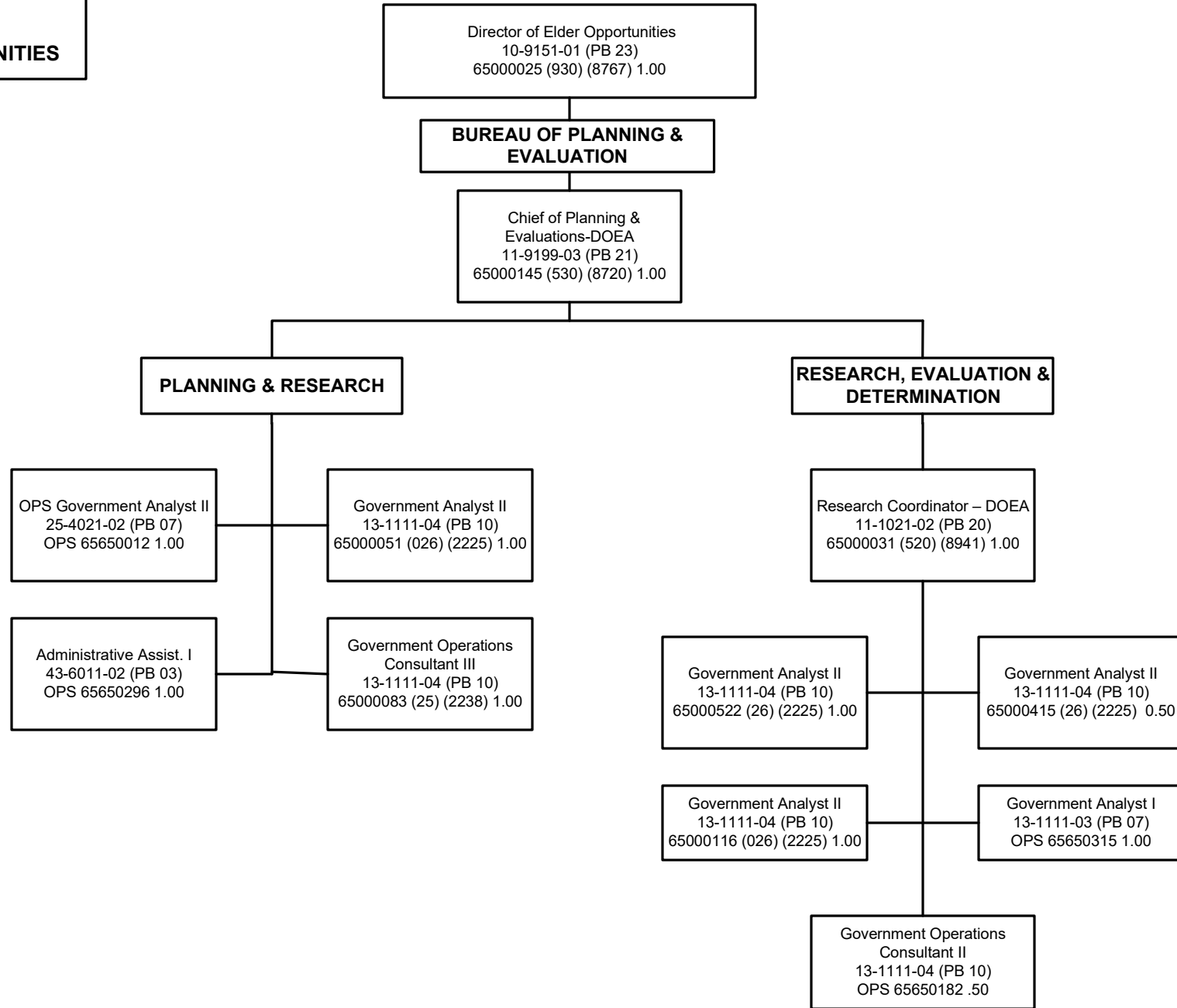
Distributed Computer Systems Consultant  
 15-1142-04 (PB 09)  
 OPS 65650158

Systems Programmer III  
 15-1142-04 (PB 09)  
 OPS 65650005 1.00

Data Base Consultant  
 15-1141-04 (PB 09)  
 OPS 65650299 1.00

Senior Data Base Analyst  
 15-1141-04 (PB 09)  
 65000110 (25) (2122) 1.00

DEPARTMENT OF ELDER AFFAIRS  
 OFFICE OF THE SECRETARY & CHIEF OF STAFF  
**DIVISION OF ELDER OPPORTUNITIES**



DEPARTMENT OF ELDER AFFAIRS  
OFFICE OF THE SECRETARY & CHIEF OF STAFF  
  
DIVISION OF ELDER OPPORTUNITIES

Director of Elder Opportunities  
10-9151-01 (PB 23)  
65000025 (930) (8767) 1.00

**BUREAU OF ELDER RIGHTS**

Chief of Elder Rights-DOEA  
11-9151-03 (PB 21)  
65000004 (530) (8744) 1.00

Admin Assistant II  
43-6011-03 (PB 05)  
OPS 65650155 1.00

Government Operations  
Consultant II  
13-1111-04 (PB 10)  
65000420 (023) (2236) 1.00

**HOPE – Pathway to Purpose**

Government Operations  
Consultant III  
13-1111-04 (PB 10)  
OPS 65650074 1.00

**Dementia Care & Cure (DCC)**

**Communities for a Lifetime (CFAL)**

Government Operations  
Consultant I  
13-1111-03 (PB 07)  
OPS 65650145 1.00

**Volunteer & Community Services**

Government Analyst II  
13-1111-04 (PB 10)  
65000056 (026) (2225) 1.00

**Serving Health Insurance of Elders (SHINE)**

Operations & Management  
Consultant Mgr - SES  
11-1021-02 (PB 20)  
65000081 (425) (2238) 1.00

**SHINE VOLUNTEERS**

**Title V Employment**

Senior Management Analyst  
Supv – SES  
13-1111-04 (PB 10)  
65000123 (426) (2228) 1.00

Senior Management Analyst  
Supv - SES  
13-1111-04 (PB 10)  
65000490 (426) (2228) 1.00

Government Operations  
Consultant III  
13-1111-04 (PB 10)  
65000491 (025) (2238) 1.00

Public Information Specialist  
27-3031-02 (PB 06)  
65000493 (019) (3738) 1.00

Government Operations  
Consultant III  
13-1111-04 (PB 10)  
65000343 (025) (2238) 1.00

Government Analyst II  
13-1111-04 (PB 10)  
65000075 (026) (2225) 1.00

Government Operations  
Consultant II  
13-1111-04 (PB 10)  
65000497 (023) (2236) 1.00

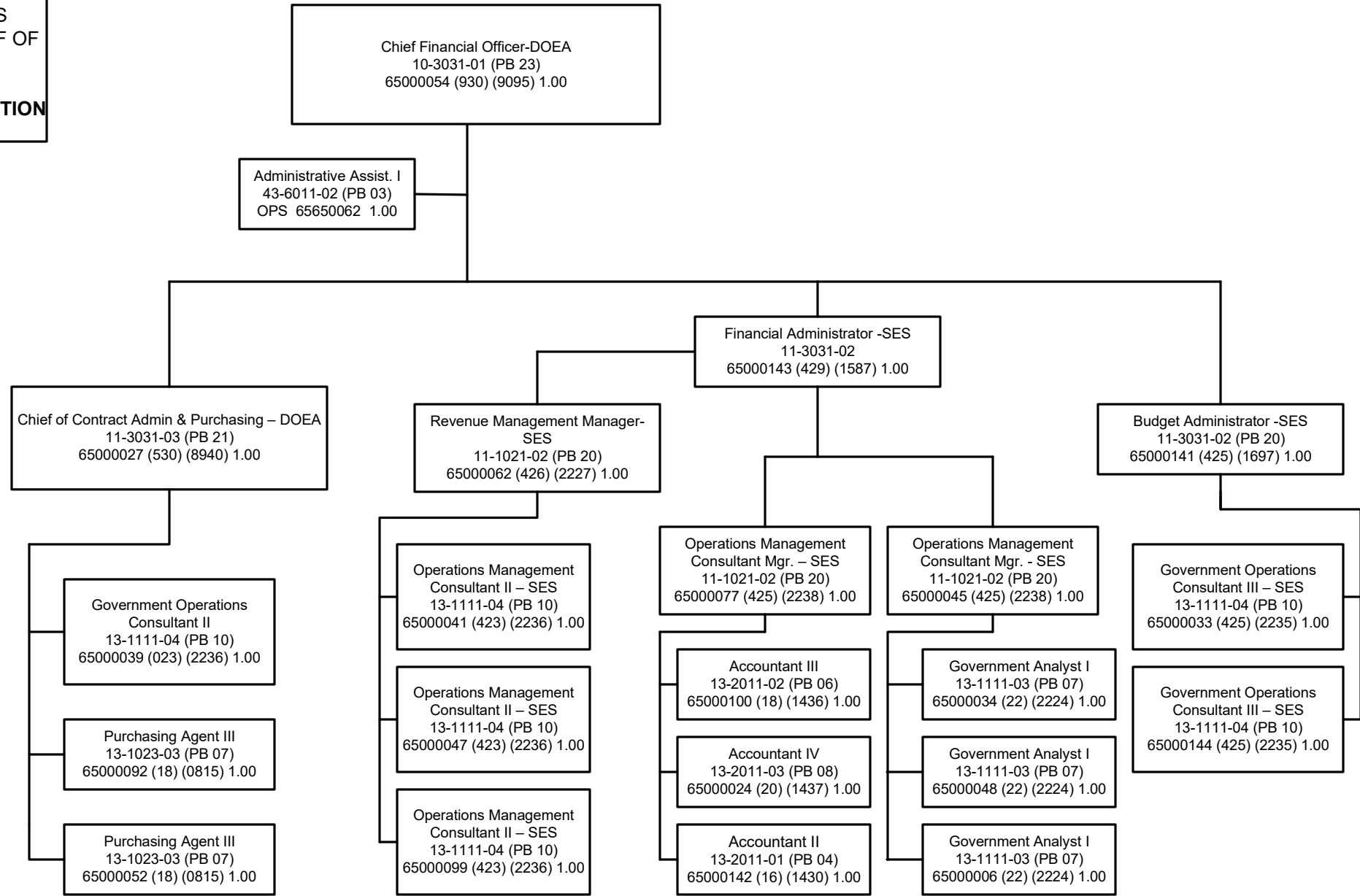
Government Operations  
Consultant II  
13-1111-04 (PB 10)  
65000102 (023) (2236) 1.00

Government Operations  
Consultant III  
13-1111-04 (PB 10)  
65000492 (025) (2238) 1.00

Government Operations  
Consultant II  
13-1111-04 (PB 10)  
OPS 65650069 1.00



DEPARTMENT OF ELDER AFFAIRS  
 OFFICE OF THE SECRETARY & CHIEF OF STAFF  
**DIVISION OF FINANCIAL ADMINISTRATION**



DEPARTMENT OF ELDER AFFAIRS  
 OFFICE OF THE SECRETARY & CHIEF OF STAFF  
**DIVISION OF FINANCIAL AND SUPPORT SERVICES**

Chief Financial Officer-DOEA  
 10-3031-01 (PB 23)  
 65000054 (930) (9095) 1.00

**GENERAL SERVICES AND EMERGENCY MANAGEMENT**

**MONITORING AND QUALITY ASSURANCE**

Government Operations Consultant III - SES  
 13-1111-04 (PB 10)  
 65000040 (425) (2235) 1.00

Senior Mgmt Analyst Supv-SES  
 13-1111-04 (PB 10)  
 65000063 (426) (2228) 1.00

Admin Assistant I  
 43-6011-02 (PB 03)  
 OPS 65650011 1.00

Property Consultant  
 13-1023-03 (PB 07)  
 OPS 65650212 1.00

Government Operations Consultant II  
 13-1111-04 (PB 10)  
 65000069 (23) (2236) 1.00

Government Analyst II  
 13-1111-04 (PB 10)  
 65000071 (26) (2225) 1.00

Administrative Assist. II  
 43-6011-03 (PB 05)  
 65000084 (18) (0712) 1.00

Government Operations Consultant II  
 13-1111-04 (PB 10)  
 65000297 (23) (2236) 1.00

Government Analyst II  
 13-1111-04 (PB 10)  
 65000321 (26) (2225) 1.00

Administrative Assist. II  
 43-6011-03 (PB 05)  
 OPS 65650149 1.00

DEPARTMENT OF ELDER AFFAIRS  
OFFICE OF THE SECRETARY & CHIEF OF STAFF  
DIVISION OF STATEWIDE COMMUNITY BASED SERVICES

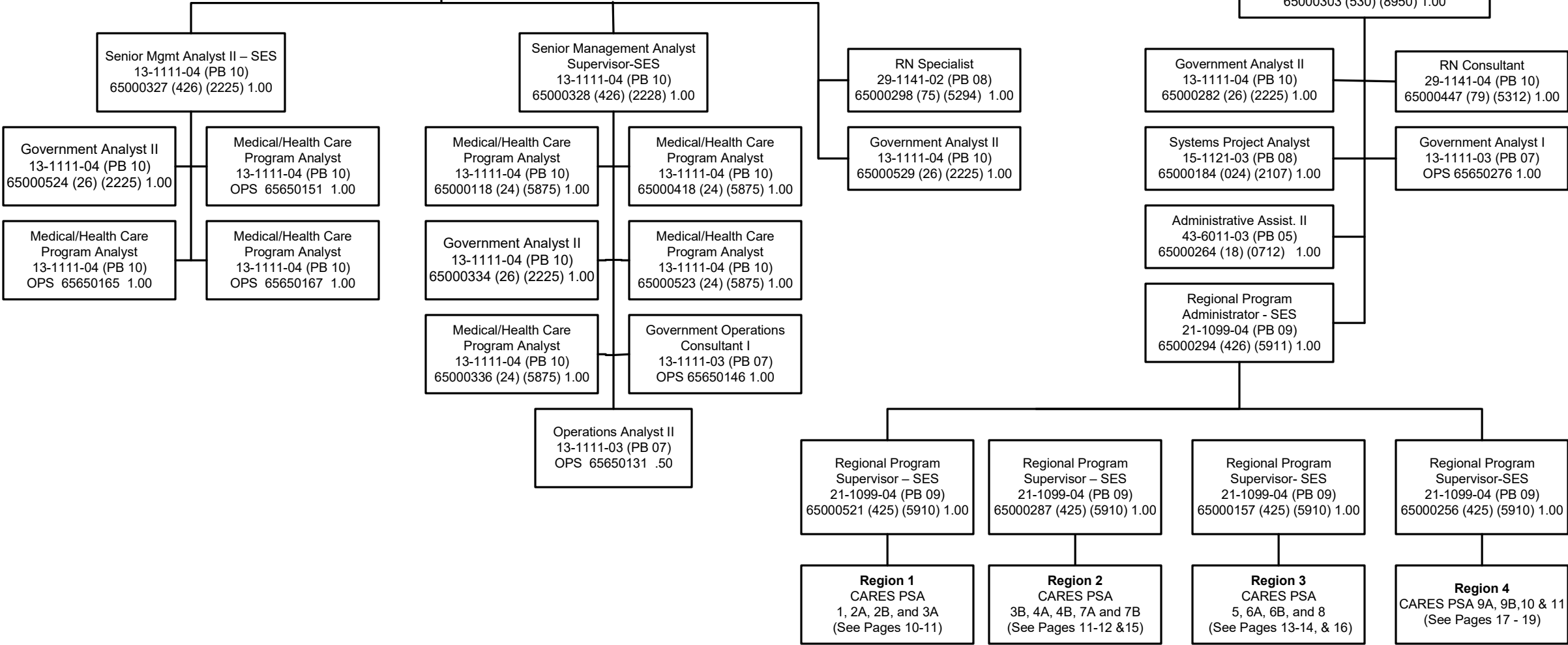
Director of Statewide Community Based Service  
10-9151-01 (PB 23)  
65000030 (930) (8765) 1.00

Bureau of Long-Term Care & Support

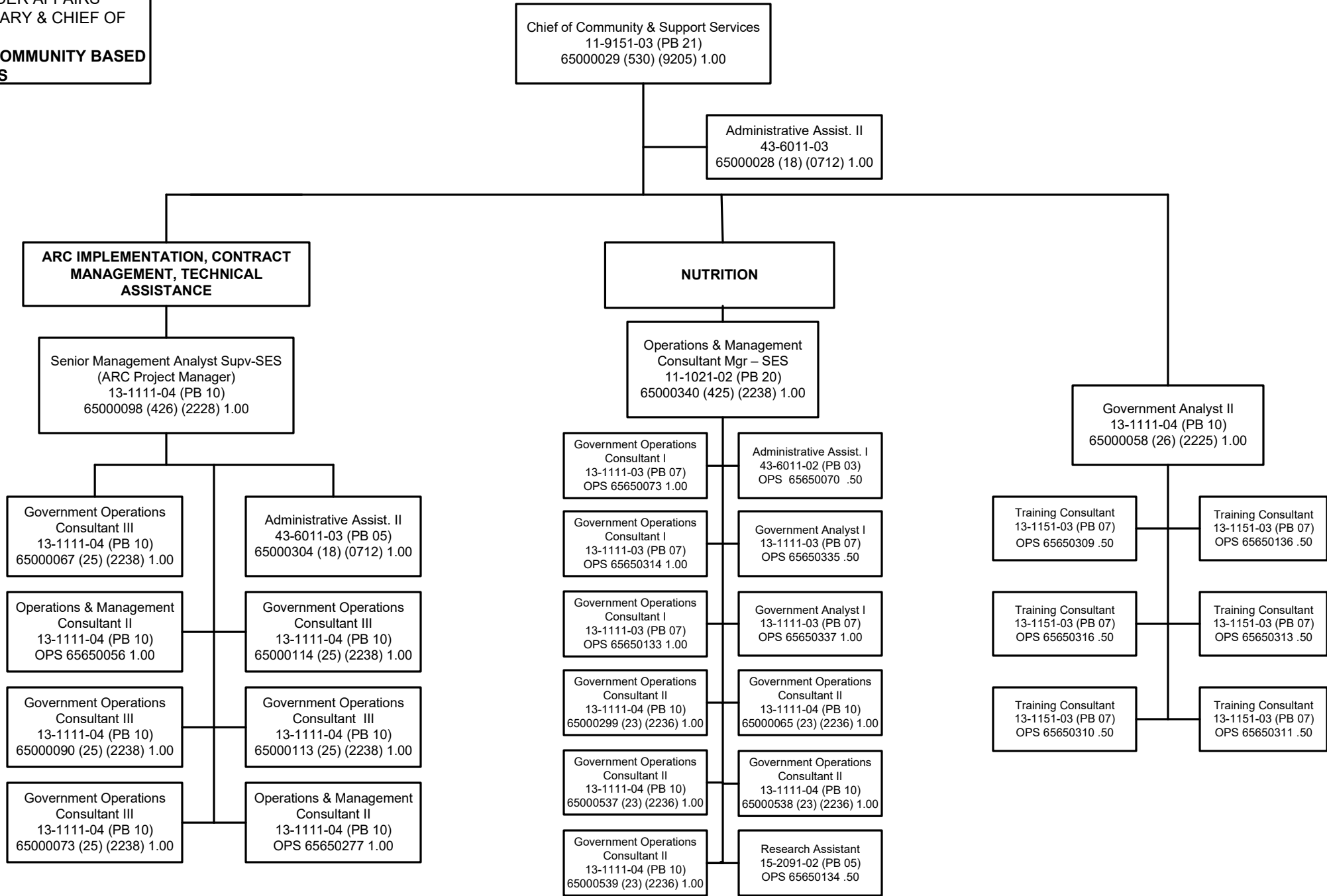
Chief of Long-Term Care & Support  
11-9151-03 (PB 21)  
65000111 (530) (9133) 1.00

Bureau of Comprehensive Assessment and Review for Long-Term Care Services (CARES)

Chief, Com Astm & Revw Long-Term Care Svcs (CARES)  
11-9151-03 (PB 21)  
65000303 (530) (8950) 1.00



DEPARTMENT OF ELDER AFFAIRS  
 OFFICE OF THE SECRETARY & CHIEF OF STAFF  
**DIVISION OF STATEWIDE COMMUNITY BASED SERVICES**



**Department of Elder Affairs**  
**Bureau of CARES**

CARES Regional Program Supervisor -SES  
21-1099-04 (PB 09)  
65000521 (425) (5910) 1.00

CARES PSA 1  
Program Operations Administrator- SES  
21-1099-04 (PB 09)  
65000151 (424) (5912) 1.00  
Escambia, Okaloosa, Walton, Santa Rosa

CARES PSA 2A  
Program Operations Administrator- SES  
21-1099-04 (PB 09)  
65000252 (424) (5912) 1.00  
Bay, Calhoun, Gulf, Jackson, Washington, Holmes

CARES PSA 2B  
Program Operations Administrator- SES  
21-1099-04 (PB 09)  
65000167 (424) (5912) 1.00  
Leon, Franklin, Gadsden, Madison, Taylor, Wakulla,  
Liberty, Jefferson

Staff Assist.  
43-6011-02 (PB 03)  
65000152 (13) (0120) 1.00

Staff Assist.  
43-6011-02 (PB 03)  
65000389 (13) (0120) 1.00

RN Specialist  
29-1141-02 (PB 08)  
65000156 (75) (5294) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
65000390 (19) (5754) 1.00

Senior CARES Assessor  
21-1099-03 (PB 07)  
65000154 (20) (5755) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
OPS 65650275 .50

RN Specialist  
29-1141-02 (PB 08)  
65000155 (75) (5294) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
65000388 (19) (5754) 1.00

CARES Assessor  
21-1099-03 (PB 03)  
65000158 (19) (5754) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
OPS 65650164 .50

RN Specialist  
29-1141-02 (PB 08)  
65000160 (75) (5294) 1.00

CARES Assessor  
21-1099-03 (PB 03)  
65000454 (19) (5754) 1.00

Staff Assist.  
43-6011-02 (PB 03)  
65000296 (13) (8744) 1.00

RN Specialist  
29-1141-02 (PB 08)  
65000163 (75) (5294) 1.00

RN Specialist  
29-1141-02 (PB 08)  
65000353 (75) (5294) 1.00

Staff Assist.  
43-6011-02 (PB 03)  
65000164 (13) (0120) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
65000169 (19) (5754) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
65000165 (19) (5754) 1.00

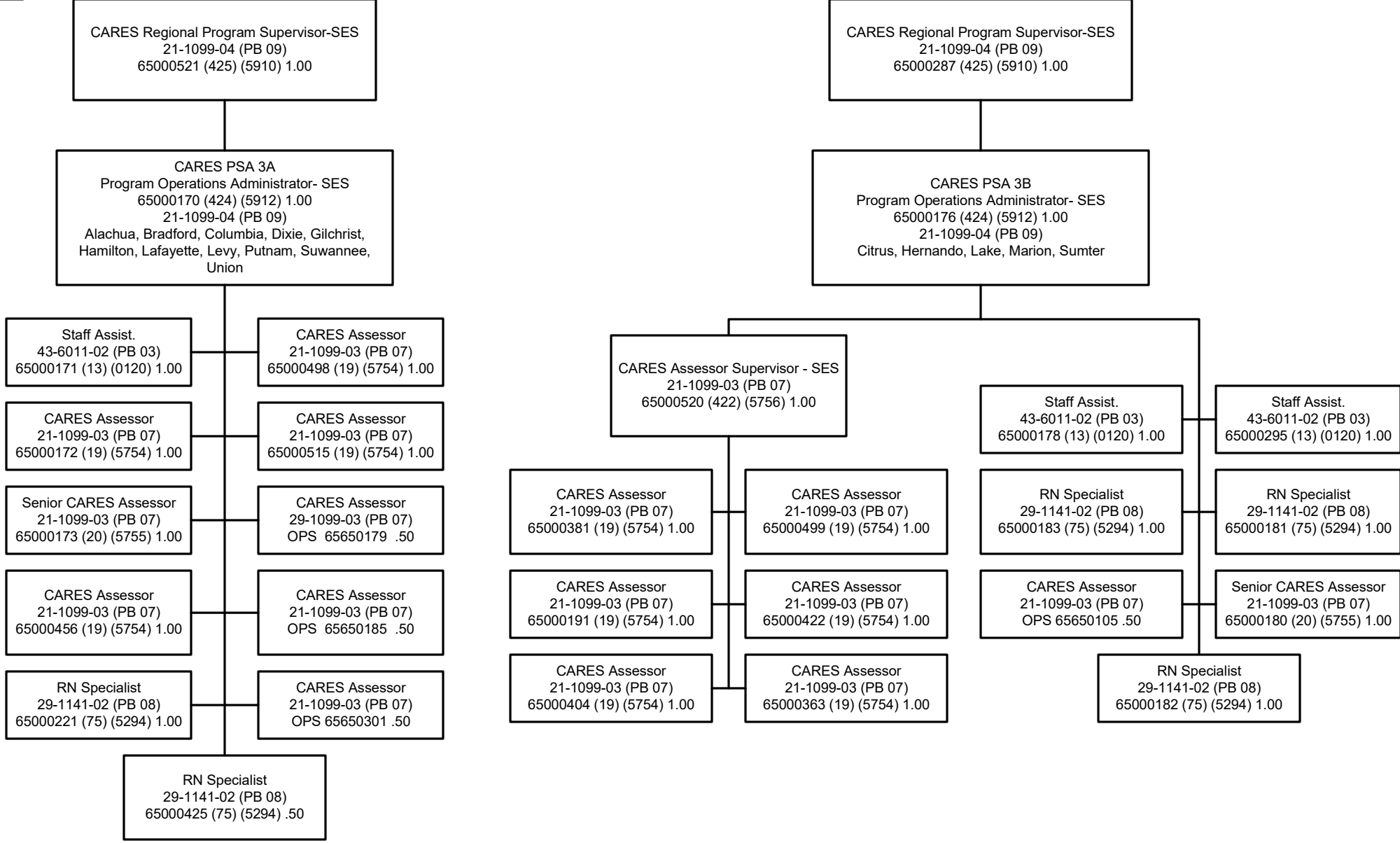
CARES Assessor  
21-1099-03 (PB 07)  
OPS 65650103 .50

Senior CARES Assessor  
21-1099-03 (PB 07)  
65000166 (20) (5755) 1.00

Senior Physician  
29-1062-06 (PB 18)  
OPS 65650104 .25

CARES Assessor  
21-1099-03 (PB 07)  
65000193 (19) (5754) 1.00

**Department of Elder Affairs**  
**Bureau of CARES**



**Department of Elder Affairs**  
**Bureau of CARES**

CARES Regional Program Supervisor-SES  
21-1099-04 (PB 09)  
65000287 (425) (5910) 1.00

CARES PSA 4A  
Program Operations Administrator- SES  
21-1099-04 (PB 09)  
65000190 (424) (5912) 1.00  
Baker, Clay, Duval, Nassau, St. Johns

Government Analyst I  
13-1111-03 (PB 07)  
OPS 65650282 1.00

CARES PSA 4B  
Program Operations Administrator- SES  
21-1099-04 (PB 09)  
65000197 (424) (5912) 1.00  
Flagler, Volusia

Staff Assist.  
43-6011-02 (PB 03)  
65000185 (13) (0120) 1.00

RN Specialist  
29-1141-02 (PB 08)  
65000449 (75)(5294) 1.00

CARES Assessor Supervisor -  
SES  
21-1099-03 (PB 07)  
65000517 (422) (5756) 1.00

RN Specialist  
29-1141-02 (PB 08)  
65000161 (75)(5294) 1.00

RN Specialist  
29-1141-02 (PB 08)  
65000425 (75) (5294) .50

Senior CARES Assessor  
21-1099-03 (PB 07)  
65000187 (20) (5755) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
OPS 65650080 .50

CARES Assessor  
21-1099-03 (PB 07)  
65000186 (19) (5754) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
65000188 (19) (5754) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
65000459 (19) (5754) 1.00

Staff Assist.  
43-6011-02 (PB 03)  
65000373 (13) (0120) 1.00

Physician  
29-1062-06 (PB 18)  
OPS 65650081 .25

CARES Assessor  
21-1099-03 (PB 07)  
65000189 (19) (5754) 1.00

Staff Assistant  
43-6011-02 (PB 03)  
65000194 (13) (0120) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
OPS 65650065 .50

RN Specialist  
29-1141-02 (PB 08)  
65000445 (75) (5294) 1.00

CARES Assessor  
29-1099-03 (PB 07)  
OPS 65650330 .50

CARES Assessor  
21-1099-03 (PB 07)  
65000215 (19) (5754) 1.00

Senior CARES Assessor  
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RN Specialist  
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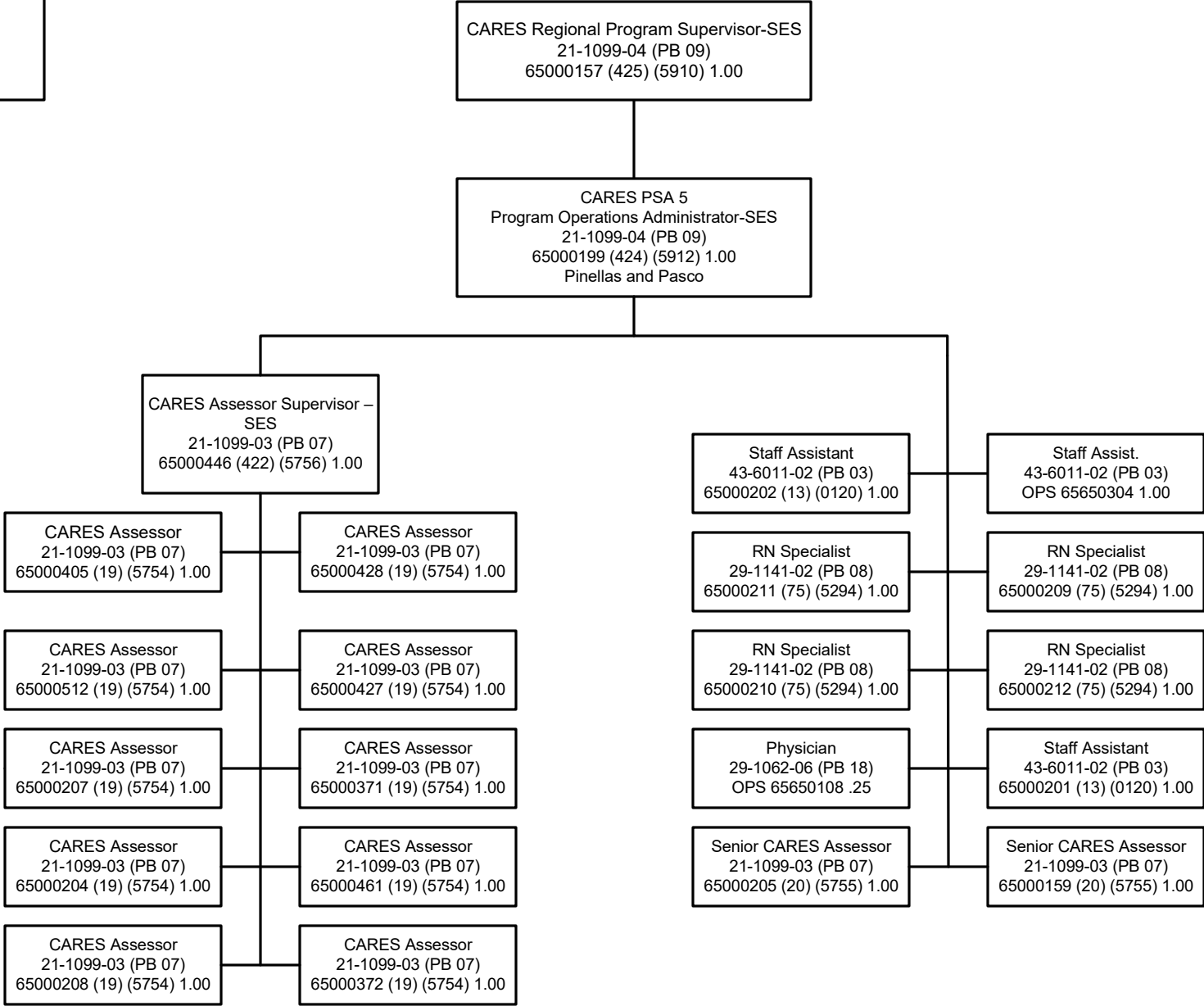
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65000196 (19) (5754) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
65000368 (19) (5754) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
65000423 (19) (5754) 1.00

CARES Assessor  
21-1099-03 (PB 07)  
65000424 (19) (5754) 1.00

**Department of Elder Affairs**  
**Bureau of CARES**



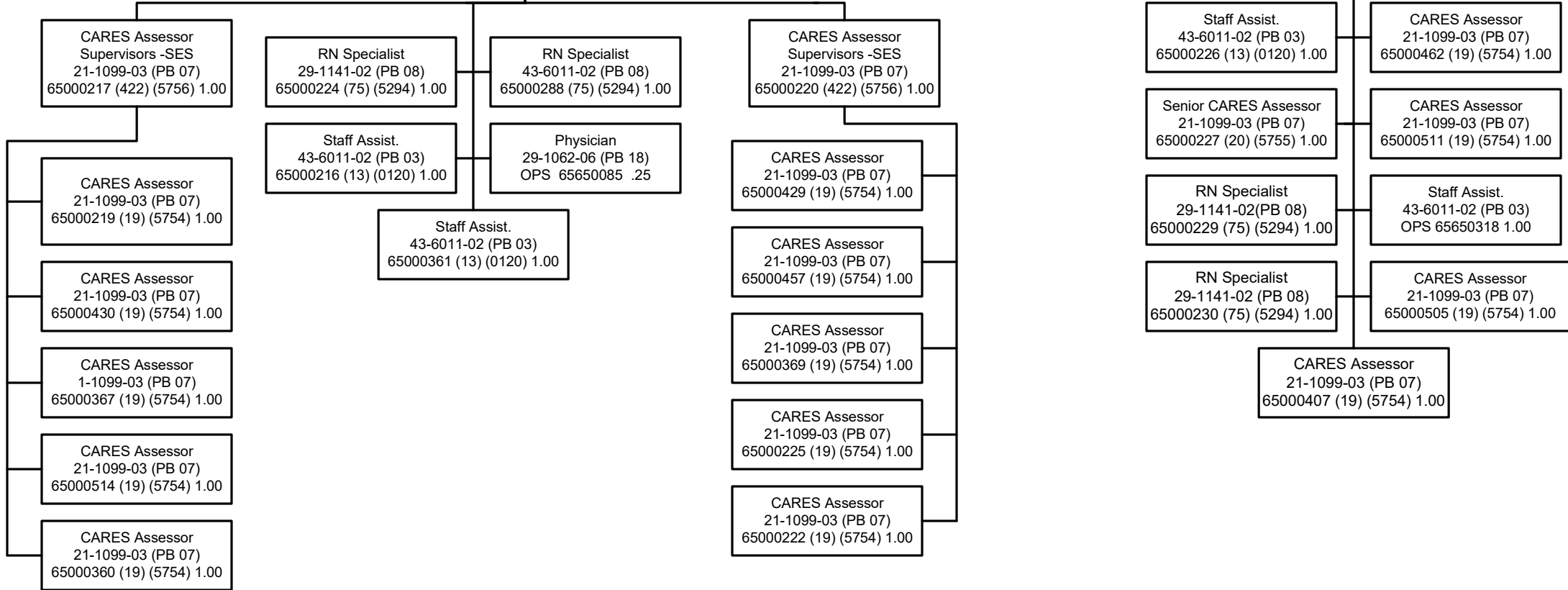


**Department of Elder Affairs**  
**Bureau of CARES**

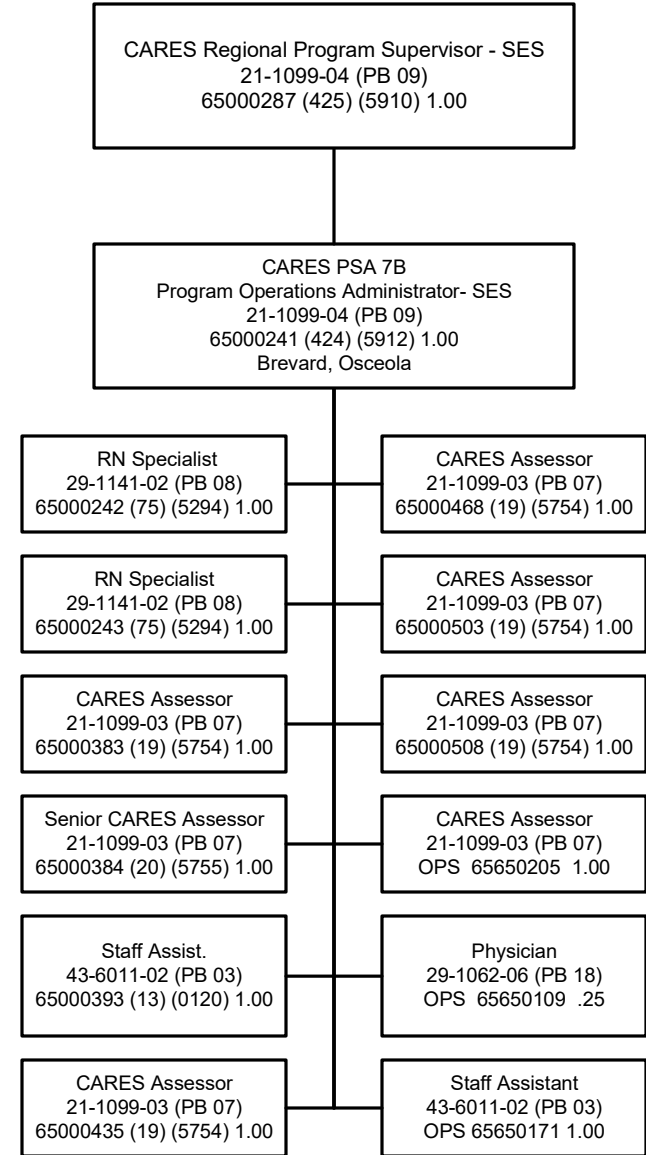
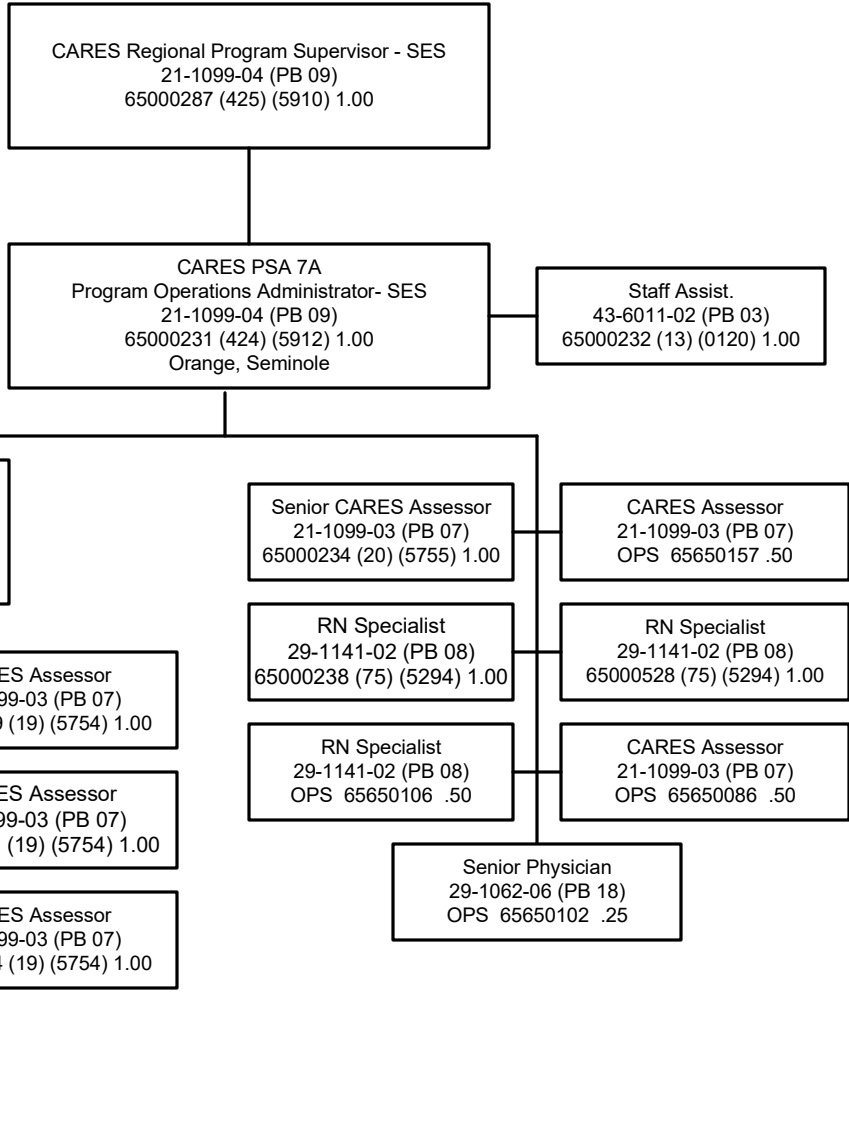
CARES Regional Program Supervisor-SES  
21-1099-04 (PB 09)  
65000157 (425) (5910) 1.00

CARES PSA 6A  
Program Operations Administrator- SES  
21-1099-04 (PB 09)  
65000214 (424) (5912) 1.00  
Hillsborough, Manatee

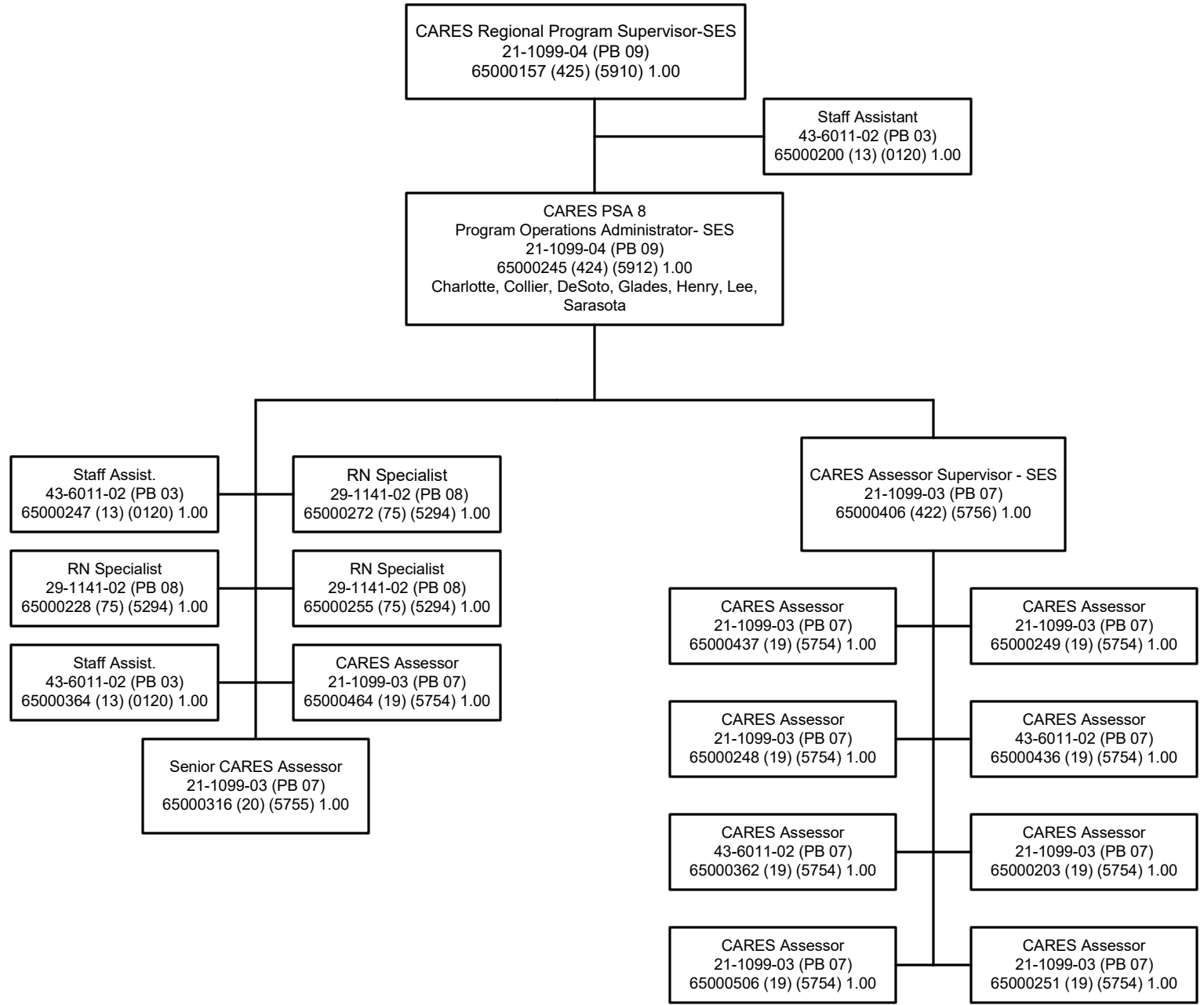
CARES PSA 6B  
Program Operations Administrator- SES  
21-1099-04 (PB 09)  
65000319 (424) (5912) 1.00  
Hardee, Highlands, Polk



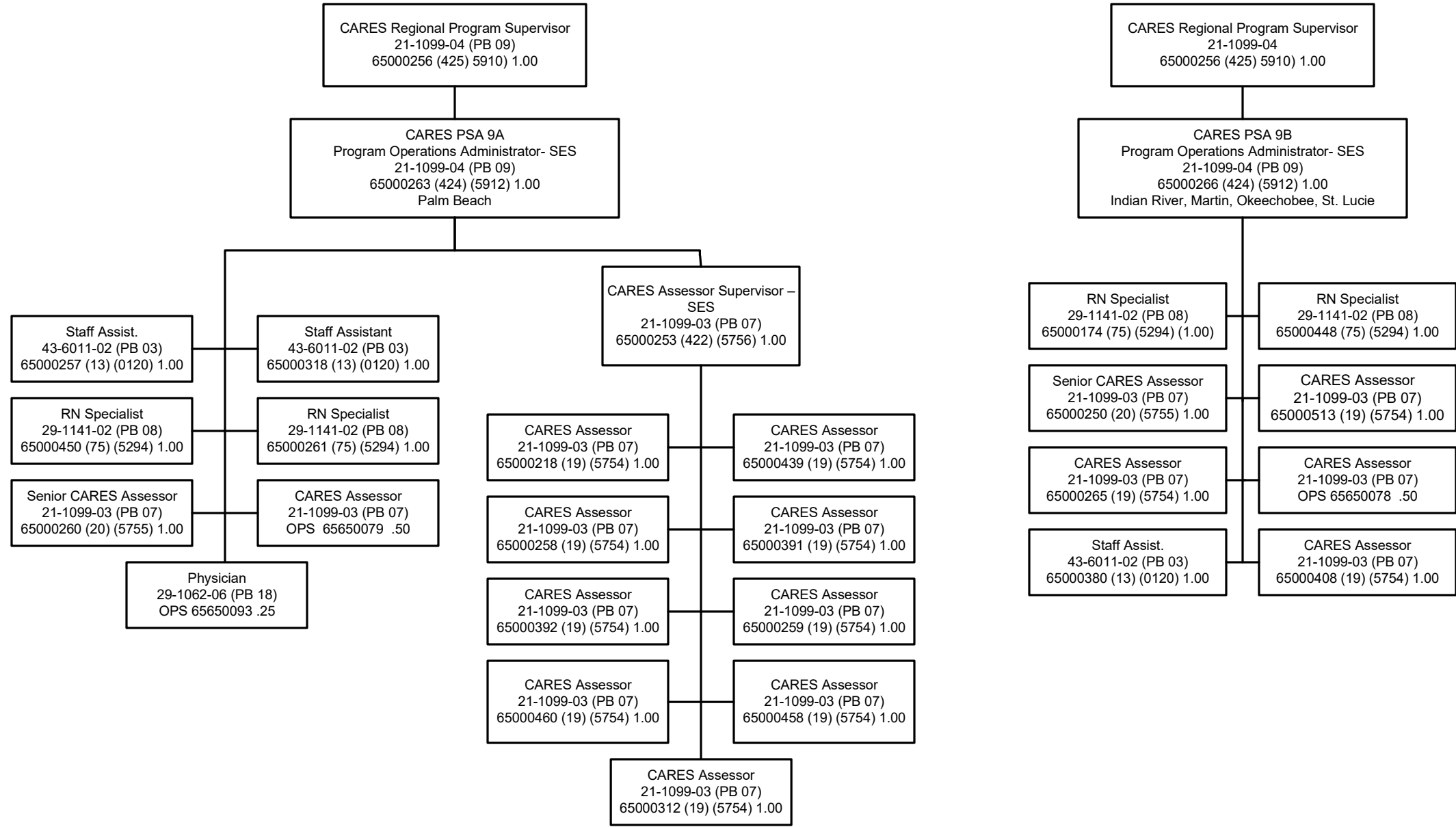
**Department of Elder Affairs**  
**Bureau of CARES**



**Department of Elder Affairs**  
**Bureau of CARES**

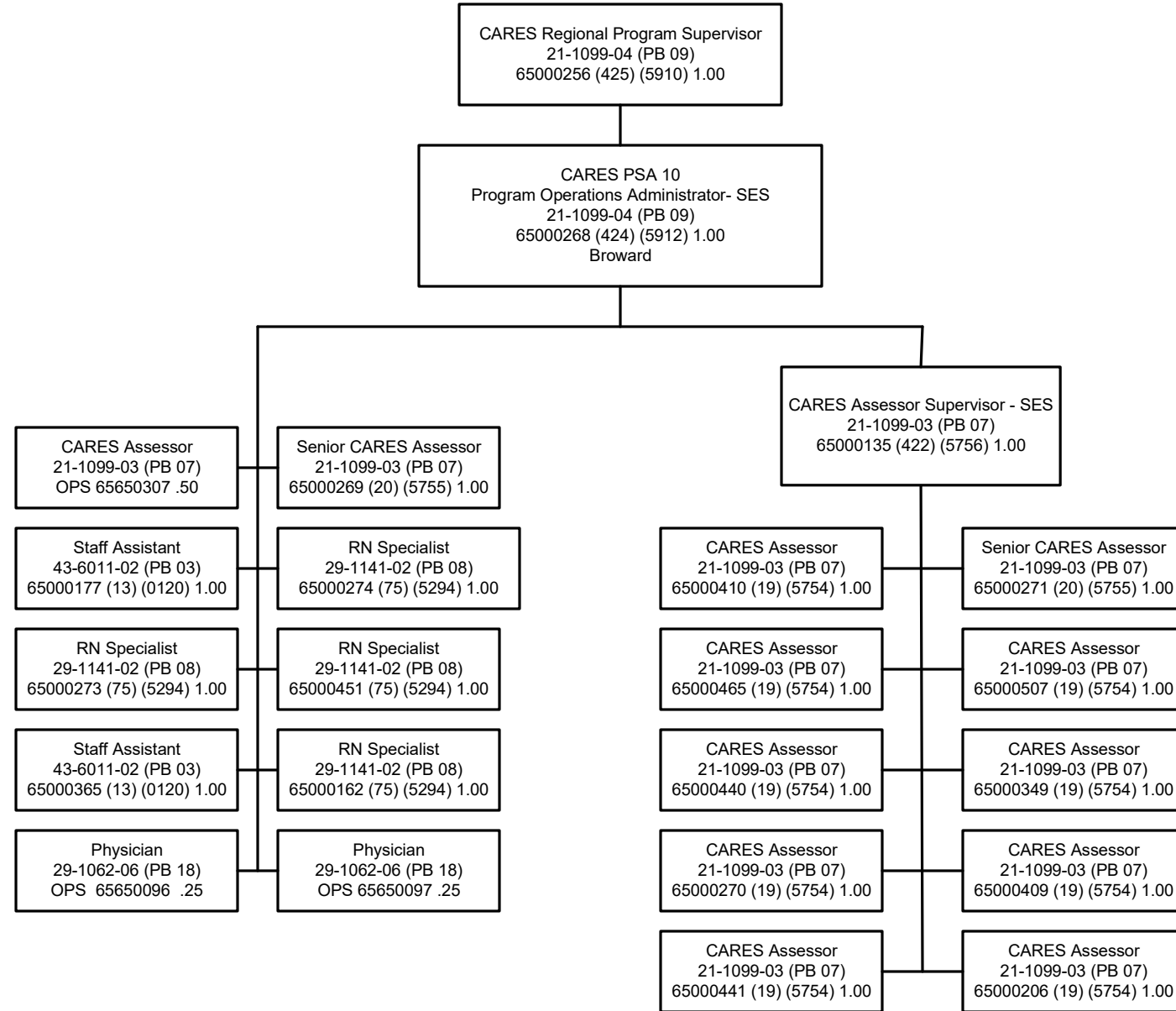


**Department of Elder Affairs**  
**Bureau of CARES**



Department of Elder Affairs

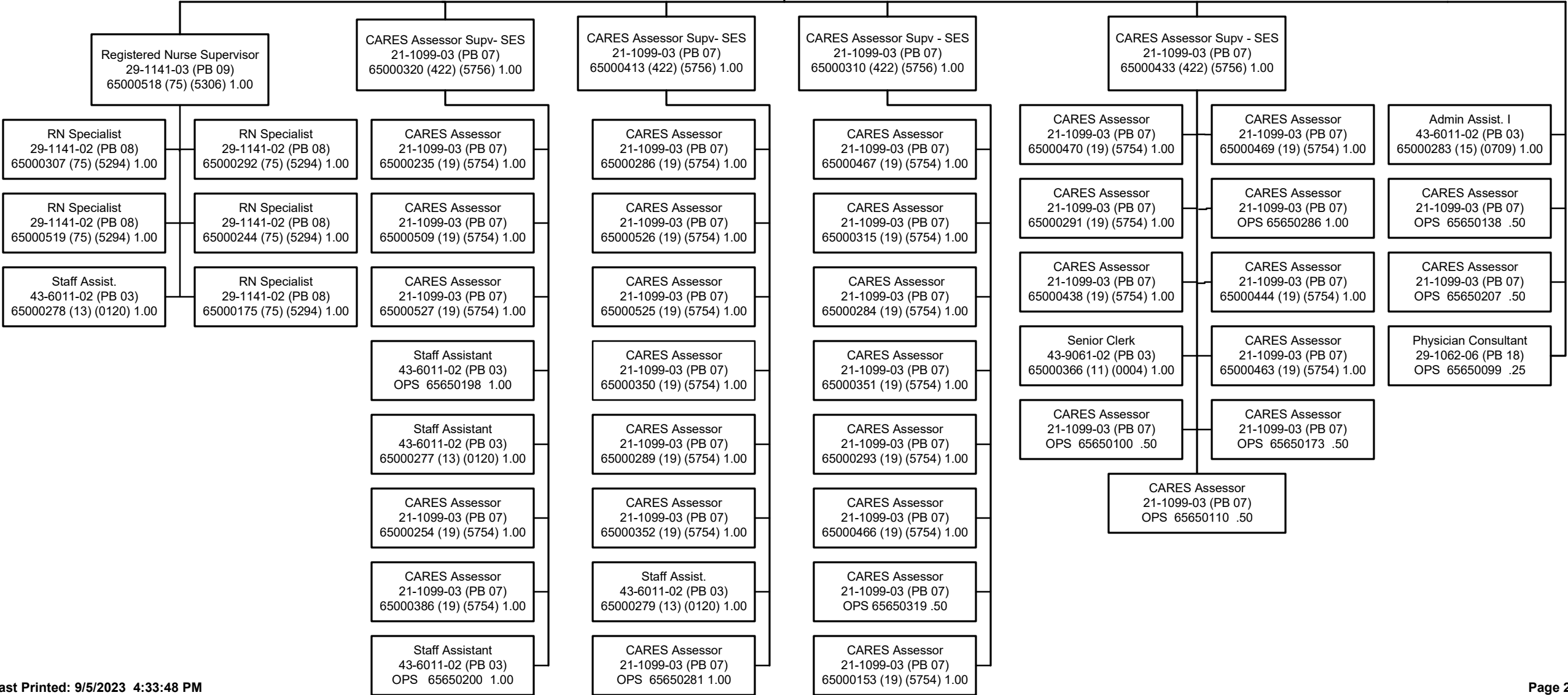
Bureau of CARES



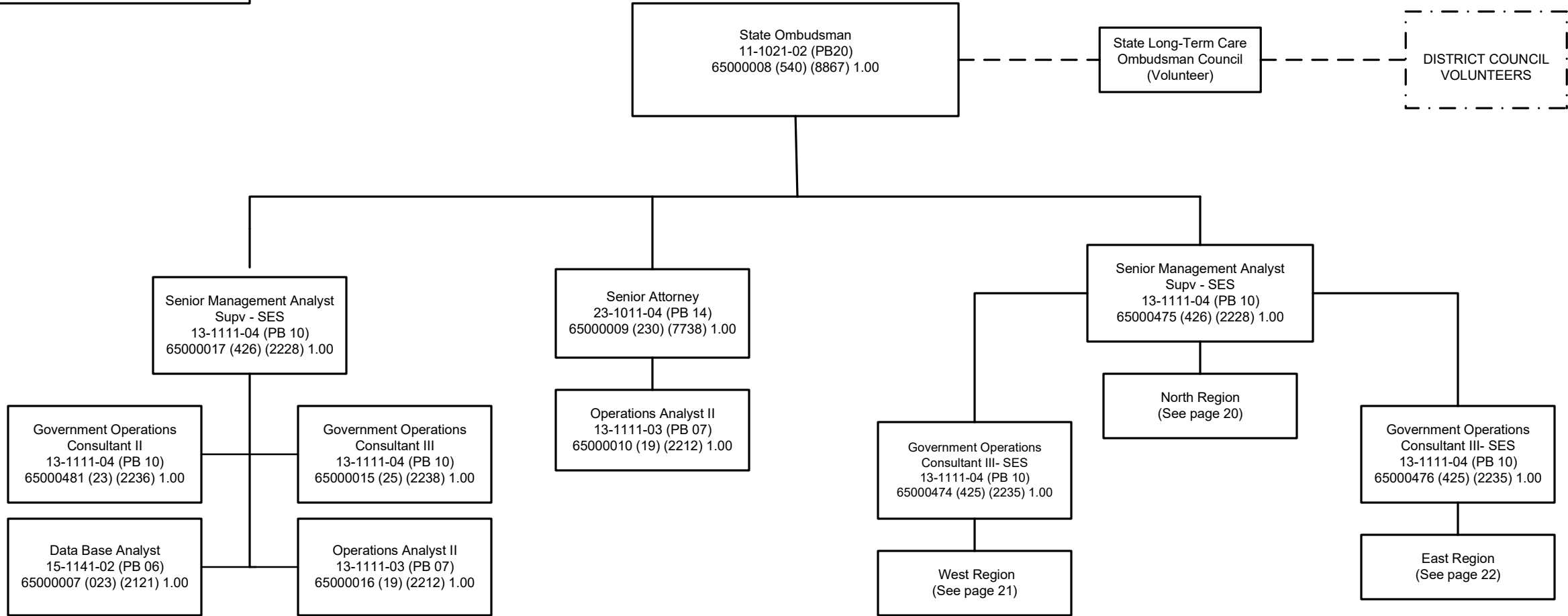
**Department of Elder Affairs**  
**Bureau of CARES**

CARES Regional Program Supervisor-SES  
21-1099-04 (PB 09)  
65000256 (425) 5910) 1.00

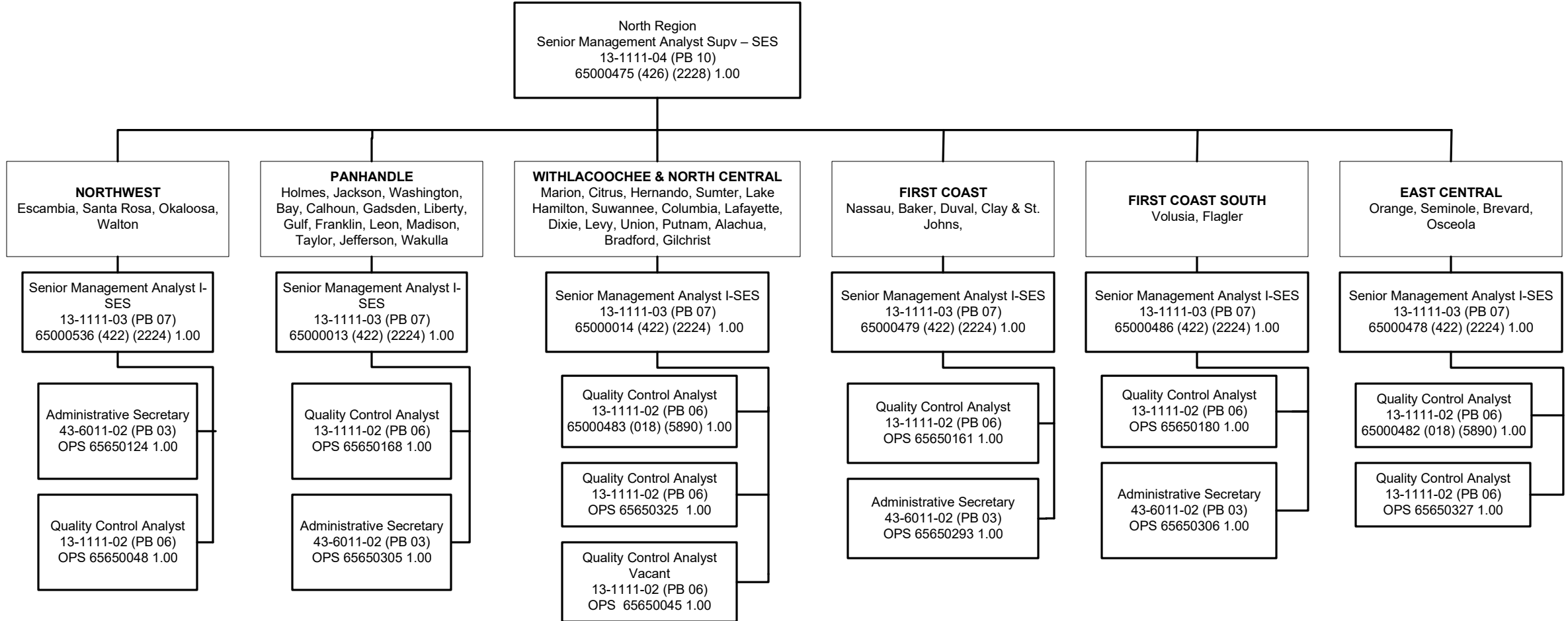
CARES PSA 11  
Program Operations Administrator- SES  
21-1099-04 (PB 09)  
65000276 (424) (5912) 1.00



**Department of Elder Affairs**  
**Long-Term Care Ombudsman**

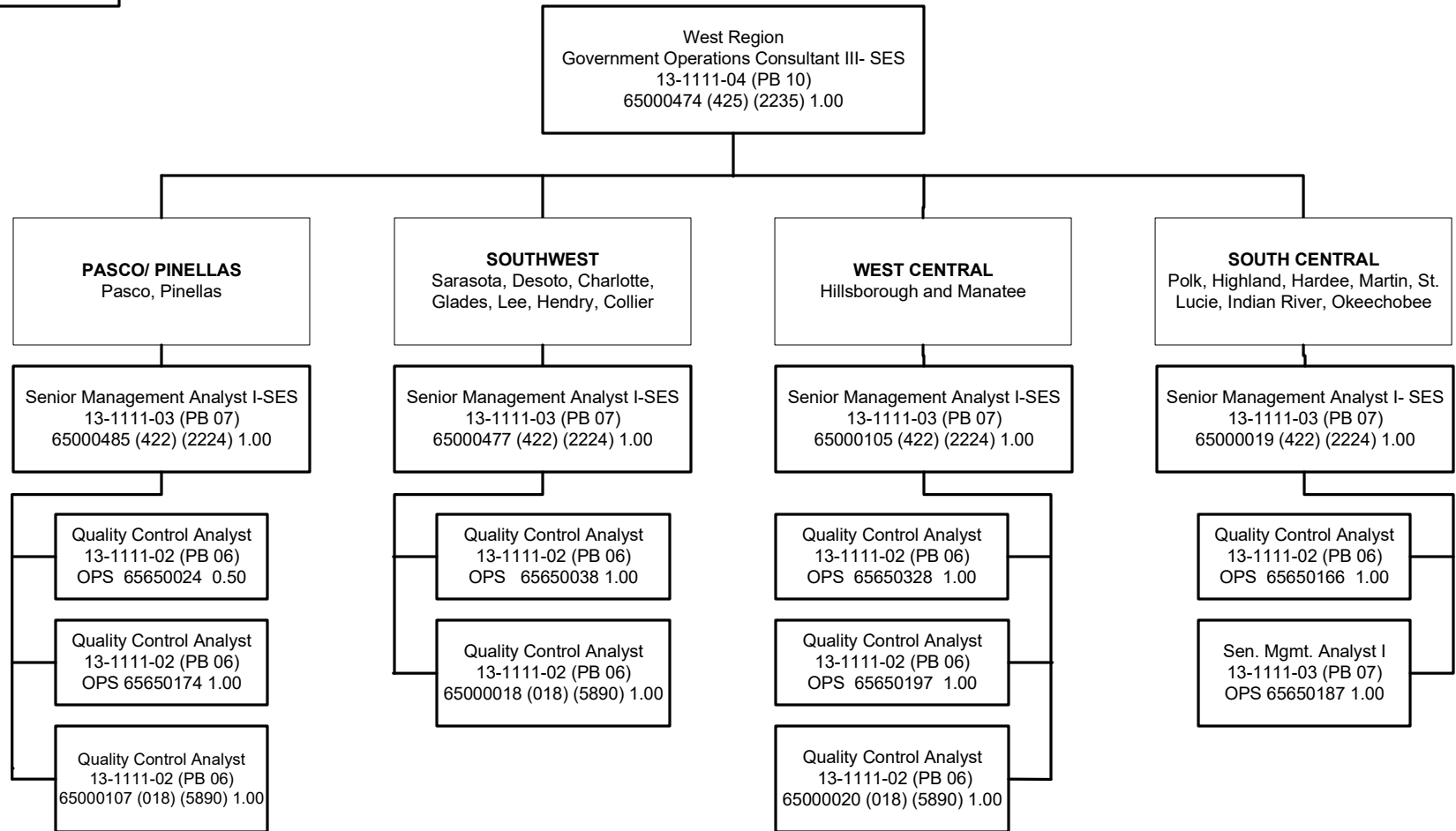


**Department of Elder Affairs**  
**Long-Term Care Ombudsman**

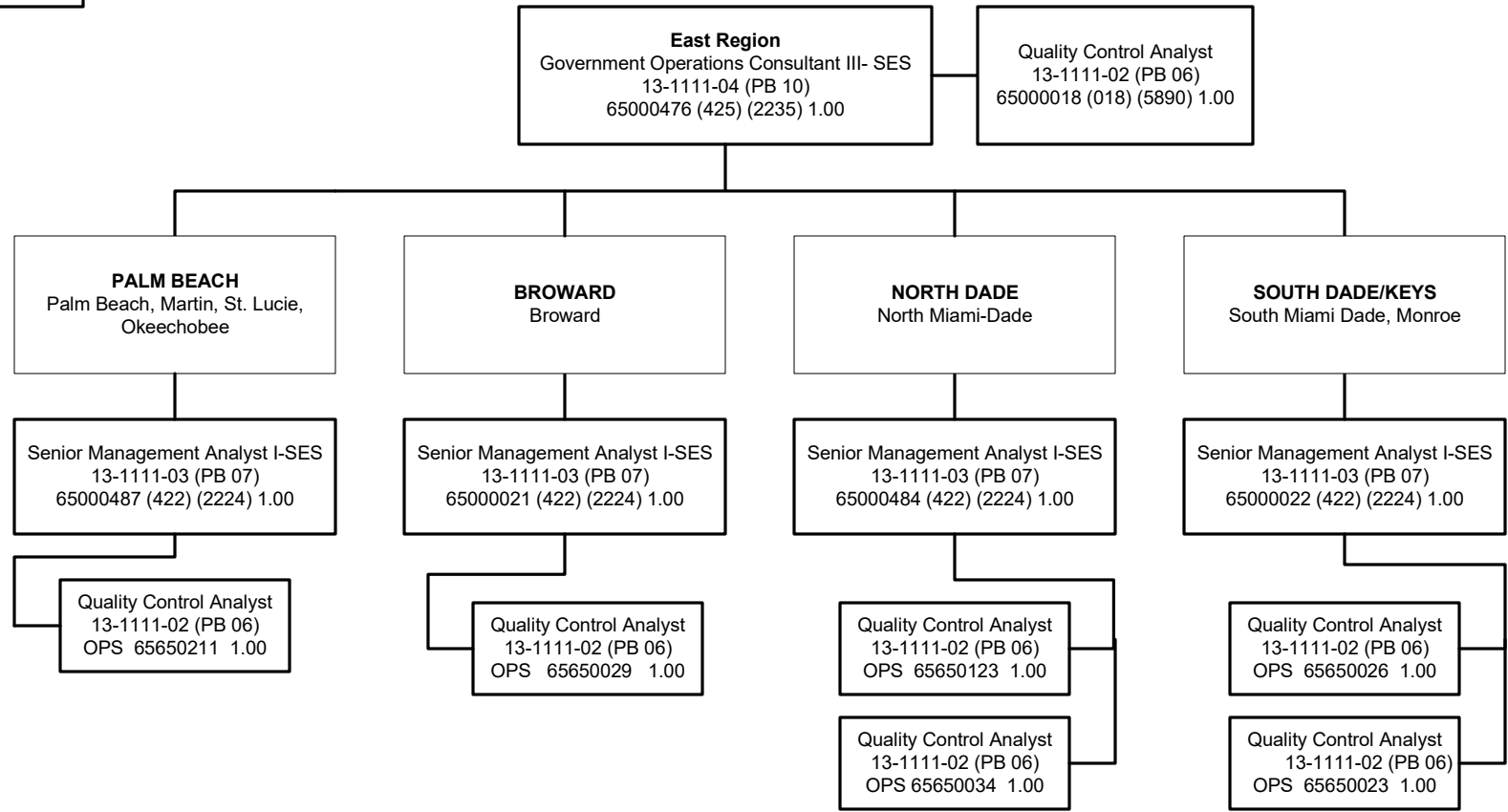




**Department of Elder Affairs**  
**Long-Term Care Ombudsman**



**Department of Elder Affairs**  
**Long-Term Care Ombudsman**





**SCHEDULE XII: OUTSOURCING OR PRIVATIZATION OF A SERVICE OR ACTIVITY**

<b>Schedule XII Cover Sheet and Agency Project Approval</b>	
<b>Agency:</b>	<b>Schedule XII Submission Date:</b>
<b>Project Name:</b>	<b>Is this project included in the Agency's LRPP?</b> Yes _____ No _____
<b>FY 2023 - 2024 LBR Issue Code:</b>	<b>FY 2023 -2024 LBR Issue Title:</b>
<b>Agency Contact for Schedule XII (Name, Phone #, and E-mail address):</b>	
<b>AGENCY APPROVAL SIGNATURES</b>	
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.	
<b>Agency Head:</b>	<b>Date:</b>
<b>Printed Name:</b>	
<b>Agency Chief Information Officer:</b> <i>(If applicable)</i>	<b>Date:</b>
<b>Printed Name:</b>	
<b>Budget Officer:</b>	<b>Date:</b>
<b>Printed Name:</b>	
<b>Planning Officer:</b>	<b>Date:</b>
<b>Printed Name:</b>	
<b>Project Sponsor:</b>	<b>Date:</b>
<b>Printed Name:</b>	

**SCHEDULE XII: OUTSOURCING OR PRIVATIZATION OF A SERVICE OR ACTIVITY**

<b>I. Background Information</b>
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?

<b>II. Evaluation of Options</b>
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.

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



Not Applicable



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

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

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

<b>Contact Information</b>
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 CEFM Checklist DFS-A1-410 with this schedule.

<b>1. Commodities proposed for purchase.</b>
<b>2. Describe and justify the need for the deferred-payment commodity contract including guaranteed energy performance savings contracts.</b>
<b>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).</b>
<b>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.</b>

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

**Agency:** Department of Elder Affairs      **Contact:** Randy Pupo - Budget Director

Article III, section 19(a)3 of the 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       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	Elderly Services	B	18.5	22.4
b	Human Services Information Technology/Infrastructure - Enterprise Client Information and Registration Tracking System (eCIRTS)	B	21.2	2.8
c				
d				
e				
f				

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

\* R/B = Revenue or Budget Driver

**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**

<b>Contact Information</b>
Agency:
Name:
Phone:
E-mail address:

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



## **Schedule I Series**

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

Trial Balance

Schedule I Narratives

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

Trial Balance

Schedule I Narratives

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

Trial Balance

Schedule I Narratives

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

Trial Balance

Schedule I Narratives

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2023

650000 DEPARTMENT OF ELDER AFFAIRS  
20 2 021039 ADMINISTRATIVE TRUST FUND DEPT OF ELDER AFFAIRS

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	891,877.18
14100 000000	POOLED INVESTMENTS WITH STATE TREASURY BALANCE BROUGHT FORWARD	0.00
16300 000000	DUE FROM OTHER DEPARTMENTS BALANCE BROUGHT FORWARD	113,429.04-
25300 001599	LOANS/NOTES REC FROM OTHER GOVERNMENTS TRANSFER OF FEDERAL FUNDS - INDIRECT	105,941.97
31100	ACCOUNTS PAYABLE	
000000	BALANCE BROUGHT FORWARD	77.00-
040000	EXPENSES	0.00
040000 CF	EXPENSES	14,176.83-
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	52,436.54-
	** GL 31100 TOTAL	66,690.37-
35300	DUE TO OTHER DEPARTMENTS	
000000	BALANCE BROUGHT FORWARD	238.72-
040000	EXPENSES	0.00
040000 CF	EXPENSES	231.81-
100777	CONTRACTED SERVICES	82.00
100777 CF	CONTRACTED SERVICES	563.82-
310322	SERVICE CHARGE TO GEN REV	0.00
	** GL 35300 TOTAL	952.35-
35600	DUE TO GENERAL REVENUE	
000000	BALANCE BROUGHT FORWARD	759.56-
310322	SERVICE CHARGE TO GEN REV	425.04-
	** GL 35600 TOTAL	1,184.60-
54900 000000	COMMITTED FUND BALANCE BALANCE BROUGHT FORWARD	815,562.79-
94100	ENCUMBRANCES	
040000 CF	EXPENSES	685.38
100633 CF	PUBLIC GUARDIAN CONTR. SVC	22,766.56
	** GL 94100 TOTAL	23,451.94

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2023

650000 DEPARTMENT OF ELDER AFFAIRS  
20 2 021039 ADMINISTRATIVE TRUST FUND DEPT OF ELDER AFFAIRS

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
98100	BUDGETARY FND BAL RESERVED/ENCUMBRANCE	
040000	CF EXPENSES	685.38-
100633	CF PUBLIC GUARDIAN CONTR. SVC	22,766.56-
	** GL 98100 TOTAL	23,451.94-
	*** FUND TOTAL	0.00



## **SCHEDULE 1 - NARRATIVE**

**Budget Period: 2022 – 2023**

**Department Title:** Department of Elder Affairs

**Trust Fund Title:** Administrative Trust Fund

**Budget Entity:** 650000

**LAS/PBS Fund Number:** 2021

### **Revenue Forecasting Methodology**

- Columns A02 & A03, Section I, all lines in category 000799 and 001599 reflect revenue estimates for department-wide indirect earnings. These earnings are deposited into Administrative TF based on our federally approved indirect cost allocation plan of 19.58%. These rates are multiplied by the amounts of salaries and fringes for each grant, as allowed.
- Columns A02 & A03, Section I, Lines 01 and 02, reflect fees collected by the department for various public records requests and telephone fees provided for in Florida Statute 119.07. The methodology used for projecting these fees involved reviewing significant criteria from 2019-20 and then carrying the same amounts for A02 and A03.
- Column A02 & A03, Section I, Line 03, reflects Public Guardianship Program annual registration fees. These revenues were determined by analyzing actual receipts for the past three (3) state fiscal years.
- Column A02 & A03, Section I, Line 39, reflects Public Guardianship Program abandoned property revenues from Florida Department of Financial Services (DFS). These revenue estimates were determined by using schedules of anticipated abandoned property activity provided by Department of Financial Services (DFS).

### **Non-Operating**

- Column A01, Section II, Line 01 represents the amount paid for General Revenue Service Charge. Column A02 & A03, Line 01 is computed by taking revenues in Section I for fees and multiplying it by 8% (Lines 01 & 02).
- Column A01, Section II, Line 03 represents the amount paid for Statewide Cost Allocation Plan (SWCAP), category 180200. For Column A02 and A03, line 3 we analyzed actual SWCAP payments for the past three (3) state fiscal years.

### **Adjustments**

- Column A02, Line 01, Section III reflects certified forward reversions for the fiscal year ended 9/30/21, \$54,554.
- Column A01, Line 02, Section III is for AP not Certified, \$10,354.
- Column A01, Line 05, Section III reflects certified forward reversions for the fiscal year ending 09/30/2020, \$1,470
- Column A01, Line 07, Section III reflects Adjustments to Financial Statements, \$ (225,089).
- Column A01, Line 08, Section III reflects Adjustments to 10's \$116.00.

### **5% Trust Fund Reserve**

- The Administrative Trust Fund is exempt from the 5% reserve.

**Executive Office of the Governor  
Inter-Agency Transfers Reported on Schedule I  
Agency Name Department of Financial Services**

List all transfers totaling \$100,000 or more. Provide the applicable agency name and fund number, the categories used for both the transfer in and the transfer out, and the amount of the transfer for each of the fiscal years indicated, as well as the name of the person at the other agency who confirmed the amount of the transfer and the date of the confirmation. If transferred in/out to the General Revenue Fund, do not include on this form; however, on Schedule I be sure to include "To GR" or "From GR" in the description field.

**Fund Name and Number :** Unclaimed Property Trust Fund

<b>Transfers In (Provide Agency and Fund Number Received From)</b>	<b>Transfer In Revenue Category</b>	<b>Amount FY 22-23 (A01)</b>	<b>Amount FY 23-24 (A02)</b>	<b>Amount FY 24-25 (A03)</b>	<b>Transfer Out Expenditure Category</b>	<b>Confirmed By/Date</b>
Department of Revenue 2465	003600	31,206,038.43				
Department of Elder Affairs -2021	001500	184,243.00	88,023.00	106,292.00		Wendy Allender 09/07/23
Department of Elder Affairs -2021	001500	83,930.00	83,930.00			Wendy Allender 09/15/23

<b>Transfers Out (Operating and Non-Operating) (Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Out Expenditure Category</b>	<b>Amount FY 22-23 (A01)</b>	<b>Amount FY 23-24 (A02)</b>	<b>Amount FY 24-25 (A03)</b>	<b>Transfer In Revenue Category</b>	<b>Confirmed By/Date</b>
Department of Education - 2543	181045	425,000,000	387,200,000	284,000,000	003600	Caludia Brown 08/16/23
Department of Elder Affairs -2021	181030	184,243.42	88,022.67	106,292.25	001500	Wendy Allender 09/07/23
Department of Revenue - 2081	220030	269,685.72			005900	



BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2023

650000 DEPARTMENT OF ELDER AFFAIRS  
20 2 261001 FEDERAL GRANTS TRUST FUND - DVA/DEA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	553,139.92-
12400 000700	CASH IN STATE TREASURY UNVERIFIED U S GRANTS	229,845.06-
16200 103566	DUE FROM STATE FUNDS, WITHIN DEPART. LONG TERM CARE OMBUD CNCL	0.00
103566	CF LONG TERM CARE OMBUD CNCL ** GL 16200 TOTAL	0.00
16400 000000	DUE FROM FEDERAL GOVERNMENT BALANCE BROUGHT FORWARD	14,978,987.34
000700	U S GRANTS ** GL 16400 TOTAL	0.00
		14,978,987.34
31100 000000	ACCOUNTS PAYABLE BALANCE BROUGHT FORWARD	76.50
040000	EXPENSES	2,554.07-
040000	CF EXPENSES	45,387.68-
100007	AAS TRAINING & EDUCATION	0.00
100007	CF AAS TRAINING & EDUCATION	25,000.00-
100604	G/A-OLDER AMERICANS ACT	0.00
100604	CF G/A-OLDER AMERICANS ACT	9,314,927.08-
100777	CONTRACTED SERVICES	214,562.52-
100777	CF CONTRACTED SERVICES	16,784.99-
100799	ENTERPRISE CLIENT INFORMATION AND REGISTRAT	0.00
100799	CF ENTERPRISE CLIENT INFORMATION AND REGISTRAT	121,803.08-
103566	LONG TERM CARE OMBUD CNCL	908.00
103566	CF LONG TERM CARE OMBUD CNCL ** GL 31100 TOTAL	10,524.21-
		9,750,559.13-
35100 040000	DUE TO STATE FUNDS, WITHIN DIVISION EXPENSES	0.00
040000	CF EXPENSES	0.00
	** GL 35100 TOTAL	0.00
35300 040000	DUE TO OTHER DEPARTMENTS EXPENSES	0.00
040000	CF EXPENSES	1,963.47-
100777	CONTRACTED SERVICES	0.00
100777	CF CONTRACTED SERVICES	234.42-
103566	LONG TERM CARE OMBUD CNCL	0.00
	** GL 35300 TOTAL	2,197.89-

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2023

650000 DEPARTMENT OF ELDER AFFAIRS  
20 2 261001 FEDERAL GRANTS TRUST FUND - DVA/DEA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
38600 010000	CURRENT COMPENSATED ABSENCES LIABILITY SALARIES AND BENEFITS	3,591.69-
54900 000000	COMMITTED FUND BALANCE BALANCE BROUGHT FORWARD	4,439,653.65-
94100	ENCUMBRANCES	
040000	CF EXPENSES	3,365.55
100007	CF AAS TRAINING & EDUCATION	25,000.00
100570	G/A-HOME ENERGY ASSISTANCE	4,371,920.17
100570	CF G/A-HOME ENERGY ASSISTANCE	1,342,536.28
100604	G/A-OLDER AMERICANS ACT	7,651,061.69
100604	CF G/A-OLDER AMERICANS ACT	14,096,788.11
100777	CF CONTRACTED SERVICES	16,535.00
100778	G/A-CONTRACTED SERVICES	5,600,239.68
105153	CORONAVIRUS (COVID-19) - PUBLIC ASSISTANCE	36,555,376.26
105153	CF CORONAVIRUS (COVID-19) - PUBLIC ASSISTANCE	24,066,950.52
	** GL 94100 TOTAL	93,729,773.26
98100	BUDGETARY FND BAL RESERVED/ENCUMBRANCE	
040000	CF EXPENSES	3,365.55-
100007	CF AAS TRAINING & EDUCATION	25,000.00-
100570	G/A-HOME ENERGY ASSISTANCE	4,371,920.17-
100570	CF G/A-HOME ENERGY ASSISTANCE	1,342,536.28-
100604	G/A-OLDER AMERICANS ACT	7,651,061.69-
100604	CF G/A-OLDER AMERICANS ACT	14,096,788.11-
100777	CF CONTRACTED SERVICES	16,535.00-
100778	G/A-CONTRACTED SERVICES	5,600,239.68-
105153	CORONAVIRUS (COVID-19) - PUBLIC ASSISTANCE	36,555,376.26-
105153	CF CORONAVIRUS (COVID-19) - PUBLIC ASSISTANCE	24,066,950.52-
	** GL 98100 TOTAL	93,729,773.26-
	*** FUND TOTAL	0.00

## SCHEDULE 1 - NARRATIVE

**Budget Period: 2024 – 2025**

**Department Title:** Department of Elder Affairs

**Trust Fund Title:** Federal Grants Trust Fund

**Budget Entity:** 65000000

**LAS/PBS Fund Number:** 2261

### Revenue Forecasting Methodology

- Non-COVID revenue forecasting methodology is based upon availability of federal grant funding for the Department's recurring federal grant programs and carry forward. Additional funding is included for other federal grant funding opportunities as they are awarded.
- COVID revenue forecasting methodology is based upon federal grant funding related to COVID-19. These funds are expected to be expended by the end of the grant period, 9/30/2024.

### Non-Operating

- The amounts of \$73,955 in A01, Section II, Detail of Non-Operating Expenditures, line 01, represents refunds of current expenditures.
- The amount of \$18,252 in A01, Section II, line 2, represents a increase in non-operating funds transferred to the Health Care Trust Fund/Background Screening Clearinghouse/Cost Allocation Fund.
- The amount of (\$5,241) in A01, Section II, line 3, represents a decrease in non-operating funds transferred to the Health Care Trust Fund/Background Screening Clearinghouse/Cost Allocation Fund.

### Adjustments

- The amount of (\$16,801,881) in A01, Section III, line 01, represents certified forward reversions as of 9/30/22.
- The amount of \$229,845 in A01, Section III, line 11, represents an adjustment to other cash.
- The amount of \$23,606,257 in A01, Section III, line 04, represents the adjustment to B Certified Forwards.
- The amount of (\$5,689,662) in A01, Section III, line 11, represents an adjustment to cash.
- The amount of \$3,592 in A01, Section III, line 07, represents adjustment for compensated absences.
- The amount of (\$1,191) in A01, Section III, line 09, represents adjustment between Certified Forward and Trial Balance.

### 5% State Trust Fund Reserve

- The Federal Grants Trust Fund is exempt from 5% reserve; it is all federal monies.

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2023

650000 DEPARTMENT OF ELDER AFFAIRS  
20 2 339118 GRANTS & DONATIONS TRUST FUND-DEA

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	68,339.25
14100 000000	POOLED INVESTMENTS WITH STATE TREASURY BALANCE BROUGHT FORWARD	0.00
35300 310322	DUE TO OTHER DEPARTMENTS SERVICE CHARGE TO GEN REV	0.00
35600 310322	DUE TO GENERAL REVENUE SERVICE CHARGE TO GEN REV	3.60-
54900 000000	COMMITTED FUND BALANCE BALANCE BROUGHT FORWARD	68,335.65-
	*** FUND TOTAL	0.00

## SCHEDULE 1 - NARRATIVE

**Budget Period: 2024 – 2025**

<b>Department Title:</b>	Department of Elder Affairs
<b>Trust Fund Title:</b>	Grants and Donations Trust Fund
<b>Budget Entity:</b>	650000
<b>LAS/PBS Fund Number:</b>	2339

### **Revenue Forecasting Methodology**

The Grants and Donations Trust Fund serves as the depository for private grant funds and donations received by the Department. Currently, there isn't any projected revenue for the Department since the Elder Update newsletter has been moved to online only, therefore no projections have been included in Column A02 and A03 line 01. It is necessary for the Department to retain this fund in case the Department receives any donations or private grants.

### **5% State Trust Fund Reserve**

The Grants and Donations Trust Fund is exempt from the 5% State Trust Fund Reserve because the revenues received are from grantors or contributions for specific projects.



BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2023

650000 DEPARTMENT OF ELDER AFFAIRS  
20 2 516011 OPERATION & MAINTENANCE TF DEPT OF ELDER AFFAIRS

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
11200 000000	CASH IN BANK BALANCE BROUGHT FORWARD	0.00
12100 000000	UNRELEASED CASH IN STATE TREASURY BALANCE BROUGHT FORWARD	303,148.56
16300 000000	DUE FROM OTHER DEPARTMENTS BALANCE BROUGHT FORWARD	408,699.15
001510	TRANSFER OF FEDERAL FUNDS	303,411.18-
	** GL 16300 TOTAL	105,287.97
16400 000000	DUE FROM FEDERAL GOVERNMENT BALANCE BROUGHT FORWARD	768,239.20
000700	U S GRANTS	1,406,187.11
001510	TRANSFER OF FEDERAL FUNDS	464,828.02-
	** GL 16400 TOTAL	1,709,598.29
16800 000000	DUE FROM STATE FUNDS - REVOLVING FUND BALANCE BROUGHT FORWARD	0.00
001510	TRANSFER OF FEDERAL FUNDS	0.00
	** GL 16800 TOTAL	0.00
25300 001510	LOANS/NOTES REC FROM OTHER GOVERNMENTS TRANSFER OF FEDERAL FUNDS	884,355.67
31100 040000	ACCOUNTS PAYABLE EXPENSES	20,459.22-
040000 CF	EXPENSES	13,984.86-
100777	CONTRACTED SERVICES	1,540.00-
100777 CF	CONTRACTED SERVICES	13,354.89-
100799	ENTERPRISE CLIENT INFORMATION AND REGISTRAT	0.00
100799 CF	ENTERPRISE CLIENT INFORMATION AND REGISTRAT	115,719.75-
105281	LEASE/PURCHASE/EQUIPMENT	0.00
105281 CF	LEASE/PURCHASE/EQUIPMENT	13,775.62-
210023	NORTHWEST REGIONAL DC	0.00
210023 CF	NORTHWEST REGIONAL DC	9,865.54-
	** GL 31100 TOTAL	188,699.88-
35300 040000	DUE TO OTHER DEPARTMENTS EXPENSES	0.00
040000 CF	EXPENSES	679.74-
	** GL 35300 TOTAL	679.74-

BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2023

650000 DEPARTMENT OF ELDER AFFAIRS  
20 2 516011 OPERATION & MAINTENANCE TF DEPT OF ELDER AFFAIRS

G-L CAT	G-L ACCOUNT NAME	BEGINNING BALANCE
38600 010000	CURRENT COMPENSATED ABSENCES LIABILITY SALARIES AND BENEFITS	0.00
54900 000000	COMMITTED FUND BALANCE BALANCE BROUGHT FORWARD	2,813,010.87-
57200 000000	RESTRICTED BY FEDERAL GOVERNMENT BALANCE BROUGHT FORWARD	0.00
94100	ENCUMBRANCES	
100547 CF	G/A-COMMUNITY CARE/ELDERLY	840,121.90
100777 CF	CONTRACTED SERVICES	3,830.96
105281 CF	LEASE/PURCHASE/EQUIPMENT	13,775.62
	** GL 94100 TOTAL	857,728.48
98100	BUDGETARY FND BAL RESERVED/ENCUMBRANCE	
100547 CF	G/A-COMMUNITY CARE/ELDERLY	840,121.90-
100777 CF	CONTRACTED SERVICES	3,830.96-
105281 CF	LEASE/PURCHASE/EQUIPMENT	13,775.62-
	** GL 98100 TOTAL	857,728.48-
	*** FUND TOTAL	0.00

## SCHEDULE 1 - NARRATIVE

**Budget Period: 2024 – 2025**

<b>Department Title:</b>	Department of Elder Affairs
<b>Trust Fund Title</b>	Operations & Management Trust Fund
<b>Budget Entity:</b>	650000
<b>LAS/PBS Fund Number:</b>	2516

### Revenue Forecasting Methodology

- The Operations & Maintenance Trust Fund serves as the depository for Medicaid Grants received at Department of Elder Affairs (DOEA). Title XIX revenues were estimated by analyzing current billing projections for both Comprehensive Assessment for Review and Long-Term Care Services (CARES) and State-wide Managed Care Administration funding. The Department of Elder Affairs communicated with the Agency for Health Care Administration to ensure enough revenues are available to cover the spending levels for these Title XIX administrative needs.

### Non-Operating

- The amount, \$-152,095 in A02, Section II, line AA, represents Back of the Bill moving funds to 2261.
- The amount, \$429,584 in A02, Section II, line AB B0598 represents the - appropriations for E-Cirts.
- The amount \$ 114,006 in A02 Sections II Line PP B0346 represents the E-Cirts for Enterprise System.
- The amount \$ 895,045 in A02 Section II Line 03 B0068 represents E-Cirts.
- The amount \$439,679 in A02 Sections II line AA B0051 represents E-Cirts

### Adjustments

- The amount, \$-1168526 in A01, Section III, line 01, represents Statewide Financial adjustment,

### 5%State Trust Fund Reserve

- The Operations & Maintenance Trust Fund is exempt from 5% reserve because it is federal Title XIX funding.

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

For Fiscal Year 2024-25



September 12, 2023

**DEPARTMENT OF ELDER AFFAIRS**

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

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

## I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Department of Elder Affairs	Schedule IV-B Submission Date: September 14, 2023
Project Name: Enterprise Client Information and Registration Tracking System (eCIRTS) Implementation	Is this project included in the Agency's LRPP? <u> X </u> Yes <u>   </u> No
FY 2024-25 LBR Issue Code: 36207C0	FY 2024-25 LBR Issue Title: Enterprise Client Information and Registration Tracking System (eCIRTS) Implementation Project Continuation
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Randy Pupo, 850-414-2149, <a href="mailto:pupor@elderaffairs.org">pupor@elderaffairs.org</a> Jonathan Yeaton, 850-414-2317, <a href="mailto:yeatonj@elderaffairs.org">yeatonj@elderaffairs.org</a>	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head:	Date: 9/15/2023
<small>DocuSigned by:</small> <i>Michelle Branham</i> <small>A9A2BE65E6554B1...</small>	
Printed Name: Michelle Branham, Secretary	
Agency Chief Information Officer (or equivalent):	Date: 9/14/2023
<small>DocuSigned by:</small> <i>Jonathan Yeaton</i> <small>4A3B621453DC45B</small>	
Printed Name: Jonathan Yeaton, Chief Information Officer	
Budget Officer:	Date: 9/14/2023
<small>DocuSigned by:</small> <i>Randy Pupo</i> <small>083CD6A2B8E7496...</small>	
Printed Name: Randy Pupo, Budget Director	
Planning Officer:	Date: 9/14/2023
<small>DocuSigned by:</small> <i>Bridget McKay</i> <small>F06DC8482E6453...</small>	
Printed Name: Bridget McKay, Chief of Planning and Evaluation	
Project Sponsor:	Date: 9/14/2023
<small>DocuSigned by:</small> <i>Jonathan Yeaton</i> <small>4A3B621453DC45B</small>	
Printed Name: Jonathan Yeaton, Chief Information Officer	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
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Project Planning:	Amit Bokey, 850-414-2385, <a href="mailto:bokeya@elderaffairs.org">bokeya@elderaffairs.org</a>

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM****II. Schedule IV-B Business Case – Strategic Needs Assessment****A. Background and Strategic Needs Assessment**

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

**1. Business Need**

The mission of the Department of Elder Affairs (Department/DOEA) is to promote the well-being, safety, and independence of Florida's seniors, their families, and caregivers with the goal of helping Florida's older adults remain healthy, safe, and independent. Per Section 430.02, Florida Statutes, DOEA has the lead responsibility for administering human service programs for the elderly. To fulfill the legislative intent, DOEA, in conjunction with other state agencies and contracted Area Agencies on Aging (AAAs) which operate as Aging and Disability Resource Centers (ADRCs), advise, assist, and protect the state's elderly citizens to the fullest extent possible. The Department plays a critical role in the advocacy for and provision of health and human services to Florida's 5.5 million older residents and is focused on the social determinants of health. Designated as the State Unit on Aging, the Florida Department of Elder Affairs serves as the primary state agency for administering human and nutrition services to Florida's older adults and their caregivers. These services include home delivered meal programs (Meals-on-Wheels), nutrition programs, in-home services, elder abuse prevention, and caregiver support. By developing programs and services implemented in an easily accessible manner, DOEA ensures Florida's older adults maintain a state of maximum independence and quality of life.

Recently, DOEA underwent a process to review its Long-Range Program Plan (LRPP) for the 2023-2027 fiscal years. The updated LRPP outlines the Department's priorities by setting the goals needed to fulfill DOEA's mission and align with the Governor's priorities for improving education, increasing economic development, creating jobs, and ensuring public safety. These goals include:

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

To accomplish the goals outlined above, DOEA must overcome existing and future challenges. One of the primary challenges to DOEA is the anticipated precipitous increase in clients needing services. Demographic projections stated in the Florida State Plan on Aging 2017-2020 indicate approximately one-quarter of Florida's current population are baby boomers and are expected to



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

age into retirement within the next 10 years. Providing services that will effectively respond to the needs of the baby boomers and will require innovation, creativity, process optimization and enhanced technical capabilities.

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

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

Implementation of these 14 strategies is critical to the continued success of DOEA. Based on the expanding elder population in Florida and the demand placed on existing resources, increased efficiency in providing services to our clients ranks as one of the Department's top priorities. DOEA will need to equip staff with the appropriate technology tools thereby enabling them to continue to meet client demands.

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

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

reducing employee efficiency and productivity.

An example contributing to workload increases is the inability of the employee to have reliable mobile access. An online assessment optimally should take approximately 45 minutes. Oftentimes, staff start the online assessment only to discover it cannot be completed due to various technical problems. This requires staff to revert to a manual assessment which can add an additional hour to the assessment process. The inefficiency is further exacerbated in performing manual assessments which then must be entered manually resulting in increased labor and significant processing delays. Thus, reducing efficiency in performing the assessment results in lessening the ability to perform timely assessments and adds to a backlog of assessments to be completed each year. This inhibits DOEA's goal of effectively and efficiently serving Florida's 5.5 million older adults.

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

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

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

#### *a) Improved Client Service*

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

- Easy and intuitive client access to DOEA information, services, and programs;
- Consolidated client record providing a holistic view of client activity and interaction;
- Automated workflow functionality streamlining the processing of service requests thereby decreasing client assessment wait times;
- An integrated resource directory web page to facilitate searching for various home and community-based services in the selected service area;
- Ability for DOEA clients to query their application status online rather than needing to call DOEA directly;

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

- Robust mobile device functionality supporting collection of all necessary client data streamlining the assessment process; and
- Increased reporting and analytics capability allowing DOEA leadership to monitor client service levels and plan strategically to meet their changing needs.

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

***b) Increased Staff Efficiency***

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

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

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

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM*****c) Enhanced Data Management, Analytics, and Reporting***

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

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

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

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

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

**2. Business Objectives**

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

- Standardize and optimize key business processes to improve operational efficiencies;
- Enhance overall DOEA staff efficiency and effectiveness with applicable technology tools;

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

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

The key components to assist with achieving the Department's objectives include:

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

A CRM system implementation will greatly improve efficiency by consolidating several core business processes which are currently on disparate platforms thereby reducing IT support maintenance and cost for DOEA. A CRM system will result in decreasing the number of external system interactions and increasing productivity by implementing automated workflow processes. Regardless of the channels of access (phone calls, emails, faxes, internet, or in-person scheduling), implementing a CRM system will allow DOEA to provide clients with a more personalized and proactive service.

Implementing a CRM system creates efficient open communication channels between DOEA and partner organizations thereby reducing redundant data collection and enhancing monitoring and

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

client service across DOEA. Efficient process management is critical in effectively responding to increasing caseloads, potential emergencies or other issues affecting the well-being of Florida's older adult population. Improved analytical abilities will lead to efficient resource allotment and operational efficiencies within DOEA resulting in reduced support costs.

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

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

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

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## **B. Baseline Analysis**

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

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

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

---

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

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

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

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

- CARES Intake Process
- CARES On-Site Assessment Process
- CARES Medical Case File Review
- CARES Staffing Process (Level of Care)
- CARES Level of Care Recommendation
- CARES Follow-Up Schedule
- ADRC Intake and Follow-Up Process

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

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

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

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

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

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

- Medical eligibility for the Medicaid ICP;
- Medical eligibility for Medicaid waivers providing community-based services;
- Medical assessment for all mentally ill individuals requesting ICP; and
- Medical assessment for individuals with intellectual disabilities requesting ICP services.

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

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

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

The primary functions of the AAAs and ADRCs include:

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



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

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

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

***b) Explain Why the Current Process is not Desirable and Note the Drivers of Change***

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

Overlying the issues of the current systems, DOEA also identified four key strategic challenges.

- The proliferation of inefficient and redundant processes (manual and automated), along with the disparate supporting systems, databases and spreadsheets, exposed DOEA to operational challenges which have increased administrative and support costs while decreasing operational efficiency and effectiveness.
- The existing systems lacked the efficient functionality that is available in current technologies and are insufficient to meet the changing needs and demands of staff and clients. This is primarily due to outdated, unsupported, and difficult to modify, enhance, and maintain technologies.
- The age of existing automated processes and the impact of a siloed implementation and operation have made these systems difficult to continue to support and less than ideal in terms of cost-effectiveness to maintain, change, and operate.
- From an external perspective, state and federal legislative changes require DOEA to make frequent system modifications. It has been difficult for the Department to be agile enough to address these changes with outdated, inflexible and expensive-to-modify technologies.

***c) Describe the Current Performance Metrics and Performance Data Requirements***

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



**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM****2. Assumptions and Constraints**

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

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

**Table 1: Assumptions and Constraints**

**C. Proposed Business Process Requirements**

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

**1. Proposed Business Process Requirements**

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

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

The primary business processes will be enhanced by using a scalable, more modern technology solution include the following.

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

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

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

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

The addition of the requirements mentioned above will allow DOEA the ability to collect, analyze, and assimilate the information needed for timely reporting of available performance metrics.

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM****2. Business Solution Alternatives**

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

- Develop a custom solution;
- Deploy a COTS solution; and
- Deploy a configurable Framework platform.

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

**3. Rationale for Selection**

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

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

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

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

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

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

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

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM****4. Recommended Business Solution**

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

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

**D. Functional and Technical Requirements**

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

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

**1. Proposed Functional Requirements**

During Stage 1 of the eCIRTS project, DOEA underwent an effort to define the functional requirements for a new enterprise CRM system. A summarized list of high-level functional requirements for the proposed system is shown below. A detailed list of the requirements is in Appendix D: Requirements Traceability Matrix.

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

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

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

Table 2: Proposed Functional Requirements

## 2. Proposed Technical Requirements

During Stage 1 of the eCIRTS project, DOEA underwent an effort to define the non-functional requirements needed for a new enterprise system. A summarized list of high-level technical requirements for the proposed system is shown below. A detailed list of the requirements is in Appendix D: Requirements Traceability Matrix.

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

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AREA	HIGH-LEVEL TECHNICAL REQUIREMENTS
<i>Data</i>	<ul style="list-style-type: none"> <li>▪ System should provide data segregation for Divisions and Offices defined by DOEA.</li> <li>▪ System should provide in-transit and at-rest data encryption capabilities for the database for Divisions and Offices defined by DOEA.</li> <li>▪ System should provide extract, transform, and load (ETL) capabilities for the implementation.</li> <li>▪ The solution must provide an enterprise data model.</li> </ul>
<i>Disaster Recovery</i>	<ul style="list-style-type: none"> <li>▪ System must provide Disaster Recovery capabilities with negotiated SLAs within agreed upon timeframes (Recovery Point Objective and Recovery Time Objective) to return to full operations.</li> <li>▪ System must provide Data Backups with frequency and retention period defined by DOEA.</li> </ul>
<i>Technology Roadmap</i>	<ul style="list-style-type: none"> <li>▪ System should provide foundational releases while not impacting existing customizations.</li> <li>▪ The Vendor should provide annual and quarterly advance communication for upcoming products and enhancements.</li> </ul>

Table 3: Proposed Technical Requirements

### III. Success Criteria

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

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

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

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

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

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### Goal 2

#### Enhance overall DOEA staff efficiency and effectiveness with applicable technology tools

##### Goal Description

- Reduce or eliminate manual tasks for staff.
- Provide automated workflow capabilities thereby increasing staff efficiency, intra- and inter-departmental collaboration, and customer response.
- Consolidate central client record.

##### Goal Business Value

- Minimizes or eliminates manual processes thereby increasing staff collaboration and efficiency.
- Reduces time spent managing all client-related information, documentation, and contacts.
- Automates scheduling and routing and provides mapping optimization to create efficiencies, accuracy, and time optimization for clients and staff.

### Goal 3

#### Increase data integrity, standardization, and security toward improved accuracy, operational efficiency, monitoring, reporting, and analytics

##### Goal Description

- Provide improved data reporting and data analytics capabilities.
- Support enterprise master data strategies reducing duplicative data and improved data capture, accuracy, security and integrity.
- Implement interface standards and protocols.

##### Goal Business Value

- Supports paperless processing.
- Improves flexibility, timeliness, and integration of all data transactions.
- Reduces complexity of integration by leveraging a more flexible and adaptable technology framework and platform.

### Goal 4

#### Facilitate better collaboration and communication between DOEA, CARES, AAAs, ADRCs, and Lead Agencies which increase the efficiency of the intake and referral, assessment, staffing, monitoring, and compliance processes

##### Goal Description

- Improve and expand client self-service capabilities.
- Enable staff-specific work queue dashboards.
- Consolidates central client record for managing all client-related information.

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

- Standardizes client management interface.
- Allows for proactive notifications of assigned work.
- Reduces redundant data and data entry errors.

**Goal 5****Enhance mobile capabilities including remote data capture, scheduling, and GPS route planning support****Goal Description**

- Provide robust mobile capabilities including assessments and quality assurance remotely via Wi-Fi, cellular, or offline.
- Provide appointment reminders and route mapping optimization for assessors and QA staff traveling to remote client locations.

**Goal Business Value**

- Reduces or eliminates manual paper assessments.
- Increases mobile staff efficiency.

**Goal 6****Improve analytical and reporting capabilities providing DOEA leadership with the tools to plan resource allotments and operational efficiencies tactically and strategically across DOEA thereby increasing efficiencies and reducing operational costs****Goal Description**

- Provide workforce management capabilities.
- Improve data reporting and analytics for workforce oversight and strategic planning.

**Goal Business Value**

- Provides supervisors with the ability to assign tasks, monitor staff queues, and access productivity analytics.
- Provides executive management the ability to access productivity dashboards and analytics.



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

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

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

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

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

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

SUCCESS CRITERIA TABLE				
		<ul style="list-style-type: none"> <li>▪ Number of assessments completed</li> <li>▪ Staff efficiency reports</li> </ul>		
15	Improve data reporting and analytics for workforce oversight and strategic planning.	<ul style="list-style-type: none"> <li>▪ Staff efficiency reports</li> <li>▪ Number of assessments completed</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> </ul>	Upon implementation
16	Improve system performance, extensibility, and reliability.	<ul style="list-style-type: none"> <li>▪ Compare against current baselined system performance</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> </ul>	Upon implementation
17	Simplify operations and maintenance responsibilities.	<ul style="list-style-type: none"> <li>▪ System performance</li> <li>▪ System maintenance</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> </ul>	Upon implementation
18	Replaces outdated hardware and software technologies with widely embraced current technology.	<ul style="list-style-type: none"> <li>▪ System availability</li> <li>▪ System performance</li> <li>▪ System extensibility</li> <li>▪ System maintenance costs</li> </ul>	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> </ul>	Upon implementation

### ***B. Successful Procurement***

To successfully support the development and execution of the eCIRTS procurement, DOEA is leveraging the Florida Department of Management Services' (DMS) Alternate Contract Source (ACS). Project artifacts related to the ACS procurement method as well as the selected vendor are located in Appendices L – T. The ACS procurement method will be governed by the following ideals.

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

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

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

### A. Benefits Realization Table

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

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

A summary of the estimated tangible benefits, upon implementation of eCIRTS, is displayed in the following table.

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Date (MM/YY)
1	Implementation of a centralized client data management system that includes master data management supporting data sharing and integrity while reducing data duplication	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> <li>▪ Clients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased data integrity and accuracy</li> <li>▪ Reduced data duplication</li> <li>▪ More accurate reporting and decision making</li> <li>▪ Enhanced client service</li> </ul>	Compare against baselined current system data management	Upon implementation
2	Enhanced functionality for mobile access to systems and information	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> <li>▪ Clients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enhanced workforce functionality and efficiency</li> <li>▪ Access to Wi-Fi, cellular or offline functionality</li> </ul>	Compare against baselined current system functionality, accessibility, and processing time	Upon implementation

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

BENEFITS REALIZATION TABLE					
			<ul style="list-style-type: none"> <li>▪ Addition of route-based scheduling</li> </ul>		
3	Enhanced workflow and workforce management capabilities thus increasing intra- and inter-departmental collaboration	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> <li>▪ Clients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduction or elimination of manual processes</li> <li>▪ Increased staff efficiency</li> <li>▪ Increased management oversight, staff accountability, and resource planning</li> </ul>	Compare against baselined current processing times	Upon implementation
4	Addition of advanced reporting and analytics functionality	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> <li>▪ Clients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improved staff productivity and efficiency</li> <li>▪ Enhanced strategic planning and reporting capabilities</li> </ul>	Compare against baselined current reporting capabilities and time needed to create statutorily required reports	Upon implementation
5	Improved system scalability to accommodate increased resource capacity needs, improved system modularity and extensibility with the addition of a business rules engine to expand system functionality	<ul style="list-style-type: none"> <li>▪ DOEA</li> <li>▪ AAAs/ADRCs</li> <li>▪ Lead Agencies</li> <li>▪ Clients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enhanced ability to quickly address changing resource capacity needs</li> <li>▪ More agile system configuration capabilities to address dynamic request for modifications</li> </ul>	Compare against baselined capacity planning and development time	Upon implementation

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM****B. Cost Benefit Analysis (CBA)**

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

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

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

The Cost Benefit Analysis is attached as Appendix A.

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM****V. Schedule IV-B Major Project Risk Assessment**

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

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

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

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

The Risk Assessment Tool and Risk Assessment Summary is referenced in Appendix B: DOEA eCIRTS Project Risk Assessment.xlsx. The resulting Risk Assessment Summary will follow.

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

<b>Project</b>	<i>Enterprise Client Information and Registration Tracking System (eCIRTS) Implementation</i>	
<b>Agency</b>	<i>Department of Elder Affairs</i>	
<b>FY 2024-25 LBR Issue Code:</b>	<b>FY 2024-25 LBR Issue Title:</b>	
<i>36207C0</i>	<i>ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM (eCIRTS) Implementation Project</i>	
<b>Risk Assessment Contact Info (Name, Phone #, and E-mail Address):</b>		
<i>Jonathan Yeaton ----- 850-414-2317 ----- yeatonj@elderaffairs.org</i>		
<b>Executive Sponsor</b>	<i>Michelle Branham, Secretary of Elder Affairs</i>	
<b>Project Manager</b>	<i>Amit Bokey</i>	
<b>Prepared/Reviewed By</b>	<i>Amit Bokey</i>	<i>9/13/2023</i>

<b>Risk Assessment Summary</b>					
<b>Business Strategy</b>	<table border="1"> <tr> <td style="width: 50%; height: 100px;"></td> <td style="width: 50%; height: 100px; text-align: center;">◆</td> </tr> <tr> <td style="width: 50%; height: 100px;"></td> <td style="width: 50%; height: 100px;"></td> </tr> </table>		◆		
		◆			
	<b>Level of Project Risk</b>				
<i>Most Aligned</i>	<i>Most Risk</i>				
<i>Least Aligned</i>	<i>Least Risk</i>				

**Exhibit 1: Risk Assessment Summary**

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



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

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

**Exhibit 2: Project Risk Area Breakdown**

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

In the following table, there are examples of Risk Assessment (and Business Strategy alignment) areas that will be addressed by the conclusion of the first year of the project.

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

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

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

Table 6: Project Risk Areas to be Addressed

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

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

### VI. Schedule IV-B Technology Planning

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

#### A. Current Information Technology Environment

##### 1. Current System

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

##### 2. Information Technology Standards

A detailed description of information technology standards is detailed in Appendix H: DOEA eCIRTS Schedule IV-B Section VI Technology Planning.

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

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

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

#### C. Proposed Technical Solution

##### 1. Technical Solution Alternatives

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

- **Modularity** – Use of a modular, flexible, agile approach including the use of open interfaces;
- **MITA standards** – Aligned and continued advancement in the Medicaid Information Technology Architecture (MITA);
- **Industry compliance** – Alignment with, and incorporation of, industry standards, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 security, privacy, and transaction standards;
- **Leverage** – Promotes sharing, leverage, and reuse;

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

- **Business results** – Supports accurate and timely processing of eligibility;
- **Reporting** – Has the capability to produce reports supporting program evaluation, continuous improvement in business operations, transparency and accountability; and
- **Interoperability** – Supports integration with the appropriate entities providing eligibility, enrollment, and outreach functions.

There were three viable technical solutions considered to achieve the Department's goals. The following section provides a description of each option under consideration.

**a. COTS Solution**

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

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

**b. Custom Development Solution**

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

**c. Framework Solution**

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

**2. Rationale for Selection**

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

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

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

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

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

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

- *Implement an enterprise client management system to assist staff efficiency, enable client access to services, and position DOEA to plan for and be responsive to changing environmental and operational demands.*

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

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

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

**a) Evaluation Criteria**

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

EVALUATION OF QUALITATIVE CRITERIA	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
<b>Vision:</b> Implement an enterprise client management system to assist staff efficiency, enable client access to services, and position DOEA to plan for and be responsive to changing environmental and operational demands.	Medium	High	High
<b>Goal 1:</b> Standardize and optimize key business processes to improve operational efficiencies.	Low	High	Medium
<b>Goal 2:</b> Enhance overall DOEA staff efficiency and effectiveness with applicable technology tools.	Low	High	High

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

EVALUATION OF QUALITATIVE CRITERIA	OPTIONS CONSIDERED		
	OPTION 1: CUSTOM DEVELOPMENT	OPTION 2: FRAMEWORK PLATFORM	OPTION 3: COTS PLATFORM
<b>Goal 3:</b> Increase data integrity, standardization, and security toward improved accuracy, operational efficiency, monitoring, reporting, and analytics.	Medium	High	High
<b>Goal 4:</b> Facilitate better collaboration and communication between DOEA, CARES, AAAs, ADRCs, and Lead Agencies which increase the efficiency of the intake and referral, assessment, staffing, monitoring, and compliance processes.	Low	High	High
<b>Goal 5:</b> Enhance mobile capabilities including remote data capture, scheduling, and GPS route planning support.	Low	High	High
<b>Goal 6:</b> Improve analytical and reporting capabilities providing DOEA leadership with the tools to plan resource allotments and operational efficiencies tactically and strategically across DOEA thereby increasing efficiencies and reducing operational costs.	Medium	Medium	High
<b>Goal 7:</b> Improve system flexibility, scalability, reliability, and cost of ownership.	Low	Medium	High
<b>Average Score</b>	<b>1.4</b>	<b>2.8</b>	<b>2.9</b>

## Exhibit 3: Alignment to Vision and Solution Goals

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM*****b) Benefits Comparison***

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

<b>BENEFIT</b>	<b>OPTIONS CONSIDERED</b>		
	<b>OPTION 1: CUSTOM DEVELOPMENT</b>	<b>OPTION 2: FRAMEWORK PLATFORM</b>	<b>OPTION 3: COTS PLATFORM</b>
Increased efficiency via automation of manual tasks and optimization of processes.	Medium	High	High
Drives process standardization.	Low	Medium	High
Enhanced customer experience and response.	Medium	High	High
Enhanced mobile capabilities and functionality.	Low	High	High
Enhanced workflow and workforce management.	Low	High	High
Flexible solution with the agility to quickly address procedural or statutorily mandated changes as well as environmental and operational needs.	Low	High	Low
Easy scalable and extensible solution to address increased environmental and operational demands.	Low	High	High
Minimizes support and operations and maintenance responsibilities.	Low	Medium	High
Increases data integrity, standardization, and security.	Medium	High	High
Improves analytical and dashboard/reporting capabilities.	Medium	High	High
<b>Average Score</b>	<b>1.4</b>	<b>2.8</b>	<b>2.8</b>

**Exhibit 4: Benefit Comparison**

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

### **3. Recommended Technical Solution**

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

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

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

## Exhibit 5: Summary Analysis

Based on the overall analysis, the following salient points addressing the Department's solution options are offered below.

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

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

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

- The flexibility of a Framework solution provides a good balance between highly customizable Custom Development solutions and is more difficult and costly to customize than COTS solutions;
- Framework solutions provide greater benefits and are more likely to achieve project goals than Custom Development solutions;
- Framework solutions are typically implemented more quickly than Custom Development but not as fast as COTS;
- Enhancements, patches, and updates to the base application platform would be the responsibility of the provider;



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

- The overall costs of a Framework solution are typically less to implement and maintain than Custom Development solutions but more expensive than COTS; and
- There is less risk with Framework solutions compared to Custom Development since a project's starting point is a base platform rather than building from scratch.

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

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

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

## **D. Proposed Solution Description**

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

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

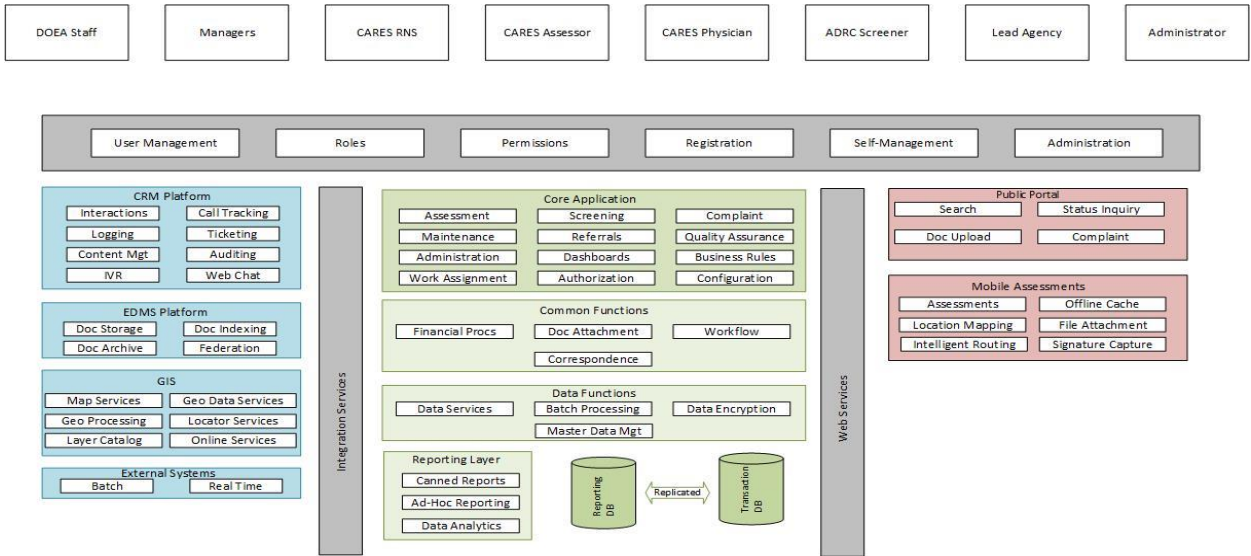
The solution being proposed is a modern enterprise COTS or framework system with the capability to manage the intake and referrals, assessments, or screenings. The scope and key functionalities of the solution will include:

- Case Management and Customer Relationship Management (CRM);
- Business Intelligence;
- Intelligent Workflow;
- Workforce Management;
- Mobile Workforce;

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

- Unified Calendaring and Scheduling;
- Public Self-Service Capabilities;
- Route Mapping Optimization; and
- Document Management.

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



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

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

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

System Type	The system will be either a cloud-centric Commercial-off-the-Shelf (COTS) or Framework vendor-hosted system.
Connectivity Requirements	The proposed new system must support both wired and wireless connectivity.
Security Requirements	<ul style="list-style-type: none"> <li>▪ Chapter 60GG-2, F.A.C.</li> <li>▪ Chapter 119, F.S.</li> <li>▪ Chapter 400, F.S.</li> <li>▪ Chapter 415, F.S.</li> <li>▪ Chapter 429, F.S.</li> <li>▪ Chapter 430, F.S.</li> <li>▪ Chapter 744, F.S.</li> <li>▪ Health Insurance Portability and Accountability Act (HIPAA) of 1996</li> <li>▪ Section 282.318, F.S.</li> <li>▪ Sections 282.601-282.606, F.S.</li> </ul>

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

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM****b) Development and Procurement Approach**

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

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

**c) Internal and External Interfaces**

The eCIRTS will need to interface with several external entities, which include the following.

<b>ORGANIZATION</b>	<b>INTERFACES</b>	<b>INBOUND/ OUTBOUND</b>	<b>FREQUENCY</b>
Agency for Health Care Administration	Active waiver enrollment information for Statewide Medicaid Managed Care (SMMC) Long Term Care (LTC) and Program of All-Inclusive Care for the Elderly programs.	Inbound	Tri-monthly
Agency for Health Care Administration	Previously active, but now terminated, enrollment information.	Inbound	Tri-monthly
Agency for Health Care Administration	Complaints related to SMMC LTC waiver. Consumed by Independent Consumer Support Program used by the Medicaid Waiver/ADRC Unit.	Inbound	Daily
Agency for Health Care Administration	Level of Care data.	Outbound	Monthly
Department of Children and Families	DCF sends information about individuals who are being served by DCF in state programs and who are about to become 60 years old making them DOEA's responsibility.	Inbound	Quarterly
Department of Children and Families	Level of Care data.	Outbound	Daily
Department of Health	Death certificate data of individuals age 18 or older.	Inbound	Daily
Enrollment Broker	Client information with the Comprehensive Assessment and Review for Long Term Care Services, Level of Care determinations for the SMMC LTC program.	Outbound	Daily
Enrollment Broker	CARES' 701B assessments (pdf format) for client data referenced in the row above with a community recommendation (not nursing home clients) to the enrollment broker for the SMMC LTC program.	Outbound	Daily
Service Providers	Data is imported into CIRTS by using the DOEA Electronic Data Interchange (EDI) File Exchange system.	Inbound	Ad hoc

**Table 8: Internal and External Interfaces**

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM****d) Maturity and Life Expectancy of the Technology**

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

**e) Other System(s) Proposed Solution must Integrate With**

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

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

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

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

**E. Capacity Planning (historical and current trends versus projected requirements)****1. How the Estimates were Derived**

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

<b>Metric</b>	<b>Fiscal YTD</b>
Number of Users	2,025
System Availability	Minimum 99.9% uptime
Number of Outages	0
Database Storage	100 GB
Document Storage	600 GB
Transactions	1,100,000
% Batch Transactions	4.5
% Minimum Growth	2.5
Peak arrival	Unavailable
Peak day	Unavailable
Peak day count	Unavailable

**Table 9: Capacity Planning**

**SCHEDULE IV-B FOR ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM****2. Assumptions and Constraints**

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

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

**Table 10: Assumptions and Constraints**

**3. Management Summary of the Issues**

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

**4. Service Summary with Current and Forecasted Concerns**

A major concern of the current CIRTS system is that it experiences frequent downtime which interrupts the ability for DOEA staff to perform their job duties. From March 2014 through August 2017 (42 months), DOEA IT submitted 1,320 support tickets to DST, an average of approximately 30 tickets per month. Approximately 95% of the tickets were related to CIRTS. The need to submit tickets to support CIRTS is expected to continually increase as the Oracle resources currently in use have reached the end of support life thereby making the system more unstable and unreliable over time. The replacement system is expected to have minimal downtime guaranteed through the execution of a Service Level Agreement with the vendor.

**5. Options and Alternatives Considered**

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

**6. Recommendations for the Effort**

To support the effort of migrating from the existing on-premises legacy CIRTS to a cloud-centric client management system, it is recommended that the following actions be taken:

- Determine the number of unique client records in the current system;
- Determine the amount of data in the current system;

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

- Determine the average amount of data transferred daily;
- Determine the average amount of daily transactions;
- Determine the amount of paper records needing to be scanned and imported into the replacement system; and
- Determine what new workflow functionality can be used to automate DOEA business rules.

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

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

The project planning components for the eCIRTS project, including project scope, project phasing plan, and project organization, are outlined in Appendix N: eCIRTS Operational Work Plan.

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

The Master Project Schedule for the eCIRTS project is attached as Appendix J and Appendix R.

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

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

## VIII. Appendices

Appendix	Description
A	Cost Benefit Analysis Workbook
B	Risk Assessment Tool and Risk Assessment Summary
C	Business Process Reengineering Document
D	Requirements Traceability Matrix
E	Project Glossary of Terms and Abbreviations
F	CIRTS Market Analysis
G	Project Management Plan (includes Implementation Plan, Risk Management Plan, and Organizational Change Management Plan)
H	DOEA eCIRTS Schedule IV-B Section VI Technology Planning
I	CIRTS User Guide (for CARES, 2013 version)
J	Master Project Schedule
K	CIRTS User Guide (for Aging Networks, 2007 version)
L	National Association of State Procurement Officials (NASPO) Master Agreement No. AR2472
M	NASPO Pricing Sheet
N	eCIRTS Operational Work Plan
O	Project Organization Chart
P	eCIRTS Transition Plan Approach
Q	eCIRTS Statement of Work for Implementation
R	eCIRTS Project Schedule
S	eCIRTS Project Spend Plan for FY 2020-21 – FY 2026-27
T	First Amendment to eCIRTS Statement of Work for Implementation



CBAForm 1 - Net Tangible Benefits

Agency <u>Department of Elder Affairs</u>	Project <u>Enterprise Client Information and Registration Tracking System (eCIRTS) Implementation</u>
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Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A															
Agency <i>(Recurring Costs Only -- No Project Costs)</i>	FY 2024-25			FY 2025-26			FY 2026-27			FY 2027-28			FY 2028-29		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Cost Change Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
<b>A. Personnel Costs -- Agency-Managed Staff</b>	\$1,566,674	\$0	\$1,566,674	\$1,566,674	\$0	\$1,566,674	\$1,566,674	\$0	\$1,566,674	\$1,566,674	\$0	\$1,566,674	\$1,566,674	\$0	\$1,566,674
<b>A.b Total Staff</b>	24.00	0.00	24.00	24.00	0.00	24.00	24.00	0.00	24.00	24.00	0.00	24.00	24.00	0.00	24.00
A-1.a. State FTEs (Salaries & Benefits)	\$1,184,299	\$0	\$1,184,299	\$1,184,299	\$0	\$1,184,299	\$1,184,299	\$0	\$1,184,299	\$1,184,299	\$0	\$1,184,299	\$1,184,299	\$0	\$1,184,299
A-1.b. State FTEs (#)	17.00	0.00	17.00	17.00	0.00	17.00	17.00	0.00	17.00	17.00	0.00	17.00	17.00	0.00	17.00
A-2.a. OPS Staff (Salaries)	\$382,375	\$0	\$382,375	\$382,375	\$0	\$382,375	\$382,375	\$0	\$382,375	\$382,375	\$0	\$382,375	\$382,375	\$0	\$382,375
A-2.b. OPS (#)	7.00	0.00	7.00	7.00	0.00	7.00	7.00	0.00	7.00	7.00	0.00	7.00	7.00	0.00	7.00
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3.b. Staff Augmentation (# of Contractors)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>B. Application Maintenance Costs</b>	\$2,303,104	\$0	\$2,303,104	\$2,363,353	\$0	\$2,363,353	\$2,425,409	\$0	\$2,425,409	\$2,489,327	\$0	\$2,489,327	\$2,555,163	\$0	\$2,555,163
B-1. Managed Services (Staffing)	\$249,812	\$0	\$249,812	\$249,812	\$0	\$249,812	\$249,812	\$0	\$249,812	\$249,812	\$0	\$249,812	\$249,812	\$0	\$249,812
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$2,008,292	\$0	\$2,008,292	\$2,068,541	\$0	\$2,068,541	\$2,130,597	\$0	\$2,130,597	\$2,194,515	\$0	\$2,194,515	\$2,260,351	\$0	\$2,260,351
B-4. Other <i>Data Analytic tools</i>	\$45,000	\$0	\$45,000	\$45,000	\$0	\$45,000	\$45,000	\$0	\$45,000	\$45,000	\$0	\$45,000	\$45,000	\$0	\$45,000
<b>C. Data Center Provider Costs</b>	\$833,435	\$0	\$833,435	\$834,708	\$0	\$834,708	\$836,045	\$0	\$836,045	\$837,449	\$0	\$837,449	\$838,923	\$0	\$838,923
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-3. Network / Hosting Services	\$807,967	\$0	\$807,967	\$807,967	\$0	\$807,967	\$807,967	\$0	\$807,967	\$807,967	\$0	\$807,967	\$807,967	\$0	\$807,967
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other <i>Azure Database - Data Replication</i>	\$25,468	\$0	\$25,468	\$26,741	\$0	\$26,741	\$28,078	\$0	\$28,078	\$29,482	\$0	\$29,482	\$30,956	\$0	\$30,956
<b>D. Plant &amp; Facility Costs</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>E. Other Costs</b>	\$18,750	\$0	\$18,750	\$18,750	\$0	\$18,750	\$18,750	\$0	\$18,750	\$18,750	\$0	\$18,750	\$18,750	\$0	\$18,750
E-1. Training	\$18,750	\$0	\$18,750	\$18,750	\$0	\$18,750	\$18,750	\$0	\$18,750	\$18,750	\$0	\$18,750	\$18,750	\$0	\$18,750
E-2. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-3. Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total of Recurring Operational Costs</b>	<b>\$4,721,963</b>	<b>\$0</b>	<b>\$4,721,963</b>	<b>\$4,783,485</b>	<b>\$0</b>	<b>\$4,783,485</b>	<b>\$4,846,878</b>	<b>\$0</b>	<b>\$4,846,878</b>	<b>\$4,912,200</b>	<b>\$0</b>	<b>\$4,912,200</b>	<b>\$4,979,510</b>	<b>\$0</b>	<b>\$4,979,510</b>
<b>F. Additional Tangible Benefits:</b>		\$0			\$0			\$0			\$0			\$0	
F-1. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
F-2. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
F-3. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
<b>Total Net Tangible Benefits:</b>		<b>\$0</b>			<b>\$0</b>			<b>\$0</b>			<b>\$0</b>			<b>\$0</b>	

CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	<input type="checkbox"/>	Confidence Level
Order of Magnitude	<input checked="" type="checkbox"/>	Confidence Level <b>70%</b>
Placeholder	<input type="checkbox"/>	Confidence Level



A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T																
1	Department of Elder Affairs	Enterprise Client Information and Registration Tracking System (eCIRTS) Implemen																	CBAForm 2A Baseline Project Budget																
2	Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.																																		
3			\$ 8,096,481	\$ 475,399			\$ -			\$ -			\$ -			\$ -			\$ 8,571,880																
4	Item Description (remove guidelines and annotate entries here)	Project Cost Element	Appropriation Category	Current & Previous Years Project-Related Cost	YR 1 #	YR 1 LBR	YR 1 Base Budget	YR 2 #	YR 2 LBR	YR 2 Base Budget	YR 3 #	YR 3 LBR	YR 3 Base Budget	YR 4 #	YR 4 LBR	YR 4 Base Budget	YR 5 #	YR 5 LBR	YR 5 Base Budget	TOTAL															
5	Costs for all state employees working on the project.	FTE	S&B	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -															
6	Costs for all OPS employees working on the project.	OPS	OPS	\$ 88,501	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ 88,501															
7	Staffing costs for personnel using Time & Expense.	Staff Augmentation	Contracted Services	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -															
8	Project management personnel and related deliverables.	Project Management	Contracted Services	\$ 269,577	1.00	\$ 110,000	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ 379,577															
9	Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	Project Oversight	Contracted Services	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -															
10	Staffing costs for all professional services not included in other categories.	Consultants/Contractors	Contracted Services	\$ 375	1.00	\$ 120,480	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ 120,855															
11	Separate requirements analysis and feasibility study procurements.	Project Planning/Analysis	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -															
12	Hardware purchases not included in data center services.	Hardware	OCO	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -															
13	Commercial software purchases and licensing costs.	Commercial Software	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -															
14	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables	Contracted Services	\$ 7,738,028		\$ 244,919	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ 7,982,947															
15	All first-time training costs associated with the project.	Training	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -															
16	Include the quote received from the data center provider for project equipment and services. Only include one-time project costs in this row. Recurring, project-related data center costs are included in CBA Form 1A.	Data Center Services - One Time Costs	Data Center Category	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -															
17	Other contracted services not included in other categories.	Other Services	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -															
18	Include costs for non-state data center equipment required by the project and the proposed solution (insert additional rows as needed for detail)	Equipment	Expense	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -															
19	Include costs associated with leasing space for project personnel.	Leased Space	Expense	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -															
20	Other project expenses not included in other categories.	Other Expenses	Expense	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -															
21	Total			\$ 8,096,481	2.00	\$ 475,399	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ 8,571,880															

CBAForm 2 - Project Cost Analysis

Agency <u>Department of Elder Affairs</u>	Project <u>tion and Registration Tracking System (</u>
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PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
TOTAL PROJECT COSTS (*)	\$475,399	\$0	\$0	\$0	\$0	\$8,571,880
CUMULATIVE PROJECT COSTS <small>(includes Current &amp; Previous Years' Project-Related Costs)</small>	\$8,571,880	\$8,571,880	\$8,571,880	\$8,571,880	\$8,571,880	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
General Revenue	\$160,780	\$0	\$0	\$0	\$0	\$160,780
Trust Fund	\$144,854	\$0	\$0	\$0	\$0	\$144,854
Federal Match <input checked="" type="checkbox"/>	\$169,765	\$0	\$0	\$0	\$0	\$169,765
Grants <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$475,399	\$0	\$0	\$0	\$0	\$475,399
CUMULATIVE INVESTMENT	\$475,399	\$475,399	\$475,399	\$475,399	\$475,399	

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

CBAForm 3 - Project Investment Summary

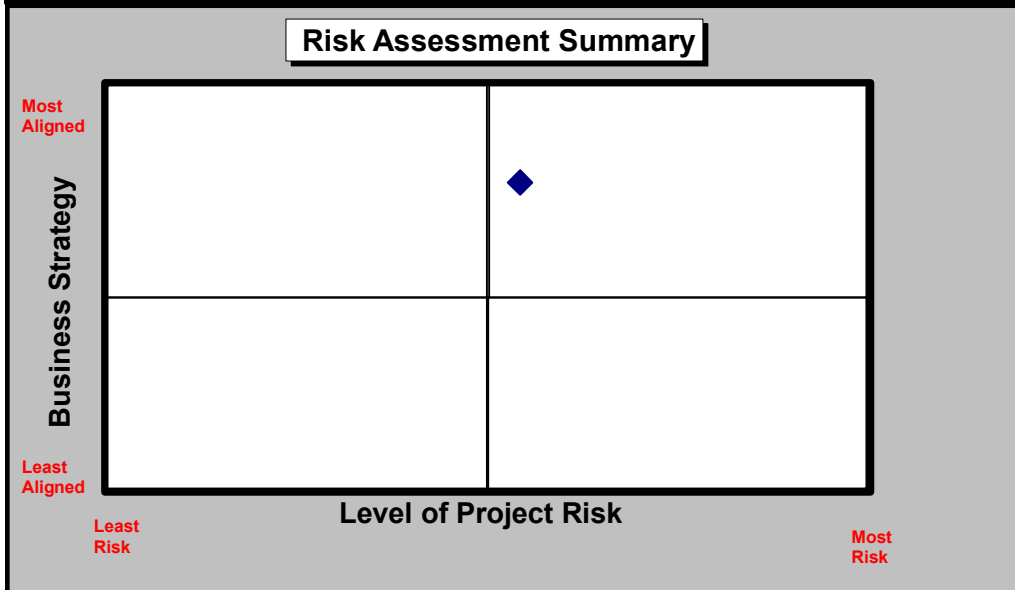
Agency	<u>Department of Elder Affairs</u>	Project	<u>rd Registration Tracking Sy</u>
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COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	TOTAL FOR ALL YEARS
Project Cost	\$475,399	\$0	\$0	\$0	\$0	\$8,571,880
Net Tangible Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Return on Investment	(\$8,571,880)	\$0	\$0	\$0	\$0	(\$8,571,880)
Year to Year Change in Program Staffing	0	0	0	0	0	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	NO PAYBACK	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	NO PAYBACK	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	(\$8,330,301)	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 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
Cost of Capital	2.90%	3.10%	3.30%	3.40%	3.50%

<b>Project</b>	<i>Enterprise Client Information and Registration Tracking System (eCIRTS) Implementation Project</i>	
<b>Agency</b>	<i>Department of Elder Affairs</i>	
<b>FY 2024-25 LBR Issue Code:</b>	<b>FY 2024-25 LBR Issue Title:</b>	
<i>36207C0</i>	<i>ENTERPRISE CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM (eCIRTS) PROJECT</i>	
<b>Risk Assessment Contact Info (Name, Phone #, and E-mail Address):</b>		
<i>Jonathan Yeaton ----- 850-414-2317 ----- yeatonj@elderaffairs.org</i>		
<b>Executive Sponsor</b>	<i>Michelle Branham, Secretary of Elder Affairs</i>	
<b>Project Manager</b>	<i>Amit Bokey</i>	
<b>Prepared By</b>	<i>Amit Bokey</i>	<i>9/12/2023</i>



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



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

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 Deliverable 2 CIRTIS Business Process and Definition Document
 

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**Document Information**

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

**Revision History**

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

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 Deliverable 2 CIRTIS Business Process and Definition Document
 

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## Deliverable 2 CIRTIS Business Process and Definition Document

# 1. Assumptions and Constraints

## 1.1. Assumptions

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

### Assumption(s)

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

## 1.2. Constraints

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

### Constraint(s)

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

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## Deliverable 2 CIRTS Business Process and Definition Document

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## 2. Introduction

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### 2.1. Executive Summary

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

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

### 2.2. Business Objectives

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

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

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








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## Deliverable 2 CIRTIS Business Process and Definition Document

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### 2.3. Process Flow Diagrams and Icon Definition

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

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

### 2.4. Change Considerations

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

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

## Deliverable 2 CIRTIS Business Process and Definition Document

### 3. Business Process Definition

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

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

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

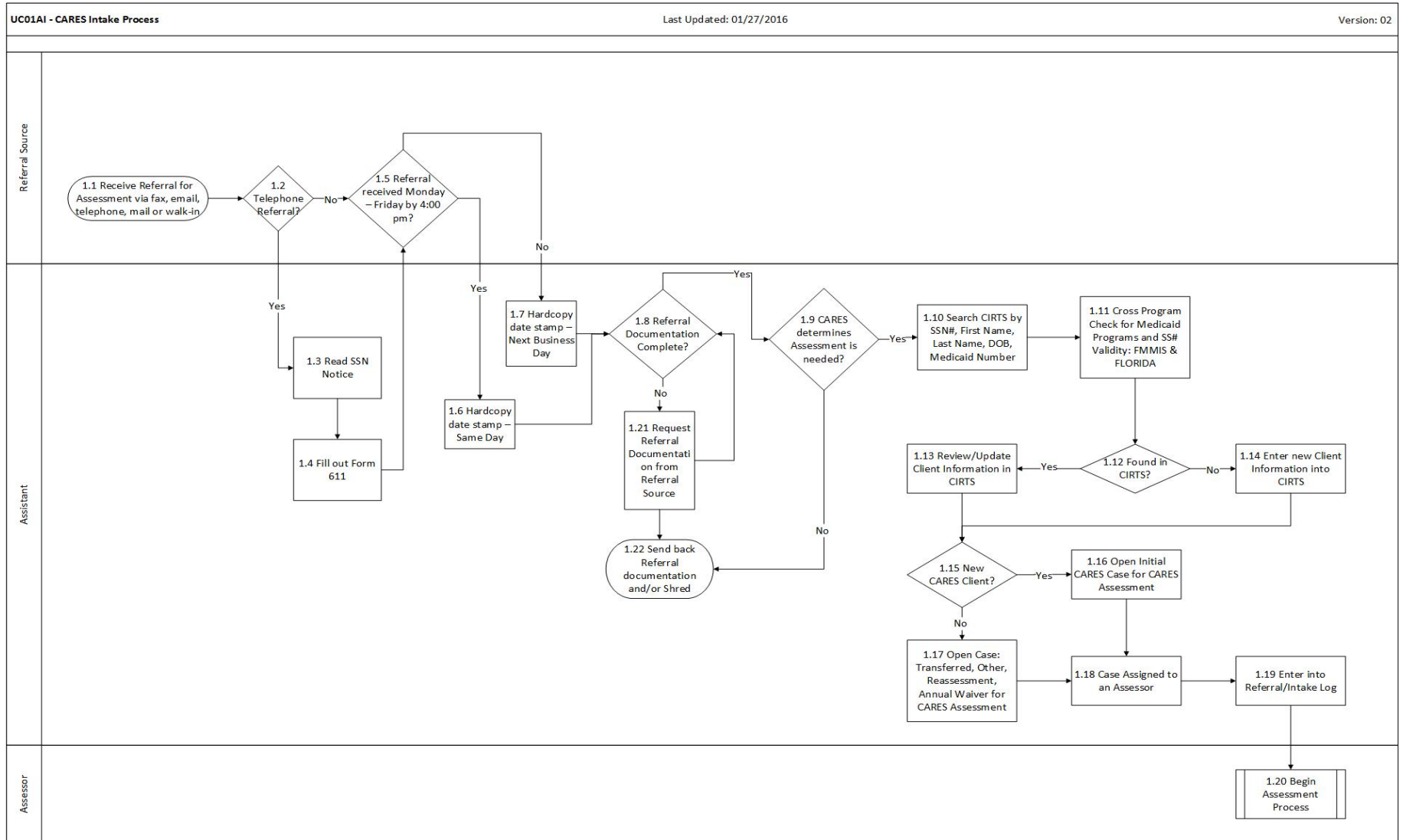
Use Case	Process Flow Description
UC01AI	CARES Intake Process (Community, Hospital, NF)
UC02AI	CARES On-Site Assessment
UC03AI	CARES Medical Case File Review for Initial Referrals
UC04AI	CARES Staffing Process
UC05AI	CARES Level of Care Recommendation
UC06AI	CARES Follow-up Schedule Process
UC06-bAI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

**Table 3.1 – As-Is Process Flows**

## Deliverable 2 CIRTS Business Process and Definition Document

### 3.2. As-Is (AI) Process Flows Diagrams

#### 3.2.1. UC01AI – CARES Intake Process



## Deliverable 2 CIRTTS Business Process and Definition Document

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

## Deliverable 2 CIRTS Business Process and Definition Document

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

## Deliverable 2 CIRTS Business Process and Definition Document

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



## Deliverable 2 CIRTS Business Process and Definition Document

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

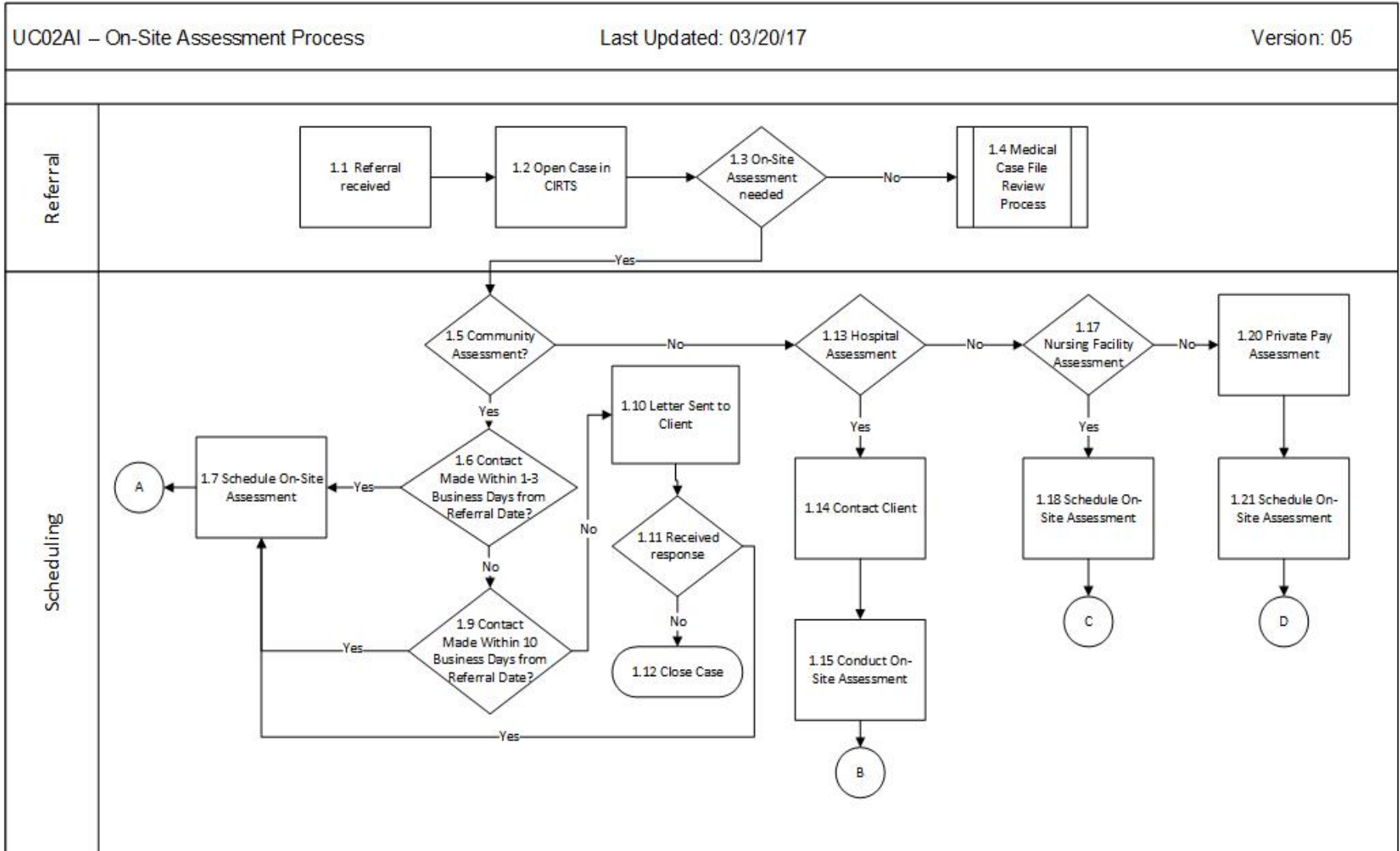
Deliverable 2 CIRTTS Business Process and Definition Document

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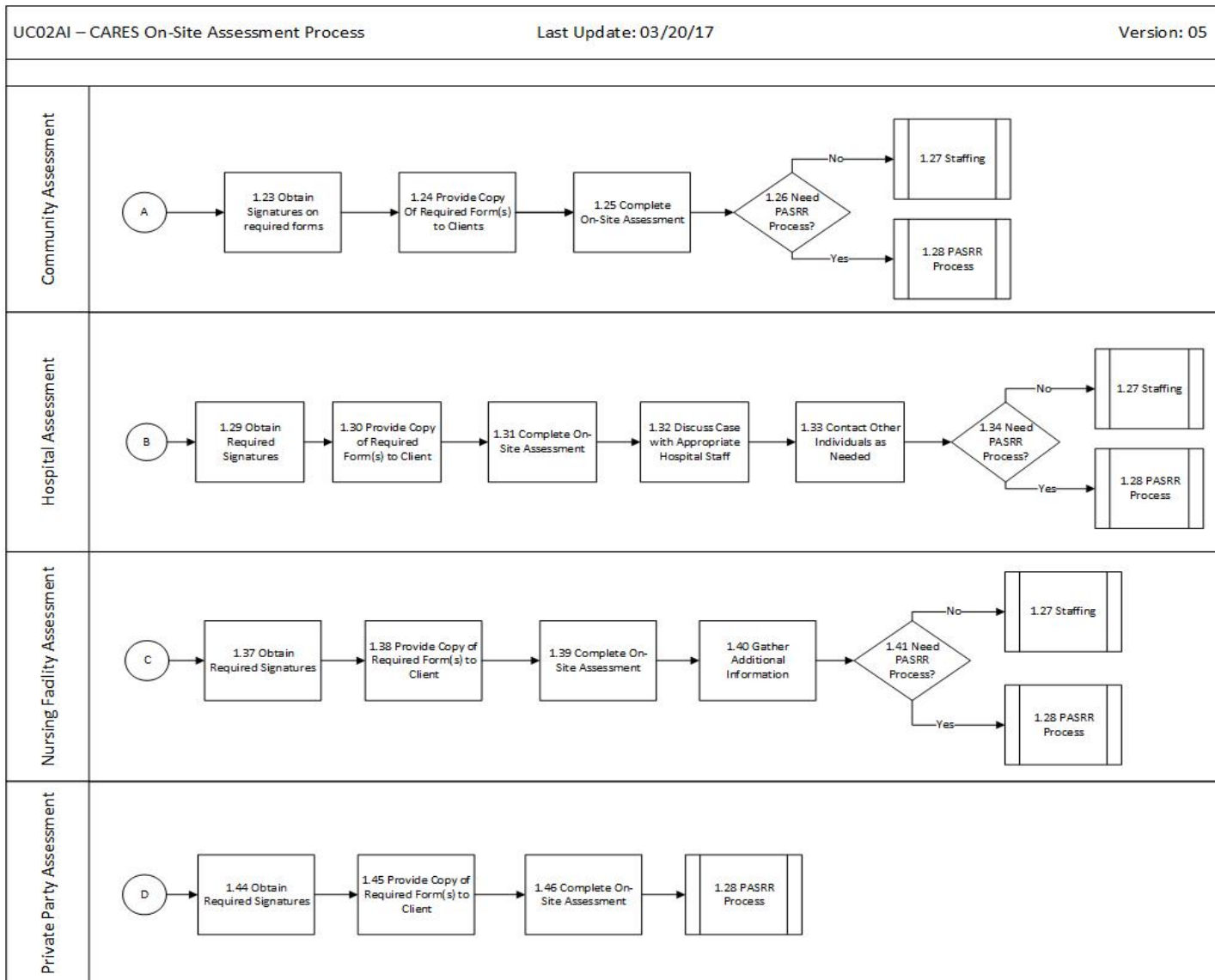
<b><i>Process Step #</i></b>	<b><i>Process Step</i></b>	<b><i>Process Summary Table – UC01AI – Intake Process Process Step Description</i></b>	<b><i>Responsibility</i></b>
1.22	Return/Dispose Referral Documentation	<ul style="list-style-type: none"><li>• Send back referral documentation and/or shred.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

Deliverable 2 CIRTS Business Process and Definition Document

3.2.2. UC02AI – CARES On-Site Assessment Process



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



## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTS Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

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



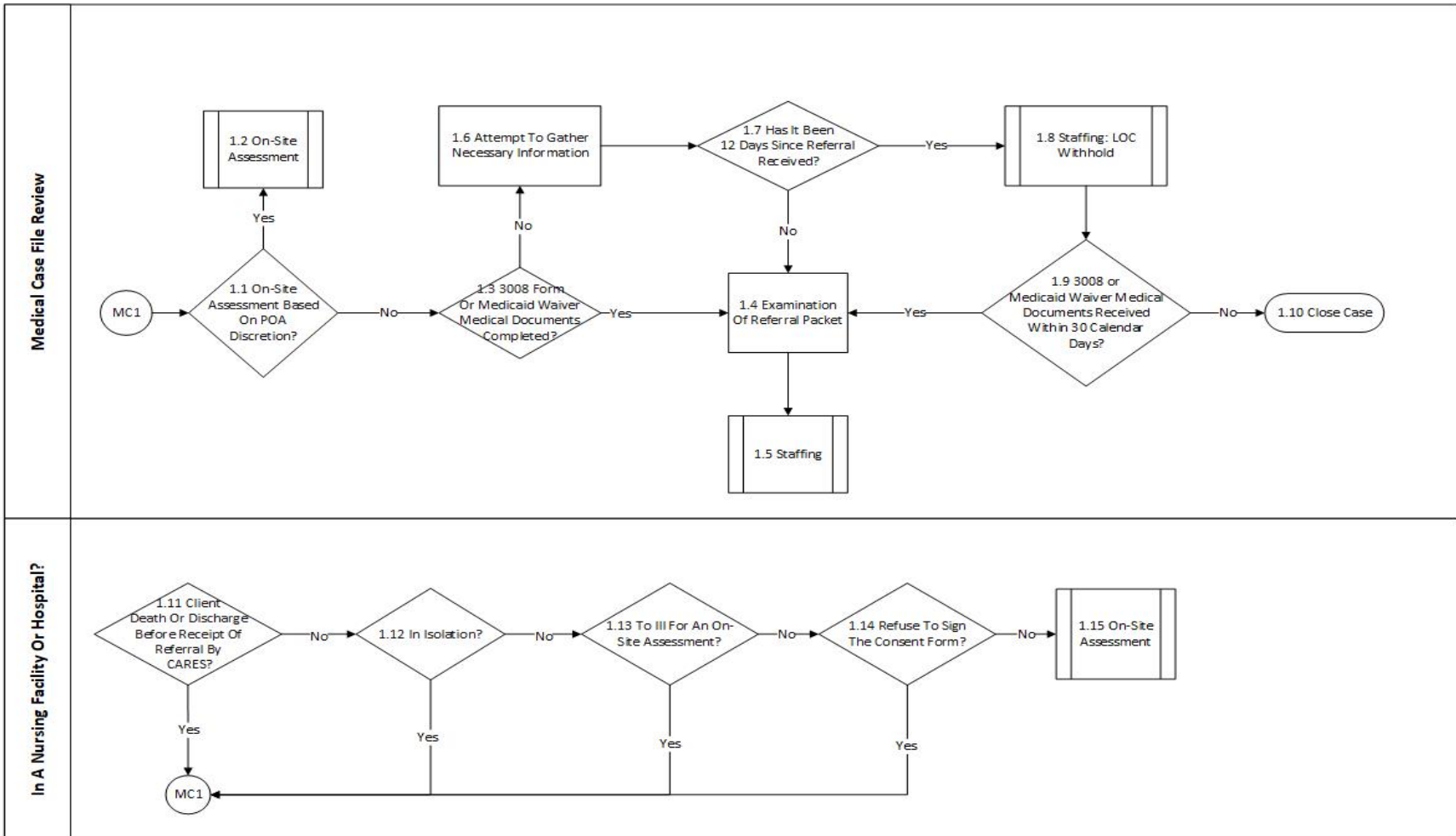
## Deliverable 2 CIRTIS Business Process and Definition Document

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

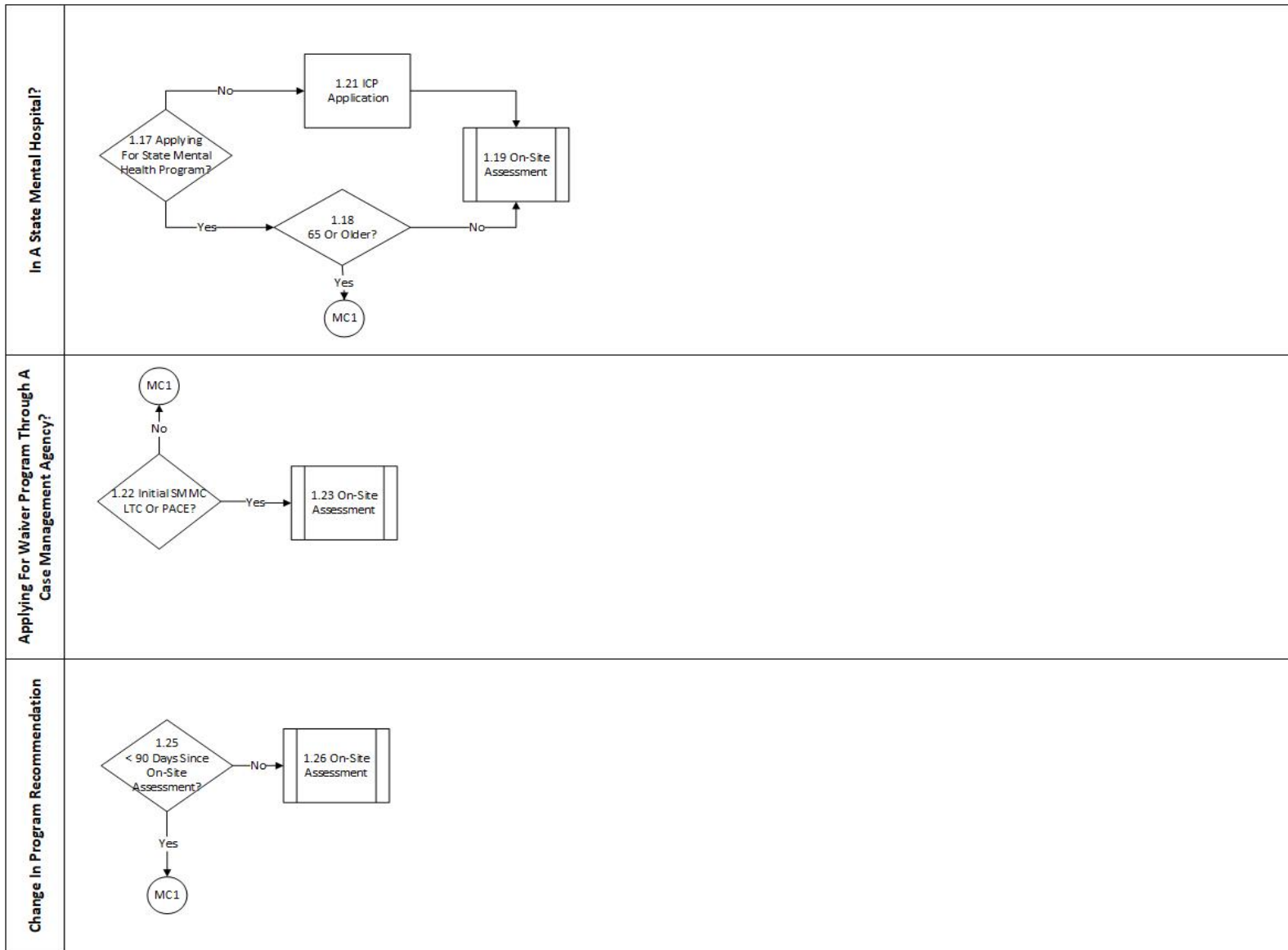
Deliverable 2 CIRT Business Process and Definition Document

3.2.3. UC03AI – CARES Medical Case File Review

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



Deliverable 2 CIRTS Business Process and Definition Document



## Deliverable 2 CIRTS Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

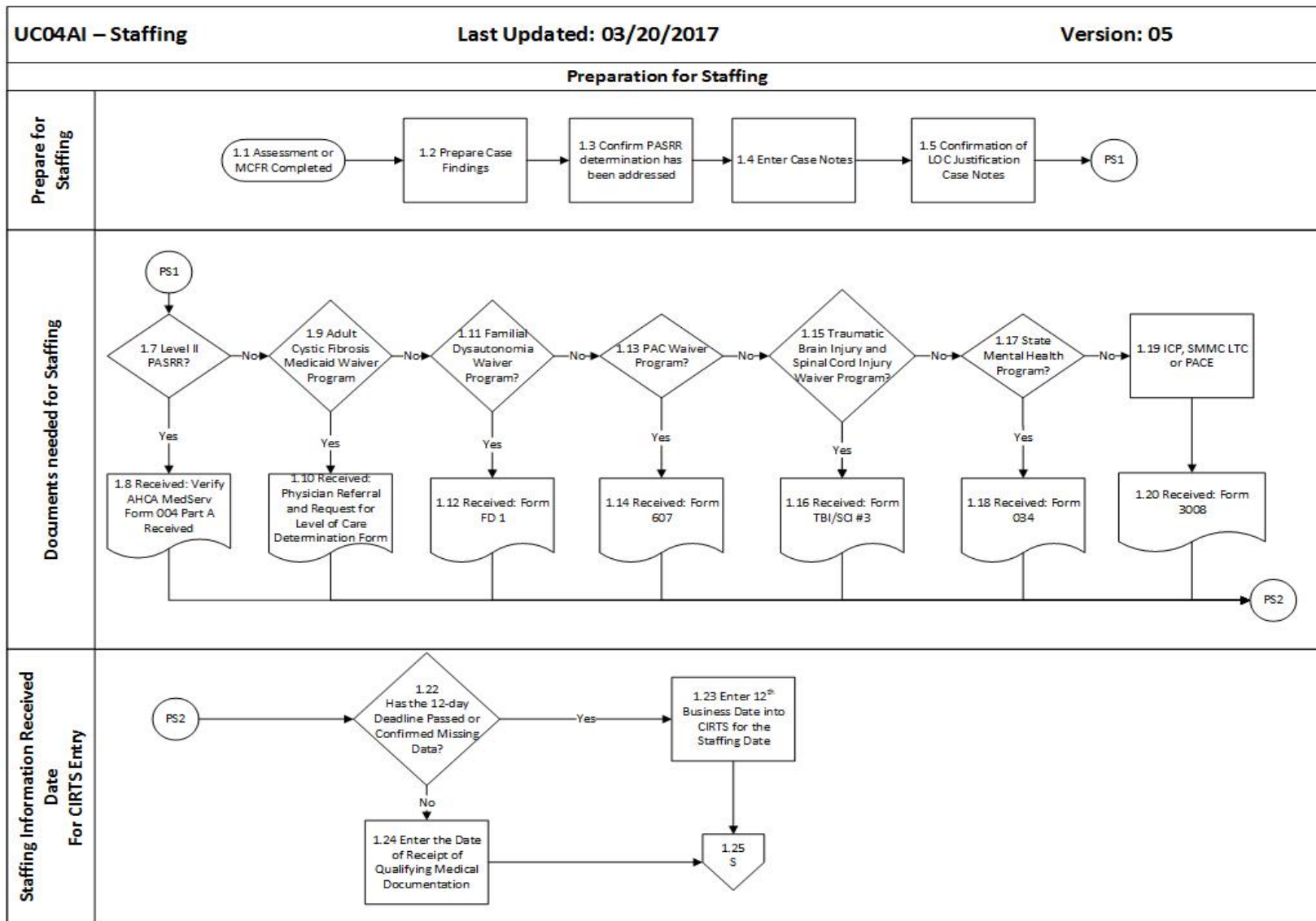
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC03AI – Medical Case File Review Process Step Description</b>	<b>Responsibility</b>
1.17	<b>Decision:</b> Applying for A State Mental Health Program?	<ul style="list-style-type: none"> <li>• If Yes, proceed to step 1.18.</li> <li>•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

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

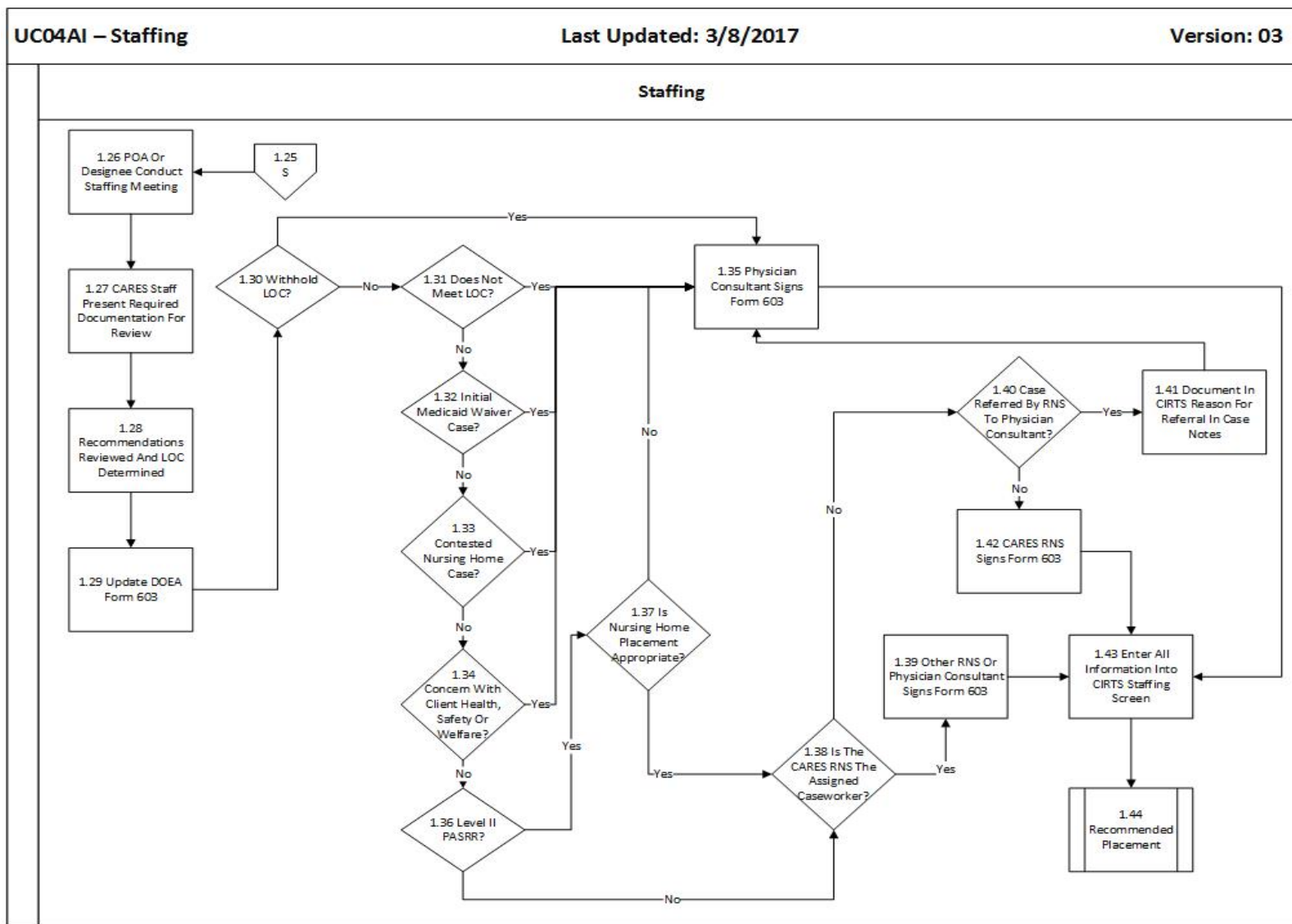
Deliverable 2 CIRT'S Business Process and Definition Document

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





Deliverable 2 CIRT'S Business Process and Definition Document



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

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

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

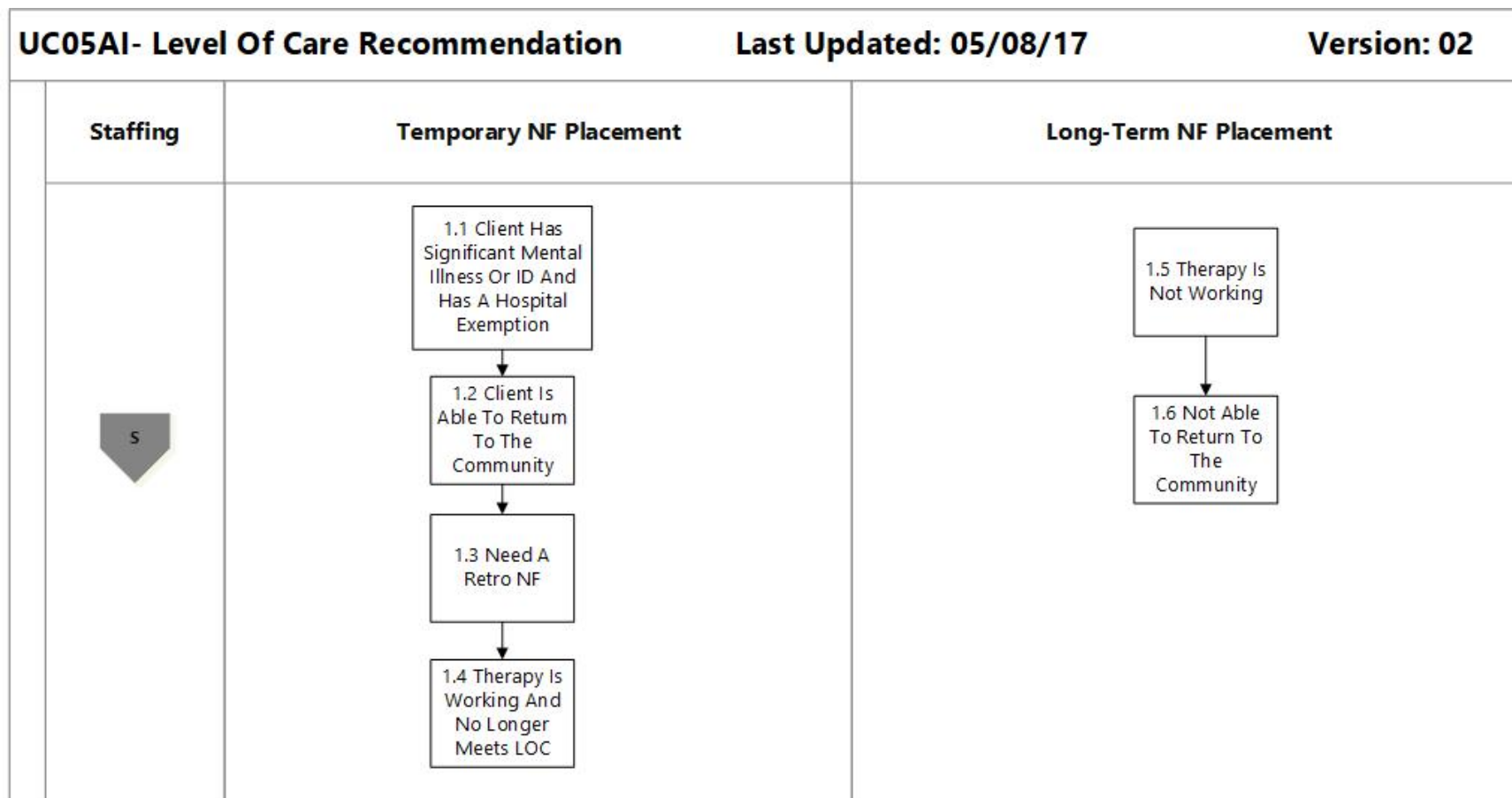
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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC04AI CARES Staffing Process – Level of Care (LOC) Process Step Description</i>	<i>Responsibility</i>
1.43	Enter Information into CIRTTS Staffing Screen	<ul style="list-style-type: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

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3.2.5. UC05AI – CARES Level of Care Recommendation



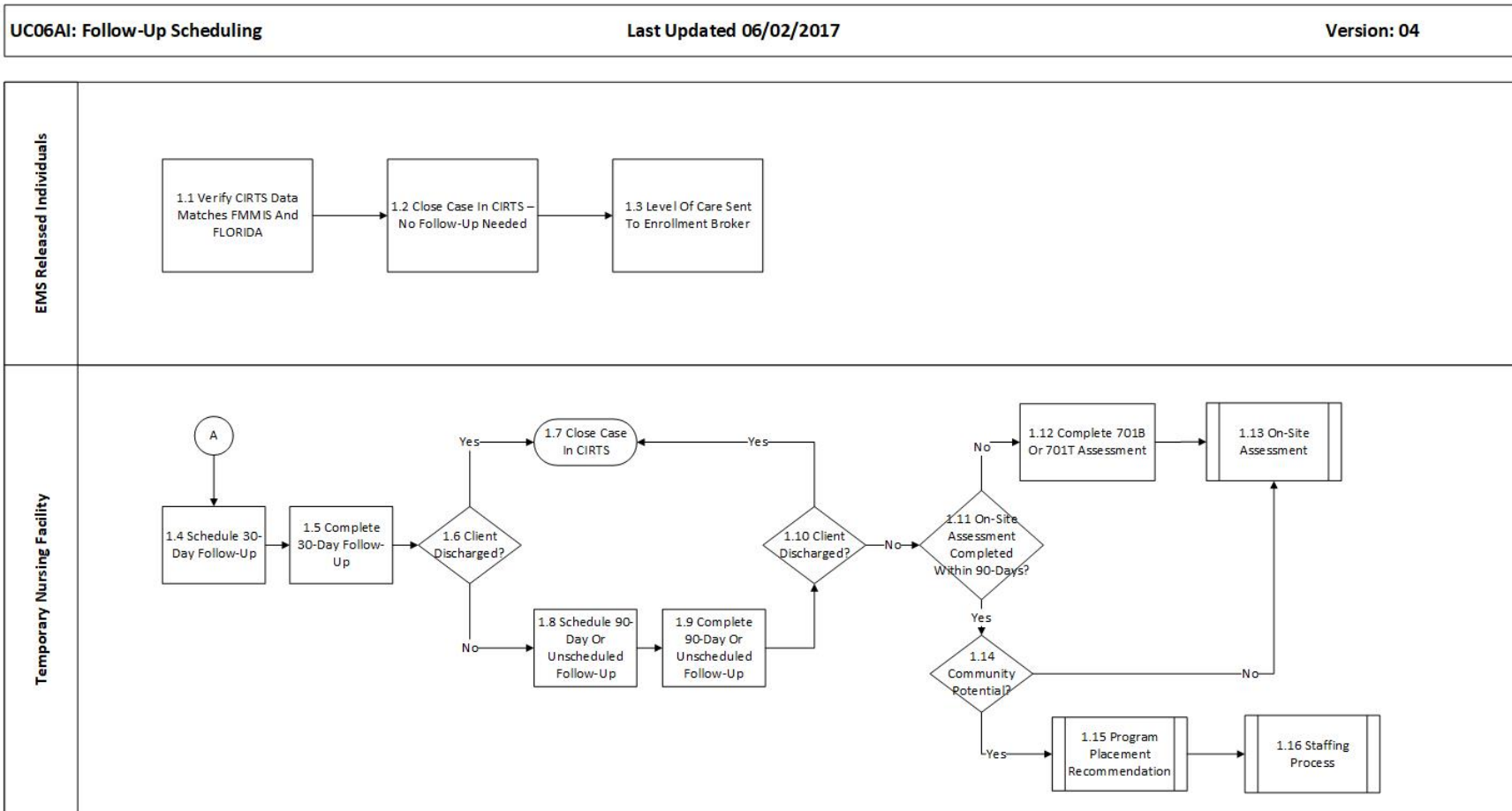


## Deliverable 2 CIRTIS Business Process and Definition Document

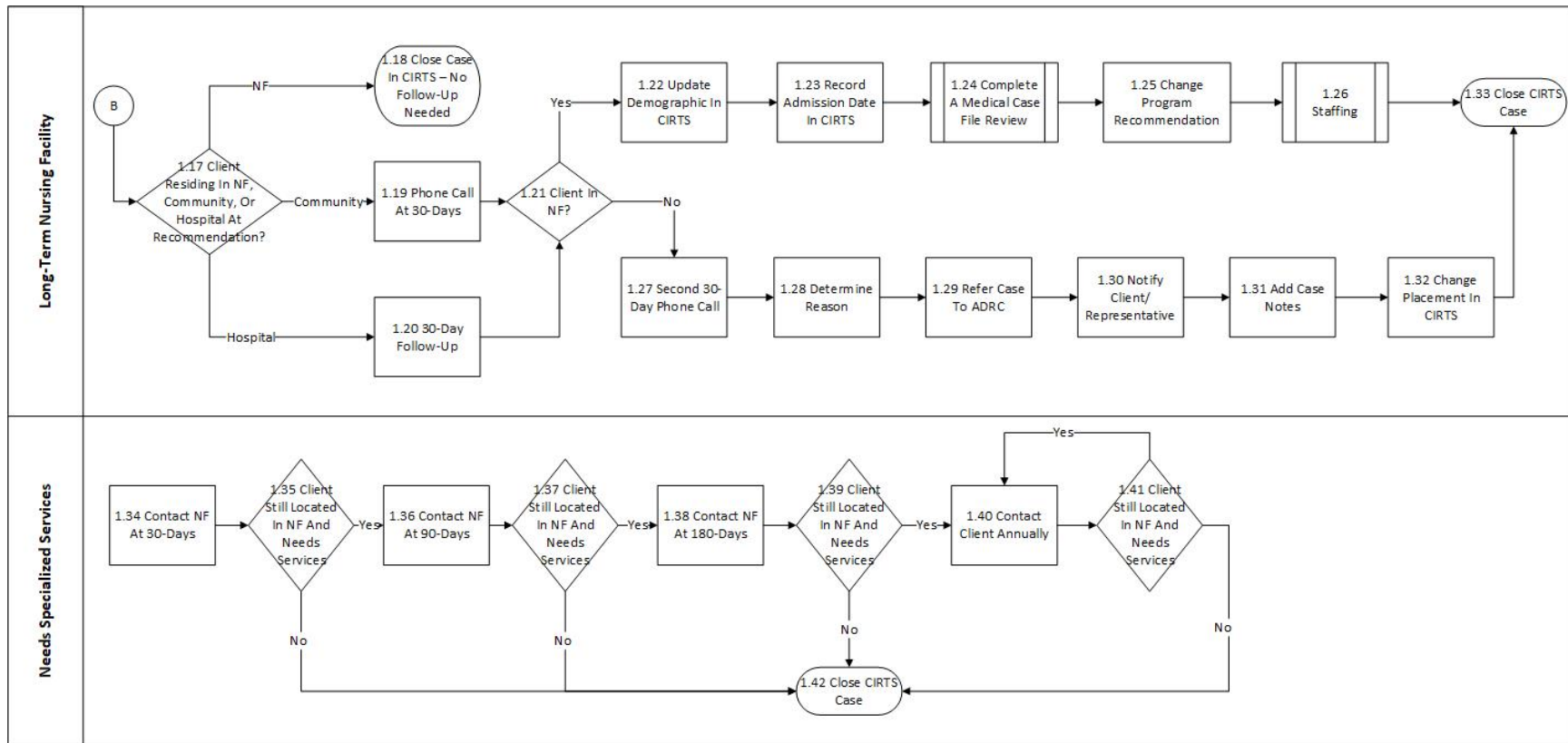
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC05AI – CARES Level of Care Recommendation Process Step Description</b>	<b>Responsibility</b>
	<b>Temporary NF Placement</b>		
1.1	Client Has Serious Mental Illness or ID and Has a Hospital Exemption	<ul style="list-style-type: none">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

Deliverable 2 CIRT Business Process and Definition Document

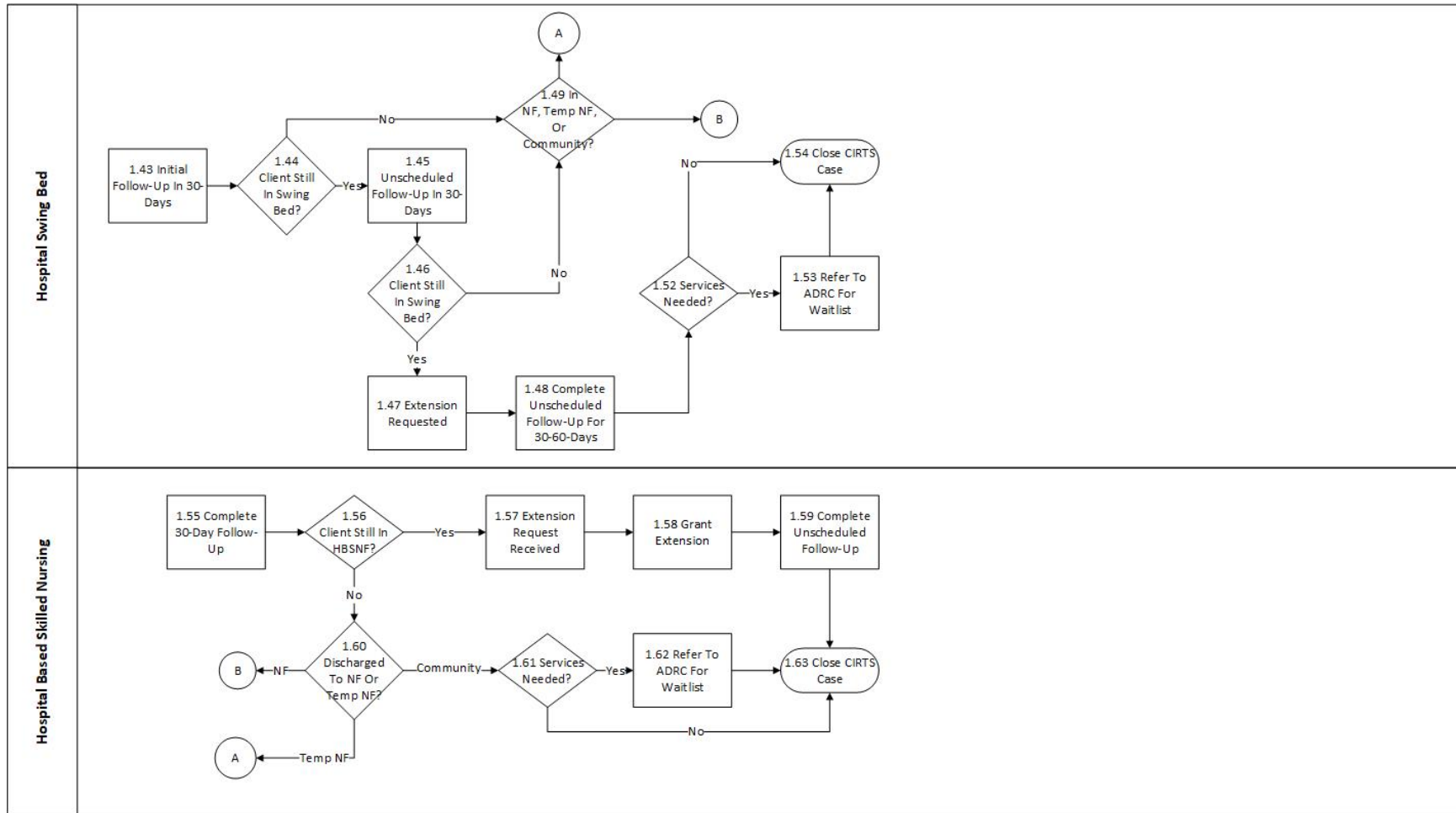
3.2.6. UC06AI – CARES Follow-up Schedule



## Deliverable 2 CIRT Business Process and Definition Document



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



## Deliverable 2 CIRTS Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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



## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTTS Business Process and Definition Document

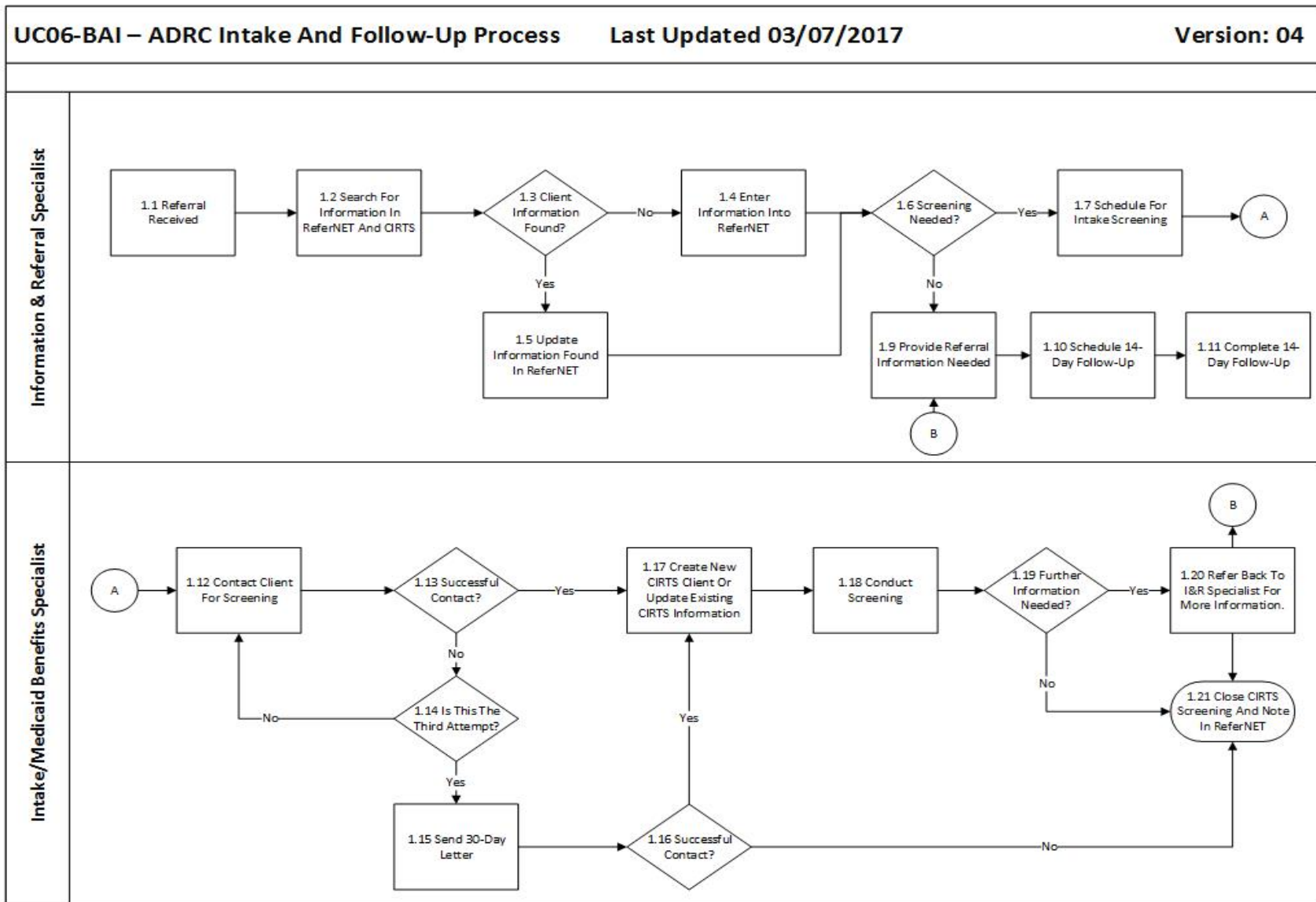
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June 7, 2017

Deliverable 2 CIRTS Business Process and Definition Document

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



## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTTS Business Process and Definition Document

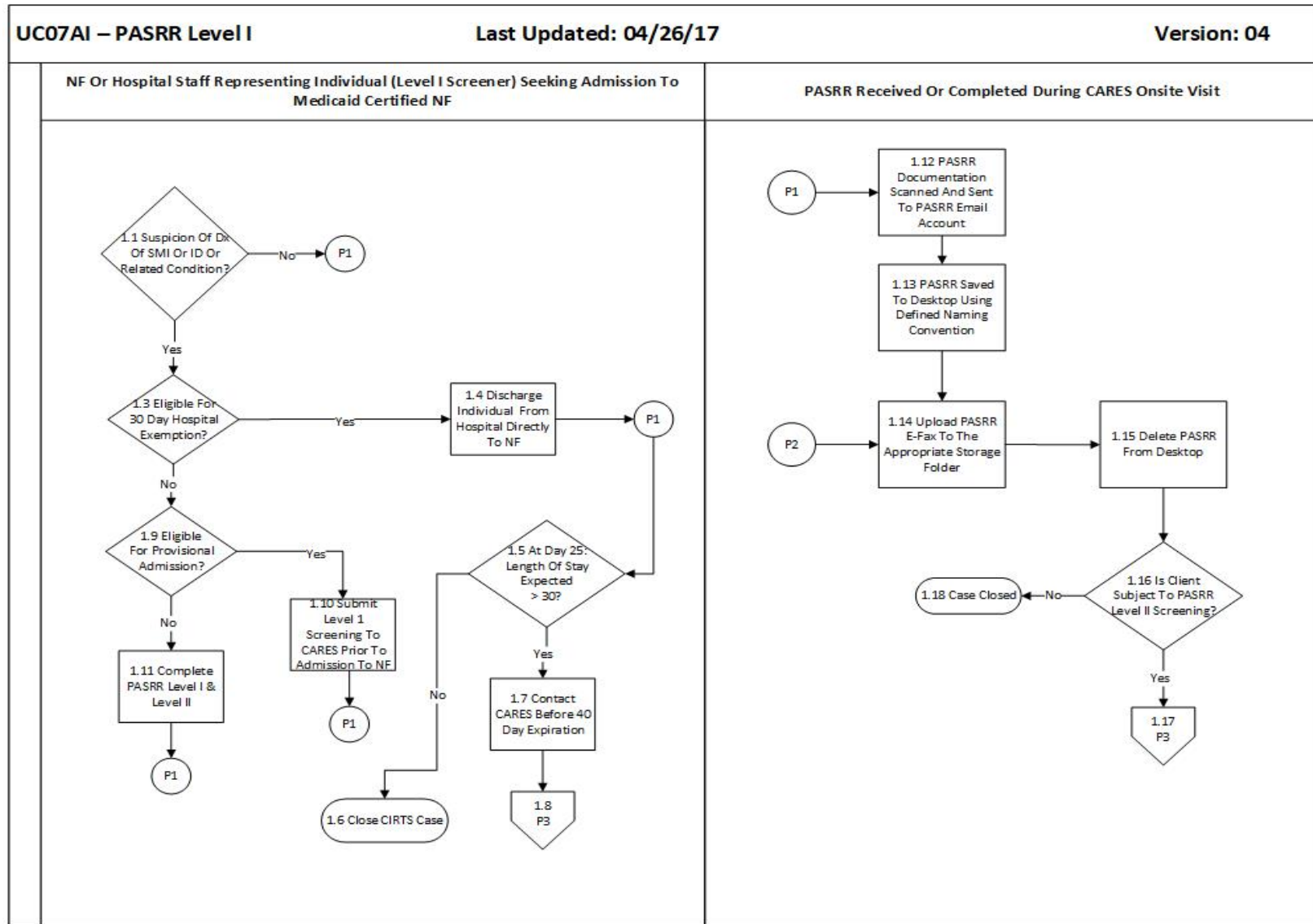
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC06-bAI – ADRC Intake and Follow-up Process Process Step Description</b>	<b>Responsibility</b>
1.10	Schedule 14-Day Follow-Up	<ul style="list-style-type: none"> <li>After referral information, has been provided to a client, a 14-day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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

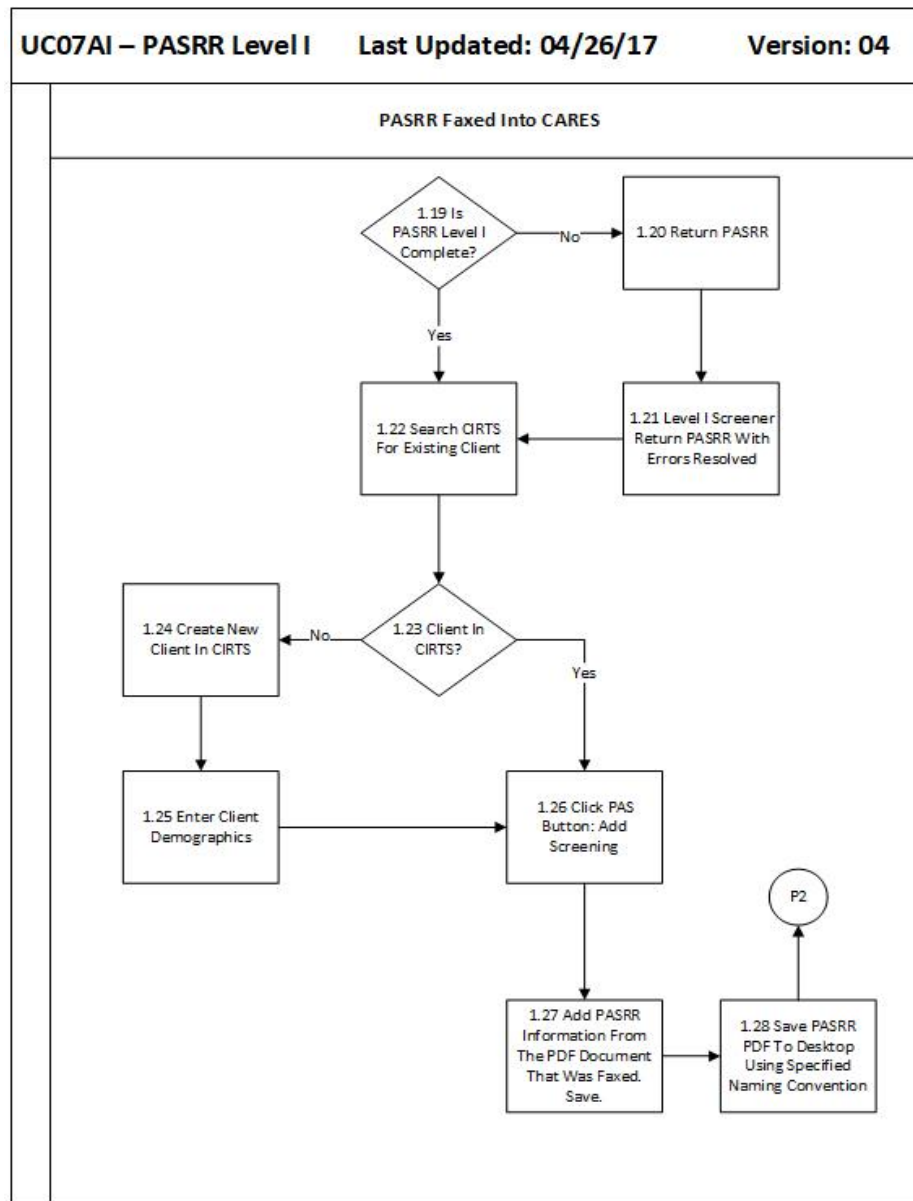
Deliverable 2 CIRTS Business Process and Definition Document

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





Deliverable 2 CIRT Business Process and Definition Document



## Deliverable 2 CIRT Business Process and Definition Document

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

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

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

## Deliverable 2 CIRTS Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

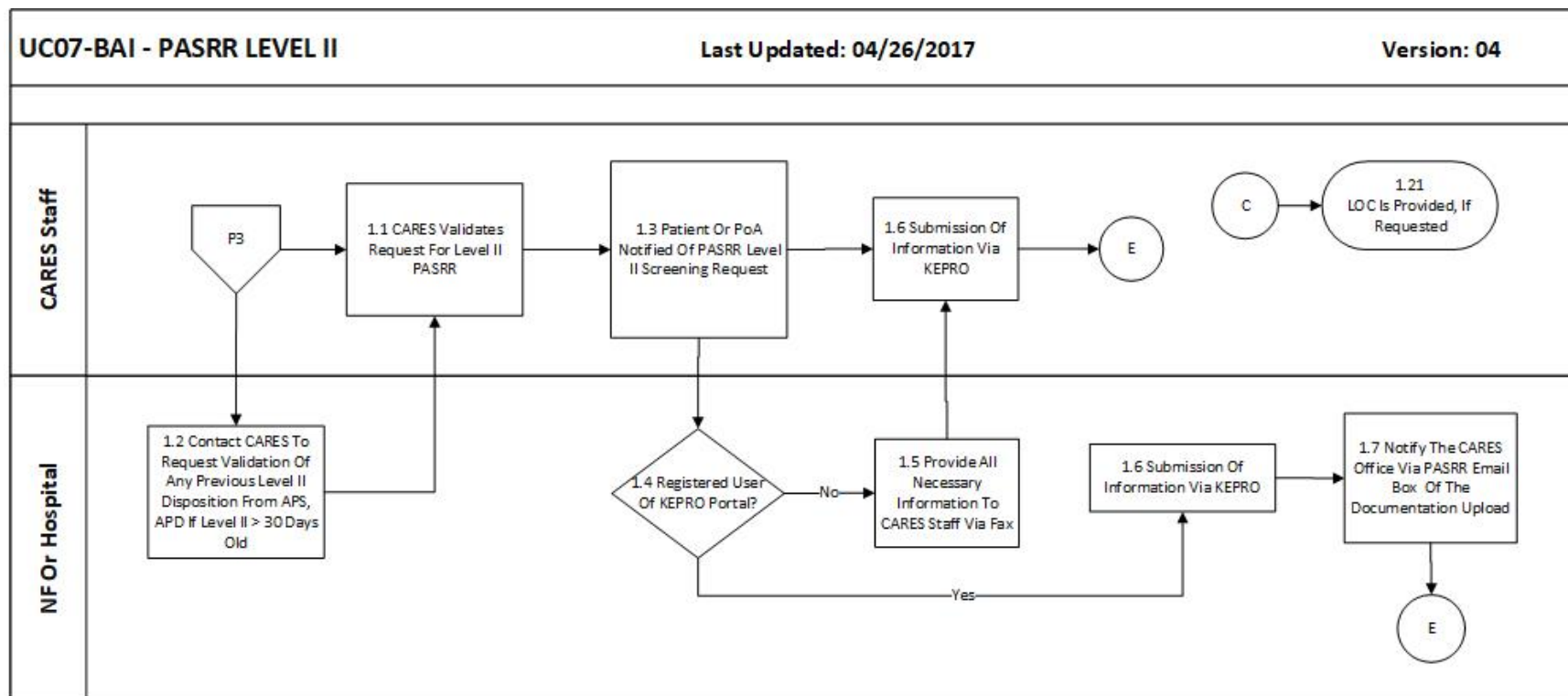
<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC07AI-CARES Pre-Admission Screening and Resident Review (PASRR) - Level 1 Process Step Description</i>	<i>Responsibility</i>
1.17	P3	<ul style="list-style-type: none"> <li>If the client is subject to PASRR Level II screening, they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

## Deliverable 2 CIRT Business Process and Definition Document

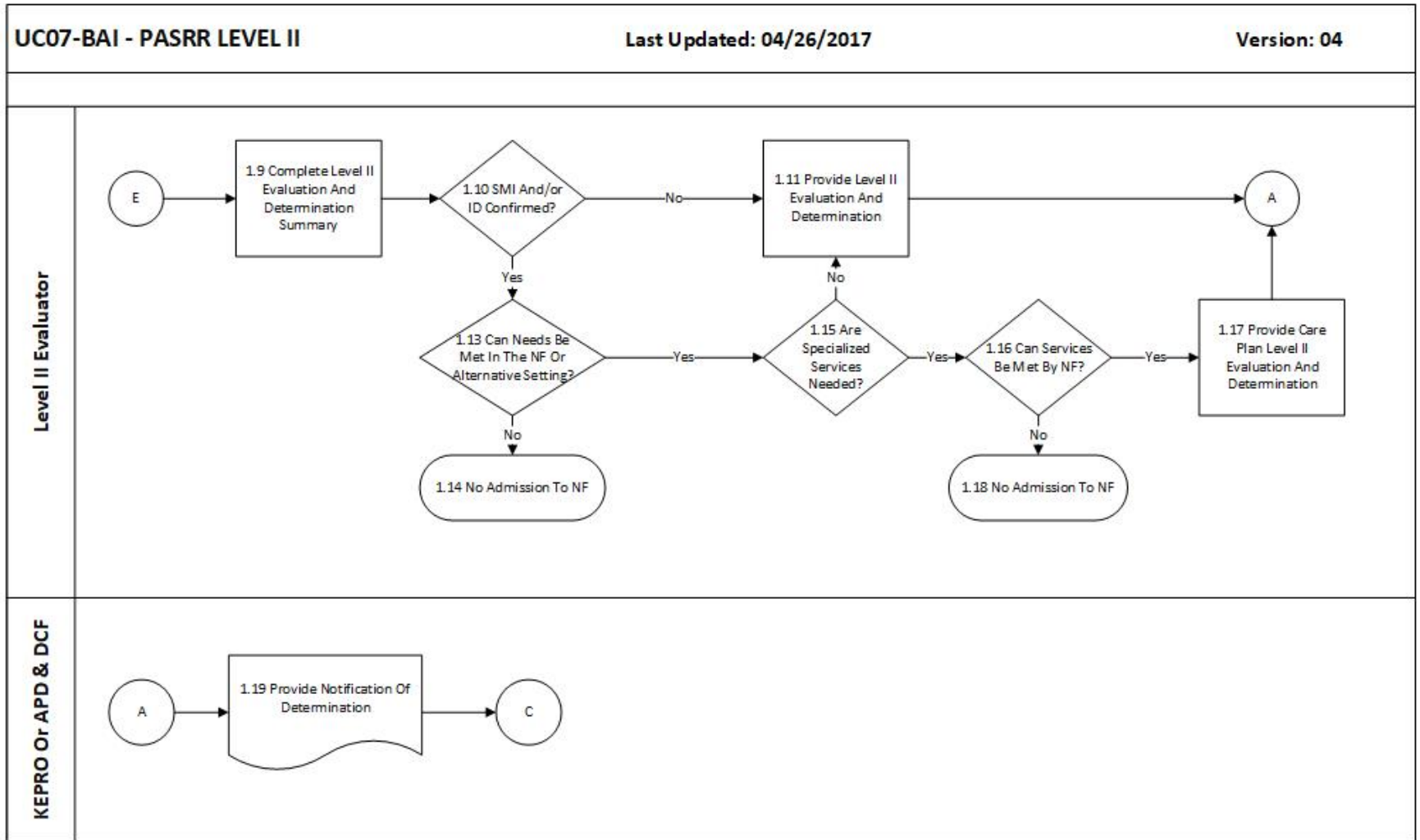
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC07AI-CARES Pre-Admission Screening and Resident Review (PASRR) - Level 1 Process Step Description</b>	<b>Responsibility</b>
		<ul style="list-style-type: none"> <li>○ First Name</li> <li>○ Last Name</li> <li>○ Date of Birth (DOB)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

Deliverable 2 CIRT Business Process and Definition Document

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



Deliverable 2 CIRTS Business Process and Definition Document





## Deliverable 2 CIRTS Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

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

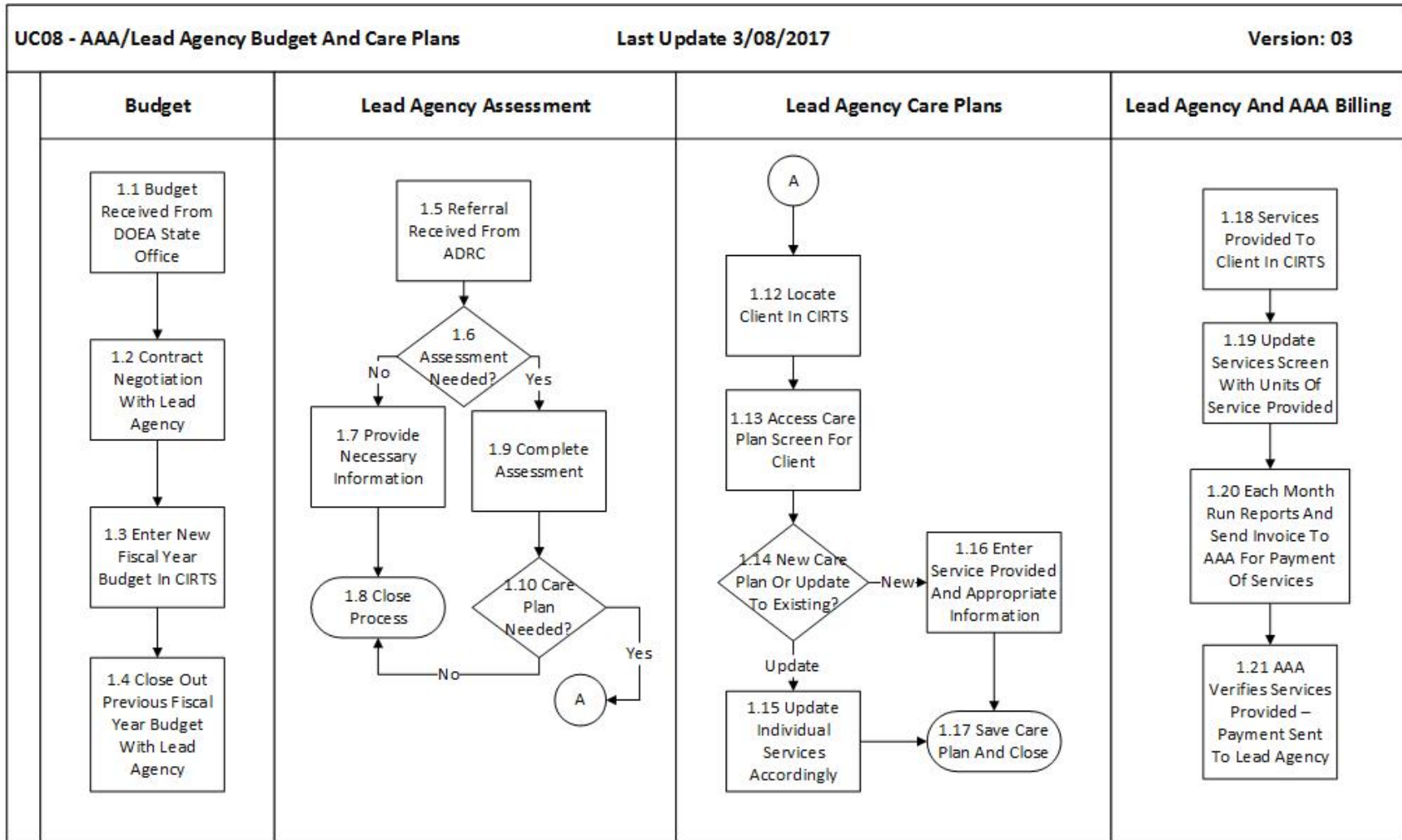
Deliverable 2 CIRTTS Business Process and Definition Document

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

Deliverable 2 CIRT Business Process and Definition Document

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



## Deliverable 2 CIRTS Business Process and Definition Document

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

## Deliverable 2 CIRTTS Business Process and Definition Document

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

## Deliverable 2 CIRTBS Business Process and Definition Document

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



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 Deliverable 2 CIRTS Business Process and Definition Document
 

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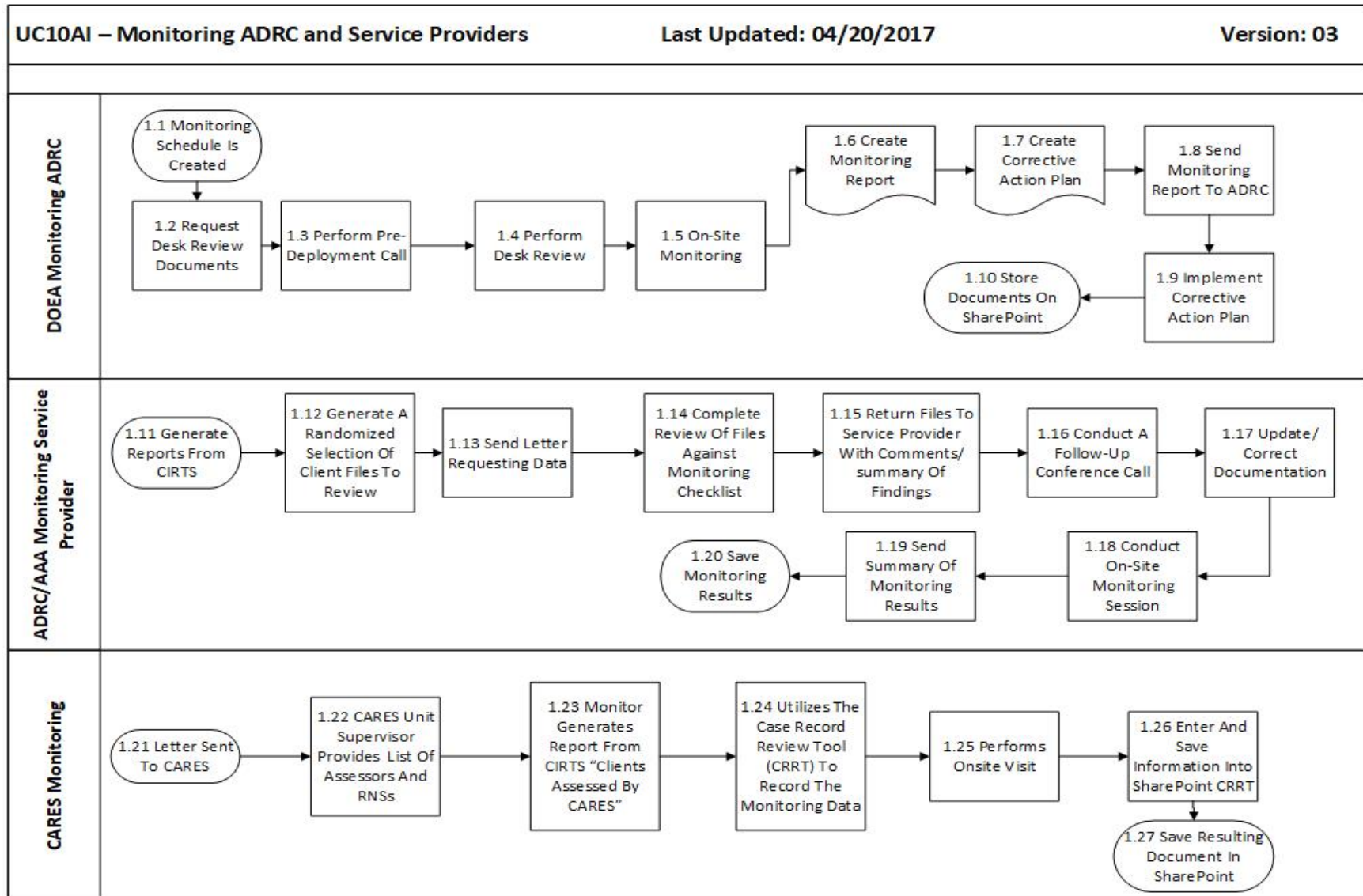
<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table –UC08AI - ADRC/Lead Agency Budget and Care Plans Process Step Description</i>	<i>Responsibility</i>
1.21	AAA Verifies Services Provided – Payment Sent to Lead Agency	<ul style="list-style-type: none"> <li>• The ADRC will validate information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

### **3.2.11. UC09AI – Grievance Handling**

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

Deliverable 2 CIRT Business Process and Definition Document

3.2.12. UC10AI – Monitoring CARES, ADRC and Lead Agencies



## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRT5 Business Process and Definition Document

<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC10AI - Monitoring CARES, ADRC and Lead Agencies Process Step Description</b>	<b>Responsibility</b>
1.12	Generate A Randomized Selection of Client Files to Review	<ul style="list-style-type: none"> <li>• A selection of client files to review is generated from CIRT5 for the monitoring process.</li> <li>• The selection size of files is around 10 percent sample of the number of clients served by the Lead Agency.</li> </ul>	ADRC Monitor
1.13	Send Letter Requesting Data	<ul style="list-style-type: none"> <li>• A letter is mailed or emailed to the service provider requesting paper copies of documentation needed to perform a review.</li> <li>• If the file(s) is too large, arrangements are made to review the file(s) onsite during the monitor's visit.</li> <li>• Included in the monitoring files are client files of at least 2 years of data.</li> <li>• Included in the requested monitoring files are the most current training and complaint logs as well as licensing.</li> <li>• Included in the monitoring files is documentation verifying the services entered into CIRT5 are being provided by the service provider.</li> </ul>	ADRC Monitor
1.14	Complete Review of Files Against Monitoring Checklist	<ul style="list-style-type: none"> <li>• A review of the files is conducted per the monitoring checklist the ADRC has developed.</li> </ul>	ADRC Monitor
1.15	Return Files to Service Provider with Comments and Summary of Findings	<ul style="list-style-type: none"> <li>• Files are returned to the service provider with any comments and a summary of findings.</li> <li>• In general, the files are returned within 1-2 weeks of receipt.</li> </ul>	ADRC Monitor
1.16	Conduct A Follow-Up Conference Call	<ul style="list-style-type: none"> <li>• Once the desk review has been completed and comments/summary have been returned to the service provider, a follow-up conference call is conducted to review the results with the service provider.</li> </ul>	ADRC Monitor
1.17	Update/Correct Documentation	<ul style="list-style-type: none"> <li>• The service provider is tasked with making any updates to the data within CIRT5 and/or corrections within 2 weeks of the communicated feedback.</li> </ul>	Service Provider
1.18	Conduct On-Site Monitoring Session	<ul style="list-style-type: none"> <li>• An on-site monitoring session is conducted.</li> </ul>	ADRC Monitor

## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

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

**3.2.13. UC11AI – Emergency Preparedness**

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

Deliverable 2 CIRTTS Business Process and Definition Document

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

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

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

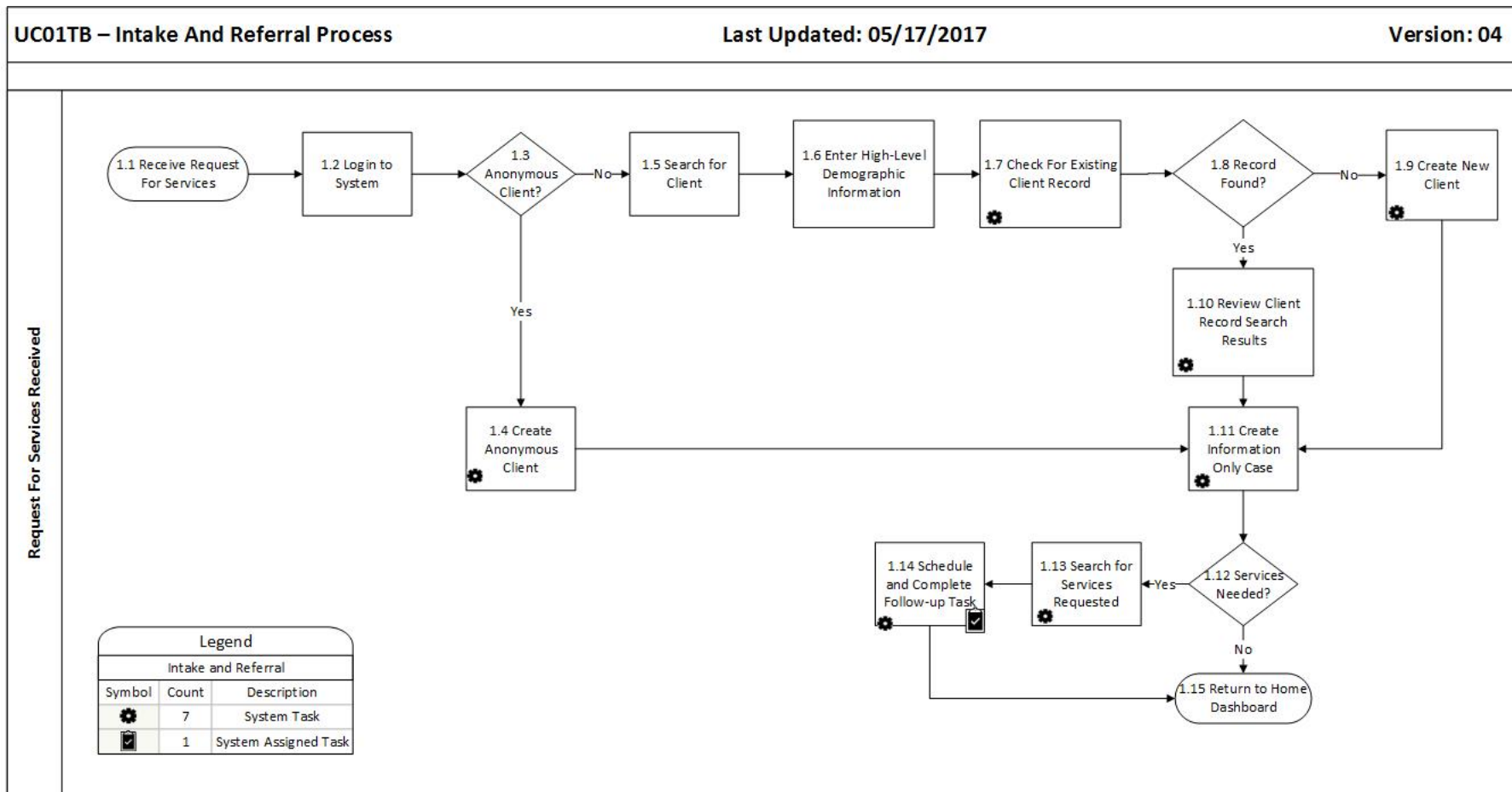
**Table 3.3 – To-Be Process Flows**



Deliverable 2 CIRTS Business Process and Definition Document

3.4. To-Be (TB) Process Flows

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



## Deliverable 2 CIRTTS Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

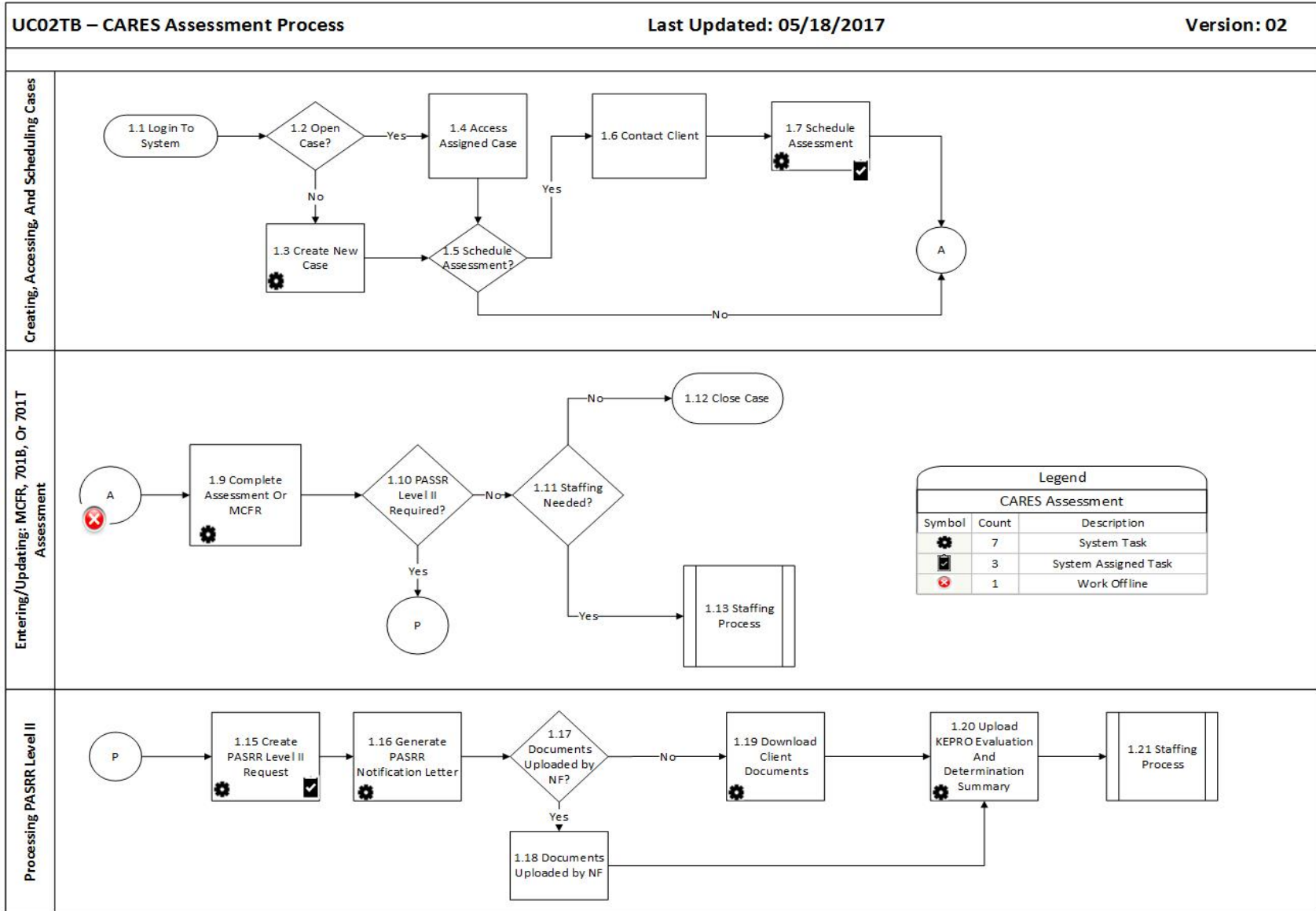
Deliverable 2 CIRTIS Business Process and Definition Document

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

Deliverable 2 CIRT'S Business Process and Definition Document

3.4.2. UC02TB – CARES Assessment Process



## Deliverable 2 CIRT Business Process and Definition Document

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



## Deliverable 2 CIRT Business Process and Definition Document

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

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

## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

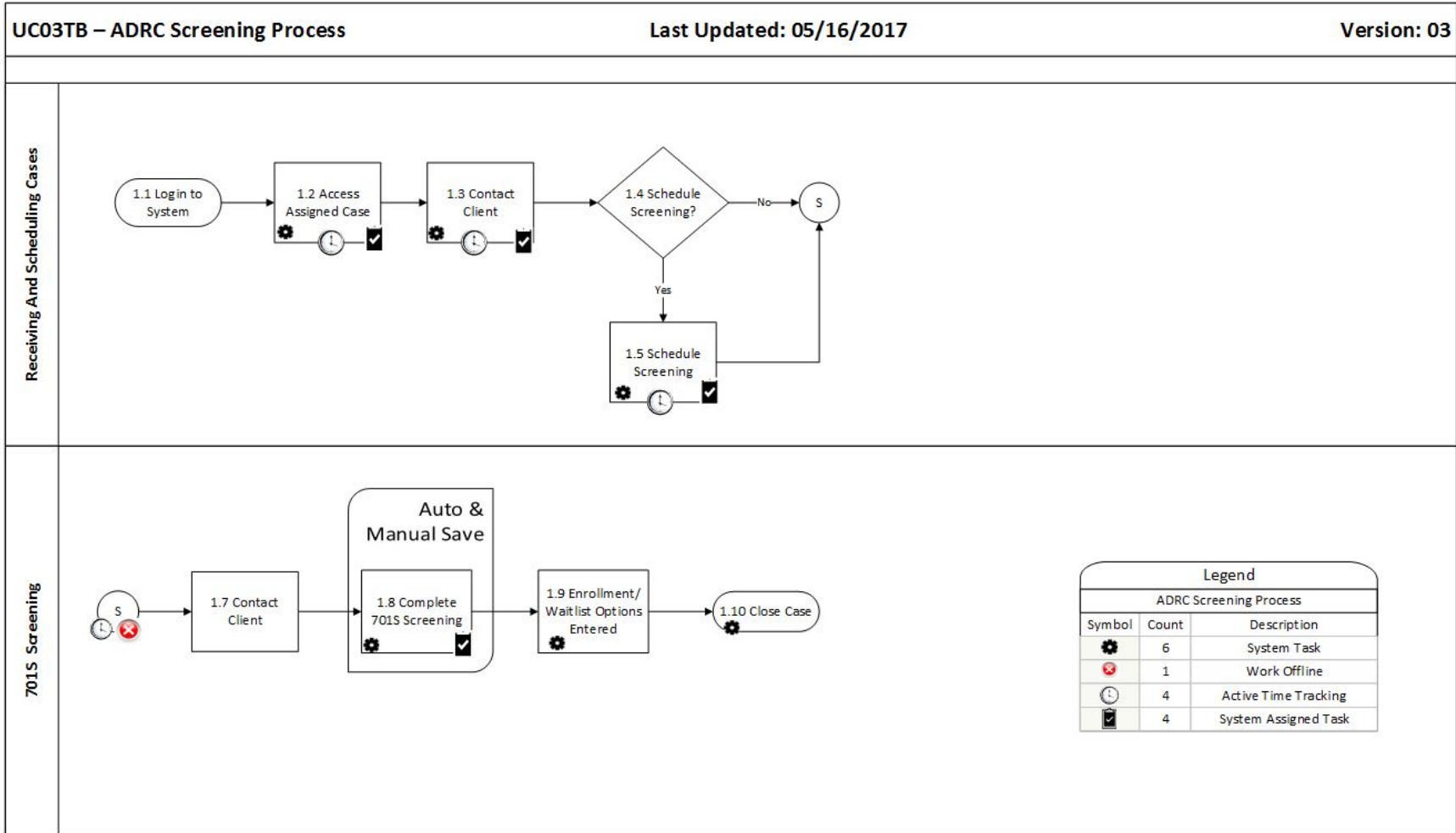
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC02TB – CARES Assessment Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
1.15	Create PASRR Level II Request	<ul style="list-style-type: none"> <li>The user selects <i>Create PASRR Level II Request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

## Deliverable 2 CIRT5 Business Process and Definition Document

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

Deliverable 2 CIRT5 Business Process and Definition Document

3.4.3. UC03TB – ADRC Screening Process



## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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



## Deliverable 2 CIRTIS Business Process and Definition Document

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

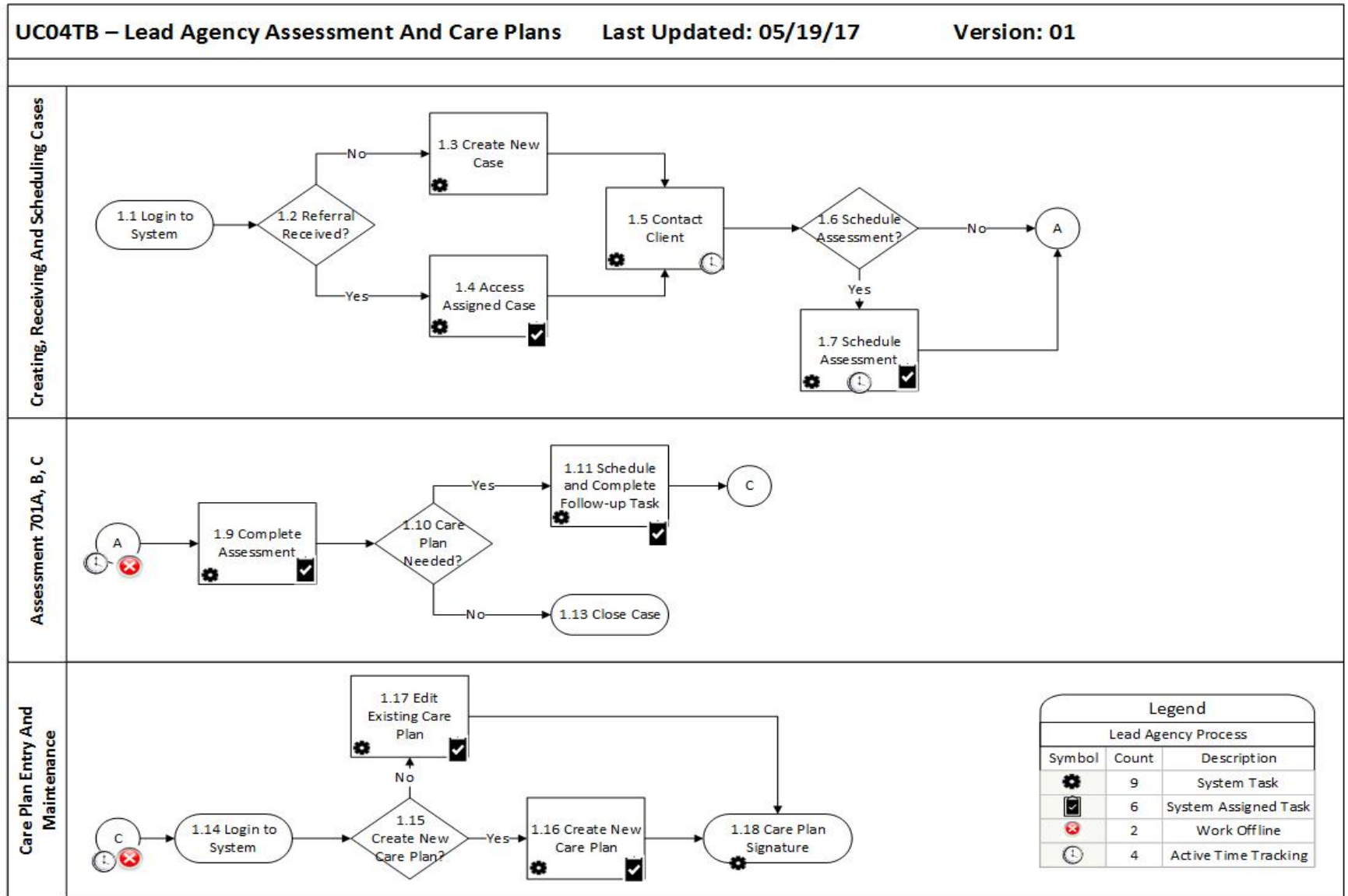
Deliverable 2 CIRTTS Business Process and Definition Document

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<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC03TB – ADRC Screening Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implication</i>
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Deliverable 2 CIRTS Business Process and Definition Document

3.4.4. UC04TB – Lead Agency Assessment and Care Plan Process



## Deliverable 2 CIRTS Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

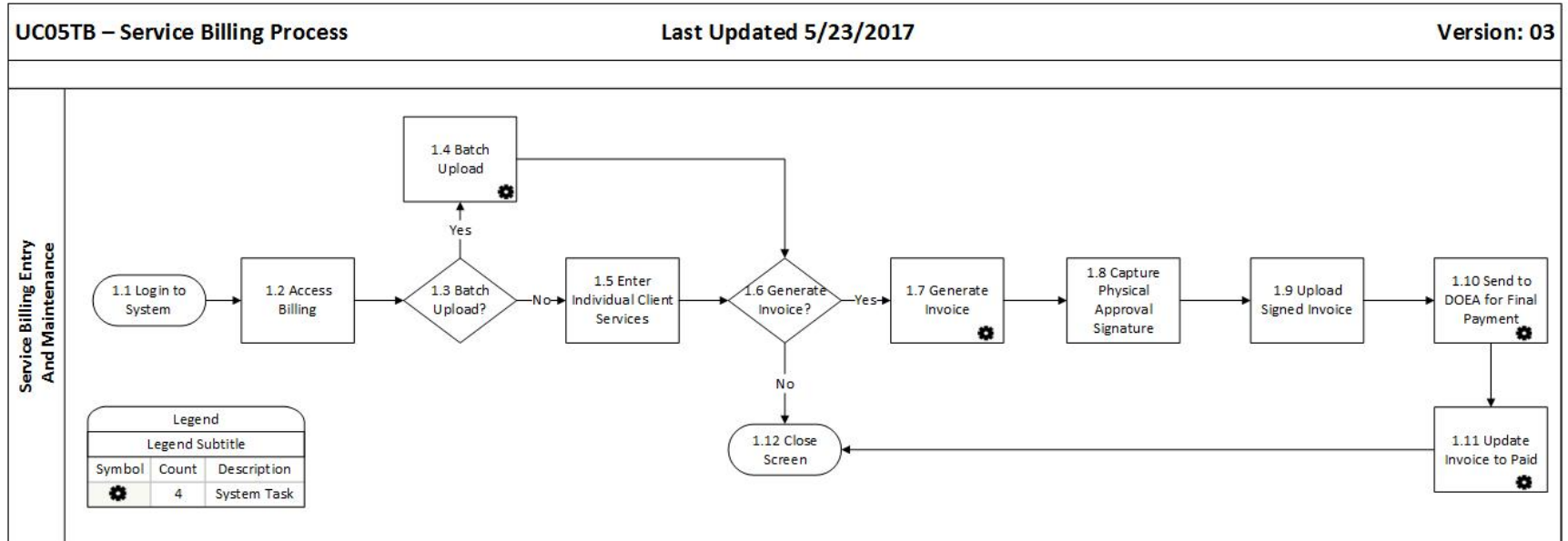
## Deliverable 2 CIRTIS Business Process and Definition Document

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



Deliverable 2 CIRTIS Business Process and Definition Document

3.4.5. UC05TB –Service Billing Process



## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

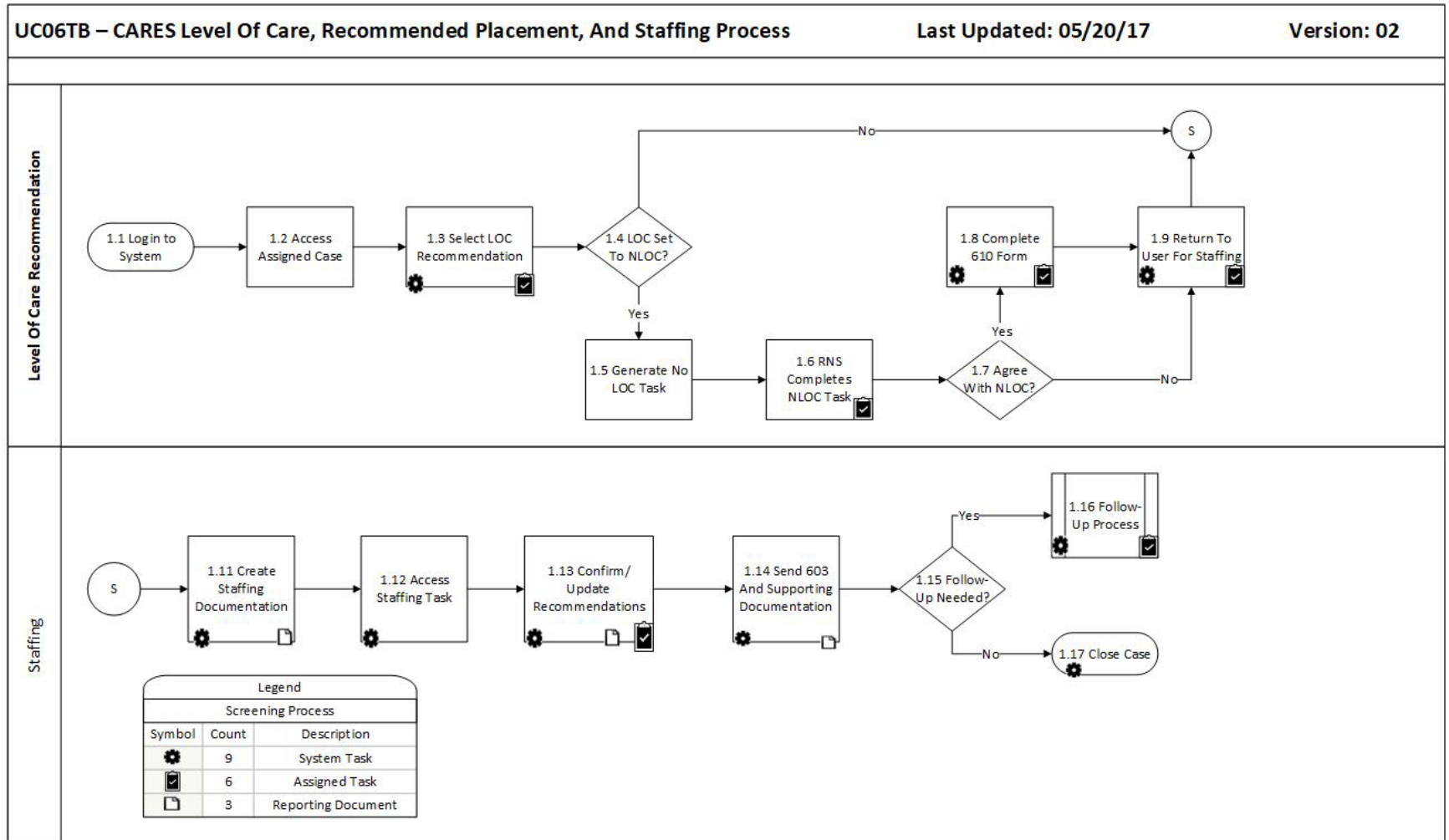
<i>Process Step #</i>	<i>Process Step</i>	<i>UC05TB – Service Billing Process Process Step Description</i>	<i>Responsibility</i>	<i>Change Implications</i>
		<ul style="list-style-type: none"> <li>The system assigns a unique invoice identifier, updates each service status to Invoiced, generates an Invoice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

## Deliverable 2 CIRTTS Business Process and Definition Document

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

Deliverable 2 CIRTS Business Process and Definition Document

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



## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

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



## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

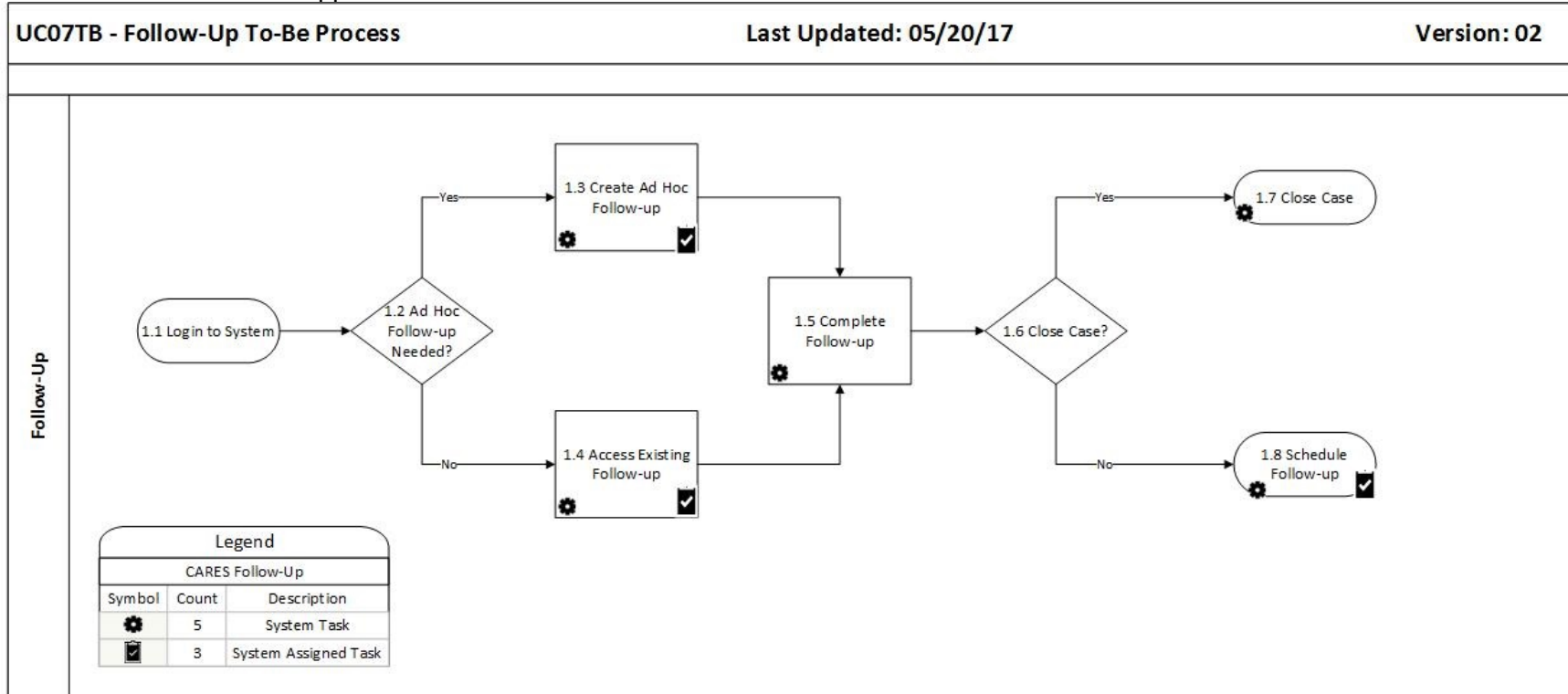
## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRTS Business Process and Definition Document

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

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



## Deliverable 2 CIRT Business Process and Definition Document

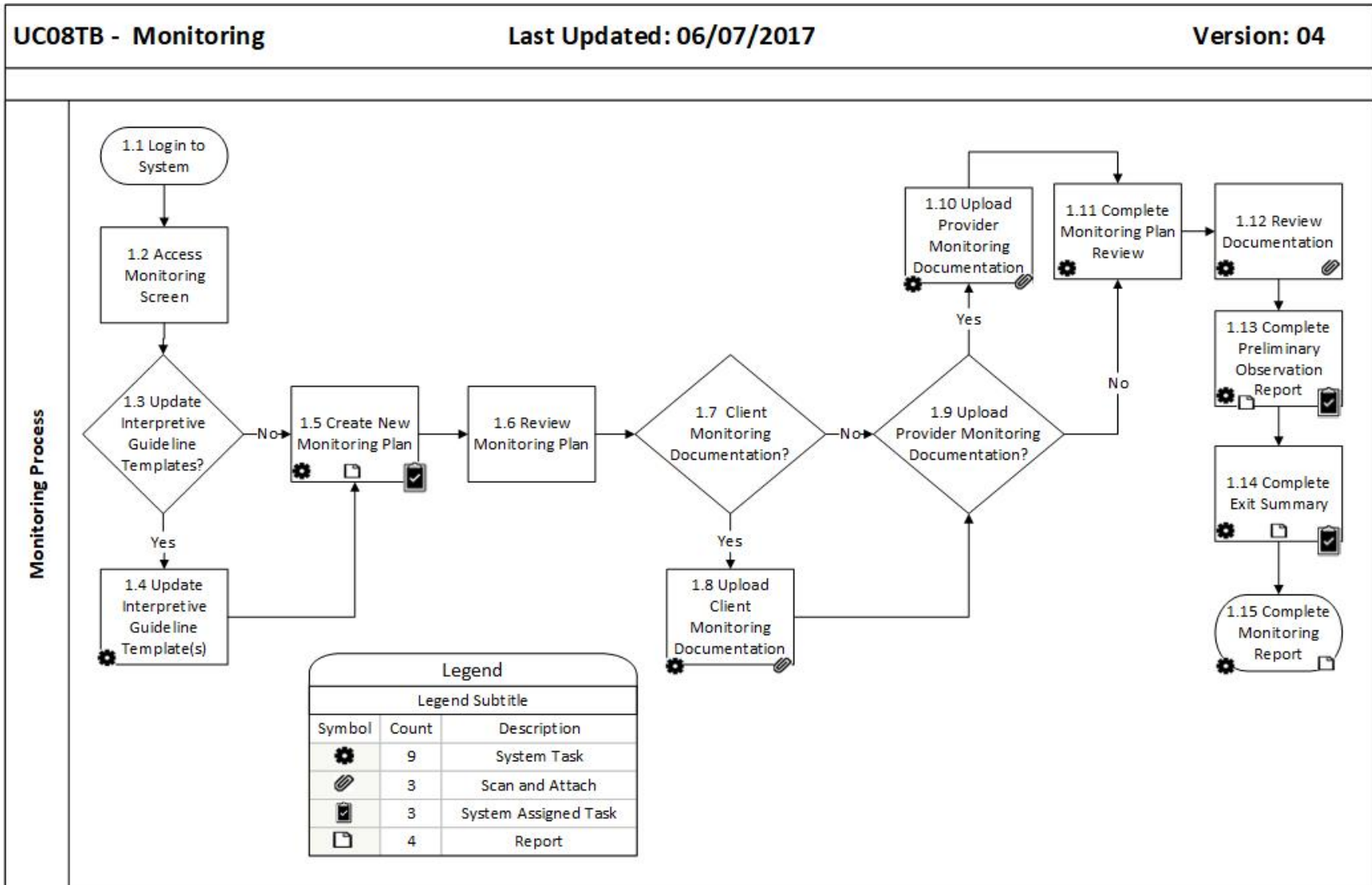
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC07TB – CARES Follow-up Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
	<b>Follow-up</b>	After staffing has occurred, CARES staff is required to follow and update the case status at various intervals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

## Deliverable 2 CIRT Business Process and Definition Document

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

Deliverable 2 CIRTS Business Process and Definition Document

3.4.8. UC08TB – Monitoring Process



## Deliverable 2 CIRT Business Process and Definition Document

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



## Deliverable 2 CIRT5 Business Process and Definition Document

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

## Deliverable 2 CIRT5 Business Process and Definition Document

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

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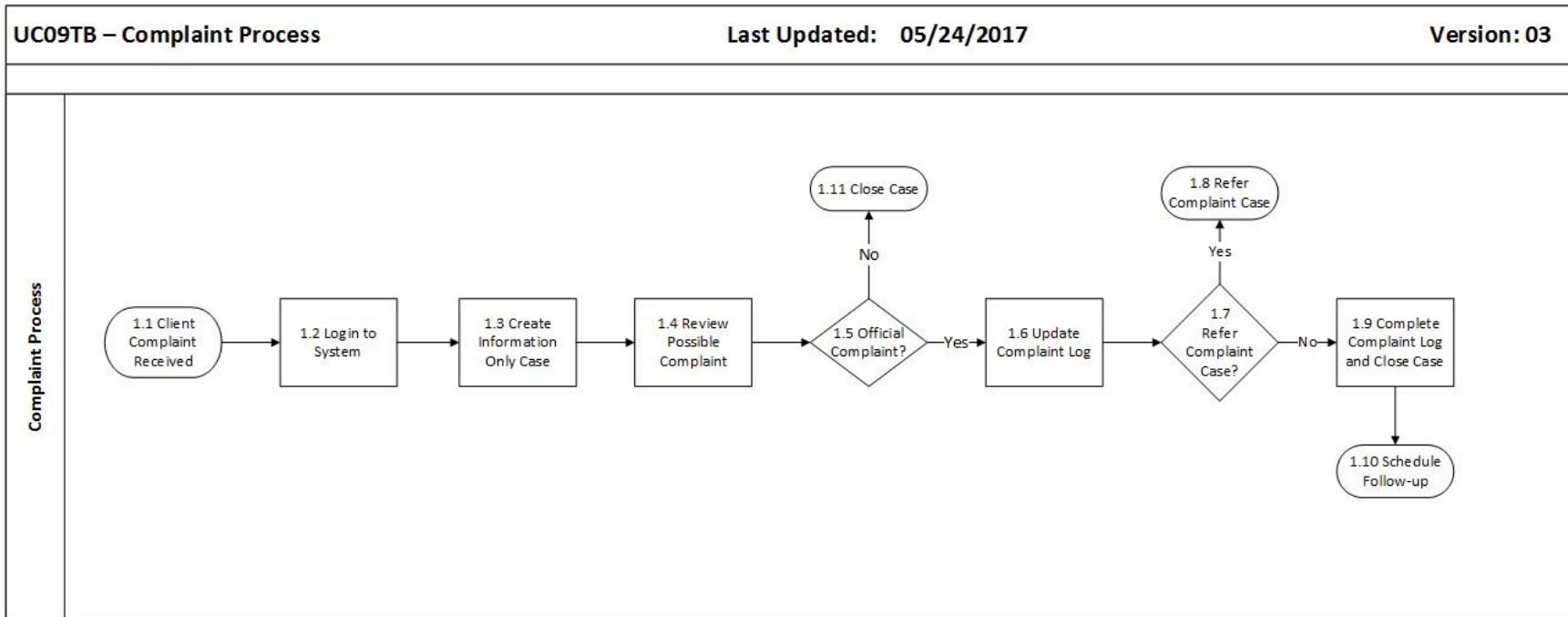
<b>Process Step #</b>	<b>Process Step</b>	<b>Process Summary Table – UC08TB - Monitoring Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implication</b>
		<ul style="list-style-type: none"> <li>○ The Monitor selects the Monitoring Recipient(s) from the drop-down list and selects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

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

Deliverable 2 CIRT Business Process and Definition Document

3.4.9. UC09TB – Complaint Process



## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

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

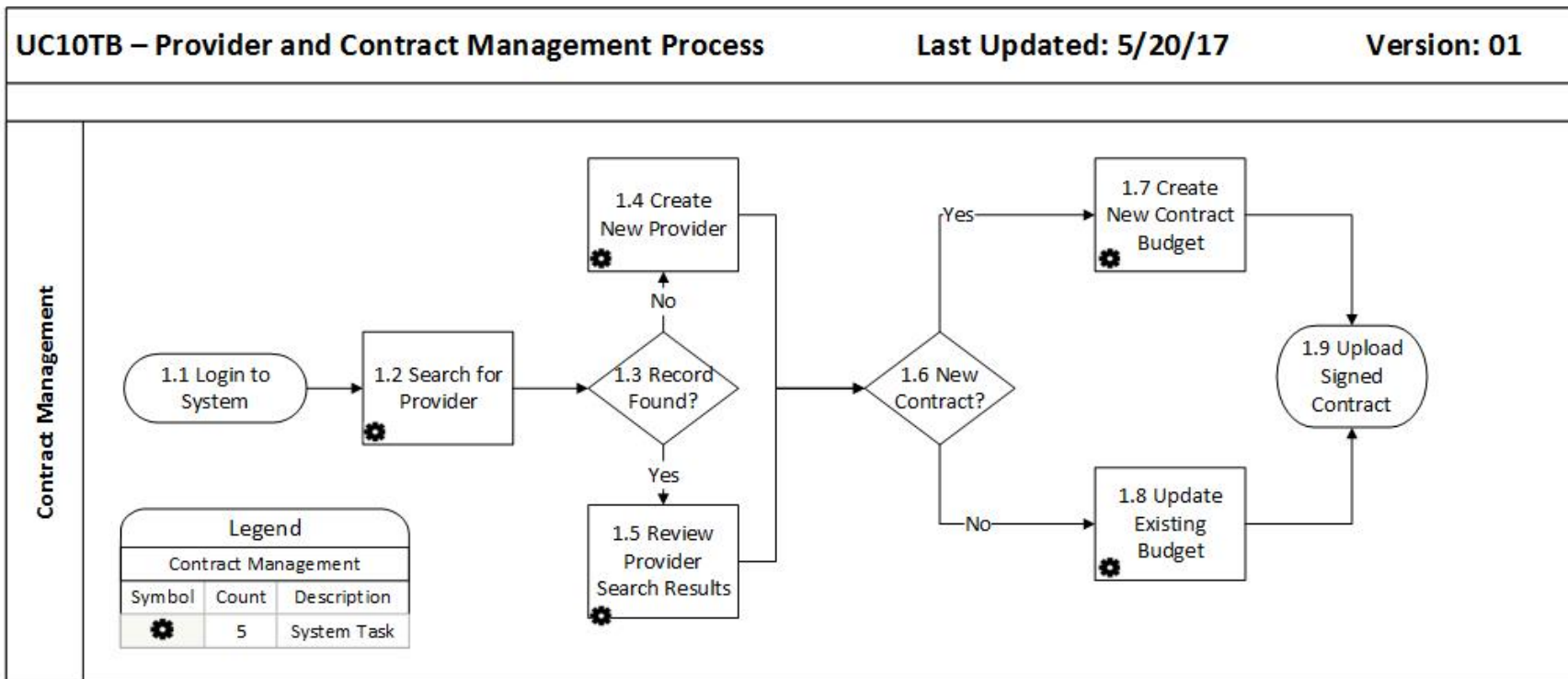
## Deliverable 2 CIRT Business Process and Definition Document

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



Deliverable 2 CIRT5 Business Process and Definition Document

3.4.10. UC10TB – Provider and Contract Management Process



## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTTS Business Process and Definition Document

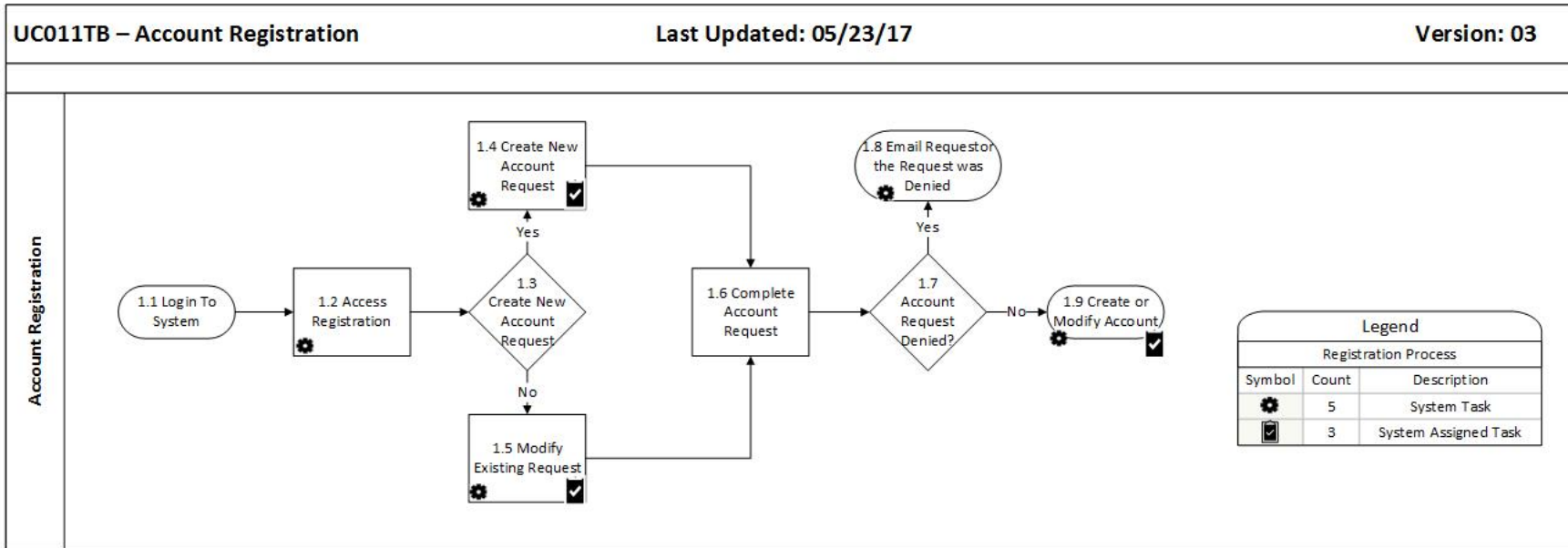
<b>Process Step #</b>	<b>Process Step</b>	<b>UC010TB –Contract Management Process Process Step Description</b>	<b>Responsibility</b>	<b>Change Implications</b>
		<ul style="list-style-type: none"> <li>• If the user selects <i>Yes</i>, data from previous year's Contract Budget is populated into the current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

## Deliverable 2 CIRTTS Business Process and Definition Document

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

Deliverable 2 CIRTIS Business Process and Definition Document

3.4.11. UC11TB – Account Registration Process



## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

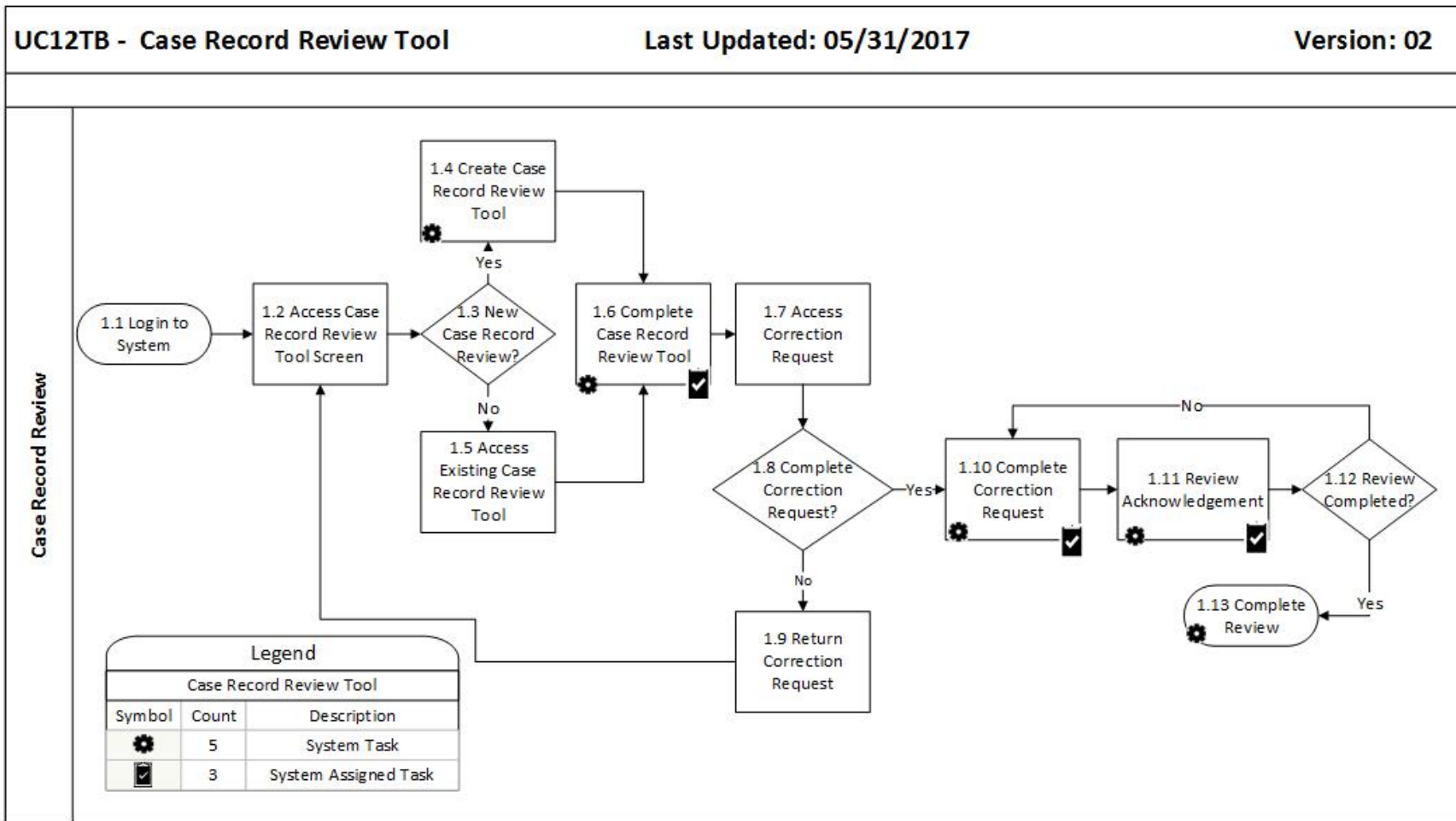
## Deliverable 2 CIRT5 Business Process and Definition Document

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



Deliverable 2 CIRTS Business Process and Definition Document

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



## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRT Business Process and Definition Document

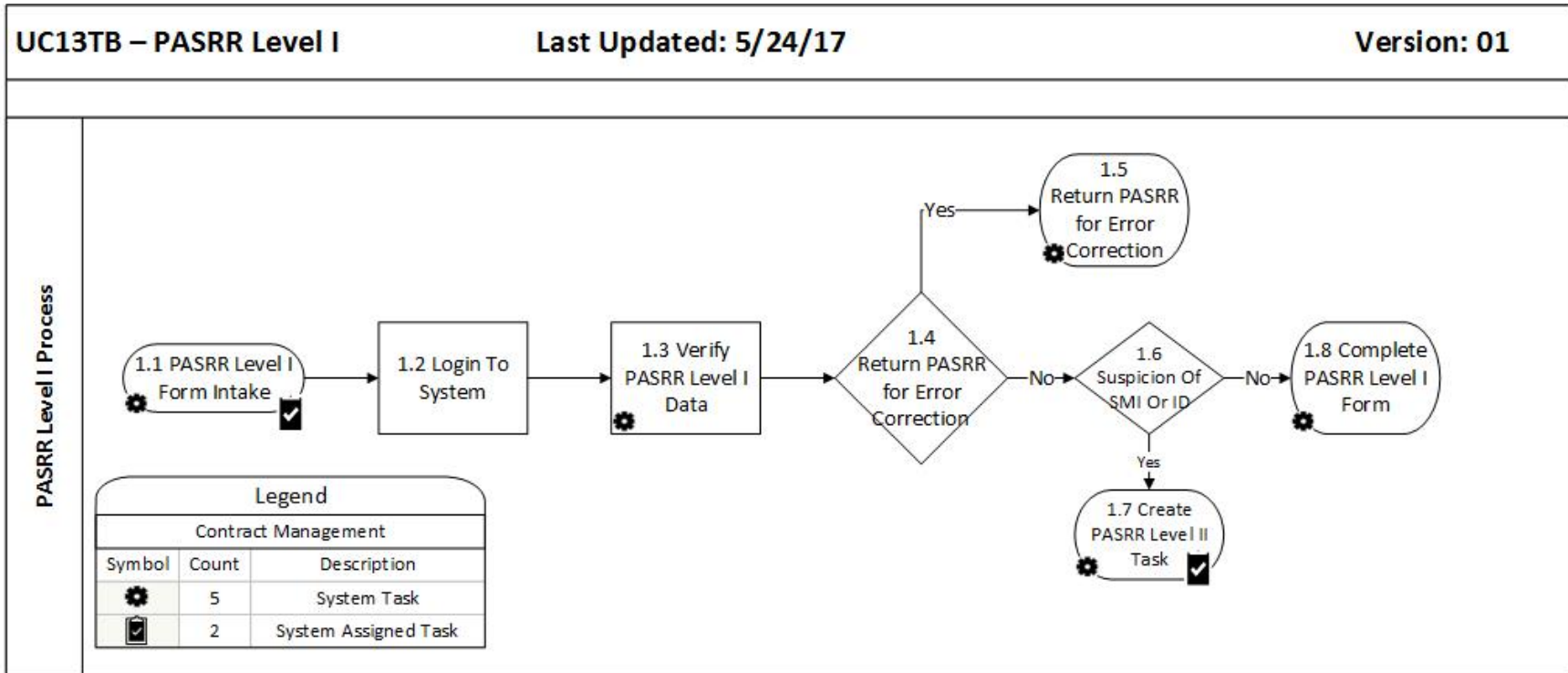
<i>Process Step #</i>	<i>Process Step</i>	<i>Process Summary Table – UC12TB – Case Record Review Tool Process Step Description</i>	<i>Responsibility</i>	<i>Change Implication</i>
		<ul style="list-style-type: none"> <li>The user selects <i>Sign Review</i> and the system displays a box for electronic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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

Deliverable 2 CIRT'S Business Process and Definition Document

3.4.13. UC13TB – PASRR Level I Process



## Deliverable 2 CIRT Business Process and Definition Document

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

## Deliverable 2 CIRTIS Business Process and Definition Document

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

## Deliverable 2 CIRTS Business Process and Definition Document

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

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

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



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

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

## Deliverable 2 CIRT Business Process and Definition Document

## Appendix B – Follow-up Schedule

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

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

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

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

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

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

## Deliverable 2 CIRT Business Process and Definition Document

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

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

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

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

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

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



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

## Signature and Acceptance Page

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Deliverable 2 CIRTTS Business Process and Definition Document

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## Signature and Acceptance Page

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

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

6-8-2017  
Date

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

6/8/17  
Date



Fields to be completed after vendor responses are received.

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

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

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















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

















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



































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

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

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













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

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



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# **Glossary of Terms and Abbreviations**

6/07/2017

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**Deliverable 2 Glossary of Terms and Abbreviations**

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**Document Information**

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

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# 1. Glossary of Terms / Abbreviations

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

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



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

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

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

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

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

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

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



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





**Mission Statement:**  
*To help Florida's elders remain healthy, safe, and independent.*

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

Date: 6/23/2017  
Version: 1.0



Mission Statement:  
To help Florida's elders remain healthy, safe, and independent.

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## REVISION HISTORY

DATE	AUTHOR	VERSION	CHANGE REFERENCE
6/16/17	Mark Ervin/John Collins	001	Initial Draft to DOEA
6/23/17	Mark Ervin/John Collins	1.0	Final Draft to DOEA

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## **SECTION 1 PURPOSE AND BACKGROUND**

### **1.1 PURPOSE OF ANALYSIS**

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

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

### **1.2 DOEA BACKGROUND**

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

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

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

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

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

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

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

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

## 1.3 DOEA'S PRIMARY RESPONSIBILITIES

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

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

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

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

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

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

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

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

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

## 2.2 DOEA ORGANIZATIONAL STRATEGIC GOALS AND OBJECTIVES

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

### **Goals:**

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

### **Objectives:**

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



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

## 2.3 SOLUTION GOALS

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

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

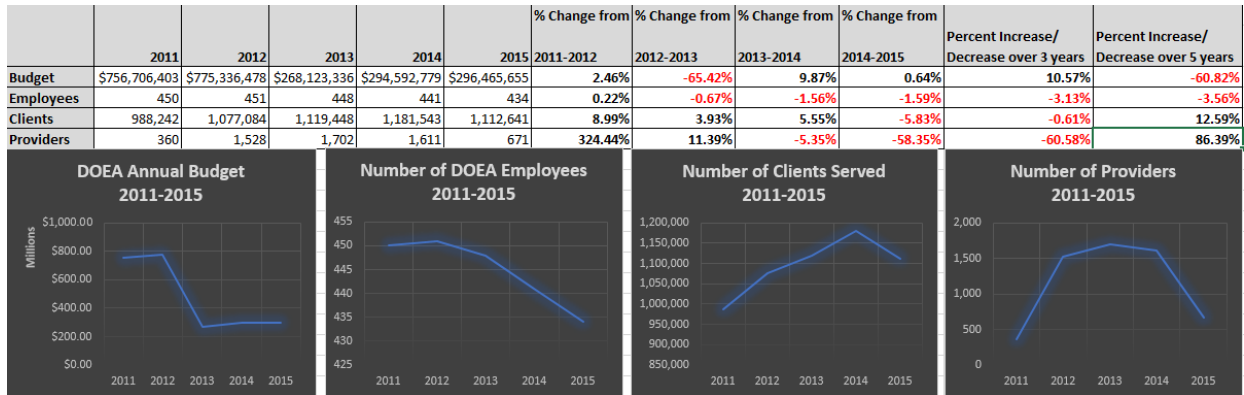
## 2.4 CHALLENGES TO MEETING GOALS AND OBJECTIVES

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

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

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

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



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

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

### SECTION 3 STRATEGIC BUSINESS NEED

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

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

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

### 3.3 IMPROVED CLIENT SERVICE

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

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

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

### 3.2 INCREASED STAFF EFFICIENCY

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

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

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

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

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

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

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

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

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

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

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

## SECTION 4 BASELINE ANALYSIS

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

### 4.1 CURRENT BUSINESS PROCESSES

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



DOEA 2017  
Application Invento

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

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

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

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

## 4.2 SWOT ANALYSIS

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

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

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

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

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

### 4.3 ASSUMPTIONS AND CONSTRAINTS

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

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

#### Exhibit 5: Assumptions and Constraints



## SECTION 5 BUSINESS PROCESS REENGINEERING AND REQUIREMENTS

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

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

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

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

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

### 5.1 PROPOSED BUSINESS PROCESS MAPS

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

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

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

## 5.2 PROPOSED FUNCTIONAL REQUIREMENTS

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

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

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

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

### Exhibit 7: Proposed Functional Requirements

### 5.3 PROPOSED TECHNICAL REQUIREMENTS

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

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

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

### Exhibit 8: Proposed Technical Requirements

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

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

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

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

These sources included:

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

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

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

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

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

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

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

## 6.2 SOLUTION OPTIONS (CONSIDERATIONS)

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

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

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

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

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

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

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

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



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

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

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

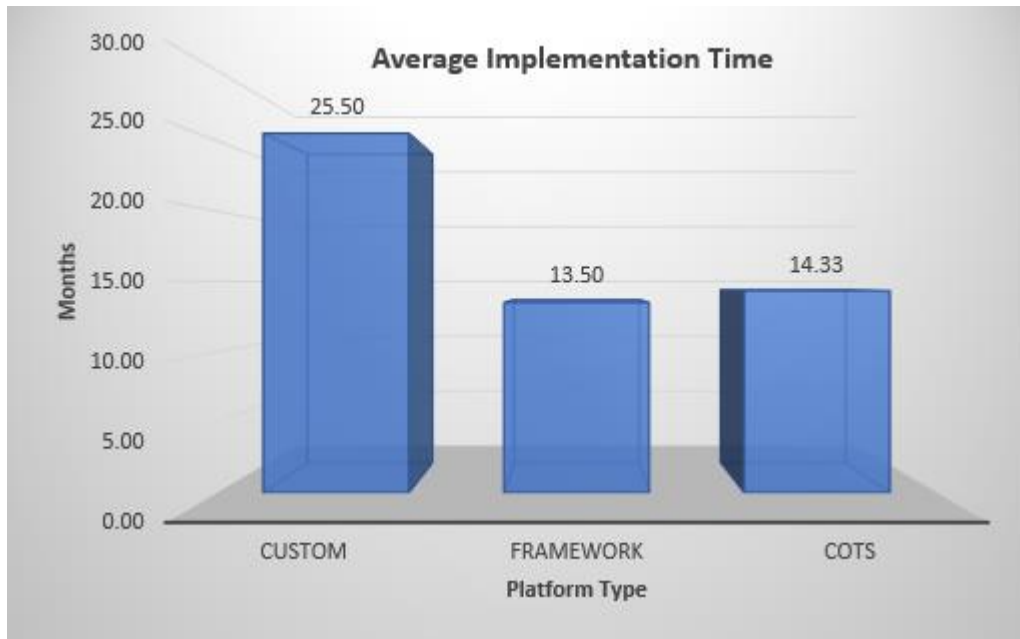
Each of the implementation options offer advantages and disadvantages which are summarized in the Exhibit below.

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

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

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

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



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

## 6.4 OUTSOURCING OR INTERNAL MANAGEMENT OF TECHNOLOGY SUPPORT

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

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

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

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

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

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

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

## 6.5 SOFTWARE LICENSING MODELS

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

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

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

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

#### Exhibit 14: Licensing Model Summary

### 6.6 TECHNOLOGY SOLUTION COST DRIVERS

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

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

## SECTION 7 RECOMMENDATION REPORT

### 7.1 RECOMMENDATION APPROACH

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

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

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

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

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

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

## 7.2 RECOMMENDATION METHODOLOGY

### 7.2.1 ALIGNMENT TO VISION AND GOALS

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

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

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

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



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

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

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

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

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

#### 7.2.2 ESTIMATED COST OF OWNERSHIP

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

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

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

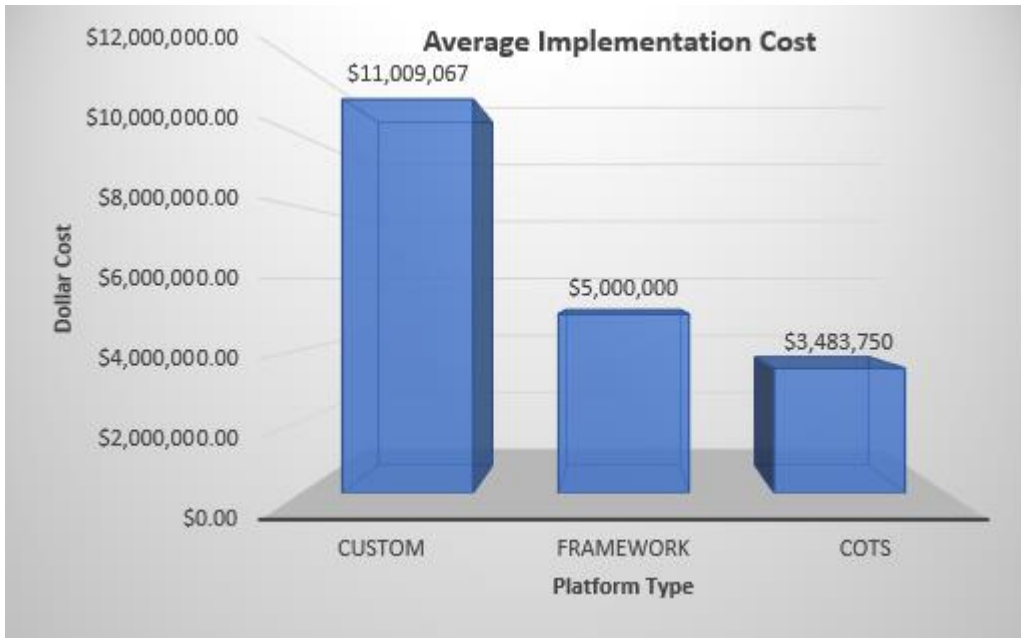
The Exhibit below summarizes expected total cost of ownership for each option over a 5-year period starting in July 2017 (FY 18-22). The total cost of ownership is the sum of the following components:

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

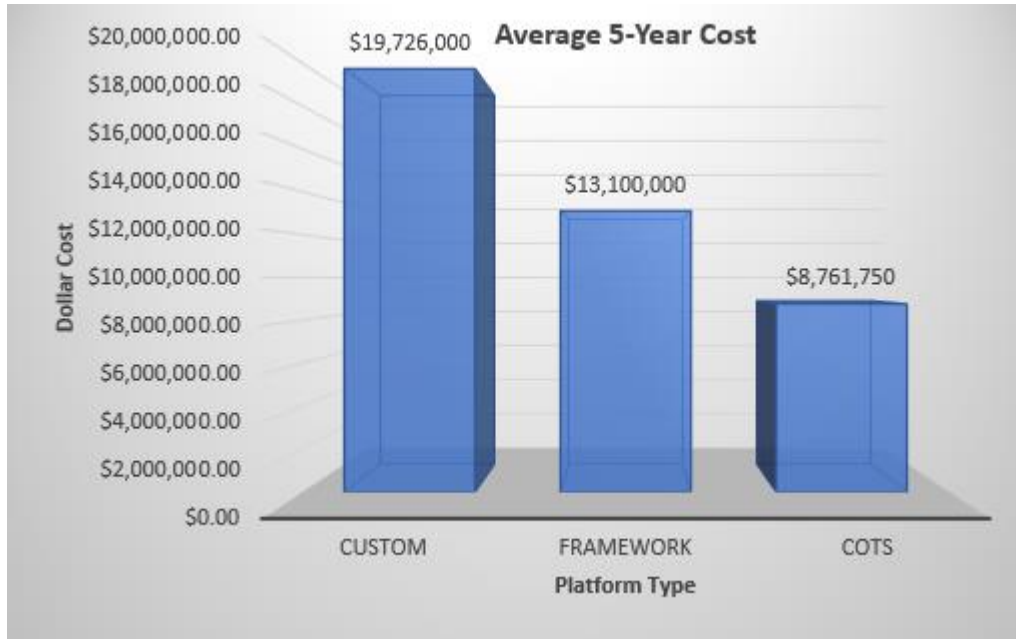
For scoring purposes, more than \$15 Million = 1 point, more than \$10 Million = 2 points, and more than \$5 Million = 3 points.

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

**Exhibit 16: Cost Comparison**



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



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

### 7.2.3 BENEFITS COMPARISON

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

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

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

### Exhibit 19: Benefit Comparison

#### 7.2.4 RISK ANALYSIS AND MITIGATION

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

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

### Exhibit 20: Risk Analysis

## 7.5 RECOMMENDED SOLUTION

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

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

### Exhibit 21: Summary Analysis

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

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

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

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

## 7.5 RECOMMENDED APPROACH AND IMPLEMENTATION TIMELINE

### 7.5.1 IMPLEMENTATION APPROACH

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

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

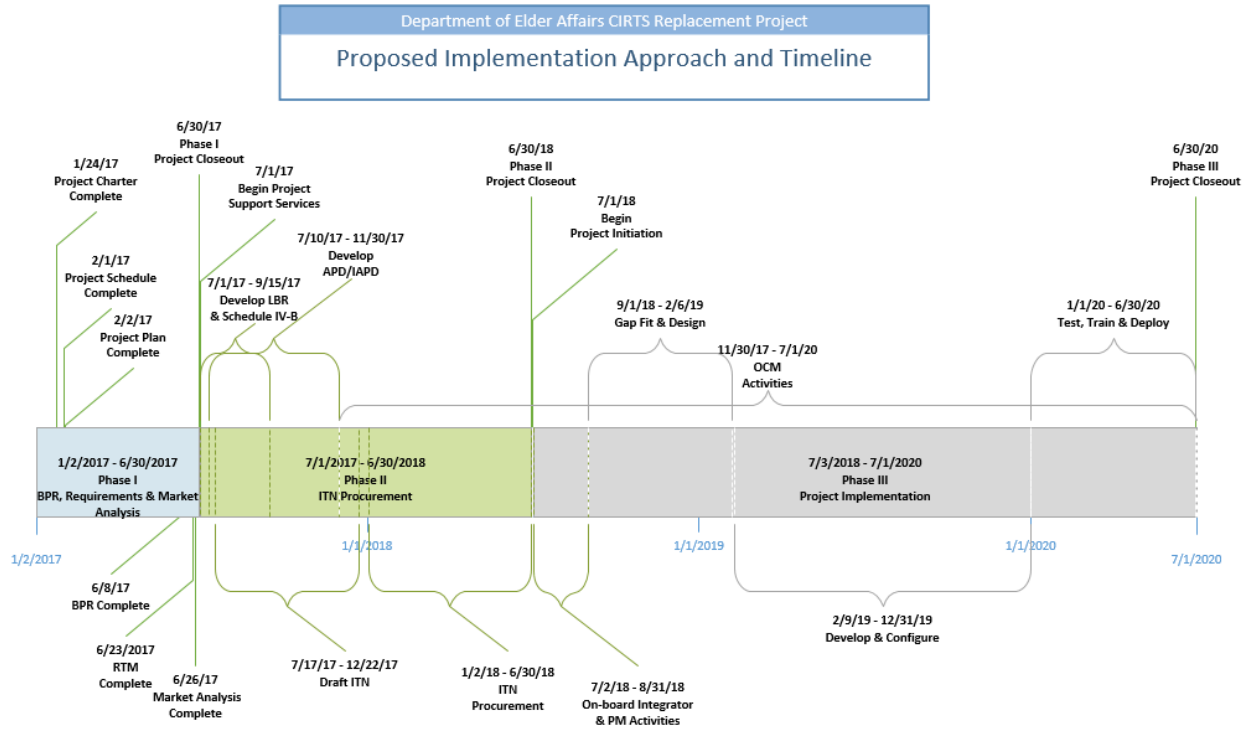
- **Phase I:** Phase one includes those milestone activities required to perform business process reengineering, requirements definitions and a market analysis of solution options. The Phase one milestones are detailed below.
  - › Define DOEA as-is process flows and design proposed future state processes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

### **7.5.2 IMPLEMENTATION TIMEFRAME**

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



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



**Exhibit 22: Recommended Project Implementation Timeline**

## APPENDIX I – PUBLIC SECTOR TACTICS AND MARKET TECHNOLOGY VENDORS

### 1.1 PUBLIC SECTOR APPROACH SUMMARIES

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

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

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

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

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

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

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

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

## 1.2 TECHNOLOGY VENDORS PROVIDING ELDER CARE CLIENT MANAGEMENT SYSTEMS

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

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

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

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

### 1.2.1 VENDOR 1 (CUSTOM)

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

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

### 1.2.2 VENDOR 2 (FRAMEWORK)

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

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



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

### 1.2.3 VENDOR 3 (FRAMEWORK)

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

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

### 1.2.4 VENDOR 4 (FRAMEWORK)

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

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

### 1.2.5 VENDOR 5 (COTS)

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

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

### 1.2.6 VENDOR 6 (CUSTOM)

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

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

### 1.2.7 VENDOR 7 (COTS)

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

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

### 1.2.8 VENDOR 8 (CUSTOM)

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

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

### 1.2.9 VENDOR 9 (CUSTOM)

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



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

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

### 1.2.10 VENDOR 10 (COTS)

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

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

## APPENDIX II – FUNCTIONALITY OF DOEA CORE PROCESSES

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

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

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

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



# State of Florida

## Department of Elder Affairs

### Project Management Plan

#### enterprise Client Information and Registration Tracking System (eCIRTS) Project

June 9, 2021

# Document Control

This is a controlled document. The control and release of this document is the responsibility of the document owner.

<i>Issue Control</i>			
Project	enterprise Client Information and Registration Tracking System (eCIRTS)		
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2.0	28 May 2021	G. Didio	Addressed the following change requests: <ul style="list-style-type: none"> <li>CR8 – Governance structure and decision framework</li> <li>CR9 – Communications management</li> <li>CR10 – Change management</li> </ul> Additional items: <ul style="list-style-type: none"> <li>Added scope management</li> <li>Added cost management</li> <li>Added human resource management</li> <li>Expanded and standardized all supporting management plans</li> </ul>
2.1	9 June 2021	G. Didio	<ul style="list-style-type: none"> <li>Updated WBS</li> </ul>

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## 1 Introduction

The purpose of this Project Management Plan (PMP) is to provide a documented plan for the management and control of the organizational, developmental, and supporting processes necessary for the success of the Enterprise Client Information and Registration Tracking System (eCIRTS) Project. The PMP identifies the elements of project management that are potentially critical to the success of the eCIRTS Project, as well as describing how the project's cost, schedule, and technical status are monitored and controlled.

### 1.1 Background

The Department of Elder Affairs (DOEA) was created in 1991 through the enactment of the "Department of Elderly Affairs Act" (Chapter 430, Florida Statutes), after the 1988 passage of a constitutional amendment creating Section 12 of the Florida Constitution allowing the Legislature to create the Department and prescribe its duties. Since 1992, DOEA's mission has been to successfully serve and advocate for elder Floridians. DOEA acts as the primary state agency for administering human services programs for elders and developing policy recommendations for long-term care. DOEA provides and coordinates Medicaid services for the elderly with Florida's State Medicaid Agency, the Agency for Health Care Administration (AHCA).

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

As reported by DOEA in its 2020 Summary of Programs and Services, Florida is home to nearly 5.5 million residents aged 60 and older. Currently, elders make up 24 percent of the state's population with 14 percent of the 5.5 million elders being Medicaid-eligible. The state's elder population is expected to grow to 7.6 million by 2030 with elders making up 35 percent of the population and 20 percent being Medicaid-eligible. There are more than 1.7 million Floridians aged 75 and older, and the population group 100 and older is Florida's fastest growing age group by percentage. Florida has more elders living within its borders than the elder populations of 17 other states combined.

Florida's future is linked to the financial, health, and physical security of its elder population.

DOEA interacts with a population of more than 900,000 Florida residents every year, comprising almost 20 percent of the elder population in Florida. DOEA provides these services through its Division of Statewide Community-Based Services, which works through the following entities.

- Eleven (11) Area Agencies on Aging/Aging and Disability Resource Centers (AAAs/ADRCs)
- Service Provider Lead Agencies
- Other local service providers

DOEA administers a wide range of programs, ranging from the Long-Term Care Ombudsman Program (LTCOP), Office of Public and Professional Guardians, Communities for a Lifetime, SHINE (Serving Health Insurance Needs of Elders), and CARES (Comprehensive Assessment and Review for Long-Term Care Services).

## 1.2 Purpose of eCIRTS

The purpose of eCIRTS is to assist with:

- Serving the elderly population of Florida receiving services through various federal and state programs administered by DOEA including Medicaid.
- Enhancing overall DOEA staff efficiency and effectiveness with applicable technology tools.
- Optimizing and standardizing key business processes to improve operational efficiencies.
- Reducing manual tasks for DOEA, AAA, ADRC and Lead Agency staff resulting in greater efficiency and faster response to client needs.
- Enhancing intra- and interdepartmental workflow functionality allowing DOEA staff to provide services faster with greater efficiency.
- Increasing data integrity, standardization, and security toward improved accuracy, operational efficiency, monitoring, reporting, and analytics.
- Using technology to increase communication channels and collaboration between DOEA, AAAs, ADRCs, and Lead Agencies which increases the efficiency of the intake and referral, assessment, staffing, monitoring, and compliance processes across DOEA.
- Enhancing mobile capabilities including remote data capture, scheduling, and global positioning system (GPS) route planning support.
- Improving analytical and reporting capabilities providing DOEA leadership the tools to plan resource allotments and operational efficiencies tactically and strategically across DOEA thereby increasing efficiencies and reducing operational costs.
- Integrating seamlessly with the Florida Medicaid Enterprise Systems (MES).

## 2 Project Organization and Governance

The general purpose of the PMP is to provide a management tool for the eCIRTS Project Manager and the entire team. The PMP and the project schedule define how the eCIRTS Project will be managed. This section identifies the project organization structure, roles and responsibilities and the governance structure for controlling the project and making decisions.

### 2.1 Project Structure

The figure below shows the organization structure for the eCIRTS Project. It was developed to provide an effective level of structure and discipline for DOEA to achieve the quality and success of the project. The main objectives of this structure are to establish efficient and effective team collaboration throughout the eCIRTS Project and to enable effective communication between all team members and stakeholders, so they are kept informed of the project's status.

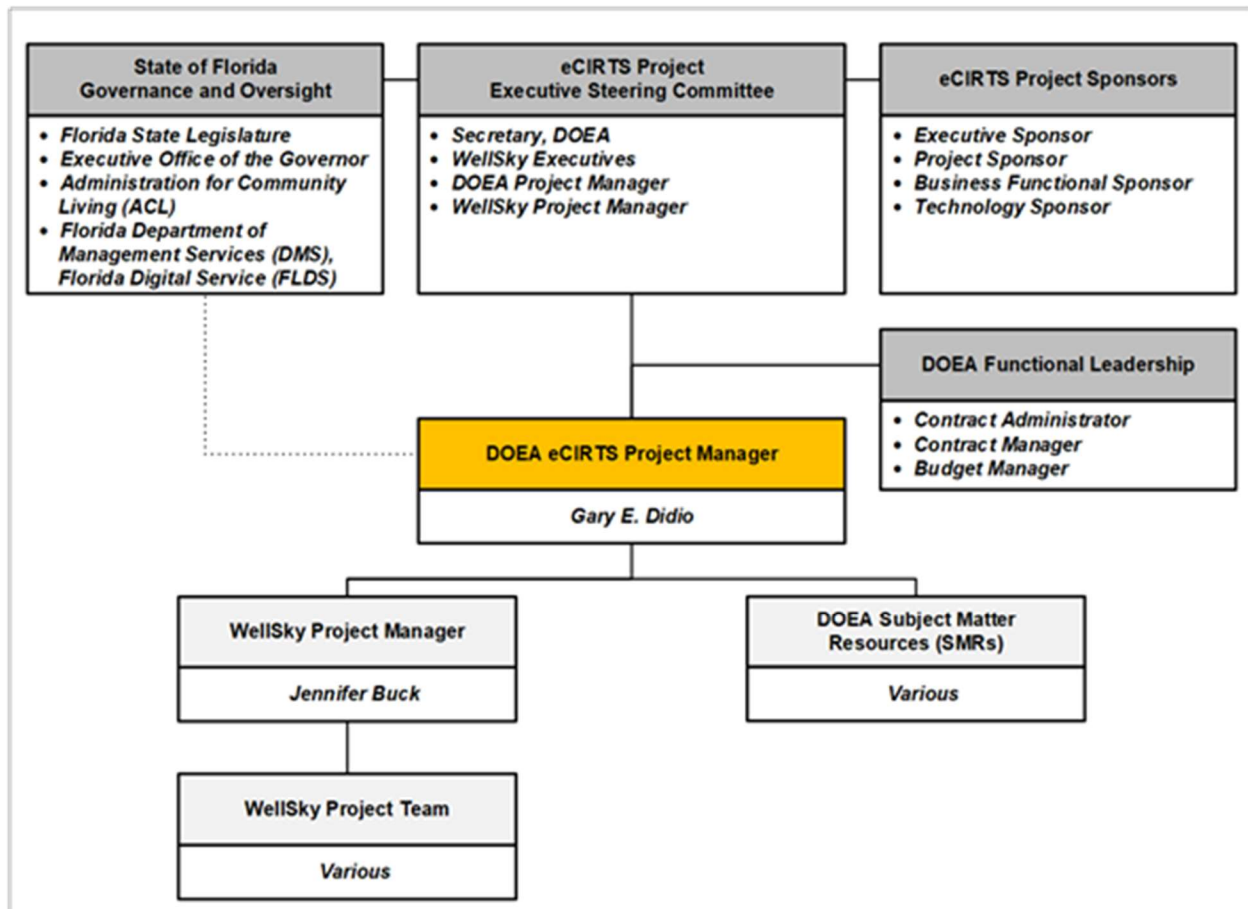


Figure 1 – Project Organization

The project will be governed by the Executive Steering Committee (ESC) who sets policies, regulations, functions, processes, procedures, and responsibilities which define the establishment, management, and control of the eCIRTS Project. This team will be a point of escalation for decisions related to the project.

## 2.2 Project Roles and Responsibilities

The roles and responsibilities of key project staff are shown in the table below. Refer to *Appendix B, WellSky Project Team*, for a complete listing of WellSky Roles and Responsibilities.

<i>Table 1 – Project Roles and Responsibilities</i>	
Role	Responsibilities
ESC	<ul style="list-style-type: none"> <li>• Provide overall guidance and direction for the eCIRTS Project.</li> <li>• Conduct any required coordination, communication, and document distribution with any entities external to the Department, including the Florida Legislature, DMS, House and Senate staff, other State agencies, the Executive Office of the Governor, and other entities as required.</li> <li>• Review and accept project deliverables.</li> <li>• Make decisions regarding identified risks and issues.</li> </ul>
State of Florida Governance and Oversight	<ul style="list-style-type: none"> <li>• Provide oversight and budget approval in support of the project.</li> <li>• Responsible for setting standards for management of the project and for providing oversight.</li> </ul>
Project Sponsors	<ul style="list-style-type: none"> <li>• Provide guidance and overall direction for the eCIRTS Project.</li> <li>• Act as a liaison to other groups.</li> <li>• Monitor ongoing eCIRTS activities and progress to verify that all activities are being performed in accordance with the eCIRTS Project.</li> <li>• Review and provide comments on draft deliverables.</li> </ul>
DOEA Functional Leadership	<ul style="list-style-type: none"> <li>• Monitor ongoing eCIRTS activities and progress to verify that all activities are being performed in accordance with the eCIRTS contracts.</li> <li>• Provide guidance, direction, and support for all eCIRTS contractual and financial management activities.</li> </ul>
DOEA eCIRTS Project Manager	<ul style="list-style-type: none"> <li>• Overall eCIRTS Project administration and management and is responsible for contract compliance, including project activities, deliverables, and performance.</li> <li>• Monitors, presents, and supports overall project status.</li> <li>• Provides guidance to the eCIRTS Project team.</li> <li>• Completion of all eCIRTS activities and preparing all reports.</li> </ul>

Table 1 – Project Roles and Responsibilities

Role	Responsibilities
WellSky Project Manager	<ul style="list-style-type: none"> <li>• Has day-to-day responsibility for the successful completion of the Project.</li> <li>• Overall WellSky eCIRTS Project administration and management and is responsible for contract compliance, including project activities, deliverables, and performance.</li> <li>• Oversees the work of the WellSky Project Team.</li> <li>• Acts as a point of escalation for project-related issues for WellSky.</li> <li>• Ensures that all systems required to be interoperable with eCIRTS function together appropriately and can share and receive data at defined intervals.</li> <li>• Deploys the activities, architecture, and tools necessary for achieving consistent access to data across the DOEA enterprise to meet the data needs of DOEA and its business processes.</li> <li>• Delivers business results through effective and efficient business processes.</li> <li>• Leverages Code and Technology reuse where possible.</li> <li>• Supports interoperability between systems inside and outside DOEA, continuing to incorporate industry standards (e.g., HIPAA).</li> <li>• Monitors, presents, and supports overall WellSky eCIRTS Project status.</li> <li>• Completion of all WellSky eCIRTS activities and preparing all reports.</li> </ul>
WellSky Project Team	<ul style="list-style-type: none"> <li>• Support all WellSky eCIRTS Project activities.</li> <li>• Responsible for the development of the deliverable(s) in collaboration with the DOEA staff and other key stakeholders.</li> <li>• Adhere to all project processes and procedures.</li> </ul>
DOEA Subject Matter Resources (SMRs)	<ul style="list-style-type: none"> <li>• Provide information to be used in system configuration and insight into business process workflows and data flows during Solution Mapping Sessions.</li> <li>• Participate in the review and approval of requirements documents.</li> <li>• Participate in form analysis and report specifications.</li> <li>• Participate in content and workflow validation.</li> <li>• Test configuration and participate in user acceptance testing (UAT) and system sign-off.</li> <li>• Can serve as super users.</li> </ul>



Table 1 – Project Roles and Responsibilities

Role	Responsibilities
DOEA SMR – Technologists	<ul style="list-style-type: none"> <li>• Responsible for end user/desktop system requirements and support.</li> <li>• Participate in technical discussion and training throughout the implementation.</li> <li>• Contact for system and performance testing and tuning.</li> <li>• Interface specifications and management to ensure effective and efficient system integration is accomplished.</li> <li>• Data conversion and validation.</li> <li>• Report writing.</li> </ul>
DOEA SMR – Testers	<ul style="list-style-type: none"> <li>• Business Functional SMRs should serve as the testers.</li> <li>• Complete system and workflow training delivered by WellSky.</li> <li>• Test core system workflows after configuration and content validation have been completed.</li> <li>• Testing of conversion and interfaces.</li> <li>• Promote mutual support among colleagues and emphasizes knowledge-sharing and success of the team.</li> <li>• Support end user training and assist trainers as needed.</li> <li>• Maintain a positive attitude toward change.</li> <li>• Should serve as super user.</li> </ul>
DOEA SMR – Trainers	<ul style="list-style-type: none"> <li>• Complete system and workflow training delivered by WellSky.</li> <li>• Responsible to deliver end user training using Train the trainer approach.</li> <li>• Accountable for the scheduling of end user training pre and post go live.</li> <li>• Responsible for the management and oversight of the training domain including database refresh strategies, populating the database with test records, and setting security roles and groups.</li> <li>• Maintain training materials post go live.</li> </ul>

Table 1 – Project Roles and Responsibilities

Role	Responsibilities
DOEA SMR – Super Users	<ul style="list-style-type: none"> <li>• Staff members with additional system and procedure training who provide the first line of user assistance during and pots go live.</li> <li>• Complete system and workflow training delivered by WellSky.</li> <li>• Participate in system testing.</li> <li>• Promote mutual support among colleagues and emphasizes knowledge sharing and success of the team.</li> <li>• Support end-user training and assist trainers as needed.</li> <li>• Maintains a positive attitude toward change.</li> </ul>
DOEA SMR – System Administrators	<ul style="list-style-type: none"> <li>• Representatives from different program areas and job classifications that will collectively make decisions to ensure that eCIRTS is configured optimally.</li> <li>• Implement a standard change process for the application.</li> <li>• Will be specially trained to configure the eCIRTS product.</li> <li>• Design and maintain layout of screens, forms, Workflow Wizards, service codes, values appearing in drop down menus, etc.</li> <li>• Establish/maintain user accounts. Change user security settings as needed and deactivate user account upon termination of employment.</li> <li>• Maintain configuration documentation and UAT workflows to facilitate communication with WellSky Support for efficient issue resolution.</li> <li>• Validate and approve environmental changes to the software. First testing and approving in Test, then testing and approving the changes in Production.</li> <li>• Provide support to end users.</li> <li>• Triage and document issues for resolution with WellSky Support.</li> </ul>
AHCA State Medicaid Agency Project Officer	<ul style="list-style-type: none"> <li>• Provides oversight in support of the project.</li> </ul>
Centers for Medicare and Medicaid Services (CMS)	<ul style="list-style-type: none"> <li>• Provides oversight and budget approval in support of the project.</li> </ul>
External Stakeholders	<ul style="list-style-type: none"> <li>• Provide subject matter expertise in support of the execution of the project.</li> </ul>

## 2.3 Project Governance and Decision Framework

To provide for the quality and success of the eCIRTS Project, a well-defined Governance Structure has been developed and will establish the necessary linkage, oversight, and control of the project. This Governance Structure will provide the means to identify, assess, and respond to internal and external events and enable effective project oversight and decision making. The Governance Structure is key to the effective functioning of the eCIRTS Project and is the basic framework used for all processes and procedures used throughout the project. The Governance Structure is comprised of the following levels.

- ESC
- eCIRTS Contract and Budget Management
- eCIRTS Project Management
- eCIRTS Project Team

*Figure 2 – Project Governance Structure*, shows the eCIRTS Project Governance Structure and identifies the members, drivers, accountability, decision rights, and performance for each level. *Figure 3 – Project Decision Framework*, shows the decision framework to be used by each of the governance groups for high, medium, and low priority decisions regarding schedule, scope, budget, risks and issues, and resources.



Group	Members	Drivers	Accountability	Decision Rights	Performance
<b>Executive Steering Committee</b>	<ul style="list-style-type: none"> <li>Secretary, DOEA</li> <li>WellSky Executives</li> <li>DOEA Project Manager</li> <li>WellSky Project Manager</li> </ul>	<ul style="list-style-type: none"> <li>Contract compliance</li> <li>Benefits realization</li> <li>Regulatory compliance</li> </ul>	<ul style="list-style-type: none"> <li>Overall project performance</li> <li>External entity coordination</li> <li>DOEA and WellSky personnel coordination</li> <li>Deliverable review</li> <li>Risk and issue management</li> </ul>	<ul style="list-style-type: none"> <li>Risk mitigation and issue resolution</li> <li>Deliverable acceptance</li> <li>Key personnel assignment</li> <li>Project change requests</li> </ul>	<ul style="list-style-type: none"> <li>Overall project performance</li> </ul>
<b>eCIRTS Contract and Budget Management</b>	<ul style="list-style-type: none"> <li>Contract Administrator</li> <li>Contract Manager</li> <li>Budget Manager</li> </ul>	<ul style="list-style-type: none"> <li>Contract compliance</li> <li>Regulatory compliance</li> </ul>	<ul style="list-style-type: none"> <li>Overall project administration</li> <li>Deliverable review</li> <li>Budget and staffing</li> <li>Status reviews</li> </ul>	<ul style="list-style-type: none"> <li>Project objectives, budget and schedule</li> <li>Invoice and deliverable acceptance</li> <li>Project change requests</li> </ul>	<ul style="list-style-type: none"> <li>Contract performance</li> <li>Budget performance</li> </ul>
<b>eCIRTS Project Management</b>	<ul style="list-style-type: none"> <li>DOEA Project Manager</li> <li>WellSky Project Manager</li> </ul>	<ul style="list-style-type: none"> <li>Contract compliance</li> <li>Benefits realization</li> <li>Regulatory compliance</li> <li>Project objectives and business requirements</li> <li>Project budget and schedule</li> <li>Deliverable quality</li> </ul>	<ul style="list-style-type: none"> <li>Project administration and management</li> <li>Project performance</li> <li>Resource management</li> <li>Deliverable quality</li> </ul>	<ul style="list-style-type: none"> <li>Project objectives, budget and schedule</li> <li>Project status</li> <li>Invoice and deliverable submission</li> <li>Personnel assignments</li> <li>Project change requests</li> <li>Issue resolution and escalation</li> <li>Deliverable submission</li> </ul>	<ul style="list-style-type: none"> <li>Overall project performance</li> <li>Deliverable submission</li> <li>Cost performance</li> <li>Schedule performance</li> <li>Quality of deliverables</li> </ul>
<b>eCIRTS Project Team</b>	<ul style="list-style-type: none"> <li>WellSky Project Team</li> <li>DOEA SMRs</li> </ul>	<ul style="list-style-type: none"> <li>Project objectives and business requirements</li> <li>Regulatory compliance</li> <li>Applicable professional standards</li> </ul>	<ul style="list-style-type: none"> <li>Deliverable quality</li> <li>Adherence to project processes and procedures</li> <li>Activity and deliverable completion</li> <li>Deliverable quality</li> <li>Issue and risk identification</li> </ul>	<ul style="list-style-type: none"> <li>Realistic cost and schedule estimates</li> <li>Status assessments</li> <li>Issue resolution and escalation</li> </ul>	<ul style="list-style-type: none"> <li>Deliverable submission</li> <li>Cost performance</li> <li>Schedule performance</li> <li>Quality of deliverables</li> </ul>

Figure 2 – Project Governance Structure



Group	Schedule	Scope	Budget	Risks and Issues	Resources
<b>High Priority Items</b>					
<b>Executive Steering Committee</b>	<ul style="list-style-type: none"> <li>Missed phase gate</li> <li>Schedule variances that will impact schedule baseline</li> <li>Significant schedule slippage that may include missing key deliverables or milestones</li> <li>Schedule variances that will cause a delay in the critical path</li> <li>SPI trending less than 0.90</li> </ul>	<ul style="list-style-type: none"> <li>Changes in scope that impact the overall project</li> <li>Legislative or policy directives</li> <li>Unstable project scope</li> <li>Deferral of functionality that impacts business objectives</li> <li>Go/No Go decision</li> </ul>	<ul style="list-style-type: none"> <li>Spending variances for an established period (+/- 10%)</li> <li>Changes to overall project budget including allocation, distribution, etc.</li> <li>CPI trending less than 0.95 across three or more months</li> </ul>	<ul style="list-style-type: none"> <li>Escalating or new risks that will most likely impact project success</li> <li>Escalating or new issues that are impacting project success</li> </ul>	<ul style="list-style-type: none"> <li>Enterprise-level staffing and resource management</li> </ul>
<b>Medium Priority items</b>					
<b>eCIRTS Project Management</b>	<ul style="list-style-type: none"> <li>Schedule slippages of 5 to 10 business days that can be managed within the working team, unless on the critical path</li> <li>Schedule variances that will not impact schedule baseline</li> <li>Schedule variances that will not impact the critical path</li> </ul>	<ul style="list-style-type: none"> <li>Minor changes to project scope that can be managed within the project</li> </ul>	<ul style="list-style-type: none"> <li>Spending variances for an established period (+/- 5%)</li> <li>Impacts that can be managed with the project budget</li> </ul>	<ul style="list-style-type: none"> <li>New risks and issues that do not pose a significant threat to project success and can be managed within the project</li> </ul>	<ul style="list-style-type: none"> <li>Inter-project resource management</li> </ul>
<b>Low Priority Items</b>					
<b>eCIRTS Project Team</b>	<ul style="list-style-type: none"> <li>Schedule slippages of less than 5 business days that can be managed within the workstream, unless on the critical path</li> <li>Schedule variances that will not impact schedule baseline</li> <li>Schedule variances that will not impact the critical path</li> </ul>	<ul style="list-style-type: none"> <li>Minor changes to workstream scope that can be managed within the workstream</li> </ul>	<ul style="list-style-type: none"> <li>Impacts that can be managed with the workstream</li> </ul>	<ul style="list-style-type: none"> <li>New risks and issues that do not pose a significant threat to workstream success and can be managed within the workstream</li> </ul>	<ul style="list-style-type: none"> <li>Inter-project resource management</li> </ul>

Figure 3 – Project Decision Framework



### 3 Implementation Methodology

Through its previous work implementing healthcare solutions for other states, WellSky Corporation has developed its implementation methodology which will be used for the eCIRTS Project. The overall methodology is shown in the below figure.



Figure 4 – WellSky Implementation Methodology

#### 3.1 Plan

During the Plan phase, WellSky’s Professional Services team works with the customer to confirm project scope, define the project schedule, and identify project resources. This phase requires Project Management, Information Technology, and Business Owner resources. Customer approval of the project scope and schedule is critical in this phase and is required to move to the Design phase to ensure all parties agree on the path forward.

Tasks	Deliverables
<input type="checkbox"/> Verify project scope and goals	<input type="checkbox"/> Project charter
<input type="checkbox"/> Identify and assign project resources	<input type="checkbox"/> Project schedule
<input type="checkbox"/> Approve project charter and schedule	<input type="checkbox"/> Status reports and project status meetings
<input type="checkbox"/> Perform technical review	<input type="checkbox"/> Technical documentation
<input type="checkbox"/> Conduct project kick-off	
<input type="checkbox"/> Environment set-up	
<input type="checkbox"/> Attend training (if applicable)	

Figure 5 – Plan Tasks and Deliverables

#### 3.2 Design

During the Design phase, WellSky implementation consultants coordinate, and lead design discussions based on best practices while maintaining awareness of project scope. All solution requirements are documented through an iterative design and configuration process. If applicable, client resources are actively engaged in design discussions, screen mockup reviews, and the generation of requested deliverables prior to the final design requirements approval. Design approval allows the project team to predict and create validation artifacts, as well as give key stakeholders a vision of the to-be solution.

Tasks	Deliverables
<ul style="list-style-type: none"> <li><input type="checkbox"/> Define and document business and technical requirements</li> <li><input type="checkbox"/> Design and review solution components</li> <li><input type="checkbox"/> Approve solution design</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Client-provided artifacts</li> <li><input type="checkbox"/> Design documents</li> <li><input type="checkbox"/> Status reports and project status meetings</li> </ul>

*Figure 6 – Design Tasks and Deliverables*

### 3.3 Configure

During the Configure phase, the solution components are built and tested based on the design document details. The process may repeat during this phase as the initial configuration is finalized. During the configuration process, WellSky performs system testing activities on the configured solution to ensure each setting functions as defined according to what is in the design documents. WellSky will perform a final round of system testing on the final configured solution to ensure all design components are addressed and functioning as defined prior to exiting the Configure phase. The Department will assign a System Administrator prior to the start of the Configure phase to allow for the knowledge transfer to begin.

Tasks	Deliverables
<ul style="list-style-type: none"> <li><input type="checkbox"/> Review Design</li> <li><input type="checkbox"/> Configure solution components</li> <li><input type="checkbox"/> System testing</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Status reports and project status meetings</li> <li><input type="checkbox"/> Configured solution ready for validation</li> </ul>

*Figure 7 – Configure Tasks and Deliverables*

### 3.4 Deliver

During the Deliver phase, the system's validation and training are completed. The team validates the solution and provides approval for training. Training will consist of train-the-trainer as well as end-user training if applicable.

Tasks	Deliverables
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete validation testing</li> <li><input type="checkbox"/> Conduct training</li> <li><input type="checkbox"/> Finalize go-live plans</li> <li><input type="checkbox"/> Approval</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Go-Live Schedule</li> <li><input type="checkbox"/> Status reports and project status meetings</li> </ul>

*Figure 8 – Deliver Tasks and Deliverables*

### 3.5 Go Live

The Go-Live phase follows delivery of the finalized solution to production. The Client System Administrator plays a key role in initial support with WellSky resources providing the support and tools to allow for successful ongoing support of the solution. WellSky's clients are encouraged to designate their system administrator as the first line of support during this phase, but the Professional Services team remains available as needed. Once all go-live tasks are completed, a formal transition to WellSky Client Support occurs. A hand-off call introduces the WellSky Support Team to the Client Project Team and establishes processes for contacting, managing, and tracking any ongoing support items.

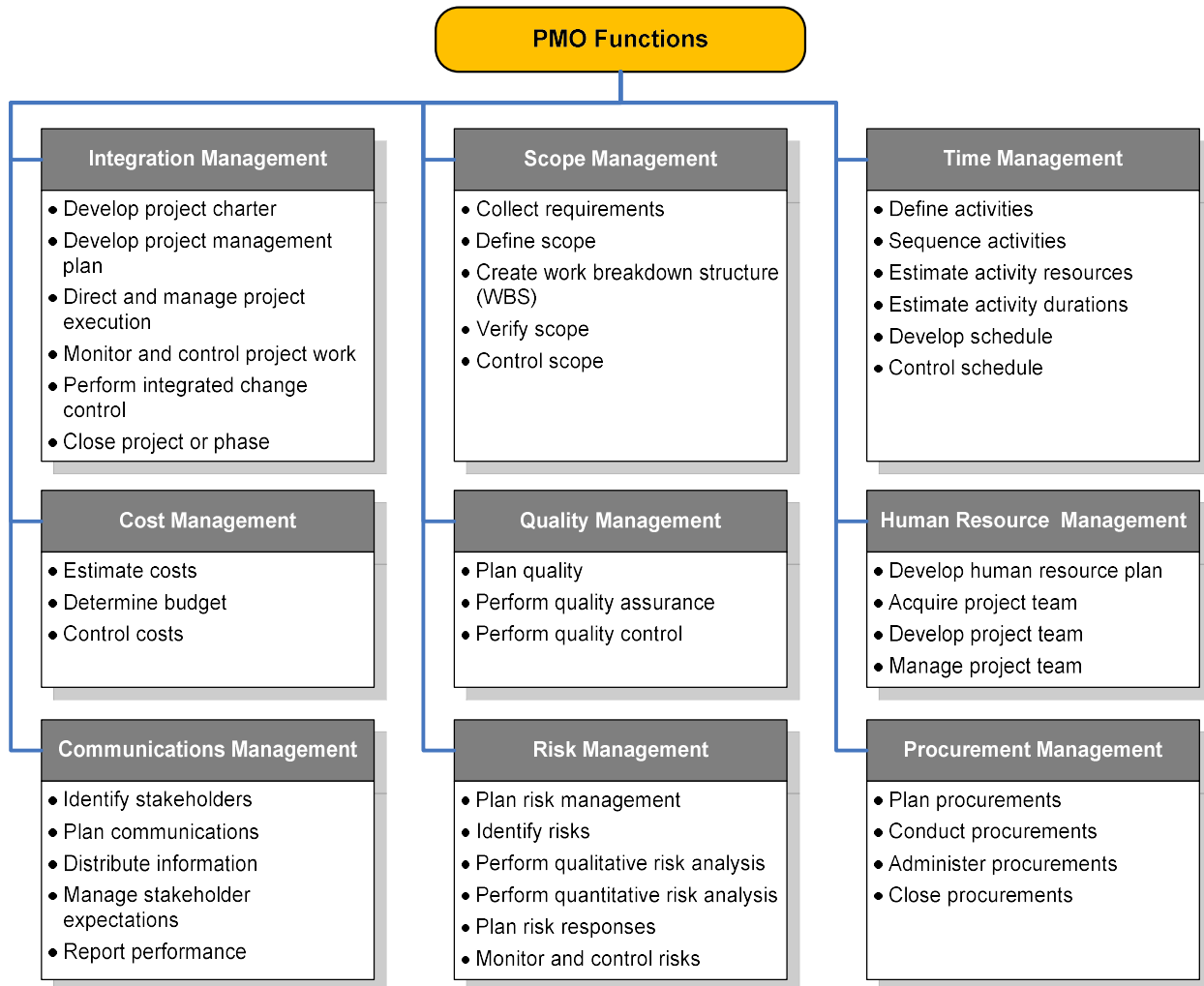
Tasks	Deliverables
<input type="checkbox"/> Support go-live	<input type="checkbox"/> Live solution
<input type="checkbox"/> Transition to WellSky Client Support	<input type="checkbox"/> WellSky Client Support Guide
<input type="checkbox"/> Complete client project survey	<input type="checkbox"/> Client project survey
<input type="checkbox"/> Project closure	

*Figure 9 – Go Live Tasks and Deliverables*



## 4 Supporting Management Plans

The supporting management plans are a compilation of processes and procedures as shown in *Figure 10 – PMO Functions*.



*Figure 10 – PMO Functions*

The following supporting management plans are included in the PMP:

- Scope management
- Time management
- Cost management
- Change management
- Quality management
- Human resource management
- Communications management
- Risk management
- Issue management

## 4.1 Scope Management

Scope Management is the process for defining, controlling, and managing what is and is not included in the eCIRTS Project and is comprised of two primary parts: definition/planning and change control.

### 4.1.1 *Scope Definition and Planning*

The scope of the eCIRTS Project is defined in the eCIRTS Project Charter. In summary, the scope of the project is to replace the current legacy CIRTS with a flexible, cloud-based, statewide client management system that will allow DOEA and its partner organizations to better organize, define and standardize its client services processes.

The eCIRTS Project Work Breakdown Structure (WBS) was developed based on the scope of work and project approach. The WBS is deliverable-oriented and identifies the organization of the work to be completed in support of the project's deliverables. The WBS defines, organizes, and graphically displays the total work necessary to successfully complete the project. In addition, the WBS serves as a framework for planning, scheduling, estimating, budgeting, configuring, monitoring, reporting, directing, implementing, and controlling the entire project.

The WBS for eCIRTS Project Phases 1, Phase 2, and Project Management are shown in the figures on the following pages.

### 4.1.2 *Scope Change Control*

As changes to scope arise during project execution, it is important to follow a disciplined scope change management process. The Change Management Process for the eCIRTS Project defined in *Section 4.4, Change Management* will be used to manage all changes to the scope of the project for the following:

- Required adjustments to schedule and/or cost
- Incremental resource requirements
- Business/project impact
- Adherence to contractual requirements

### 4.1.3 *Procedure*

Refer to *Section 4.4, Change Management* for a description of the Change Management Procedure.

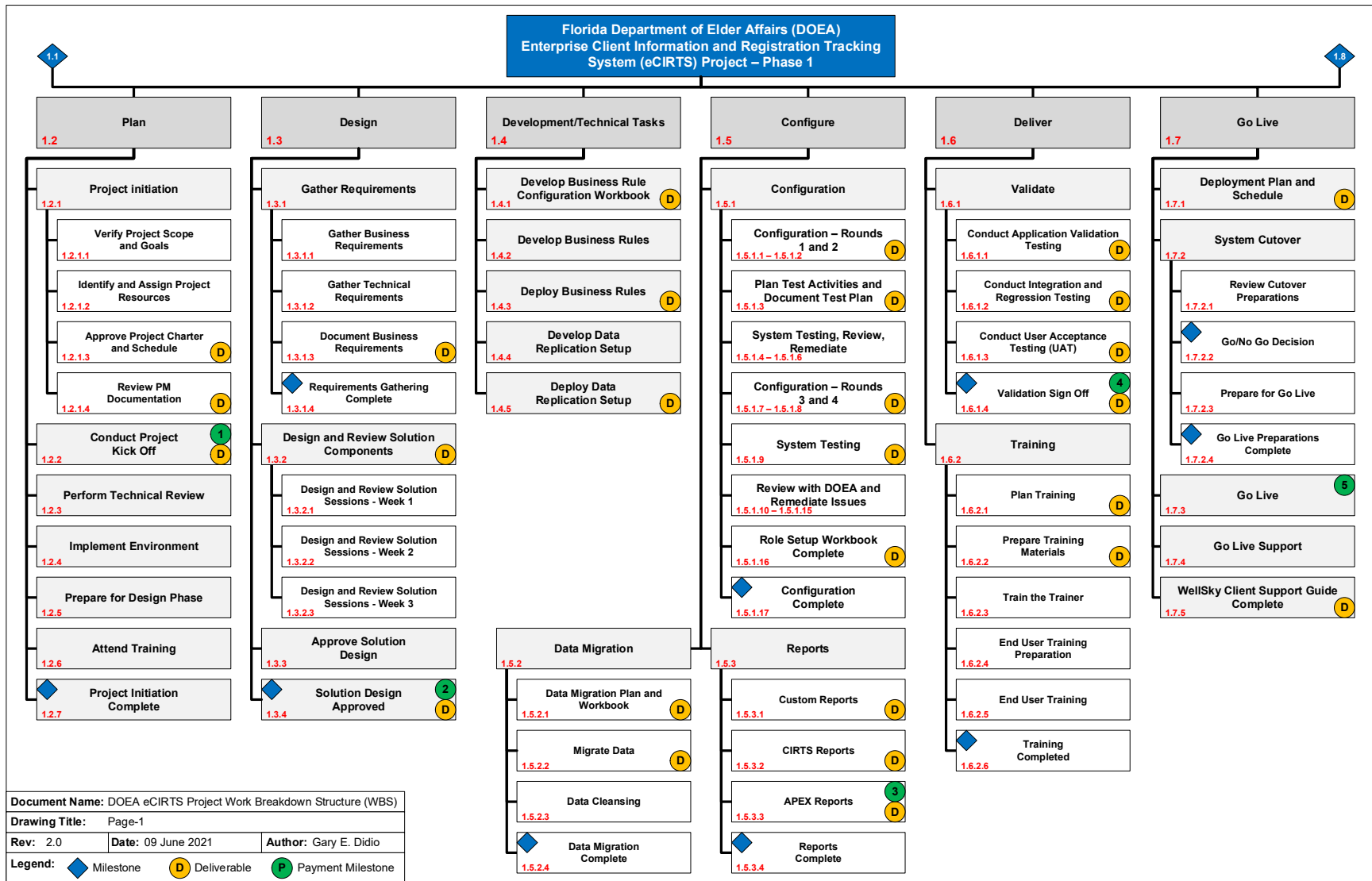


Figure 11 – Phase 1 WBS

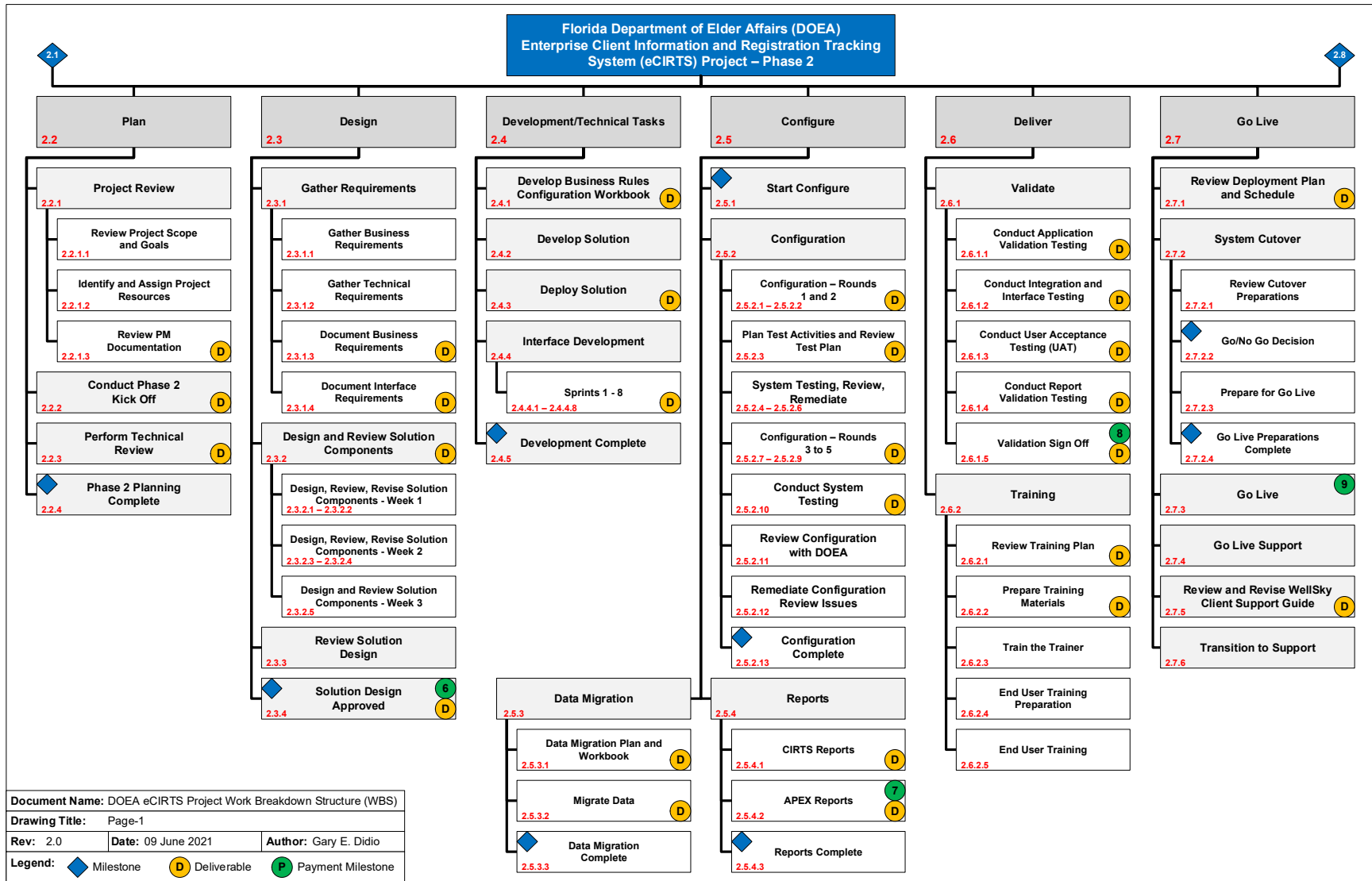


Figure 12 – Phase 2 WBS

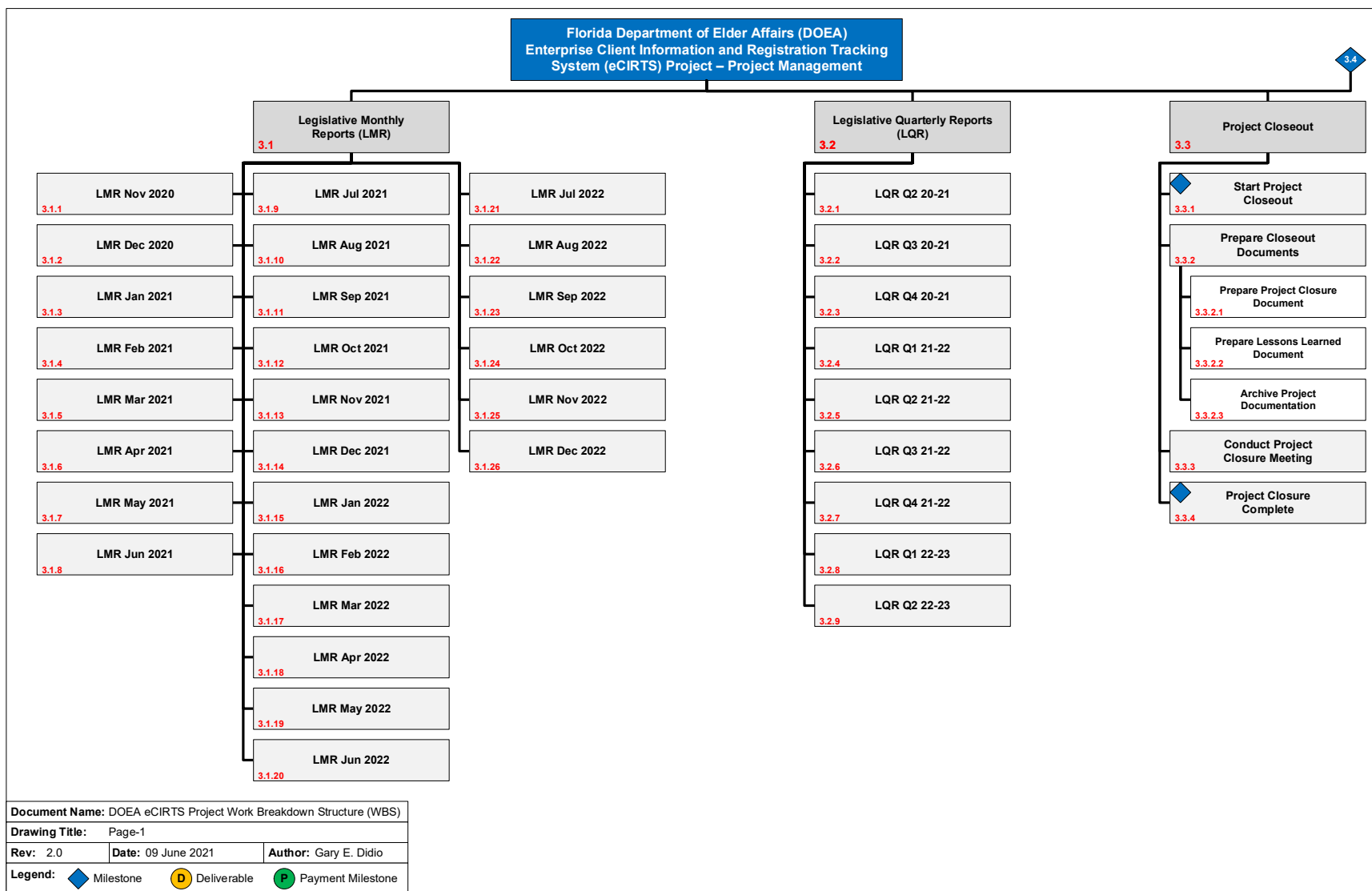


Figure 13 – Project Management WBS

#### 4.1.4 Responsibilities

The following table identifies the roles and responsibilities associated with Scope Management.

<i>Table 2 – Scope Management Responsibilities</i>	
Role	Responsibilities
eCIRTS Project Team	<ul style="list-style-type: none"> <li>Responsible for the completion of all activities and deliverables in support of the eCIRTS Project.</li> <li>Adhere to the eCIRTS Project status reporting procedures.</li> <li>Adhere to the eCIRTS Project change management procedures.</li> </ul>
eCIRTS Project Management	<ul style="list-style-type: none"> <li>Own all project activities and deliverables.</li> <li>Monitor and report project status in accordance with the eCIRTS Project status reporting procedures.</li> <li>Adhere to the eCIRTS Project change management procedures.</li> </ul>
eCIRTS Contract Management	<ul style="list-style-type: none"> <li>Provide contract and budget information, as necessary.</li> </ul>
ESC	<ul style="list-style-type: none"> <li>Act as final escalation and approval authority, as necessary</li> </ul>

#### 4.1.5 Frequency

The Scope Management procedure will be used as needed to identify and manage eCIRTS Project scope changes.

#### 4.1.6 Tools and Enablers

The tools and enablers used to support Scope Management include the following:

- Project Status Report
- Change Request Form
- Change Request Tracking Log

## 4.2 Time Management

Time Management is the process for managing the timely completion of the eCIRTS Project using the approved project schedule. It involves creating and establishing a baseline schedule for managing and controlling the eCIRTS Project, capturing schedule progress including actual start and completion dates for activities, and using Earned Value Management (EVM) metrics and measures to capture historical and determine future schedule performance. Time Management is comprised of two basic processes: schedule development and schedule control.

### 4.2.1 Schedule Development

The eCIRTS Project Schedule was developed based on the WBS defined as part of Scope Management (refer to *Section 4.1.1, Scope Definition and Planning*). It contains all deliverables, activities, and resources, as well as their relationships, required to complete the eCIRTS Project. The basic approach used to develop the project schedule consisted of the following activities:

- Developing the WBS that breaks down the eCIRTS Project into its composite deliverables and associated activities.
- Sequencing the identified activities based on the order and relationship they need to be completed.
- Estimating resources required to complete each of the identified activities.
- Estimating the duration for each activity.
- Developing the eCIRTS Project Schedule by incorporating the above information into the project scheduling tool (Microsoft Project).

Once the schedule was developed, a baseline was established to be used for monitoring and managing schedule performance. The baseline eCIRTS Project Schedule is maintained under configuration control with changes made using the eCIRTS Change Management Process defined in *Section 4.4, Change Management*.

### 4.2.2 Schedule Control

Schedule Control is the process of monitoring the status of the eCIRTS Project to update project progress and monitor changes to the schedule baseline. It includes the following:

- Determining the status of the project schedule.
- Influencing the factors that create schedule changes.
- Determining that the project schedule has changed.
- Managing the actual changes as they occur.

The eCIRTS Project Status Reporting Process (refer to *Section 4.7.1, Status Reports*) will be used to monitor and report the status of the project schedule on a weekly basis. Additionally, the Change Management Process (refer to *Section 4.4, Change Management*) will be used to manage all changes to the project schedule.

### 4.2.3 Procedure

Refer to *Section 4.7, Communications Management*, for a description of project communications including weekly status reports and to *Section 4.4, Change Management* for a description of the Change Management Procedure.

### 4.2.4 Responsibilities

The following table identifies the roles and responsibilities associated with Time Management.

<i>Table 3 – Time Management Responsibilities</i>	
Role	Responsibilities
eCIRTS Project Team	<ul style="list-style-type: none"> <li>Responsible for the completion of all activities and deliverables in support of the eCIRTS Project.</li> <li>Report actual time spent on project activities using established time reporting procedures.</li> <li>Adhere to the eCIRTS Project status reporting procedures.</li> <li>Adhere to the eCIRTS Project change management procedures.</li> </ul>
eCIRTS Project Management	<ul style="list-style-type: none"> <li>Own all project activities and deliverables.</li> <li>Monitor and report project status in accordance with the eCIRTS Project status reporting procedures.</li> <li>Adhere to the eCIRTS Project change management procedures.</li> </ul>
eCIRTS Contract Management	<ul style="list-style-type: none"> <li>Provide contract and budget information, as necessary.</li> </ul>
ESC	<ul style="list-style-type: none"> <li>Act as final escalation and approval authority, as necessary</li> </ul>

### 4.2.5 Frequency

The Time Management Procedure will be used on a weekly basis to report activity progress, as well as on an as-needed basis to identify and manage project schedule changes.

### 4.2.6 Tools and Enablers

The tools and enablers used to support Time Management include the following:

- Existing time and expense reporting system
- Project Status Report
- Change Request Form
- Change Request Tracking Log



### 4.3 Cost Management

Cost Management includes establishing the appropriate tools, procedures, reports, and controls required to manage project costs and to achieve the overall project budget. Key financial management tasks include establishing a budget baseline for the project, capturing actual project costs, tracking, reporting, and maintaining financial status and maintaining overall financial control. Cost Management is comprised of two basic processes: budget development and cost control.

#### 4.3.1 Budget Development

As described in Scope Management, the project schedule for the eCIRTS Project was developed in a top-down manner using the defined WBS. The project budget was developed in a bottom-up manner starting with estimating individual activity durations and resource requirements including associated costs, and then using the WBS to summarize at the various levels. The level of effort (LOE) and associated costs for each deliverable was then established as a baseline budget for each deliverable and the overall eCIRTS Project.

#### 4.3.2 Cost Control

Cost Control is the process of monitoring the status of the eCIRTS Project to update the project budget and manage changes to the cost baseline, including the following:

- Influencing the factors that create changes to the authorized cost baseline.
- Ensuring that all change requests are acted on in a timely manner.
- Managing the actual changes when and as they occur.
- Ensuring that cost expenditures do not exceed the authorized funding, by period and in total for the project.
- Monitoring cost performance to isolate and understand variances from the approved cost baseline.
- Monitoring work performance against funds expended.
- Preventing unapproved changes from being included in the reported cost or resource usage.
- Informing appropriate stakeholders of all approved changes and associated cost.
- Acting to bring expected cost overruns within acceptable limits.

The eCIRTS Project Status Reporting Process (refer to *Section 4.7.1, Status Reports*) will be used to monitor and report the status of project costs on a weekly basis. Additionally, the Change Management Process (refer to *Section 4.4, Change Management*) will be used to manage all changes to project costs.

#### 4.3.3 Procedure

Refer to *Section 4.7, Communications Management*, for a description of project communications including weekly status reports and to *Section 4.4, Change Management* for a description of the Change Management Procedure.

#### 4.3.4 Responsibilities

The following table identifies the roles and responsibilities associated with Cost Management.

<i>Table 4 – Cost Management Responsibilities</i>	
Role	Responsibilities
eCIRTS Project Team	<ul style="list-style-type: none"> <li>Responsible for the completion of all activities and deliverables in support of the eCIRTS Project.</li> <li>Report actual time spent on project activities using established time reporting procedures.</li> <li>Adhere to the eCIRTS Project status reporting procedures.</li> <li>Adhere to the eCIRTS Project change management procedures.</li> </ul>
eCIRTS Project Management	<ul style="list-style-type: none"> <li>Own all project activities and deliverables.</li> <li>Monitor and report project status in accordance with the eCIRTS Project status reporting procedures.</li> <li>Adhere to the eCIRTS Project change management procedures.</li> </ul>
eCIRTS Contract Management	<ul style="list-style-type: none"> <li>Provide contract and budget information, as necessary.</li> </ul>
ESC	<ul style="list-style-type: none"> <li>Act as final escalation and approval authority, as necessary</li> </ul>

#### 4.3.5 Frequency

The Cost Management Procedure will be used on a weekly basis to report project costs incurred to date, as well as on an as-needed basis to identify and manage project cost changes.

#### 4.3.6 Tools and Enablers

The tools and enablers used to support Cost Management include the following:

- Existing time and expense reporting system
- eCIRTS Project Spending Plan
- Project Status Report
- Change Request Form
- Change Request Tracking Log

## 4.4 Change Management

Change Management is the process for controlling changes to the project, including changes to scope, schedule, or cost. Frequent and/or pivotal changes to project boundaries can create significant levels of risk and cost for a project. The intent of the eCIRTS Project change management process is to define the procedure for requesting, evaluating, approving, and tracking possible changes to the project scope, schedule, cost and related activities and deliverables. This process includes the following:

- Identifying the need for a change and completing the approved change request (CR) form.
- Investigating the change and determining the validity and appropriate level of the change (project or program).
- Escalating the change request to appropriate levels within the governance structure for review and approval.
- Approving valid changes.
- Implementing approved changes.

### 4.4.1 Procedure

The following figure depicts the overall process to be followed for Change Management.

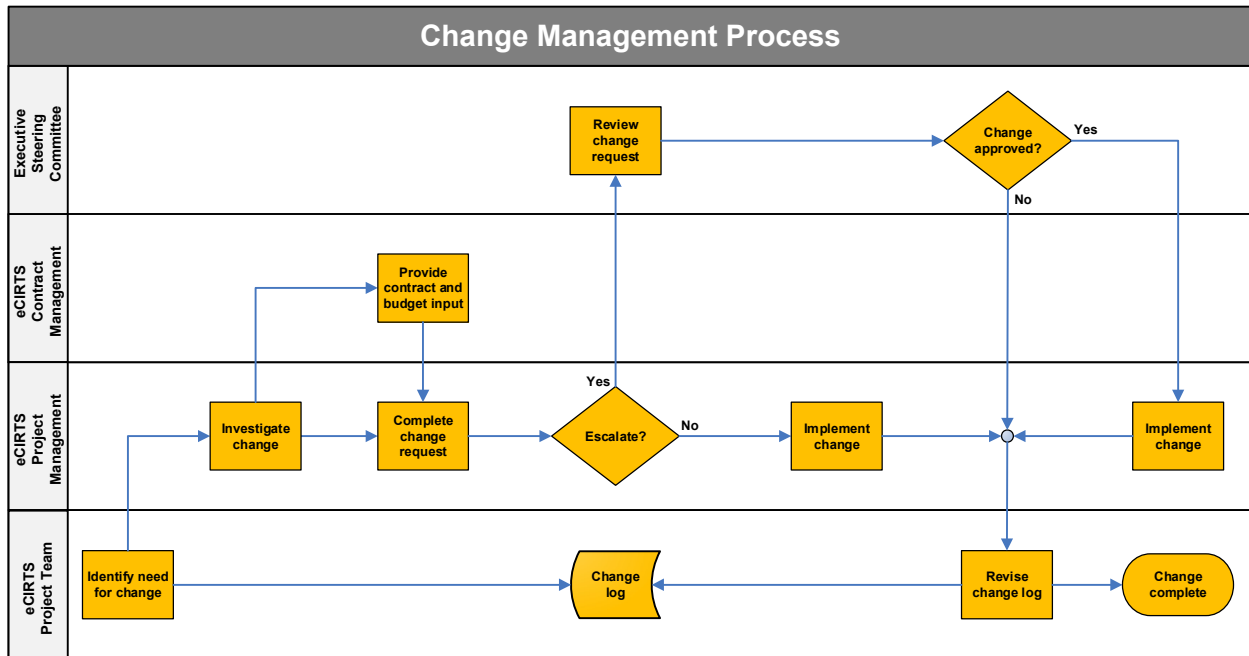


Figure 14 – Change Management Process

Any modification to or deviation from the agreed eCIRTS Project scope of work, associated schedule or costs will be subject to this Change Management Procedure. Potential changes can be identified by Department Executive Management or eCIRTS Project personnel. Change Requests should be entered in the Change Request Tracking Log and categorized by type of change (budget, resource, schedule, deliverable, milestone, or other) and priority and an



expected resolution date should be assigned. eCIRTS Project Management will investigate the Change Request, complete a CR form and, if necessary, will update the Change Request Tracking Log with additional information. At a minimum, the following information should be captured and tracked for all Change Requests.

<i>Table 5 – Change Management Information</i>		
Item	Description	Value
Change request number	Unique number assigned to each change request.	
Date	Date the change request was identified and recorded in the change request tracking log.	
Submitter	Person that submitted the change request.	
Short Title	Short, one-line title of the change request.	
Description	Complete description of the change request.	
Potential impact	Identifies specific impacts of the change on project scope, schedule, budget, and quality.	
Product	The product or module that the suggested change is for (can also be cross-referenced to WBS work package or another traceable identifier).	
Type	Primary focus or impact of the proposed change.	<ul style="list-style-type: none"> <li>• Scope</li> <li>• Schedule</li> <li>• Resource</li> <li>• Deliverable</li> <li>• Product</li> <li>• Process</li> <li>• Quality</li> </ul>
Priority	Priority assigned to the change request	<ul style="list-style-type: none"> <li>• High</li> <li>• Medium</li> <li>• Low</li> </ul>
Status	Status of the change request	<ul style="list-style-type: none"> <li>• Requested</li> <li>• Recommended</li> <li>• Approved</li> <li>• Declined</li> <li>• Future Phase</li> </ul>
Approved By	Person who approved the change request	
Date	Date the change request was approved	

Once the Change Request has been documented, it is assigned to an owner for development of supporting information. Other items addressed as part of the Change Request investigation include the following:

- The benefits associated with the change, if any, should be measurable.
- The impact on budget, resources, schedule, deliverables and/or milestones should be clearly identified and included in the change request log.
- The impacts of not making the change should be identified.
- All completed change requests should be escalated to ESC for review and approval.

The following criteria should be used as a guideline in determining an appropriate priority for a Change Request included in the Change Request Log.

<i>Table 6 – Change Request Priority Definitions</i>	
Item	Description
High	Requires immediate attention; has a significant impact on the project. Following are some examples: <ul style="list-style-type: none"> <li>• Result of a delay to the critical path of the project.</li> <li>• Changes the overall direction of the project.</li> <li>• Hinders the quality of a deliverable.</li> <li>• Increases the cost of the project.</li> </ul>
Medium	Requires attention; however, it may not be immediate. <ul style="list-style-type: none"> <li>• Potential significant impact on the project unless resolved in a timely manner.</li> <li>• If not resolved within two weeks, automatically becomes a high priority.</li> </ul>
Low	Does not require immediate attention. <ul style="list-style-type: none"> <li>• Requires further investigation or clarification.</li> <li>• If not resolved within two weeks, automatically becomes a medium priority.</li> <li>• If not resolved within a month, automatically becomes a high priority.</li> </ul>

#### 4.4.2 Responsibilities

The following table identifies the roles and responsibilities associated with Change Management.

Table 7 – Change Management Responsibilities

Role	Responsibilities
eCIRTS Project Team	<ul style="list-style-type: none"> <li>• Identify need for project changes.</li> <li>• Document all change requests.</li> <li>• Complete and submit any further appropriate paperwork to support change requests.</li> <li>• Update any affected project documentation and deliverables.</li> <li>• Support the change owner in developing any change order implementation plans.</li> </ul>
eCIRTS Project Management	<ul style="list-style-type: none"> <li>• Own all eCIRTS Project change requests.</li> <li>• Determine if proposed change is within the eCIRTS Project or requires escalation.</li> <li>• Identify and report change requests through the CR form.</li> <li>• Review and discuss project-specific change requests at weekly status meetings.</li> <li>• Assign resources to investigate proposed changes.</li> <li>• Present and support change requests to the program and executive management teams, as necessary.</li> <li>• Manage completion of the change request implementation plan for approved changes.</li> <li>• Facilitate and oversee the update of any impacted project documentation accordingly.</li> <li>• Allocate appropriate resources to provide for the change to be implemented by the assigned completion date.</li> <li>• Confirm project documentation/deliverables are updated.</li> <li>• Present the overall change assessment and recommendation to the Change Control Review Board (CCRB), as necessary.</li> </ul>
eCIRTS Contract Management	<ul style="list-style-type: none"> <li>• Measure the cost-to-benefit ratio of the requested change.</li> <li>• Conduct periodic discussions on open and new change requests.</li> <li>• May request ad hoc meetings for urgent change requests.</li> <li>• Suggest authorization and resolution alternatives.</li> </ul>
ESC	<ul style="list-style-type: none"> <li>• Assign personnel to evaluate change request alternatives and make recommendations.</li> <li>• Ultimate authority for approving project change requests.</li> </ul>

#### *4.4.3 Frequency*

The Change Management Procedure will be used, as needed, to identify and manage project changes.

#### *4.4.4 Tools and Enablers*

The tools and enablers used to support Change Management include the following:

- Project Status Report
- Change Request Form
- Change Request Tracking Log

## 4.5 Quality Management

Quality Management is the process and activities for identifying, auditing, monitoring, and controlling the quality of eCIRTS Project deliverables so the project will satisfy its objectives. It consists of the following:

- **Quality planning** – developing the total plan to establish, monitor and align quality objectives for the project deliverables as well as the project delivery process.
- **Quality control** – monitoring specific project results to help align compliance with quality objectives.
- **Quality assurance** – conducting planned and systematic activities to support the attainment of quality planning objectives.
- **Process improvement** – improving the project management processes based on analysis and corrective feedback.

### 4.5.1 Procedure

The following figure depicts the overall process to be followed for Quality Management.

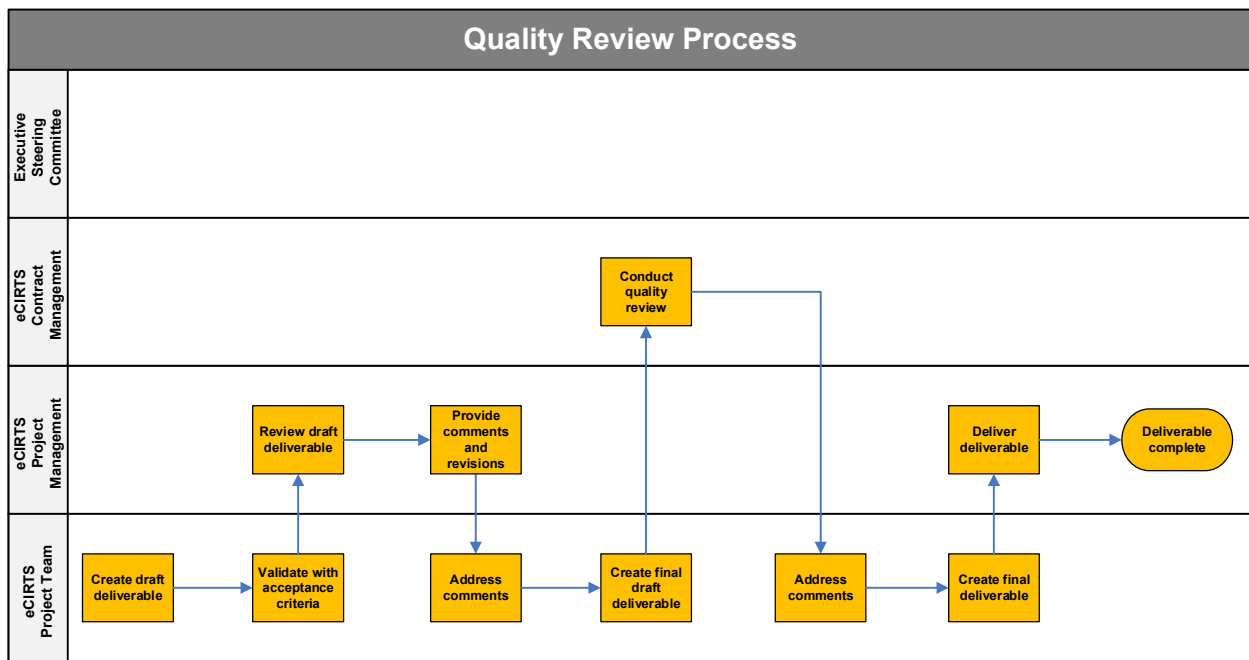


Figure 15 – Quality Review Process

Each project deliverable will be reviewed for compliance with the acceptance criteria listed in the FL eCIRTS WellSky Payment Milestone document. Upon completion of each deliverable, the WellSky PM will submit it to the DOEA PM for review. Once an initial review of the deliverable is complete and any initial issues are addressed, it will be forwarded to appropriate DOEA personnel for review and approval and then submitted to DOEA Contract Management.

For software development projects, detailed product testing processes are included in Quality Management. Testing relevant to the project-specific configuration and development will be



reportable to the project, while ongoing quality activities related to routine periodic software updates to the core product will be external to the project.

#### 4.5.2 Responsibilities

The following table identifies the roles and responsibilities associated with Quality Management.

<i>Table 8 – Quality Management Responsibilities</i>	
Role	Responsibilities
eCIRTS Project Team	<ul style="list-style-type: none"> <li>Responsible for the completion of all eCIRTS activities and deliverables in support of the eCIRTS Project.</li> <li>Consult with the eCIRTS management team on completeness and adherence to Department requirements.</li> <li>Use the deliverable acceptance criteria to validate compliance with requirements.</li> <li>Review and address any comments received on submitted deliverables.</li> <li>Prepare final deliverable.</li> </ul>
eCIRTS Project Management	<ul style="list-style-type: none"> <li>Own all project activities and deliverables.</li> <li>Monitor deliverable creation and compliance with acceptance criteria.</li> <li>Review and approve draft deliverables prior to formal quality review.</li> <li>Present and support draft deliverables for quality review.</li> <li>Assign resources to investigate/resolve deliverable quality issues.</li> <li>Implement quality issue resolutions.</li> </ul>
eCIRTS Contract Management	<ul style="list-style-type: none"> <li>Conduct formal quality review</li> </ul>
ESC	<ul style="list-style-type: none"> <li>Act as final escalation and approval authority, as necessary</li> </ul>

#### 4.5.3 Frequency

The Quality Management Procedure will be used throughout the eCIRTS Project for all deliverables.

#### 4.5.4 Tools and Enablers

The tools and enablers used to support Quality Management include the following:

- eCIRTS Project Schedule
- FL eCIRTS WellSky Payment Milestone Workbook

## 4.6 Human Resource Management

Human Resource Management is the process for organizing, leading, and managing the eCIRTS Project Team. It includes the following:

- Identifying and documenting project roles, responsibilities and required skills, reporting relationships, and creating a staffing management plan.
- Obtaining the team necessary to complete project assignments.
- Improving the competencies, team interaction and the overall team environment to enhance project performance.
- Tracking team member performance, providing feedback, resolving issues, and managing changes to optimize project performance.

In conjunction with development of the WBS and associated project schedule, an organization breakdown structure (OBS) was developed which identifies the skills and resources required to conduct each of the deliverable activities. The OBS was subsequently translated into an eCIRTS Project organization chart which is shown in *Figure 1 – Project Organization*. *Table 1 – Project Roles and Responsibilities*, identifies the responsibilities for each of the elements identified in the project organization.

The Governance Structure presented in *Section 2.3, Project Governance and Decision Framework*, was also developed to identify, assess, and respond to internal and external events and enable effective program oversight and decision making.

### 4.6.1 Procedure

Throughout the conduct of the eCIRTS Project, personnel and skill requirements will be reviewed based on the approved eCIRTS Project Schedule. New resources will be acquired as needs arise and the resources will be assigned to appropriate project activities after completing project orientation.

While assigned to the eCIRTS Project, personnel performance will be monitored and evaluated. Upon completion of assigned tasks or the completion of assignment to the eCIRTS Project, a formal review of personnel performance will be conducted.

#### 4.6.2 Responsibilities

The following table identifies the roles and responsibilities associated with Human Resource Management.

<i>Table 9 – Human Resource Management Responsibilities</i>	
Role	Responsibilities
eCIRTS Project Team	<ul style="list-style-type: none"> <li>Identify and communicate personnel and skill requirements to eCIRTS Project Management.</li> <li>Review and become familiar with project orientation materials.</li> </ul>
eCIRTS Project Management	<ul style="list-style-type: none"> <li>Lead all personnel assigned to support the eCIRTS Project.</li> <li>Identify and communicate personnel and skill requirements to the ESC and DOEA executive leadership.</li> <li>Present and support resource assignments and staffing plan to eCIRTS Contract Management.</li> <li>Provide orientation and training to new personnel assigned to the project.</li> <li>Provide feedback to personnel assigned to the project.</li> </ul>
eCIRTS Contract Management	<ul style="list-style-type: none"> <li>Review project staffing plan.</li> <li>Provide feedback to eCIRTS Project Management on overall project performance.</li> </ul>
ESC	<ul style="list-style-type: none"> <li>Act as final escalation and approval authority, as necessary</li> </ul>

#### 4.6.3 Frequency

The Human Resource Management Procedure will be used throughout the eCIRTS Project.

#### 4.6.4 Tools and Enablers

The tools and enablers used to support Human Resource Management include the following:

- eCIRTS Project Schedule

## 4.7 Communications Management

Communications Management is the process of communicating project information to project stakeholders. Effective and timely communication is a key component to the success of the eCIRTS Project. As such, the following communication mechanisms will be used:

- **Informal communications** – Ongoing, real-time, and strategic advice as well as thought leadership throughout the execution of the project.
- **Weekly status reports** – Provided each week to identify the status of the eCIRTS Project including activities, issues, risks, deliverable status, action items and an updated project schedule, if necessary.
- **Weekly status meetings** – Conducted each week to review eCIRTS Project status, issues and risks, potential delays, new requirements, and overall project satisfaction.
- **Monthly ESC meetings** – Conducted each month to review eCIRTS Project status, issues and risks, potential delays, new requirements, and overall project satisfaction, as well as make key project decisions.
- **Meeting minutes** – Provided upon completion of any formal meeting including attendees, information shared during the meeting, action items and decisions required.

The following table identifies the Communications Plan to be used for the eCIRTS Project.

<i>Table 10 – Communications Plan</i>					
Mechanism	Objective	Period	Participants	Facilitator	Format
Informal	Provide strategic advice as well as thought leadership as circumstances warrant	As needed	<ul style="list-style-type: none"> <li>• eCIRTS Project Team</li> <li>• Others as needed</li> </ul>	eCIRTS Project Team	Meeting
Status reports	Identify status of the project	Weekly	<ul style="list-style-type: none"> <li>• eCIRTS Project Team</li> </ul>	eCIRTS Project Management	Document
Status meetings	Review project status, issues and risks, potential delays, new requirements, and overall project satisfaction	Weekly	<ul style="list-style-type: none"> <li>• eCIRTS Project Team</li> </ul>	eCIRTS Project Management	Meeting



*Table 10 – Communications Plan*

Mechanism	Objective	Period	Participants	Facilitator	Format
ESC meetings	Review project status, issues and risks, potential delays, new requirements, overall project satisfaction, and make key project decisions	Monthly	<ul style="list-style-type: none"> <li>eCIRTS Project Team</li> <li>ESC members</li> <li>Other as needed</li> </ul>	eCIRTS Project Management	Meeting
Meeting minutes	Document results of any formal meeting conducted	As needed	<ul style="list-style-type: none"> <li>As needed</li> </ul>	As required	Document

### 4.7.1 Status Reports

Status Reports will be provided each week to identify the status of the project including the following:

- Overall eCIRTS Project status
- Significant accomplishments current period
- Planned accomplishments next period
- Milestone status
- Budget status
- Scope changes
- Risks and issues
- Action items
- Other information as appropriate

#### 4.7.1.1 Procedure

The following figure depicts the overall process to be followed for the Status Reporting Procedure.

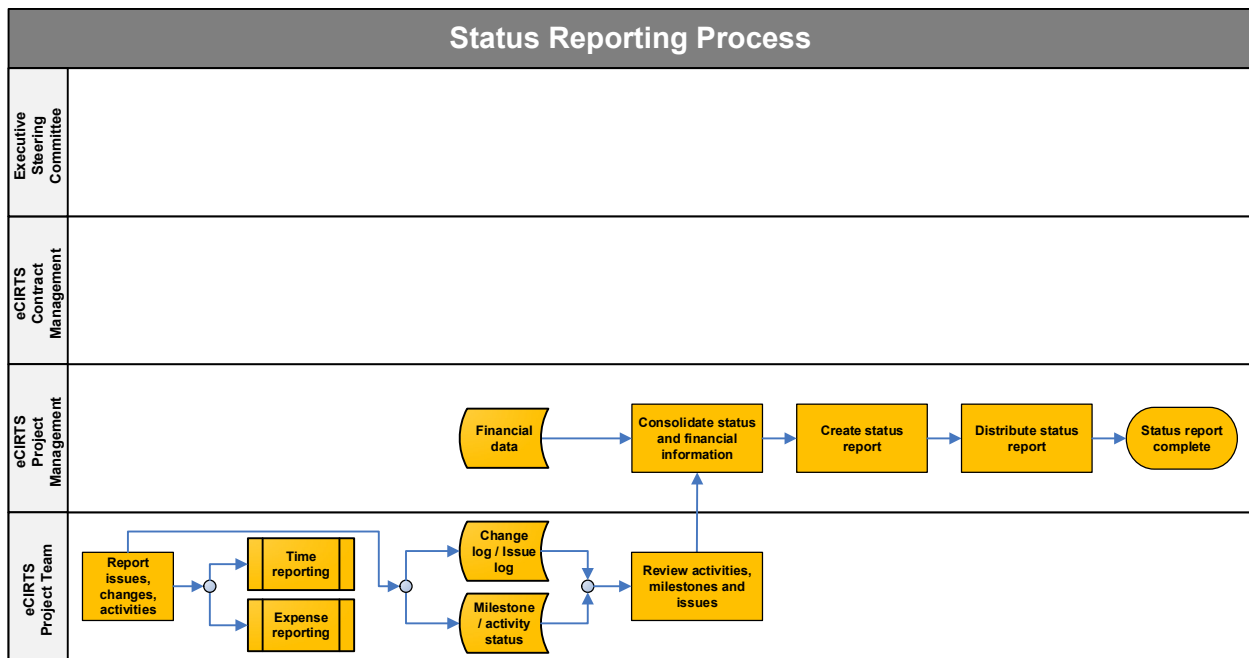


Figure 16 – Status Reporting Process

Each week, the eCIRTS Project Team will review all project activities and related items, revise information as appropriate so it is accurate and up-to-date and submit the information to eCIRTS Project Management.

eCIRTS Project Management will review the submitted information and incorporate project financial data to create the eCIRTS Project Status Report. Once complete, the status report will be distributed to the eCIRTS Project Team and other stakeholders.

#### 4.7.1.2 Responsibilities

The following table identifies the roles and responsibilities associated with Status Reporting.

<i>Table 11 – Status Reporting Responsibilities</i>	
Role	Responsibilities
eCIRTS Project Team	<ul style="list-style-type: none"> <li>• Provide updates each week to eCIRTS Project Management on the status of assigned activities including issues and risks.</li> <li>• Submit accurate timesheets and expense reports in accordance with current policies.</li> <li>• Review project activities, milestones, deliverables, risks, and issues.</li> </ul>
eCIRTS Project Management	<ul style="list-style-type: none"> <li>• Review status information.</li> <li>• Consolidate status information with financial information.</li> <li>• Prepare eCIRTS Project status report and distribute to the eCIRTS Project Team and other stakeholders.</li> </ul>
eCIRTS Contract Management	<ul style="list-style-type: none"> <li>• Review and provide feedback as required.</li> </ul>
ESC	<ul style="list-style-type: none"> <li>• Act as final escalation and approval authority, as necessary.</li> </ul>

#### 4.7.1.3 Frequency

The Status Reporting Procedure will be used each week throughout the eCIRTS Project.

#### 4.7.1.4 Tools and Enablers

The tools and enablers used to support Status Reporting include the following:

- Project Status Report
- Project Tracking Logs
- Project Schedule

### 4.7.2 Status Meetings

Each week, an eCIRTS Project Status Meeting will be conducted with appropriate project personnel to review project status, issues and risks, potential delays, new requirements, and overall project satisfaction. An agenda will be created and distributed to appropriate project team personnel prior to the meeting. The results of the meeting including decisions made during will be included in a meeting minutes report.

The weekly project status report identified in *Section 4.7.1, Status Reports*, is used as the basis for this meeting and includes the following information:

- Overall eCIRTS Project status
- Significant accomplishments current period
- Planned accomplishments next period
- Milestone status
- Budget status
- Scope changes
- Risks and issues
- Action items
- Other information as appropriate

#### 4.7.2.1 Procedure

The following figure depicts the overall process to be followed for the Status Meeting Procedure.

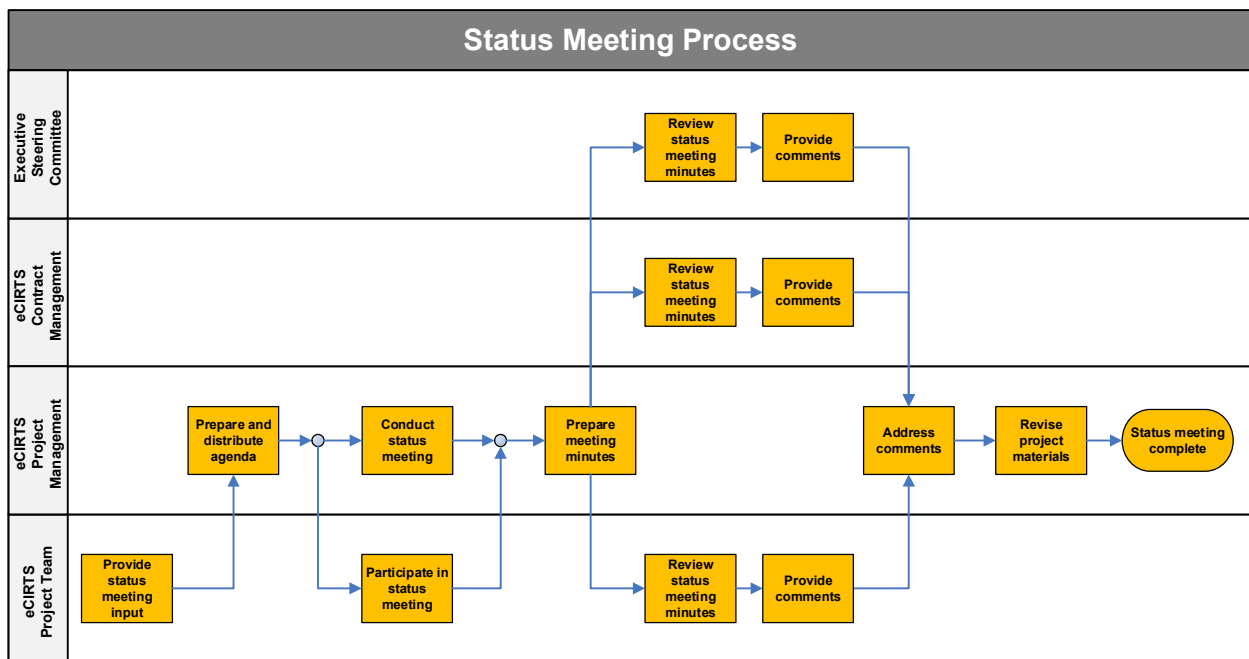


Figure 17 – Status Meeting Process

Each week, the eCIRTS Project Team will provide input to eCIRTS Project management on potential topics and status to be included in the weekly status meeting. eCIRTS Project Management will create an agenda for the meeting including project status, issues and risks, potential delays, new requirements, and overall project satisfaction.



The status meeting is conducted with eCIRTS Project Management chairing and facilitating the meeting. Upon completion of the meeting, eCIRTS Project Management will prepare and distribute the meeting minutes report in accordance with the meeting minutes procedure outlined in *Section 4.7.4, Meeting Minutes*. The Meeting Minutes will be distributed to eCIRTS Project personnel for review.

#### 4.7.2.2 Responsibilities

The following table identifies the roles and responsibilities associated with Status Meetings.

<i>Table 12 – Status Meeting Responsibilities</i>	
Role	Responsibilities
eCIRTS Project Team	<ul style="list-style-type: none"> <li>• Provide input to eCIRTS Project management on potential topics for the status meeting.</li> <li>• Actively participate in the status meetings.</li> <li>• Revise appropriate project materials based on decisions made during the meeting (e.g., risk and issues log, project schedule, etc.)</li> </ul>
eCIRTS Project Management	<ul style="list-style-type: none"> <li>• Prepare and distribute the status meeting agenda.</li> <li>• Chair and facilitate the status meeting.</li> <li>• Revise appropriate project materials based on decisions made during the meeting (e.g., risk and issues log, project schedule, etc.)</li> <li>• Prepare and distribute the meeting minutes report.</li> </ul>
eCIRTS Contract Management	<ul style="list-style-type: none"> <li>• Review and provide feedback as required.</li> </ul>
ESC	<ul style="list-style-type: none"> <li>• Act as final escalation and approval authority, as necessary.</li> </ul>

#### 4.7.2.3 Frequency

The Status Meeting Procedure will be used each week throughout the eCIRTS Project.

#### 4.7.2.4 Tools and Enablers

The tools and enablers used to support Status Meetings include the following:

- Project Status Report
- Project Tracking Logs
- Project Schedule

### 4.7.3 ESC Meetings

The ESC Meetings are a key component to project governance and will ensure oversight of project progress with efficient management of risks and issues. Decisions required to be made by the ESC along with Project Management recommendations are presented during the meeting based on the decision framework presented in *Section 2.3, Project Governance and Decision Framework*.

#### 4.7.3.1 Procedure

Each month, eCIRTS Project Management will prepare an ESC meeting agenda which includes an overall status of the eCIRTS Project, individual workstream status, and supporting information. Using the agenda, eCIRTS Project Management will also prepare an ESC meeting packet comprised of a standard project status presentation and all supporting information and documents relevant to the agenda topics. Specific information contained in the presentation includes the following:

*Table 13 – ESC Presentation Contents*

Topic	Description
Overall Status	Provides an overall status of the eCIRTS Project including the following: <ul style="list-style-type: none"> <li>• Overall status of schedule, budget, scope, key risks, and issues.</li> <li>• Key accomplishments since the previous ESC meeting.</li> <li>• Decisions required to be made by the ESC along with Project Management recommendations.</li> <li>• Project timeline including current state, percent complete for major activities, and key project delays.</li> <li>• Finances including baseline budget and associated changes, total planned and incurred expenses, and variance.</li> <li>• Status of adhering to Florida Legislative requirements.</li> <li>• Status of coordinating with and adhering with CMS requirements.</li> <li>• Florida Digital Service oversight activities and results.</li> </ul>
Workstream Status	Provides a status of each of the eCIRTS Project workstreams including the following: <ul style="list-style-type: none"> <li>• Overall workstream status including key items.</li> <li>• Workstream schedule status.</li> <li>• Key impediments hindering workstream progress.</li> </ul>
Supporting Information	Supporting information including the following <ul style="list-style-type: none"> <li>• Issues, risks, and change requests.</li> <li>• Project schedule and performance including EVM metrics and analytics.</li> <li>• Preliminary lessons learned.</li> </ul>

The ESC Meeting is conducted with eCIRTS Project Management chairing and facilitating the meeting. Upon completion of the meeting, eCIRTS Project Management will prepare and distribute the Meeting Minutes Report in accordance with the Meeting Minutes Procedure outlined in *Section 4.7.4, Meeting Minutes*. The Meeting Minutes will be distributed to eCIRTS Project personnel for review.

#### 4.7.3.2 Responsibilities

The following table identifies the roles and responsibilities associated with ESC Meetings.

<i>Table 14 – ESC Meeting Responsibilities</i>	
Role	Responsibilities
eCIRTS Project Team	<ul style="list-style-type: none"> <li>• Provide input to eCIRTS Project management on potential topics for the ESC meeting.</li> <li>• Actively participate in the ESC meetings.</li> <li>• Revise appropriate project materials based on decisions made during the meeting (e.g., risk and issues log, project schedule, etc.)</li> </ul>
eCIRTS Project Management	<ul style="list-style-type: none"> <li>• Prepare and distribute the ESC meeting agenda.</li> <li>• Chair and facilitate the ESC meeting.</li> <li>• Revise appropriate project materials based on decisions made during the meeting (e.g., risk and issues log, project schedule, etc.)</li> <li>• Prepare and distribute the meeting minutes report.</li> </ul>
eCIRTS Contract Management	<ul style="list-style-type: none"> <li>• Review and provide feedback as required.</li> </ul>
ESC	<ul style="list-style-type: none"> <li>• Act as final escalation and approval authority, as necessary.</li> </ul>

#### 4.7.3.3 Frequency

The ESC Meeting Procedure will be used each month throughout the eCIRTS Project.

#### 4.7.3.4 Tools and Enablers

The tools and enablers used to support ESC Meetings include the following:

- Project status report
- Project tracking logs
- Project schedule

#### 4.7.4 Meeting Minutes

Throughout the duration of the eCIRTS Project, various meetings will be conducted to facilitate effective communication between project stakeholders. Upon completion of any formal meeting, a Meeting Minutes Report will be distributed to all invitees to document the meeting as well as identify and distribute and action items resulting from the meeting.

The Meeting Minutes Report will include the following information:

- **Meeting logistics:** Name, topic, purpose, date, location, start and end times.
- **Meeting roles:** Facilitator, requestor, and scribe(s).
- **Invitees:** All personnel invited to the meeting including those not present.
- **Meeting agenda:** Detailed agenda including topics, associated owners, and time.
- **Meeting minutes:** Lists the minutes for the meeting including any decisions or deferrals made during the meeting.
- **Action items:** Identifies any action items assigned during the meeting including assignee and due date.
- **Issues:** Identifies any issues identified during the meeting including assignee and due date.

##### 4.7.4.1 Procedure

Upon completion of each formal meeting conducted as part of the eCIRTS Project, a Meeting Minutes Report will be created and distributed to all invitees using the meeting minutes' template.

##### 4.7.4.2 Responsibilities

The following table identifies the roles and responsibilities associated with the Meeting Minutes Procedure.

<i>Table 15 – Status Meeting Responsibilities</i>	
Role	Responsibilities
Requestor	<ul style="list-style-type: none"> <li>• Requests the meeting if it is not a standard meeting.</li> <li>• Identifies meeting logistics, invitees, and agenda.</li> </ul>
Facilitator	<ul style="list-style-type: none"> <li>• Facilitates the conduct of the meeting.</li> <li>• Finalizes and distribute the Meeting Minutes Report.</li> </ul>
Scribe(s)	<ul style="list-style-type: none"> <li>• Take notes during the conduct of the meeting.</li> <li>• Complete the Meeting Minutes Report.</li> </ul>
Attendees	<ul style="list-style-type: none"> <li>• Prepares for the meeting, as requested.</li> <li>• Actively participate in the meeting.</li> </ul>

#### *4.7.4.3 Frequency*

A Meeting Minutes Report will be created and distributed within three (3) business days of meeting conclusion for every formal meeting conducted as part of the eCIRTS Project.

#### *4.7.4.4 Tools and Enablers*

The tools and enablers used to support Meeting Minutes include the following:

- Meeting Minutes Report

## 4.8 Risk Management

A project risk is defined as the probability of an undesirable event occurring or a desirable event (opportunity) failing to occur and the consequential impact of and on the project. Project risks may potentially affect the project's ability to:

- Meet the business objectives
- Be completed on time
- Be completed within budget
- Meet critical milestones
- Be completed with the necessary resources
- Deliver expected results
- Meet technical and performance expectations

Risk Management is a structured process for identifying, documenting, tracking, and mitigating the negative impact and maximizing the positive impact of project risks throughout the lifecycle of the project. The goal of Risk Management is the reduction of probability and severity of risk on the project. Risk Management does not necessarily eliminate risk but attempts to reduce the negative exposure to risk.

The objectives of the Risk Management Process for the eCIRTS Project are to:

- Provide early identification of risks to the eCIRTS Project and allow subsequent tracking and monitoring of these risks to mitigate associated impacts.
- Proactively address risks throughout the project's lifecycle.
- Establish the necessary mitigation plans to address risks as they are realized.
- Provide Executive Management with information, as needed, regarding the risk posture of the eCIRTS Project to assist in the decision-making process.

A formal Risk Management Process will be used for the eCIRTS Project that focuses on identifying, analyzing, and responding to risks and opportunities that affect the project. These procedures also verify that the risks are properly mitigated and resolved with minimal impact to the project. The Risk Management Procedure includes the following:

- Identification of potential risks or opportunities by any member of the eCIRTS Project Team and Executive Management.
- Logging and validation of the identified item.
- Analysis of the identified item including impacts to the project schedule, budget, resources, or scope.
- Reporting and escalation of the item as required to appropriate project and DOEA personnel.
- Development of appropriate mitigation and resolution strategies and plans as required.
- Implementation of approved mitigation and resolution strategies.

The following table defines several terms that are part of the Risk Management Process.

Table 16 – Risk Management Terms

Term	Definition
Risk probability or likelihood	<p>Measure of the likelihood that a certain risk will occur and negatively affect the project (i.e., probability of occurrence).</p> <ul style="list-style-type: none"> <li>The probability of occurrence for the risk element should be defined on a level from 1-5.</li> </ul>
Risk impact or consequence	<p>Measure of the anticipated degree of impact that the risk, if it occurs, will have on the project.</p> <ul style="list-style-type: none"> <li>The degree of impact related to the risk element is calculated based on 3 inputs – technology, schedule, and cost on a level from 1-5.</li> </ul>
Risk factor	<p>Calculated as the combination (multiplication) of the “likelihood” (probability) and the highest “consequence”. For example:</p> <ul style="list-style-type: none"> <li>Risk likelihood = 3</li> <li>Risk consequence for technology = 3, schedule = 4 and cost = 1</li> <li>Then the risk factor = risk likelihood times highest risk consequence =</li> <li>3 times 4 = 12</li> </ul>
Mitigation strategy	<p>Based on the risk probability and impact, a mitigation strategy should be formulated.</p> <ul style="list-style-type: none"> <li>The mitigation plan is an “actionable” plan that can be effectively translated into formal action items and to which ownership for execution can be assigned.</li> <li>The mitigation strategy is executed throughout the project’s lifecycle to limit the impact of the risk on the project.</li> <li>Note: Only risks that have high/medium probability of occurrence and high/medium impact will require a formal mitigation plan.</li> </ul>
Contingency plan	<p>Certain risks, due to circumstances outside of the project or the low probability of occurrence may require contingency plans especially risks with a high severity of impact to the project.</p> <ul style="list-style-type: none"> <li>Hence, contingency plans, by their very nature are triggered once the risk occurs.</li> <li>Project Managers should continually monitor project risks to determine whether to update/modify contingency plans and activate as warranted.</li> </ul>

### 4.8.1 Procedure

The following figure depicts the overall process to be followed for Risk Management.

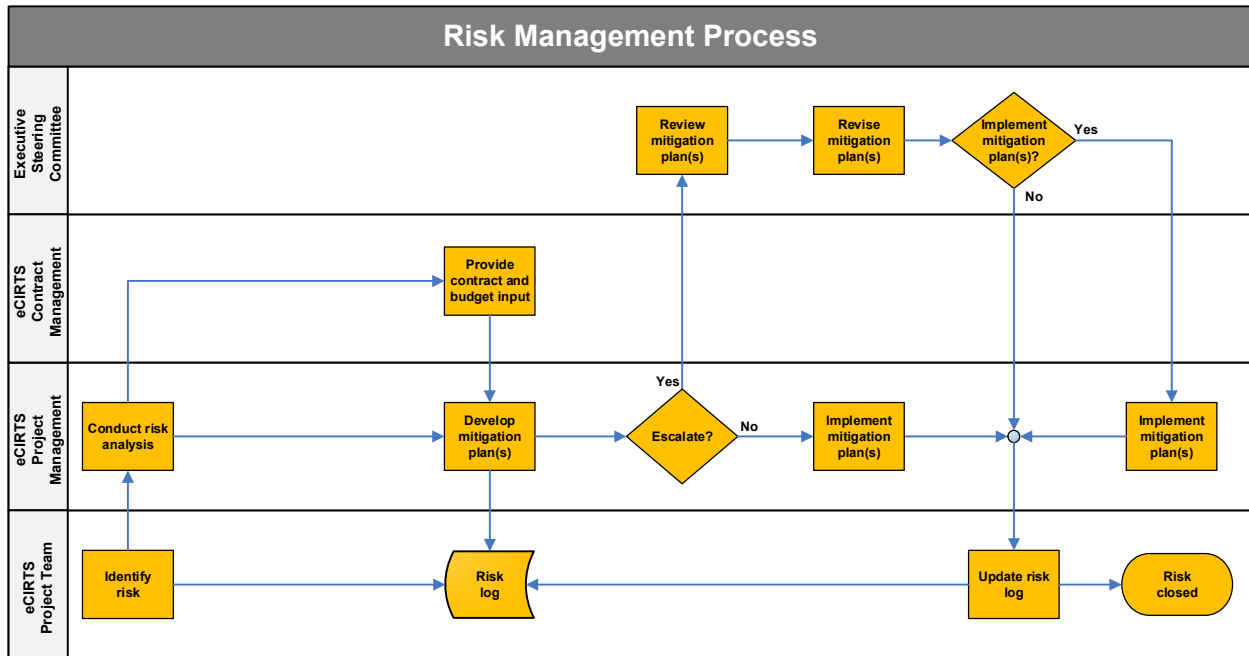


Figure 18 – Risk Management Process

Risks can be raised by any project stakeholder, entered in the risk tracking log, and categorized by type and priority including an estimated closure date. eCIRTS Project Management will review the risk and, if necessary, update the risk tracking log with background information to place the risk in perspective. At a minimum, the following information will be captured and tracked for all risks.

Item	Description	Value
ID #	Unique number assigned to each risk	
Risk Description	Summary description of the risk	
Date Identified	Date the risk was identified and recorded in the risk tracking log	
Identified By	Person and/or organization that identified the risk	
Owner	Person who owns the development of the risk mitigation strategy	
Category	Type of risk	<ul style="list-style-type: none"> <li>• Scope</li> <li>• Schedule</li> <li>• Resources</li> <li>• Deliverables</li> <li>• Product</li> </ul>



Table 17 – Risk Management Information

Item	Description	Value
Probability	Likelihood the risk will occur expressed as a range of probability percentage	<ul style="list-style-type: none"> <li>• Low (0 – 19%)</li> <li>• Medium (20 – 39%)</li> <li>• High (40 – 100%)</li> </ul>
Impact	Estimated severity of the impact if the risk occurs	<ul style="list-style-type: none"> <li>• Low</li> <li>• Medium</li> <li>• High</li> </ul>
Priority	Priority assigned to the risk	<ul style="list-style-type: none"> <li>• Low</li> <li>• Medium</li> <li>• High</li> </ul>
Status	Status of the risk	<ul style="list-style-type: none"> <li>• Identified</li> <li>• Triggered</li> <li>• Closed</li> </ul>
Closed Date	Actual date the risk was closed	
Response	Detailed comments about the risk including triggers, mitigation strategies, and updates	

Once the risk has been formally documented, it is assigned to an owner for monitoring. Risks will be closely monitored, paying attention to symptoms that may indicate the risks are beginning to occur. As the symptoms and/or risks occur, they will be mitigated according to the documented mitigation plans. If the risk probability is High, or the risk impact is High, then the risk will automatically be escalated to the ESC.

Regular risk assessments will be conducted that include the following steps as needed:

- Revisit risks defined at project start and include new risks as appropriate.
- Categorize, assess, and analyze the probability and severity of each risk.
- Determine symptoms that would indicate that risks may be occurring.
- Prepare a mitigation and response plan for each risk.

If Change Control is required, then the risk will be submitted for background information as part of the Change Control Process.

### 4.8.2 Responsibilities

The following table identifies the roles and responsibilities associated with the Risk Management Procedure.

<i>Table 18 – Risk Management Responsibilities</i>	
Role	Responsibilities
eCIRTS Project Team	<ul style="list-style-type: none"> <li>Identify and communicate risks and opportunities to eCIRTS Project Management.</li> <li>Identify and discuss potential risk mitigation strategies with eCIRTS Project Management.</li> <li>Investigate risks assigned.</li> </ul>
eCIRTS Project Management	<ul style="list-style-type: none"> <li>Own all risks within the eCIRTS Project.</li> <li>Assign resources to investigate risks.</li> <li>Develop risk mitigation plan(s).</li> <li>Integrate risks into an overall project risk profile.</li> <li>Present and support the project risk profile to appropriate personnel.</li> <li>Implement project-level risk mitigation plans.</li> </ul>
eCIRTS Contract Management	<ul style="list-style-type: none"> <li>Review identified risks and associated mitigation plan(s) and provides feedback where appropriate.</li> <li>Provide contract and budget information in support of developing risk mitigation plan(s).</li> <li>Work with the eCIRTS Project Team to determine appropriate risk solutions.</li> </ul>
ESC	<ul style="list-style-type: none"> <li>Review project risk profile and provide recommendations and guidance for mitigation.</li> <li>Act as final escalation and approval authority, as necessary.</li> </ul>

### 4.8.3 Frequency

The Risk Management Procedure will be used throughout the eCIRTS Project to identify and manage project risks and opportunities.

### 4.8.4 Tools and enablers

The tools and enablers used to support Risk Management include the following:

- Risk Tracking Log

## 4.9 Issue Management

An issue is a formally defined problem or concern that is impeding the progress of a project and for which no resolution or agreement has been reached. Issues involve a variety of topics and can occur throughout the lifecycle of a project and may be identified by any member of the project team, or by any other stakeholders.

An Issue Management Process is a daily process that consists of a structured approach for identifying, capturing, resolving, and monitoring project issues in a timely manner. A successful Issue Management Process is one that encourages and requires participation at all levels of the project.

As part of the eCIRTS Project, a formal Issue Management Process will be used that includes the following:

- Identifying and defining issues
- Determining the impact of the issues
- Developing issue resolution options
- Implementing issue resolutions

### 4.9.1 Procedure

The following figure depicts the overall process to be followed for Issue Management.

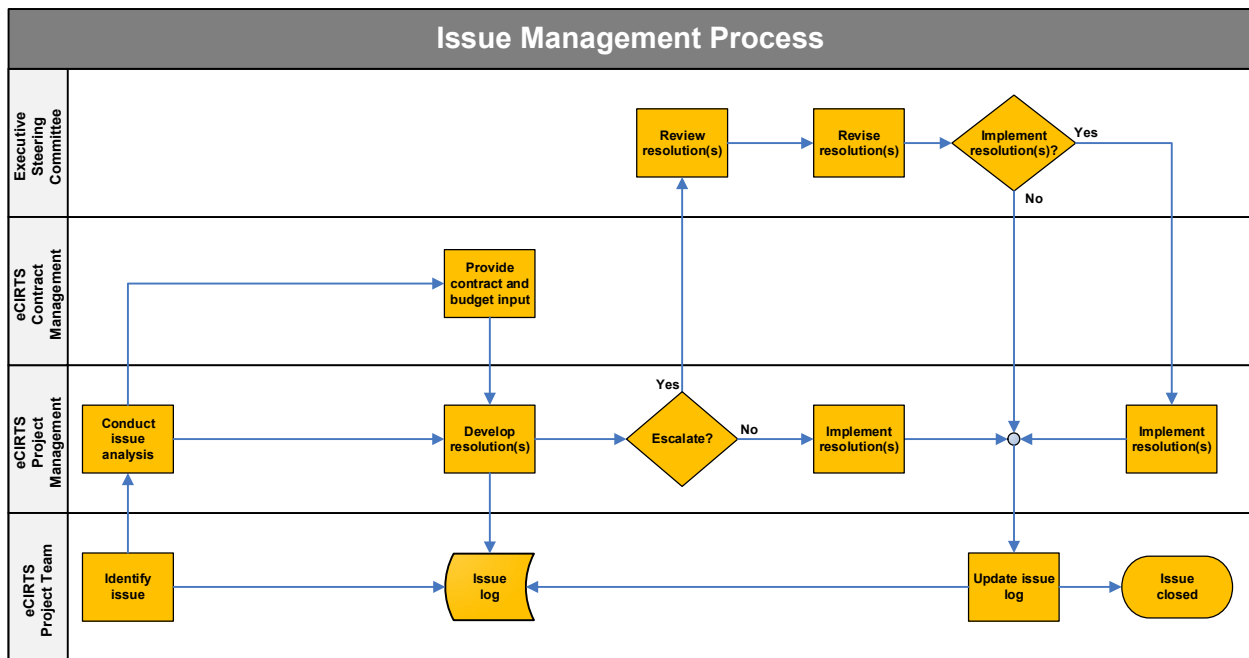


Figure 19 – Issue Management Process

Issues can be raised by any project stakeholder, entered in the issue tracking log, and categorized by type and priority, included an estimated closure date. eCIRTS Project Management will investigate the issue and, if necessary, update the issue tracking log with background information



to place the issue in perspective. At a minimum, the following information will be captured and tracked for all issues.

<i>Table 19 – Issue Management Information</i>		
Item	Description	Value
ID #	Unique number assigned to each issue	
Date Received	Date the issue was identified and recorded in the issue tracking log	
Identified By	Person and/or organization that identified the issue	
Assigned To / Decision Maker	Person assigned accountability for issue resolution	
Target Date	Date the issue is targeted to be resolved	
Closed Date	Actual date the issue was closed	
Category	Category of issue	<ul style="list-style-type: none"> <li>• Scope</li> <li>• Schedule</li> <li>• Resources</li> <li>• Deliverables</li> <li>• Product</li> </ul>
Type	Type of issue	<ul style="list-style-type: none"> <li>• Config</li> <li>• Bug</li> <li>• Report</li> <li>• Interface</li> <li>• Data Migration</li> <li>• Environment</li> </ul>
Description	Summary description of the issue	
Resolution / Rationale / Communication	Detailed comments about the issue including resolution of the issue, rationale for decisions, and communication needs to impacted stakeholders	
Status	Issue status	<ul style="list-style-type: none"> <li>• Active WellSky</li> <li>• Active DOEA</li> <li>• Escalated</li> <li>• Ready to Deploy</li> <li>• Closed</li> </ul>
Priority	Priority assigned to the issue	<ul style="list-style-type: none"> <li>• Low</li> <li>• Medium</li> <li>• High</li> </ul>

Once the issue has been formally documented, it is assigned to an owner for development of an appropriate resolution plan. Other items that are addressed as part of issue resolution include the following:

- The impact on schedules and costs will be estimated for each solution and any recommendations made for a solution will be documented in the Issue Tracking Log.
- Recommendations will be reviewed at progress meetings and Change Request Forms created, as required, if changes to the project are necessary.
- If Change Control is required, then the issue will be submitted for background information as part of the Change Control Process.
- Issue resolution will conform to the escalation criteria defined in *Figure 3 – Project Decision Framework*.
- If no action is taken this fact must be clearly indicated in the Issue Tracking Log.
- If an issue cannot be resolved, it must be escalated to the ESC for resolution.
- If an issue has a high severity or will adversely impact activities on or near the critical path, then the issue will automatically be escalated to the ESC.

The following criteria should be used as a guideline in determining an appropriate severity level for an issue.

*Table 20 – Issue Severity Definitions*

Severity	Criteria
High	Requires immediate attention; has a significant impact on the project. Following are some examples: <ul style="list-style-type: none"> <li>• Will cause a delay to the critical path of the project.</li> <li>• Changes the overall direction of the project.</li> <li>• Hinders the quality of a deliverable.</li> <li>• Increases the cost of the project.</li> <li>• Impairs the solution.</li> </ul>
Medium	Requires attention; however, it may not be immediate. <ul style="list-style-type: none"> <li>• Potential significant impact on the project unless resolved in a timely manner.</li> <li>• If not resolved within two weeks, reassessed to determine its status, and escalated as appropriate.</li> </ul>
Low	Does not require immediate attention. <ul style="list-style-type: none"> <li>• Requires further investigation or clarification.</li> <li>• If not resolved within two weeks, reassessed to determine its status, and escalated as appropriate.</li> <li>• If not resolved within a month, reassessed to determine its status, and escalated as appropriate.</li> </ul>

### 4.9.2 Responsibilities

The following table identifies the roles and responsibilities associated with the Issue Management Procedure.

<i>Table 21 – Issue Management Responsibilities</i>	
Role	Responsibilities
eCIRTS Project Team	<ul style="list-style-type: none"> <li>Identify and communicate issues to eCIRTS Project Management.</li> <li>Identify and discuss potential issue resolutions with eCIRTS Project Management.</li> <li>Investigate and resolve issues assigned.</li> </ul>
eCIRTS Project Management	<ul style="list-style-type: none"> <li>Own all issues within the eCIRTS Project.</li> <li>Assign resources to investigate issues.</li> <li>Analyze issues and develop issue resolution(s).</li> <li>Determine if issues require escalation.</li> <li>Present and support escalated issues to the ESC.</li> <li>Implement issue resolution(s).</li> </ul>
eCIRTS Contract Management	<ul style="list-style-type: none"> <li>Review identified issues and associated resolution(s) and provide feedback where appropriate.</li> <li>Provide contract and budget information in support of developing issue resolution(s).</li> <li>Work with the eCIRTS Project Team to determine appropriate issue resolutions.</li> </ul>
ESC	<ul style="list-style-type: none"> <li>Review project issues and resolution(s) and provide recommendations and guidance.</li> <li>Act as final escalation and approval authority, as necessary.</li> </ul>

### 4.9.3 Frequency

The Issue Management Procedure will be used throughout the eCIRTS Project to identify and manage project issues.

### 4.9.4 Tools and enablers

The tools and enablers used to support Issue Management include the following:

- Issue Tracking Log

## Appendix A. Acronyms and Abbreviations

Acronyms and abbreviations are defined the first time they are used in this document. The entire acronym/abbreviation is listed first, and then the acronym/abbreviation is enclosed in parentheses. The consolidated list of acronyms and abbreviations is listed below.

<i>Table 22 – Acronyms and Abbreviations</i>	
Acronym / Abbreviation	Meaning
AAA	Area Agencies on Aging
ACL	Administration for Community living
ADRC	Aging and Disability Resource Centers
AHCA	Agency for Health Care Administration
CARES	Comprehensive Assessment and Review for Long-Term Care Services
CCRB	Change Control review Board
CIRTS	Client Information and Registration Tracking System
CMS	Centers for Medicare and Medicaid Services
CPI	Cost Performance Index
CR	Change Request
DMS	Florida Department of Management Services
DOEA	Department of Elder Affairs
eCIRTS	enterprise Client Information and Registration Tracking System
ESC	Executive Steering Committee
EVM	Earned Value Management
FLDS	Florida Digital Service
GPS	Global Positioning System
HIPAA	Health Insurance Portability and Accountability Act
LTCOP	Long-Term Care Ombudsman Program
LOE	Level of Effort
MES	Medicaid Enterprise System
OBS	Organization Breakdown Structure
PMP	Project Management Plan
SHINE	Serving Health Insurance Needs of Elders
SMR	Subject Matter Resource
SPI	Schedule Performance Index
UAT	User Acceptance Testing
WBS	Work Breakdown Structure

## Appendix B. WellSky Project Team

The following table identifies the WellSky Project Team roles and their associated responsibilities.

<i>Table 23 – WellSky Project Team Roles and Responsibilities</i>		
Role	Individuals	Responsibilities
Executive Sponsor	Steve Greenberg	<ul style="list-style-type: none"> <li>WellSky's executive escalation path</li> </ul>
Project Stakeholders	Keith Ewell Brian McGlenn	<ul style="list-style-type: none"> <li>Ensures optimal operations for current deployments</li> <li>Availability of information to support planning for future needs</li> </ul>
Project Director	Jared Whitney	<ul style="list-style-type: none"> <li>Removes obstacles that prevent the project team from moving forward</li> <li>Assistance to help the PM and the project team solve complex problems and achieve all in-scope objectives</li> <li>Ensures WellSky resources are made available to the project, as needed, on the required timelines.</li> <li>Participates in checkpoint meeting and monitors the quality of the project.</li> </ul>
Project Manager	Jennifer Buck	<ul style="list-style-type: none"> <li>Facilitates monthly ESC meetings</li> <li>Heavy focus on tactical items to keep project moving forward</li> <li>Issue management</li> <li>Communications management</li> <li>Status reporting</li> <li>Project planning and scheduling</li> <li>Ensures successful business integration and an appropriate functional design for the system.</li> </ul>
Lead Implementation Consultants	Monica Reed Mandi Vogeler	<ul style="list-style-type: none"> <li>Guides the analysis and design work during WellSky's Solution Mapping process</li> <li>Maps the requirements to solution functionality</li> <li>Process analysis, configuration, validation, and training</li> <li>Deployment support</li> <li>Addresses issues that may arise during the Go-Live transition and subsequent support period</li> </ul>



*Table 23 – WellSky Project Team Roles and Responsibilities*

Role	Individuals	Responsibilities
Technical Lead	Mark Paulsen	<ul style="list-style-type: none"><li>• Guiding and ensuring successful delivery of the collaborative work of the technical team</li><li>• Data migration and validation</li><li>• Interface requirements</li><li>• Technical configurations</li></ul>

<b>Department of Elder Affairs eCIRTS Project</b> <b>Schedule IV-B Technology Planning</b> <b>Current Information Technology Environment</b> <i>Schedule IV-B, Section VI.A.1 (Current System)</i>		
<b>Entity</b>	<b>Description of Current System/Function</b>	<b>Systems/Tools</b>
DOEA	DOEA provides direct services through its Division of Statewide Community-Based Services to deliver essential services to the elder population of Florida.	Adult Care Food Program Automated Contract Management System Adult Protective Services Referral Tracking Tool CIRTS DOEA Reporting Systems DOEA Tracking Systems ReferNET User Management System
AAAs/ADRCs	AAAs respond to the needs of Americans 60 and over in every local community by providing a range of options allowing older adults to choose home and community-based services and living arrangements. ADRCs provide information and referrals to elders, and adults age 18 and older who have a serious mental illness (such as bipolar disorder, schizophrenia, or clinical depression) or intellectual disability.	CIRTS Google Calendar ReferNET Square 9 SmartSearch TimeTap
Lead Agency	Lead Agencies assist functionally impaired elderly persons to live dignified and reasonably independent lives in their own homes, homes of relatives or caregiver's home.	CIRTS
<b>Questions a.1-9</b>	<b>CIRTS</b>	<b>ReferNET</b>
1) Total Number of Users	1,748 - External AAA network business users; 284 - DOEA CARES field offices business users; and <u>79 - DOEA headquarters business users.</u> 2,111 - Total Users	4 users at DOEA Headquarters 30 users in PSA 1 58 users in PSA 2 32 users in PSA 3 29 users in PSA 4 27 users in PSA 5 33 users in PSA 6 27 users in PSA 7 29 users in PSA 8 86 users in PSA 9 32 users in PSA 10 56 users in PSA 11 443 Total Users
2) Number and percent of transactions handled by the system	1,100,000 transactions per month. Approximately 4.5% of these are done through a batch process.	319,074 - Information 40,224 - Intake: <u>78,641 - Referral and Assistance</u> 437,939 - Total transactions during fiscal year 2015-2016

3) Requirements for public access, security, privacy, and confidentiality	<ul style="list-style-type: none"> <li>• Chapter 74-2, F.A.C.</li> <li>• Chapters 119, 400, 415, 429, 430, and 744, F.S.</li> <li>• Health Insurance Portability and Accountability Act (HIPAA)</li> <li>• Sections 282.318 and Sections 282.601-282.606, F.S.</li> <li>• 42 CFR Part 431, Subpart F</li> <li>• 45 CFR 205.50</li> </ul>	Chapter 74-2, F.A.C.
4) Hardware Characteristics	<p>Built on a 3-tiered Oracle 10g and 11g database platform and hosted by the AST State Data Center.</p> <p>Consisting of:</p> <ul style="list-style-type: none"> <li>7 Physical Database Servers</li> <li>4 Virtual Database Servers</li> <li>5 Application Servers</li> </ul>	ReferNET is system hosted by RTM Designs on their proprietary database platform.
5) Software Characteristics	<p><u>Operating Systems:</u></p> <ul style="list-style-type: none"> <li>Oracle Solaris</li> <li>SUSE Linux</li> <li>Microsoft Windows</li> </ul> <p><u>Database Platform:</u></p> <ul style="list-style-type: none"> <li>Oracle Applications</li> <li>Oracle Forms</li> <li>Oracle Reports</li> </ul> <p><u>Stored procedures:</u></p> <ul style="list-style-type: none"> <li>PL/SQL</li> </ul>	ReferNET is system hosted by RTM Designs that is accessible via Remote Desktop Connection.
6) Existing system or process documentation	<p>Existing system documentation:</p> <ul style="list-style-type: none"> <li>Appendix K - CIRTS User Guide for CARES 2013.pdf</li> <li>Appendix O - CIRTS User Guide for Aging Networks 2007.pdf</li> </ul>	System and process documentation for ReferNET is available on the RTM Designs web site: <a href="http://refersoftware.com/ContactUs.aspx">http://refersoftware.com/ContactUs.aspx</a>
7) Internal and External Interfaces	<p>Agency for Health Care Administration (Tri-Monthly, Inbound):</p> <ul style="list-style-type: none"> <li>Active waiver enrollment information for Statewide Medicaid Managed Care Long Term Care (SMMC LTC) and Program of All-Inclusive Care for the Elderly (PACE) programs; terminated enrollment information; SMMC LTC Complaints.</li> </ul> <p>Department of Children and Families (Quarterly, Inbound):</p> <ul style="list-style-type: none"> <li>DCF's Aging Out Program (Individuals 60+).</li> </ul> <p>Department of Health (Daily, Inbound):</p> <ul style="list-style-type: none"> <li>Death certificate data of individuals 18+.</li> </ul> <p>Enrollment Broker (Daily, Outbound):</p> <ul style="list-style-type: none"> <li>Client information with the 701B/701T and LOC documentation for the SMMC LTC program and HCBS waiver.</li> </ul> <p>Service Providers (Ad hoc, Inbound):</p> <ul style="list-style-type: none"> <li>DOEA Electronic Data Interchange (EDI) file exchange system.</li> </ul>	There are no internal or external interfaces for ReferNET.

<p>8) Consistency with the agency's software standards and hardware platforms</p>	<p><u>Consistent with DOEA's:</u>                  Microsoft Windows and                  Oracle database software standards</p> <p><u>AST State Data Center:</u>                  Hardware platform</p>	<p>The only software needed to access ReferNET is the Remote Desktop Connection application built into Microsoft Windows which is the DOEA workstation operating system standard.</p>
<p>9) Scalability to meet long-term system and network requirements</p>	<p>It is not scalable and thus does not meet long-term system requirements.</p>	<p>The ReferNET system is scalable to meet long-term system and network requirements as it is a hosted solution supporting Aging Resource Networks and Call Centers in multiple states.</p>

**Department of Elder Affairs eCIRTS Project****Schedule IV-B Technology Planning****Current Information Technology Environment****Schedule IV-B, Section VI.A.1.b (Current System Resource Requirements)****Schedule IV-B, Section VI.A.1.b.1 (Hardware and Software Requirements)**

Server Name	RAM	CPU	Cores	Operating System	Software
ADHOC/Dev6	64GB	2.0GHz	16	Oracle Linux 5.10	Oracle Database 10g
CIRT	64GB	2.8GHz	4	SUSE Linux 10.3	Oracle Database 10g
REPT	32GB	3.33GHz	2	SUSE Linux 10.3	Oracle Database 10g
DOEATS1	16GB	2.8GHz	2	Sun Solaris 10	Oracle Database 11g
DEOAPR1	48GB	2.9GHz	4	Oracle Solaris 11	Oracle Database 11g
EAOL10 (EDI)	10GB	2.0GHz	6	Oracle VM Server 2.2.1	N/A
EAOL16 (EDI)	10GB	2.0GHz	1	Oracle Linux 5.11	Oracle Application Server 11g
FMW (VM cluster 1)	40GB	2.5GHz	6	Oracle Solaris 11	Oracle Application Server 11g
FMW (VM cluster 2)	48GB	2.5GHz	6	Oracle Solaris 11	Oracle Application Server 11g
FMW (VM cluster 3)	8GB	2.5GHz	2	Oracle Solaris 11	Oracle Application Server 11g
FMWT (Test server)	16GB	2.4GHz	8	Oracle Solaris 11	Oracle Application Server 11g

**Schedule IV-B, Section VI.A.1.b.2 (Cost/Availability of maintenance or service for existing system hardware or software)**

The cost for maintaining the existing CIRTS system is referenced in Appendix A: Cost Benefit Analysis.

**Schedule IV-B, Section VI.A.1.b.3 (Staffing requirements, identifying key roles)**

Key Role	FTEs	Comments
Database Administrator	0.9	1 Database Administrator spending 90% of their time on CIRTS
Systems Administrator	0.75	1 System Administrator spending 75% of their time on CIRTS
Application Support	5.3	6 Developers spending approximately 90% of their time on CIRTS
<b>Total FTEs</b>	<b>6.95</b>	

**Schedule IV-B, Section VI.A.1.b.4 (Summary of the cost to operate the system)**

A summary of the cost to operate the CIRTS system is shown in Appendix A: Cost Benefit Analysis.

**Department of Elder Affairs eCIRTS Project  
Schedule IV-B Technology Planning  
Current Information Technology Environment  
Schedule IV-B, Section VI.A.1.c (Current System Performance)**

**Schedule IV-B, VI.A.1.c.1 (The ability of the system to meet current and projected workload requirements)**

The current system is unable to meet current and projected workload expectations.

CIRTS is supported on DOEA's standard Oracle version 10g and 11g platform which surpassed end-of-life support in December 2010 and January 2015, respectively. Therefore, the system can no longer receive software updates, security patches, and the development of new functionality is limited. Frequent statute and rule changes require updates to be made to the system to accommodate new business rules. There are only 2 temporary (OPS) staff available to make system modifications. Given the limitations of the outdated database platform and DOEA having a small number of application developers familiar with CIRTS design, CIRTS is not scalable or extensible enough to adequately meet the current and future workload requirements of DOEA staff.

**Schedule IV-B, Section VI.A.1.c.2 (Level of user and technical staff satisfaction with the system)**

The user and technical staff have a low level of satisfaction with the current system.

Current CIRTS users are dissatisfied with several shortcomings of the system including lack of ability to make modifications, no automated workflow processing, no calendaring and scheduling functionality, frequent system downtime, and reliance on paper-based processes to work around business functions the legacy CIRTS system is not capable of handling. DOEA technical staff are dissatisfied with not being able to update the CIRTS database platform to include new features and functionality, being severely limited in the ability to make system modifications as a result of not having historical knowledge of how the system was originally designed, and not having sufficient staff to support the system.

**Schedule IV-B, Section VI.A.1.c.3 (Current or anticipated failures of the current system to meet the objectives and functional requirements of an acceptable response to the problem or opportunity)**

The CIRTS database platform has gone beyond end-of-life support, system updates and modifications are very limited if not impossible. Therefore, when the Legislature enacts statutory changes that affect DOEA or DOEA promulgates new Florida Administrative Code rule changes, modifications to the system are hindered by lack of functionality and understanding of the business logic which can significantly delay, prevent modifications or require manual workarounds, and may restrict the ability to meet organizational objectives and business functional requirements.

**Schedule IV-B, Section VI.A.1.c.4 (Experienced or anticipated capacity or reliability problems associated with the technical infrastructure or system)**

The current CIRTS system suffers from poor performance, frequent downtime and loss of connectivity which directly affects DOEA staff productivity and efficiency, often requiring rework or manual work arounds. Further, adding needed functionality for system enhancements is severely restricted as CIRTS is running on outdated platforms that are no longer supported, thus making updates to existing code difficult or impossible.

**Department of Elder Affairs eCIRTS Project**  
**Schedule IV-B Technology Planning**  
**Current Information Technology Environment**  
**Schedule IV-B, Section VI.A.2**

**Schedule IV-B, Section VI.A.2 (Information Technology Standards)**

<p><b>State Law</b></p>	<ul style="list-style-type: none"> <li>• Chapter 74-2, F.A.C.</li> <li>• Chapter 119, F.S.</li> <li>• Chapter 400, F.S.</li> <li>• Chapter 415, F.S.</li> <li>• Chapter 429, F.S.</li> <li>• Chapter 430, F.S.</li> <li>• Chapter 744, F.S.</li> <li>• Section 282.318, F.S.</li> <li>• Sections 282.601-282.606, F.S.</li> </ul>
<p><b>Federal Law</b></p>	<ul style="list-style-type: none"> <li>• Health Insurance Portability and Accountability Act (HIPAA)</li> <li>• 42 CFR Part 431, Subpart F</li> <li>• 45 CFR 205.50</li> </ul>
<p><b>DOEA Policies</b></p>	<ul style="list-style-type: none"> <li>• DOEA 420.10 - Department of Elder Affairs Management Information Systems Policy and Procedures</li> <li>• 420.51 - DOEA Information Security Policy</li> <li>• 550.99 - DOEA Telework Alternative Work Locations</li> </ul>

**Department of Elder Affairs eCIRTS Project  
Schedule IV-B Technology Planning  
Current Information Technology Environment  
Schedule IV-B, Section VI.B (Hardware and Software Inventory)**

<b>Hardware/Software Description</b>	<b>Hardware/Software Type</b>	<b>Purchase Date</b>	<b>Warranty Date</b>	<b>Annual Costs</b>
ADHOC/Dev6 (adhoc.felder.org)	Physical Server	Hosted at AST SDC	Hosted at AST SDC	\$18,233.72
CIRT (test)	Physical Server	Hosted at AST SDC	Hosted at AST SDC	\$1,321.74
CIRTS (production)	Physical Server	Hosted at AST SDC	Hosted at AST SDC	\$11,657.69
REPT	Physical Server	Hosted at AST SDC	Hosted at AST SDC	\$8,374.15
DOEATS1 (sun125.dms.state.fl.us)	Physical Server	Hosted at AST SDC	Hosted at AST SDC	\$1,595.00
DOEAPR1 (sun139.dms.state.fl.us)	Physical Server	Hosted at AST SDC	Hosted at AST SDC	\$445.60
EAOL10 (EDI) (eaol10.felder.org)	Virtual Server	Hosted at AST SDC	Hosted at AST SDC	\$6,575.52
EAOL16 (EDI) (eaol16.felder.org)	Virtual Server	Hosted at AST SDC	Hosted at AST SDC	\$6,454.25
FMW	Cluster of 3 Virtual Servers	Hosted at AST SDC	Hosted at AST SDC	
FMWT (Test Server)	Physical Server	Hosted at AST SDC	Hosted at AST SDC	
sunvm16.dms.state.fl.us	Hypervisor	Hosted at AST SDC	Hosted at AST SDC	\$1,824.87
SUSE Linux 10.3	Operating System	Hosted at AST SDC	Hosted at AST SDC	\$12,862.52
Oracle Database 10g	Database Software	Hosted at AST SDC	Hosted at AST SDC	\$381,445.47
Oracle Database 11g	Database Software	Hosted at AST SDC	Hosted at AST SDC	\$63,574.24
Oracle Application Server 11g	Database Software	Hosted at AST SDC	Hosted at AST SDC	
<b>Total Annual Costs</b>				<b>\$514,364.77</b>

Two servers in the AST State Data Center (SDC) will be decommissioned upon implementation of the new eCIRTS system. Because the virtual servers that run the current CIRTS system are provided and hosted by the AST SDC, DOEA did not purchase the servers thus there is no applicable warranty expiration date. CIRTS currently runs in conjunction with eleven other Oracle applications. Some existing Oracle applications are being modified to work in APEX (an Oracle development platform that can be migrated to a Cloud based solution).





## **CIRTS**

*(Client Information & Registration  
Tracking System)*

## **User Guide for CARES**

**Florida Department of Elder Affairs  
December 2013**

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# ACCESSING CIRTS

There are several ways to access CIRTS. If working in the office you can double-click on the **CIRTS** icon on the desktop. If working in a remote setting you can access CIRTS by double-clicking on the **DOEA Portal** icon on the desktop.



If you do not have the above icons on your desktop, you can access CIRTS at <https://199.250.26.136> or the DOEA Portal at <https://e2.felder.org/nidp/app>.

You can select the **CIRTS** link from the Department of Elder Affairs Intranet site.

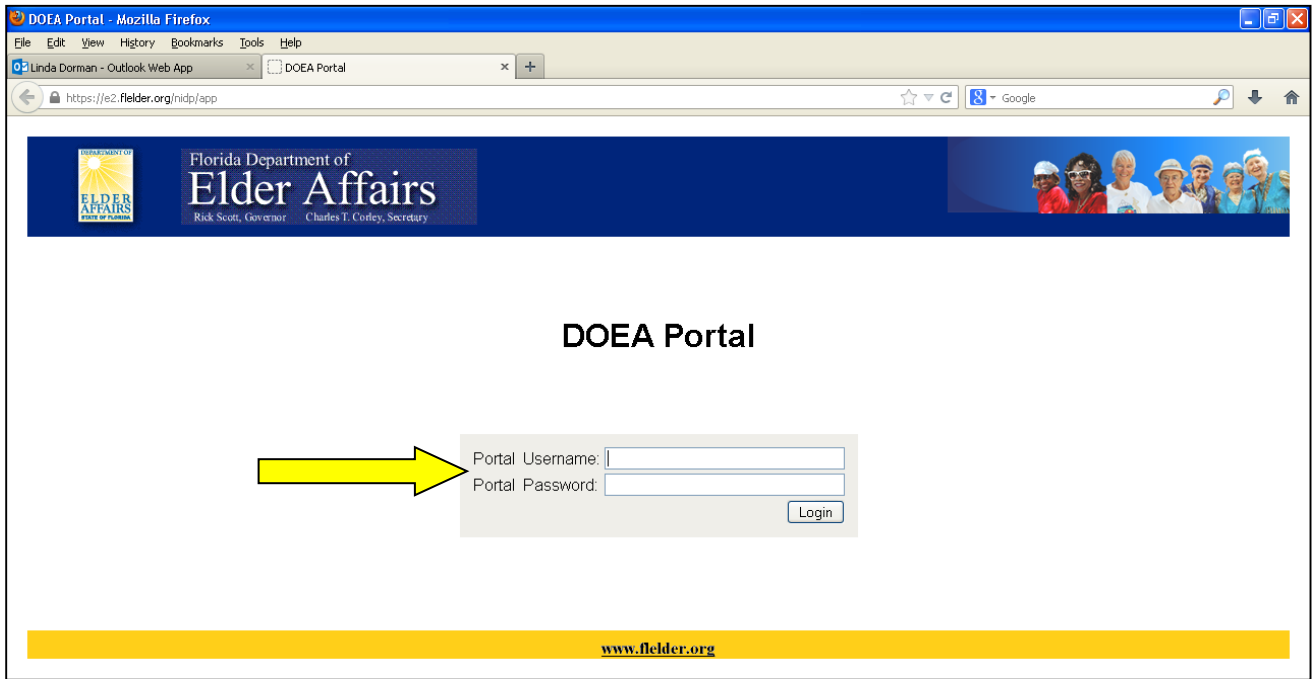


Or you can access CIRTS from the DOEA Internet Home Page at <http://elderaffairs.state.fl.us/index.php>. Go to the Employee Corner (lower left side) then select DOEA Portal.

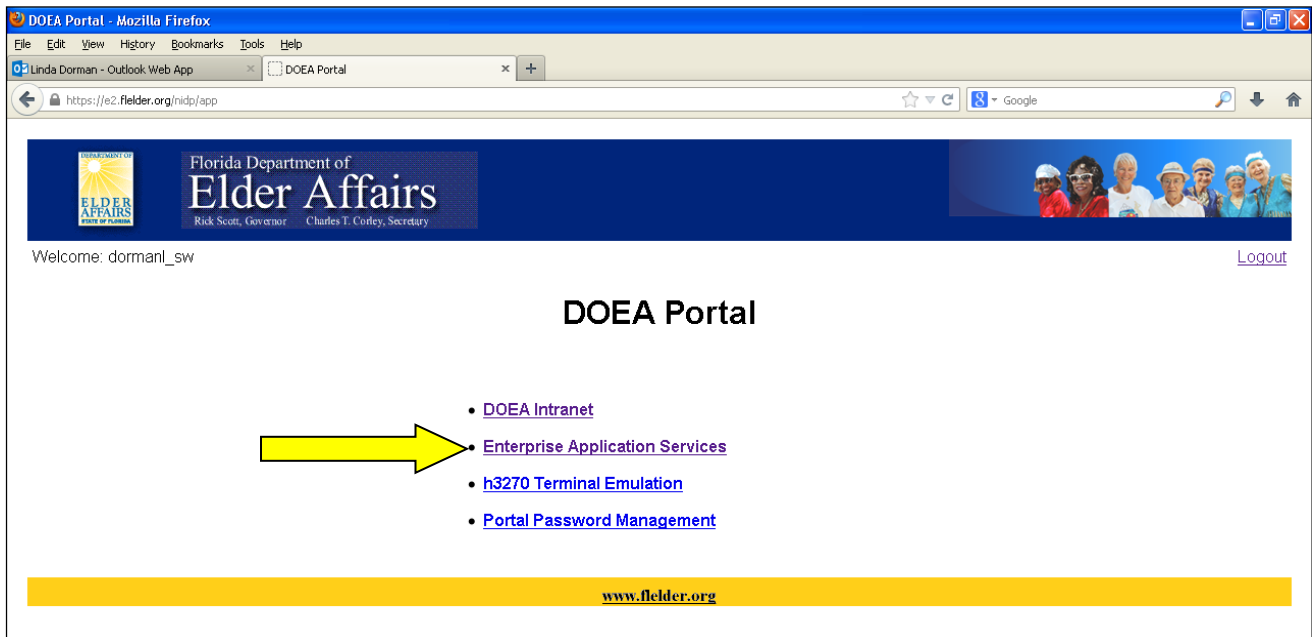


## USING THE DOEA PORTAL

If you are working remotely and accessing CIRTSS via the DOEA Portal, you will first have to access the **VZ Access Manager**. Once connected to your wireless service, you can double-click the DOEA Portal icon. The DOEA Portal screen below will appear. Enter your portal username and password.



Once your portal user name and password have been accepted, another DOEA Portal screen will appear. From this screen you can access the DOEA Intranet, Enterprise Application Services, the Florida System (h3270 Terminal Emulation), and Portal Password Management. To access CIRTSS, select **Enterprise Application Services**.



## OPENING CIRTS

The **Enterprise Application Services** screen below will appear once you have double-clicked the CIRTS icon, completed the steps to access CIRTS via the DOEA Portal (icon or DOEA Internet Home Page), or selected the link on the DOEA Intranet site.

DOEA Oracle Single Sign-On - Mozilla Firefox

File Edit View History Bookmarks Tools Help

hfelder.org https://e4.felder.org/sso/jsp/login.jsp?site2pstoretoken=v1.2~6DC2A7D3~1177F8EA91FD51BF80EA88F20ED16A696203A7A89056337BF0CDD696F28887B3

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DOEA Oracle Single Sign-On

**Enterprise Application Services**

DEPARTMENT OF  
**ELDER AFFAIRS**  
STATE OF FLORIDA

DOEA Mission: To foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities.

DOEA Vision: All Floridians aging with dignity, purpose, and independence.

Single Sign-On

[Click here](#) to add this site to Bookmarks!

[Click here](#) for PC Setup Instructions.

User Name

Password

Login

\* The Single Sign-On (SSO) password is case-sensitive.

Done

start DOEA Portal - Mozilla ... DOEA Oracle Single Si... 9:39 AM

- 1) Enter your **CIRTS** user name.
- 2) Enter your **CIRTS** password. This password is case-sensitive. If an error occurs, check to see if the Caps Lock is on.
- 3) Click the **Login** button or press the **Enter** key.

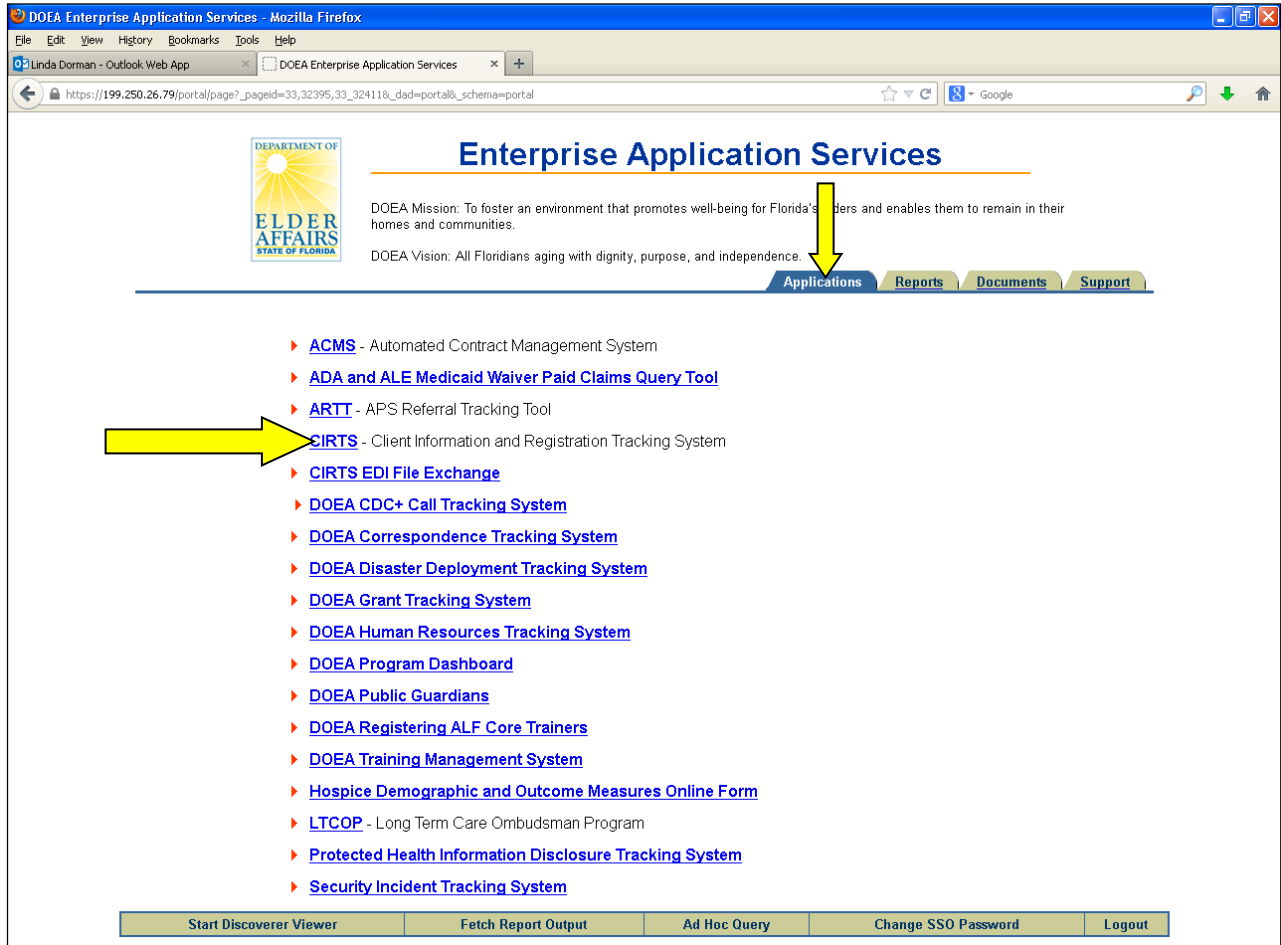
Once you have completed the above steps, the **Applications** screen will appear.

### **REMINDER:**

The first “**Click here**” provides steps to add the CIRTS login screen to your Favorites (Internet Explorer) or Bookmarks (Mozilla Firefox).

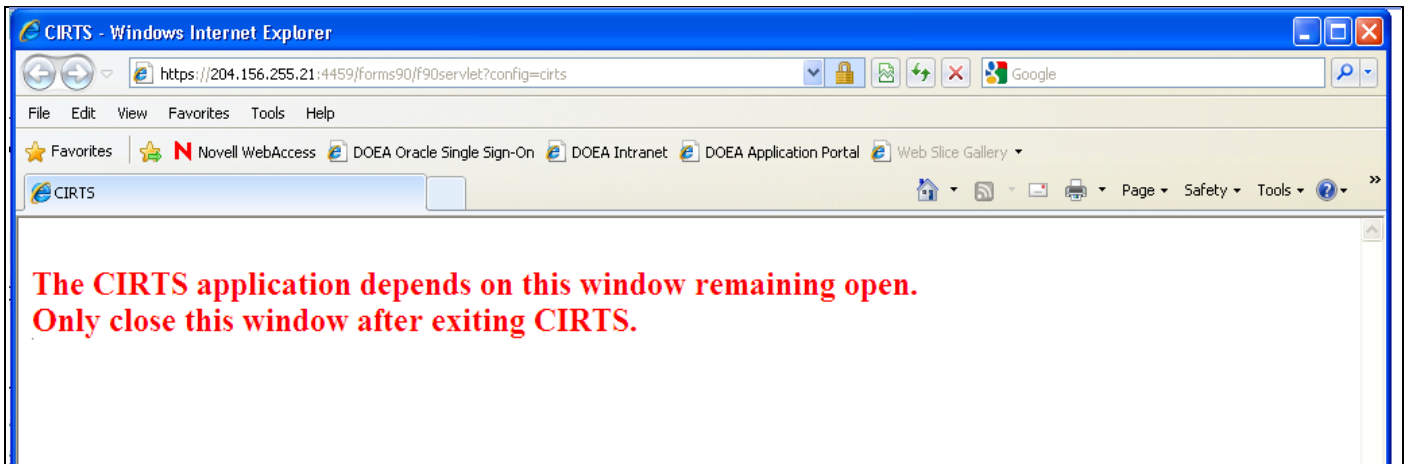
The second “**Click here**” provides steps to prepare a PC for the DOEA Enterprise Application Services website.

## APPLICATIONS SCREEN



Click the **CIRTS** link. *Note: The Caseworker Role will only see the first four items.*  
A window will appear with **RED** writing.

## WINDOW WITH RED WRITING



This window must remain open while you are using CIRTS. If this window is closed, CIRTS will close.

## CIRTS MENU SCREEN OR CARES ASSIGNMENTS SCREEN

Once you are logged into CIRTS, either the CARES Assignments screen or the CIRTS Menu screen will appear. The screen that will appear depends on the assigned role of the user.

**Headquarters View-All Role:** The CIRTS Menu screen will appear for this user role. This user can select the CARES Assignments screen from the menu. Once on the assignment screen, any PSA/office and any employee/caseworker can be selected.

**Supervisor Role:** The CARES Assignments screen will appear for this user role. The supervisor can only select employees/caseworkers in their own PSA/office.

**Caseworker Role:** The CARES Assignments screen will appear for this user role. Only the user's assignments will be listed. Other employees/caseworkers cannot be selected.

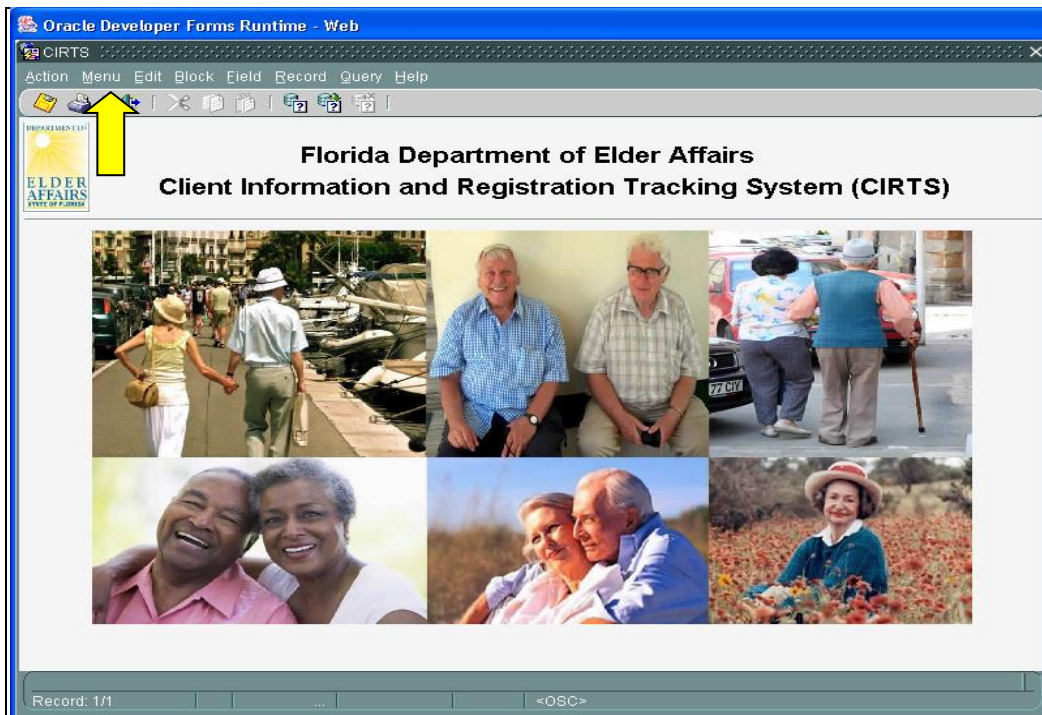
## TASK BAR

When the CIRTS Menu screen or the CARES Assignments screen appears, you should see three items in the Task Bar.



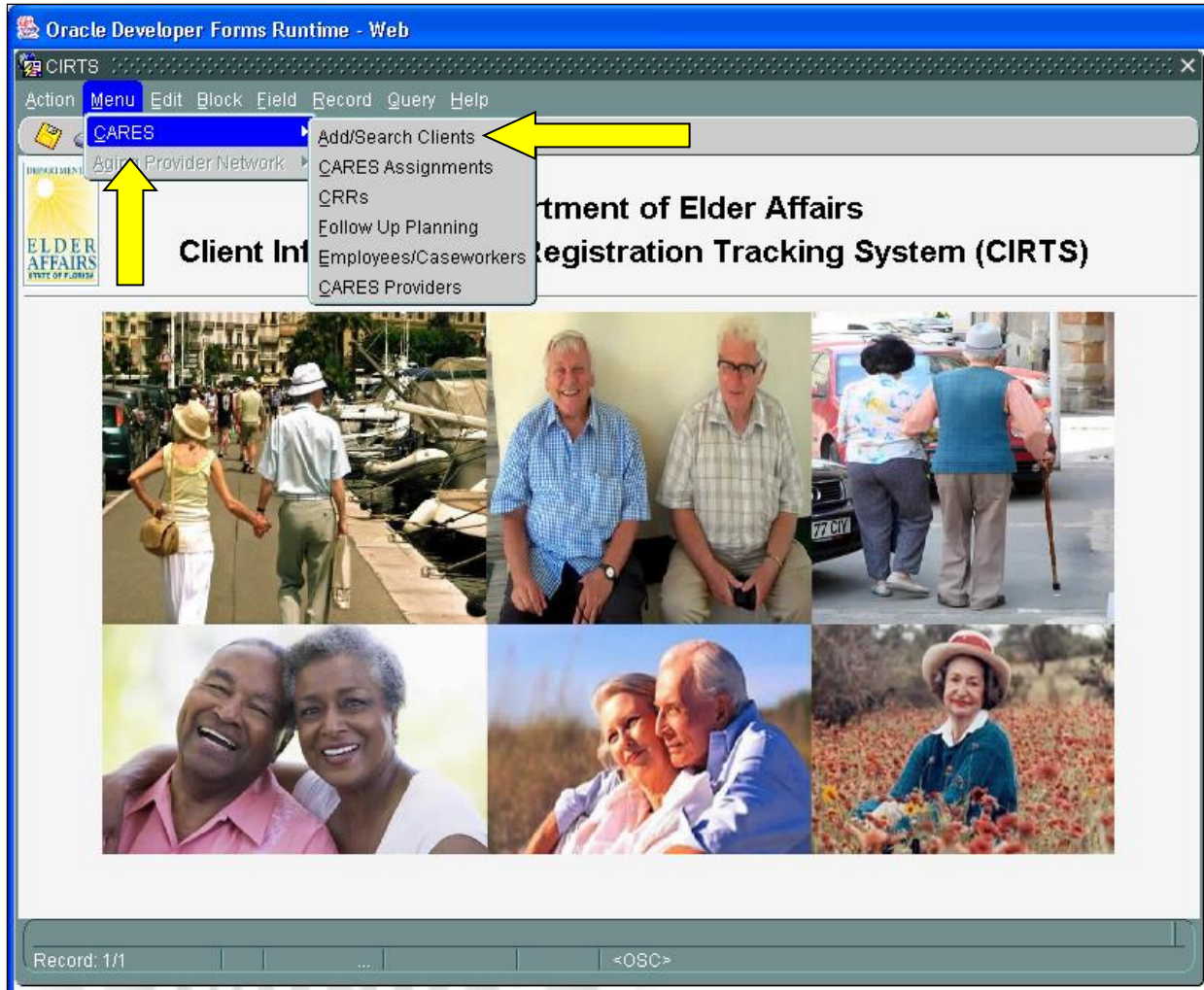
- 1) This item will take you back to the Applications screen.
- 2) This item will take you to the window with **RED** writing.
- 3) This item will take you to the CIRTS screen.

## CIRTS MENU SCREEN



To access CARES information, click **Menu** in the top left-hand corner of the screen.





Select **CARES** from the Menu.

From CARES the Supervisor Role and Headquarters View-All Role can select all options. The Caseworker Role can select all options except Employees/Caseworkers and CARES Providers.

**Add/Search Clients:** Select this option if you want to search for an existing client, add a new client, or access various screens to display client data.

**CARES Assignments:** Select this option if you want to view the assignments for a particular employee/caseworker. The screen lists incomplete assessments, staffings needed, follow-ups due in the next 14 days, follow-ups overdue, and assessments needed.

**CRRs:** Select this option if you want to add, delete, edit, or view Continued Residency Reviews for your PSA.

**Note:** *CARES is currently not completing CRRs. The information is in the guide for reference only due to prior data that has been entered.*

**Follow Up Planning:** Select this option if you want to print a follow-up list or view scheduled or completed follow-ups.

**Employees/Caseworkers:** Select this option if you want to add, delete, edit, or view employees or caseworkers for your PSA.

**CARES Providers:** Select this option if you want to add or edit a provider, or to view all providers within your PSA.



## CARES ASSIGNMENTS SCREEN

Client	Client ID	Assignments	Due Date

The purpose of this screen is to show all tasks that have been assigned to an employee/caseworker. The screen will be blank if the employee/caseworker has no tasks assigned. This screen will remain open as you navigate through the CIRTS screens. When you close the Demographic or Add/Search screen, the CARES Assignments screen will display. The information refreshes each time you return to this screen or click a button. If this screen is left open when you are away from your work station and a new assignment is added, the information will not refresh until you click a radio button or go to another screen and come back.

The radio buttons (Show All, Show Incomplete Assessments Only, Show Staffings Needed Only, Show Follow-ups Only, Show Assessments Needed Only, and Show Overdue Only) allow you to limit the assignments listed by clicking the circle.

This screen behaves differently for different user types. For users with the Caseworker Role, the screen only shows assignments for the person logged in. Users with the Supervisor Role can select any CARES employee/caseworker in the office. Users with the Headquarters View-All Role can select any CARES office (PSA will be an option for this role only) and any employee/caseworker.

### CARES ASSIGNMENTS SCREEN DEFINITIONS

**For Employee:** Allows the user to select a particular employee/caseworker's assignments. Remember, for users with the Caseworker Role, the screen only shows assignments for the person logged in.

**Show All:** Select this radio button if you want to view all assignments for an employee/caseworker. This includes incomplete assessments, staffings needed, follow-ups due or overdue, assessments needed, and overdue assignments.

**Show Incomplete Assessments Only:** Select this radio button if you want to view all assessments that have been partially saved by an employee/caseworker. The due date is the Initial Date at the Assignment tab plus ten days if it is the first assessment for an open case. If it is a reassessment for an open case, the due date is the Reassessment Request Date plus ten days. *Note: The user is the caseworker from the incomplete assessment.*

**Show Staffings Needed Only:** Select this radio button if you want to view all open cases that have a completed assessment but no staffing for an employee/caseworker. The due date is the Assessment Date plus two days. If the 3008 is not shown as received on the Assignment tab, it will be listed as “Staffing Needed-no 3008.” If the 3008 is shown as received on the Assignment tab and it is incomplete, it will be listed as “Staffing Needed-3008 incomplete.” *Note: The user is the caseworker from the Assignment tab.*

**Show Follow-ups Only:** Select this radio button if you want to view all follow-ups scheduled for an employee/caseworker. If the follow-up is due within the next fourteen days it will be listed as a follow-up due. If the follow-up due date is in the past, it will be listed as a follow-up overdue. The scheduled date is the date the follow-up is due. *Note: The user is the caseworker scheduled.*

**Show Assessments Needed Only:** Select this radio button if you want to view all open cases that do not have an assessment for an employee/caseworker. This does not include incomplete/partially saved assessments. The due date is the Initial Date at the Assignment tab plus ten days. *Note: The user is the caseworker from the Assignment tab.*

**Show Overdue Only:** Select this radio button if you want to view all assignments that are overdue for an employee/caseworker. The assignments will show as overdue if the due date is prior to the current date.

**Demographics:** Select this button if you want to go to the Demographic screen for a particular client. Click on a client to highlight it and select Demographics to go to that client’s Demographic screen. If you do not click on a client and select Demographics, it will take you to the first listed client’s Demographic screen.

**Add/Search Clients:** Select this button if you want to go to the Search for a Client screen.

**Assignment Report:** Select this button if you want to view or print a report that lists the assignments based on the particular radio button and employee/caseworker selected. *Note: This button will be disabled until an employee and radio button are selected.*

**Exit:** Select this button if you want to exit out of the CARES Assignments screen. This will take you to the CIRT Menu screen. *Note: “Exit” closes CIRT if you have the Caseworker Role.*

The screen below shows what happens when you click the “Show All” radio button.

**CIRTS CARES ASSIGNMENTS**

CARES\_ASSIGN: 20130529

CIRTS CARES ASSIGNMENTS

Date: 08/22/2013

User: SUPERVISOR02B

For Employee: CASEWORKER, CARES - 02B

Show All
  Show Incomplete Assessments Only
  Show Staffings Needed Only
  Show Follow-ups Only
  Show Assessments Needed Only
  Show Overdue Only

Client	Client ID	Assignments	Due Date
FIRST M LAST	2001744875	180 day Follow-up Overdue	10/07/2009
TEST ACTVOA3E AND CCEAPC	2001744478	Staffing Needed- No 3008	04/06/2011
T T	2001744492	Staffing Needed	05/07/2011
T T	2001744492	30 day Follow-up Overdue	06/30/2011
TEST CARESMINI	2001744457	Staffing Needed- No 3008	09/03/2011
TEST CARESMINI	2001744457	30 day Follow-up Overdue	09/09/2011
TESTING3008 3008	2001744646	30 day Follow-up Overdue	05/11/2012
TEST TEST	2001744357	Assessment Needed	08/18/2012
TEST J FOX	2001744462	30 day Follow-up Overdue	09/09/2012
SAMUEL SAMUELS	1000865667	Assessment Needed	09/19/2012
TEST ADDCLIENT	2001744602	30 day Follow-up Overdue	01/01/2013
SUETEST TESTSUE	2001744727	Assessment Needed	04/14/2013
KINIE J REEDER	1000002486	30 day Follow-up Overdue	05/06/2013
TESTING A GAIN	2001744827	Staffing Needed- No 3008	05/07/2013

Record: 1/14      <OSC>

Assignments are listed with the oldest due date first.

Please note that the same client may be listed more than once if they have a scheduled follow-up due or overdue and an unscheduled follow-up or a staffing needed.

Remember, CIRTS users who have no casework assigned will see a blank screen.

**REMINDER:**

CIRTS gives an error and kicks you out if you do not have your CIRTS user name on the CARES Employee screen. The supervisor must add the login name to the CARES Employee screen. The error message says, “Your CIRTS User Name does not have cases assigned. If you are a caseworker, please contact your supervisor to request an update to your CARES employee information in CIRTS.”

To search for a client, select the **Add/Search Clients** option at the CIRTS Menu screen or the CARES Assignments screen. The **Search For A Client** screen will appear.

# SEARCH SCREEN

SEARCH FOR A CLIENT

Action Menu Edit Block Field Record Query Help

ADD\_CLIENT\_INFO 20130723 Date 08/22/2013 User SUPERVISOR02B

**Search for a Client**

SSN |  Enter all or part of any of these fields and search will return all clients who match everything entered.

Last Name

First Name

Medicaid Id

Date of Birth  MM/DD/YYYY

Press the <F8> function key or click on the <Search> button to complete the search.

Search

OR

Client Id  Enter a Client Id

**Results of Search**

PSA	SSN	Owner Id	Client Name	Date of Birth	Street Address	Zip

Add New Client Details Clear Close

Record: 1/1 <OSC>

**It is very important for users to perform a thorough search (alphabetical and numerical) before adding a new client.** Another office could have added the same client with a different Social Security Number, or a different variation of the client's name. After searching on the known information, try searching on partial Social Security Numbers or partial names to make sure the client does not exist. If a search on the client's Social Security Number reveals that it currently belongs to another client in CIRTSS, notify the CARES Supervisor or your LAN (Local Area Network) Administrator, and steps will be taken to verify and/or correct the Social Security Number.

You can also search by Client Id. This is a unique, random number assigned by the system that is associated with each client in CIRTSS. **If you need to email another CIRTSS user about a client, please use the Client Id instead of the SSN.** The Client Id displays on the Demographic screen at the top, between the SSN and the client's first name.

**SEARCH SCREEN SHOWING EXISTING CLIENT IN CIRTS**

SEARCH FOR A CLIENT

Action Menu Edit Block Field Record Query Help

ADD\_CLIENT\_INFO 20130827 Date 08/27/2013 User REGIONALCARES

**Search for a Client**

SSN  Enter all or part of any of these fields and search will return all clients who match everything entered.

Last Name BELL

First Name TINKER

Medicaid Id

Date of Birth  MM/DD/YYYY

Press the <F8> function key or click on the <Search> button to complete the search.

Search

OR

Client Id  Enter a Client Id

**Results of Search**

PSA	SSN	Owner Id	Client Name	Date of Birth	Street Address	Zip
02A	218218218		BELL, TINKER	01/01/1947	123 SOUTH TEXAS AVENUE	34228
02A	663663663		BELL, TINKER	01/01/1923	45 SOUTH AVENUE	32399

Add New Client Details Clear Close

Record: 1/2 <OSC>

Enter your search criteria. You can search by the client's Social Security Number (SSN), client id, last name, first name, Medicaid ID, date of birth, or any combination of these. Click on the **Search** button or select the **F8** function key to complete the search.

If there is more than one client with the same name, a list will appear in the **Results of Search** panel. To select your client, click on the appropriate line to highlight the client and select **Details**. This will take you to the client's Demographic screen. You can also double-click on the appropriate client to go to the client's Demographic screen.

If the result of the search reveals only one client that meets the search criteria, once you select **Search**, it will automatically go to the Demographic screen for that client.

**Note: There are other ways to search for a client. They are:**

- Enter 5 underscores and the last four digits of the SSN. For example enter, “\_\_\_\_\_1234.” CIRTS will only return clients with SSNs ending in 1234. Adding a few letters from the client's first and last name will help narrow the search.
- Enter 7 underscores and the last two digits of the SSN. For example enter, “\_\_\_\_\_47.” CIRTS will only return clients with SSNs ending in 47. Adding a few letters from the client's first and last name will help narrow the search.
- Enter a percent symbol (%) and a partial SSN that may be the first, middle, or last part of the SSN. For example, enter, “% 457.” CIRTS will return SSNs with those numbers (457) regardless of whether they are in the first, middle, or last part of the SSN. Adding a few letters from the client's first and last name will help narrow the search.

**Add New Client:** Select this option if your search does not reveal your client and you want to add the person in CIRTS.

**Details:** Select this option after you have highlighted a client and want to go to their Demographic screen.

**Clear:** Select this option if you want to clear the Search screen to perform another search.

**Close:** Select this option if you want to exit the Search screen and return to the CIRTS Menu screen or CARES Assignments screen.

### SEARCH SCREEN SHOWING CLIENT NOT EXISTING IN CIRTS

Enter your search criteria. The above example shows the client's last name and first name. Click on the **Search** button.

If the client does not exist, a message will appear indicating no matching records were found. Select the **OK** button by using the mouse, pressing the space bar, or typing the letter "O" on the keyboard.

You can now click the **Clear** button and search for the client again, or click the **Add New Client** button.

Selecting the **Add New Client** button will take you to a blank Demographic screen.

#### **REMINDER:**

If the search criteria is not specific enough, you will receive a message saying, "Results return more than 300 records. Please specify additional search criteria." You will need to enter additional search criteria such as the SSN, Medicaid ID, or date of birth. You can enter all or part of any of these fields.

# DEMOGRAPHIC SCREEN

Once you select **Add New Client**, the system will automatically go to a blank Demographic screen. The system will also automatically go to Demographic when you perform a search and select a client using **Details** or if the search reveals only one client matching the search criteria.

**Fields with a pink background are required.** CIRT S will generate an error message when the user tries to save a blank pink field. The client's SSN, county of service, first name, last name, and date of birth are required to save the demographic information.

**Pseudo SSN:** If you do not have a Social Security Number when adding a new client, skip the SSN field.

When you save, the pseudo SSN fills in automatically. **Note: You will have to change the pseudo SSN prior to entering an assessment.**

You can enter just the required items to save the information or you can enter all demographic information at one time and save. Once all demographic information is entered and saved, the Demographic Complete box will be checked. **The Demographic Complete box must be checked to enter an assessment.**

If you only save the required information you can select **Edit** to add additional information for the new client or to edit information for any existing client.

Use the **Tab** or **Enter** key to move to the next field. Codes for the fields County of Service, Sex, Ethnicity, Primary Language, and Marital Status can be accessed with the mouse, arrow keys, or by typing the first letter

of the desired value. For example, to enter a Marital Status of Single, you can use the mouse to access the list and select Single, or use the “up” or “down” arrow key to find Single in the list, or type the letter “S.”

**You can select multiple races for the client.** You can use the mouse or the space bar to select a race.

**Edit Button:** Allows you to add information to the screen or edit existing information.

**Save Button:** Allows you to save the information entered on the screen.

**Cancel Button:** Allows you to cancel out of the screen without saving or editing the information.

**Add Client Button:** Takes you to a blank Demographic screen.

**Search Button:** Takes you to the Search screen.

**Close Button:** Takes you to the CARES Assignments screen or CIRTS Menu screen. This depends on your user role.

**Assessments:** Takes you to a list of all assessments for the client. This list includes assessments by CARES or other agencies.

**Care Plan:** Takes you to a list of the services needed and planned for a client.

**Enrollments:** Takes you to a list of programs serving the client.

**Services:** Takes you to a list of services received by the client.

**MW Timeline:** Takes you to information regarding the status of the client’s Medicaid waiver eligibility.

**CARES Assignments:** Takes you to a screen showing assignments for a CARES employee/caseworker.

**Cases:** Takes you to CARES case information.

**Information:** Takes you to information not related to a case for a client.

**PAS:** Takes you to the Pre-Admission Screening Resident Review (PASRR) information for the client.

**Client Info:** Takes you to a summary of information on the client.

**NHD Button:** Takes you to the Nursing Home Diversion History screen.

**Change DOD:** Allows you to correct a date of death previously entered or to enter a date of death. Only the Supervisor Role can Change DOD.

**Change SSN:** Takes you to a screen where the SSN can be changed. Only the Supervisor Role can change a SSN. *Note: The Caseworker Role can change a pseudo SSN inside the case at the Assessment tab.*

**Delete Client:** Allows you to delete the client and all information related to the client. Only the Supervisor Role can delete a client.

**Change PSA:** Allows you to change the PSA so that you can have access to the client’s case. The Supervisor Role and some approved Caseworker Roles can change the PSA.

### **DEMOGRAPHIC SCREEN DEFINITIONS**

**PSA:** Indicates the CARES PSA or the ADRC/lead agency PSA. This item is automatically populated.

**Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.

**SSN:** This is the nine-digit SSN or pseudo number, if assigned. This item is automatically populated.

**Client ID:** This is a unique, random number assigned by the system that is associated with each client in CIRTS. This item is automatically populated.

**First Name:** The system will automatically enter the client’s first name based on the information entered on the Demographic screen.

**Last Name:** The system will automatically enter the client’s last name based on the information entered on the Demographic screen.



**Demographic Complete:** This box will be checked if all demographic information is complete. This item is automatically populated.

**PAS Complete:** This box will be checked if the PAS information is complete. This item is automatically populated.

**Open Case:** This box will be checked if the client has an open CARES case. This item is automatically populated.

**Open Enrollment:** This box will be checked whenever an enrollment exists with no end date. It could be active, applicant, or waitlist status. This item is automatically populated.

**SSN:** Enter the client's nine-digit SSN. *This is a required item.* If you do not have a SSN when adding a client, skip this item and the system will automatically assign a pseudo number. *Note: When you move from the SSN field, two pop-ups will appear regarding the collection of the client's SSN. At each box you can select "OK" by clicking with the mouse, pressing the space bar, or pressing the letter "O."*

**Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.

**County of Service:** This indicates the county in which the client is receiving services. Counties are PSA specific. *This is a required item.*

**First Name:** Enter the client's first name. *This is a required item.*

**M.I. (Middle Initial):** Enter the client's middle initial. Leave blank if the client does not have a middle initial. This is an optional item.

**Last Name:** Enter the client's last name. *This is a required item.*

**Medicaid Number:** Enter the client's ten-digit Medicaid number, if known. This is an optional item.

**Best Contact Telephone Number:** Enter the best telephone number for the client to be reached. The phone number includes the area code, the seven-digit phone number, and extension, if there is one. This is an optional item.

**Date of Birth:** Enter the month, day, and year of the client's birth. This will be a two-digit month and day and a four-digit calendar year. *This is a required item.*

**Date of Death:** When a case is terminated due to the client's death, the system will automatically enter the date of death. The **Change DOD** button can be used to correct an error or to enter a date of death. *Note: Only a Supervisor Role may enter or change the date of death.*

**Sex:** Enter the client's sex. *An entry in this item is required in order to enter assessment information.* The codes are:

- F=Female
- M=Male

**Race:** A client can have multiple races. Check the appropriate box or boxes by using the mouse or space bar. *An entry in this item is required in order to enter assessment information.* The options are:

- *White*
- *Black/African American*
- *Asian*
- *American Indian/Alaska Native*
- *Native Hawaiian/Pacific Islander*
- *Other*

**Other Race Description:** This item is disabled and is no longer used due to a change in race codes. You may see a client with “Other” checked and “Asian or Pacific Islander” or “Native American” in this field. If you edit the information it will no longer be shown on the screen.

**Ethnicity:** Enter the client’s ethnicity. *An entry in this item is required in order to enter assessment information.* The codes are:

- *H=Hispanic/Latino*
- *O=Other*

**Primary Language:** Enter the primary language spoken by the client. *An entry in this item is required in order to enter assessment information.* The codes are:

- *EN=English*
- *IT=Italian*
- *KO=Korean*
- *OT=Other Language*
- *PO=Polish*
- *RU=Russian*
- *SP=Spanish*
- *TG=Tagalog*
- *VI=Vietnamese*
- *YI=Yiddish*

**Other Primary Language Description:** Enter a description of the language spoken by the client that is not in the list of codes for Primary Language. *This is a required item if “Other” is the Primary Language and will be required to enter assessment information.*

**Does client have limited ability reading, writing, speaking, or understanding English?:** The code choices for this item are Y=Yes or N=No. *Note: This is a required item in order to enter assessment types 701B, 701S, and 701T.*

**Marital Status:** Enter the client’s marital status. *An entry in this item is required in order to enter assessment information.* The codes are:

- *D=Divorced:* Marriage has been legally dissolved.
- *M=Married:* Has a legal husband or wife.
- *O=Partnered:* In a relationship with person other than a legal spouse.
- *P=Separated:* Legally married but living apart from spouse.
- *S=Single:* Never been married.
- *W=Widowed:* Spouse died while still married.

## Physical Location Tab:

The screenshot shows a web form for entering physical location information. At the top, there are four tabs: 'Physical Location' (selected), 'Home Address', 'Mailing Address', and 'Contact Person(s)'. Below the tabs, the form is titled 'ASSESSOR/CM: Current Physical Location Address (If type is a facility, enter a facility name.)'. It includes a 'Copy Home Address' button and a 'Date of Last Change' field showing '09/04/2013 12:08:01 PM'. The main form fields are: 'Street' (34 SOUTH STREET), 'Street con't.' (empty), 'ZIP' (32401), 'ZIP 4' (empty), 'City' (PANAMA CITY), 'County' (BAY), 'Type' (HOSPITAL), 'Telephone Number' (850 478 7878 1234), and 'Facility Name' (BAY MEDICAL CENTER). An 'Address History' button is located at the bottom right of the form.

This tab allows you to enter the address information for the client’s current physical location at the time of the referral or request for assessment. This address is needed because the client may be in a temporary location such as a nursing facility, hospital, or rehabilitation facility. This address may be the same as or different from the client’s home address. **Note: The current physical location address is a required item for all assessment types (701B, 701S, 701T, NONE, and OTHER).**

**Copy Home Address:** If the client’s current physical location is the same as the home address you can select this button. Selecting this button allows you to copy the information entered at the Home Address tab to the Physical Location tab without having to enter it again.

**Date of Last Change:** This field is automatically populated by CIRTS. It tracks when changes are made to the physical location address.

**Street, Zip, City, County:** Enter the street and zip code for the address of the client’s current physical location. **The city and county will automatically be populated based on the zip code entered.** In most situations the client will be physically located in the state of Florida. However, there may be situations where the client is located out-of-state. If you enter an out-of-state zip code, you will receive a pop-up saying, “*Zip code is not a valid Florida zip code. Is this correct?*” When you select “OK” the out-of-state zip code will be displayed. The County will be Out of State. If this was an error, you can correct the zip code. You can enter a zip code outside of your PSA under this tab. **These are required items.**

**Street Con’t:** Enter the building number or suite number. Leave blank if there is no building number or suite number. This item is optional.

**Zip 4:** The last four digits that determine a more specific location within a given zip code. This is an optional item.

**Type:** Enter the type of physical location of the client. **This is a required item.** The codes are:

- *ADC=Adult Day Care:* A facility which provides less than 24-hour care for eligible adults.
- *ALF=Assisted Living Facility:* Any state licensed assisted living facility.
- *H=Hospital:* An institution that provides care for acute illnesses.
- *NF=Nursing Facility:* A freestanding facility certified by AHCA to provide skilled nursing services.
- *OT=Other:* Any other facility not listed in these codes.
- *PR=Private Residence:* The client’s home or the home of another person; not a facility.

**Telephone Number:** Enter the telephone number for the client’s current physical location. The phone number includes the area code, the seven-digit phone number, and extension, if applicable. This is an optional item.

**Facility Name:** *This item is required if the “Type” is Adult Day Care, Assisted Living Facility, Hospital, Nursing Facility, or Other. If the “Type” is Private Residence this field will be disabled.* Enter the name of the facility in which the client is currently located, if applicable.

**Address History:** Selecting this button will allow you to view a history of the client’s current physical location. You can sort the order by which the data will be displayed.

### Home Address Tab:

The screenshot shows a software interface with four tabs: Physical Location, Home Address, Mailing Address, and Contact Person(s). The Home Address tab is active. It contains a 'Copy Physical Location' button and a 'Date of Last Change' field with the value '06/25/2013 08:17:12 AM'. Below these are several input fields: 'Street' with '924 W 13TH STREET', 'Street cont.' with 'PANAMA CITY NURSING FACILITY', 'ZIP' with '32401', 'ZIP 4' (empty), 'City' with 'PANAMA CITY', 'State' with 'FL', and 'Telephone Number' with '850 763 1911'. At the bottom, there is a checkbox 'Is client's home address public housing?' with 'N' selected, and an 'Address History' button.

This tab allows you to enter the address information for the client’s home. This address is where the client maintains their belongings or a home they would return to if they were temporarily in a facility and could be discharged. This address may be the same as or different from the current physical location address.

**Copy Physical Location:** If the client’s home address is the same as the current physical location address you can select this button. Selecting this button allows you to copy the information entered at the Physical Location tab to the Home Address tab without having to enter it again. **Copying of the current physical location address is only allowed if the “Type” is Private Residence, Nursing Facility, or Assisted Living Facility.**

**Date of Last Change:** This field is automatically populated by CIRTS. It tracks when changes are made to the home address.

**Street, Zip, City, State:** Enter the street and zip code for the home address of the client. **The city and state will automatically be populated based on the zip code entered.** You can enter any Florida zip code or an out-of-state zip code here. *These are required items.*

**Street Con’t:** Enter the building number or suite number. Leave blank if there is no building number or suite number. This item is optional.

**Zip 4:** The last four digits that determine a more specific location within a given zip code. This is an optional item.

**Telephone Number:** Enter the telephone number for the client’s home address. The phone number includes the area code, the seven-digit phone number, and extension, if applicable. This is an optional item.

**Is client’s home address public housing?** Enter Y=Yes or N=No as to whether the client’s home address is public housing. *Note: This item is required in order to enter assessment type 701B.*

**Address History:** Selecting this button will allow you to view a history of the client's Home Address. You can sort the order by which the data will be displayed.

### Mailing Address Tab:

The screenshot shows a web interface with four tabs: Physical Location, Home Address, Mailing Address (selected), and Contact Person(s). Below the tabs is a form titled "Mailing Address ~ (if different from current physical location)". The form includes a "Date of Last Change" field with the value "09/04/2013 01:08:13 PM". The "Street" field contains "34 W TEXAS AVENUE". The "Street con't." field is empty. The "ZIP" field contains "32426", the "ZIP 4" field is empty, the "City" field contains "CAMPBELLTON", and the "State" field contains "FL". At the bottom right of the form are two buttons: "Remove" and "Address History".

This tab allows you to enter the address information where the client receives their mail if it is different from their current physical location address. If the client does not have a mailing address that is different from their current location, you may leave this information blank.

**Date of Last Change:** This field is automatically populated by CIRTSS. It tracks when changes are made to the mailing address.

**Street:** Enter the street name for the mailing address if different from the address of the client's current physical location. This is an optional item.

**Street Con't:** Enter the building number or suite number. Leave blank if there is no building number or suite number. This item is optional.

**Zip, City, State:** Enter the zip code for the mailing address of the client. **The city and state will automatically be populated based on the zip code entered.** You can enter any Florida zip code or an out-of-state zip code here. These items are optional.

**Zip 4:** The last four digits that determine a more specific location within a given zip code. This is an optional item.

**Remove:** Select this button if you want to remove the mailing address information. All data will be removed.

**Address History:** Selecting this button will allow you to view a history of the client's Mailing Address. You can sort the order by which the data will be displayed.

**Contact Person(s) Tab:**

The screenshot shows a software interface with four tabs: Physical Location, Home Address, Mailing Address, and Contact Person(s). The Contact Person(s) tab is active. It contains a form with the following fields and values:

PSA	Type	Relationship	First Name	Last Name
02A	PRIMARY CAREGL...	WIFE	MARY	SMITH
Street		Street cont.		Telephone Number
34 SOUTH WAY				850 123 4567
City		State	ZIP	ZIP 4
TALLAHASSEE		FL	32399	

At the bottom of the form, there are buttons for "Add New", "Remove", "Previous", and "Next". A counter indicates "1 of 1" contacts.

This tab allows you to enter information for the client's contact person. This could be the person who called in the referral or request for assessment. It could also be the person designated by the client as someone who could be contacted in the event the client was not available. More than one contact person may be entered. The first entry will be displayed on the screen. You can view all contacts by selecting **Previous** or **Next**. These buttons will move you through the different contacts. The screen shows how many contacts have been entered; for example, 1 of 1, 2 of 3, etc.

**PSA:** This field is disabled and will automatically be populated when you save the information.

**Type:** Enter the type of contact for the client. This item is optional. The codes are:

- *CALLER=Caller:* The person calling in the referral or request for assessment.
- *DOCTOR=Doctor:* The client's personal physician or doctor calling in the referral or request for an assessment.
- *EMRGNCY=Emergency Contact:* The person who is to be called in the event of an emergency.
- *LEGU=Legal Guardian:* The client's legal representative.
- *NEKI=Next of Kin:* A relative of the client.
- *CG=Primary Caregiver:* The person providing or arranging help with Activities of Daily Living and Instrumental Activities of Daily Living for the client on a regular basis.

**Relationship:** Enter the relationship of the contact type to the client. This item is optional. The codes are:

- *CH=Child*
- *CA=Community Agency Worker*
- *DA=Daughter/In-Law*
- *FR=Friend/Neighbor*
- *GC=Grandchild*
- *HW=Hospital Worker*
- *HU=Husband*
- *NE=Neighbor*
- *OT=Other Non-Relative*
- *OR=Other Relative*
- *PA=Parent*
- *PT=Partner*
- *SE=Self*
- *SC=Social/Case Worker*
- *SO=Son/In-Law*
- *SP=Spouse*

- *UN=Unknown*
- *WF=Wife*

**First Name:** Enter the first name of the contact person. This item is optional.

**Last Name:** Enter the last name of the contact person. ***This item is required to save the contact information.***

**Street:** Enter the street name for the address of the contact person. This is an optional item.

**Street Con't:** Enter the building number or suite number. Leave blank if there is no building number or suite number. This item is optional.

**Telephone Number:** Enter the telephone number for the client's contact person. The phone number includes the area code and the seven-digit phone number. This is an optional item.

**City:** Enter the city for the address of the client's contact person. This is an optional item.

**State:** Enter the state for the address of the client's contact person. This is an optional item.

**Zip:** Enter the five digit zip code for the address of the client's contact person. This is an optional item.

**Zip 4:** The last four digits that determine a more specific location within a given zip code. This is an optional item.

**Add New:** Select this button if you want to add a new contact person.

**Remove:** Select this button if you want to remove the contact person. All data will be removed.

**Previous:** Select this button if you want to see the contact person that was entered prior to the one shown on the screen.

**Next:** Select this button if you want to see the contact person that was entered after the one shown on the screen.

**REMINDER:**

In order to enter assessment information, all required demographic information must be entered. If Demographic is not complete, an error message will appear saying, "*The client's demographics must be complete before an assessment can be added.*" **Note: This message will appear when the Add Assessment button at Assessment is selected.** Refer to the box labeled "Demographic Complete" at the top right of the screen. A check mark in the box indicates that all required demographic information has been entered.

You will receive a pop-up when selecting the assessment type if all required information is not entered for that assessment type. For example, the 701B requires a response to the question about the client's ability to read, write, speak, and understand English, the client's current physical location address, and the question about public housing.

Each time you save the demographic information you will receive an alert saying your transaction is complete and how many records were applied and saved.

# CASES SCREEN

The screenshot shows the 'CARES Cases' application window. At the top, there is a menu bar with 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. Below the menu is a toolbar with various icons. The main area is titled 'CARETS CARES Cases Information' and contains several input fields: 'CARES CASE' (20130827), 'Date' (09/04/2013), 'User' (REGIONALCARES), 'CARES Cases for:' (ARTY SMARTY), and 'SSN:' (846846846). There are also checkboxes for 'Demographic Complete' and 'PAS Complete'. Below this is a table with the following columns: 'Opened on', 'Reason', 'Referral Source', 'Payment Type', 'Status', 'Closed on', 'Reason', and 'PSA'. The first row of the table is highlighted in blue and contains the following data: '08/15/2013', 'INITIAL CASE', 'NURSING FACILITY', 'MEDICAID PENDING', 'OPEN', an empty field, an empty field, and '05'. A yellow arrow points to the 'PSA' column. At the bottom of the screen, there are several buttons: 'Add Case', 'Close Case', 'Delete Case', 'Print CIF', 'Print Blank CIF', 'Search Client', 'CARES Assignments', and 'Close'.

Opened on	Reason	Referral Source	Payment Type	Status	Closed on	Reason	PSA
08/15/2013	INITIAL CASE	NURSING FACILITY	MEDICAID PENDING	OPEN			05

The **Cases** screen is a summary screen that displays all cases related to that client. The screen displays the date the case was opened, open reason, referral source, payment type, status (Closed or Open), date closed, reason closed, and the PSA for each case. If the case is new, no information will be displayed in the summary categories.

From the Cases screen you can add a new case, close a case, delete a case, print a CIF or blank CIF, go to Search Client, go to CARES Assignments, or close the Cases screen. You can view previous cases and access all cases, open and closed for a client. If there are existing cases, highlight the case you want to select and click on the Assignment, Assessments, Staffings, Referrals, Followups or Case Notes tab to view the information (these tabs will appear at the Assignment screen). This screen also shows if Demographic and PAS are complete. You can edit or view an open case. Only a Supervisor Role can edit a closed case. **A client can have multiple cases; however, only one open case can exist for a client.**

**Add Case:** Select this option to add a new case for the client. This button will be grayed out if there is already an open case. Remember, only one case can be opened at a time.

**Close Case:** Select this option to close an open case.

**Delete Case:** Select this option to delete a case. This will not delete the client, only the case selected. *Note: Be very careful when deleting cases. Only a Supervisor Role is able to delete a case.*

**Print CIF:** Select this option to print a CIF with information populated related to the client.

**Print Blank CIF:** Select this option to print a CIF with only Demographic and Case Assignment information populated.

**Search Client:** Select this option to go to Search.

**CARES Assignments:** Select this option to go to the CARES Assignments screen.

**Close:** Select this option to close out of the screen and return to Demographic.

When you select **Add Case** the **Assignment** screen will appear.



# ASSIGNMENT SCREEN

The purpose of this screen is to assign a case to a particular caseworker. **This screen will not be completed if the client, or someone on behalf of the client, is requesting information only.** The client's first and last name and Social Security Number, or pseudo number, will be displayed at the top of the screen. If the prior case is closed and a reassessment is requested, enter all new assignment information, to include the new Initial Date. **If a reassessment is requested for an open case, do not change anything in Assignment except Assigned To and 3008 Received. The 3008 information must be updated each time a 3008 is received.** If incorrect information was entered in Assignment it can be edited; however, the Initial Date cannot be edited. You will have to delete the case to correct the Initial Date. The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARES Assignments, and Close).

## CASE ASSIGNMENT SCREEN DEFINITIONS

**Initial Date:** This date represents the date of the telephone call, office visit, or written notification requesting a CARES assessment. **This is a required item.** This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year.

**Assigned To:** This is the name of the caseworker that has been assigned the case. *This is a required item.* All scheduled follow-ups will be scheduled to the caseworker shown in this field.

**Referral Source:** This identifies the party that is contacting CARES for an assessment. *This is a required item.* The referral sources are:

- *A = Abuse/Neglect:* Protective Services of the Department of Children and Families.
- *ADM=Alcohol, Drug Abuse, Mental Health:* A state agency providing services to people who meet eligibility for alcohol or drug abuse, or mental illness. *Note: Now called Substance Abuse and Mental Health (SAMH).*
- *ARC=ARC or ADRC:* Aging Resource Center or Aging and Disability Resource Center.
- *C = CARES:* State program of the Department of Elder Affairs.
- *CRR=Continued Residency Review:* Process related to CARES. *Note: Currently not being completed.*
- *DCF=Department of Children and Families:* A state agency that provides various services to include ACCESS Florida, Adult Services, Developmental Disabilities, and Child Care.
- *DES = Developmental Services:* Agency for Persons with Disabilities.
- *DOH=Department of Health:* A state agency that works to protect, promote, and improve the health of individuals through state, county, and community efforts.
- *FAM = Family:* A relative of the client.
- *H = Hospital:* An institution that provides care for acute illnesses. Use this code for hospital psychiatric units.
- *L = Lead Agency:* State contracted agency providing community services.
- *MCO=Managed Care Organization:* An agency contracted to provide health care needs of individuals.
- *NH = Nursing Home:* State certified nursing facility.
- *O= Other:* All other referral sources exclusive of the ones listed.
- *PAC = Project Aids Care Waiver:* Medicaid waiver program.
- *PACE=Program All-Inclusive Care for Elderly:* PACE model program with capitated rate.
- *PRIS = Prison/Jail:* A duly authorized and supervised facility like a jail or a prison.
- *PSYF = Psychiatric Facility:* A freestanding facility that provides psychiatric or mental health care.
- *SELF = Self:* Self referral.
- *SMHO = State Mental Hospital:* A state sponsored or operated facility that provides psychiatric care.
- *SNUH = Skilled Nursing Unit/Hospital:* A section within a hospital which is certified under Medicare/Medicaid to provide skilled nursing facility services.
- *VOC=Vocational Rehabilitation:* State program of the Department of Education.

**Payment Type:** This identifies the case by potential financial eligibility, not actual Medicaid eligibility. *This is a required item.* The three payment types and definitions are:

- *MEDI=Medicaid:* This payment type is used for any case that is referred to CARES by DCF. This means the individual has applied for Medicaid.
- *MEDP=Medicaid Pending:* This payment type is used for any case that is referred to CARES by anyone other than DCF. This means the individual has not applied for Medicaid, but the intent to apply is imminent.
- *PRPA=Private Pay:* This payment type is used for any case where the client has income and/or assets which exceed the limits for Medicaid eligibility for the Institutional Care Program (ICP).

**Living Arrangement:** Enter the appropriate code that reflects the living arrangement of the client at the time of the request for an assessment. This is an optional item. The codes are:

- *AFCH=Adult Family Care Home:* Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care:* Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs:* Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs:* Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility:* Any state licensed assisted living facility.
- *ARTS=Adult/Geriatric Residential Treatment Facility:* A residential facility that provides mental health treatment.

- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *HOSP=Hospital*: An institution that provides care for acute illnesses (excluding a state mental hospital). Use this code for all units located within a hospital (swing bed, psychiatric unit, skilled nursing unit, etc.).
- *MRDD=MR/DD Facility*: A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).
- *NUHO=Nursing Home*: A free standing facility that is certified under Medicare/Medicaid to provide nursing services.
- *OTHR=Other*: All other living arrangements exclusive of the ones listed.
- *PRIS=Prison/Jail*: A duly authorized and supervised facility like a jail or a prison.
- *PRRE=Private Residence*: Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility*: A free standing facility that provides psychiatric or mental health care.
- *REHB=Rehab Hospital*: Any free standing facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment*: A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit*: A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.
- *TRAN=Transient*: No fixed place of abode, or lives on the road.

**Living Situation:** AL=Alone should be entered for all living arrangements except for HOSP, OTHR, PRRE, PSYF, REHB, SAPT, and TRAN. If the living arrangement is any of the seven mentioned, all code choices will be available. If the client is in a hospital and is expected to be discharged to a nursing facility, assisted living facility, or adult family care home, the living situation will be AL=Alone. This is an optional item. The codes are:

- *AL=Alone*: Client lives alone.
- *WC=With Primary Caregiver*: Client lives with the primary caregiver.
- *WO=With Other*: Client lives with someone other than a caregiver.
- *WOC=With Other Caregiver*: Client lives with a caregiver that is not the primary caregiver.

**Special Project Case:** This item will identify those clients who are participating in any special project that has been assigned to CARES. ***This item is required.*** The codes are:

- *A=Alzheimer's Waiver*: Alzheimer's Medicaid Waiver Program.
- *L=Long Term Care Community Diversion Pilot Program*: Special project of the Department of Elder Affairs.  
**Note: This code becomes obsolete March 1, 2014, due to SMMC LTC.**
- *M=Nursing Home Diversion Modernization Grant*: Funding for clients transitioning from a nursing facility to the community.
- *N=None*: No special project indicated.
- *R=New Admission Review*: Indicates New Admission Review.
- *TN=Transition from NH Special Funding*: Funding for waiver for those transitioning from a nursing facility to the community.
- *TU=Transition from Hospital Special Funding*: Funding for waiver for those transitioning from a hospital to the community.
- *U=Upstreaming Project*: Special project of the Department of Elder Affairs.

**Provider Name:** This is a list of individual Planning and Service Area (PSA) providers. Each PSA determines the providers that are listed. This list can include the names of all hospitals, lead agencies, nursing facilities, etc. within the PSA. This item is optional.

**Primary Caregiver:** A primary caregiver is any person who regularly can be depended on to provide or arrange help as needed with Activities of Daily Living and Instrumental Activities of Daily Living. The primary caregiver may or may not be related by birth or marriage; may or may not live with the client or live nearby; and does not include operators of assisted living facilities, nursing facilities, adult family care homes,

home health agencies, service provider staff or other paid care providers. Enter the code that reflects the primary caregiver status of the client. This is an optional item. The codes are:

- *N=No*: Client does not have a primary caregiver.
- *U=Unknown*: Client's primary caregiver status is not known.
- *Y=Yes*: Client has a primary caregiver.

**Open Reason:** This code indicates the reason the case is being opened. The first time a case is opened the reason code will be IN; IN is the only option in the list. IN can only be used the first time a case is opened.

***This is a required item.*** The codes for this field are:

- *AR=Annual Waiver Recertification*: Indicates the case is to be opened as an annual waiver recertification.
- *IN=Initial Case*: Indicates the first case opened on a client.
- *OT=Other*: Indicates the case is to be opened for a reason exclusive of the ones listed.
- *RE=Reassessment*: Indicates the case is to be opened for a reassessment.
- *TR=Transferred*: Indicates the case was transferred. **Note: Only use this code when the case was assigned in another PSA but was not assessed and staffed. The case is closed in the "old" PSA and forwarded to the new PSA where the client is residing. The new PSA will open, assess, and staff the case. This code is not to be used in any way for the transfer of an open/active case. Refer to the section of this guide regarding transferring open/active cases.**

**3008 Received:** This field requires a response of Y=Yes or N=No as to whether a 3008 is received by CARES at the time of every request for an assessment (Initial or Reassessment). ***This is a required item.*** The response to this question would be Yes if you are using a 3008 from a previous staffing that is less than one year old. If no 3008 is received at intake (3008 Received = N) but is received later, you would update this field to Yes. For annual waiver re-certifications enter Yes if the referral is received timely. If the referral is not received timely and no 3008 is received, enter No in this field. Change to Yes once the 3008 is received.

**3008 Completed:** This field requires a response of Y=Yes or N=No as to whether the 3008 is complete upon receipt. Answer Yes if the 3008 was completely filled out upon receipt. Answer No if the 3008 was not completed correctly upon receipt. ***This item is required only if the answer to 3008 Received is Yes.*** If a 3008 is not received this field will be disabled. The response to this question would be Yes if you are using a 3008 from a previous staffing that is less than one year old. For annual waiver recertifications enter Yes if the referral was received timely. If the referral is not timely and a current 3008 is received, enter Yes or No as appropriate in this field.

**Date Incomplete 3008 Received by CARES:** This field represents the date that CARES receives the incomplete 3008. This date will be a two-digit month and day and a four-digit calendar year. This date cannot be a future date and cannot be prior to the Initial Date. ***This field is required if the answer to 3008 Completed is No.***

**Date Incomplete 3008 Returned by CARES:** This field represents the date that CARES returns the incomplete 3008 to the sending source to be completed properly. This date will be a two-digit month and day and a four-digit calendar year. ***This field is required if the answer to 3008 Completed is No.***

**OK to Transfer The Case?:** This field will be pre-populated with N=No. **When an open/active case is being transferred to another PSA, you would enter Y=Yes.** See Transferring Open Cases for details.

**Edit:** Select this option if you want to change any previously saved information.

**Save:** Select this option to save the information entered or edited.

**Cancel:** Select this option to cancel without saving the information.

**REMINDER:**

All dates can be entered as mmddyy and the system will automatically change it to mm/dd/yyyy.

If the Open Reason is AR, the case will automatically close at Staffing. AR should be used for all annual waiver re-certifications.

# ASSESSMENT SCREEN

When you click on the **Assessments** tab, a summary screen displays all assessments related to that case. An open case can have multiple assessments. The screen displays for each assessment the assessment date, assessment site, assessment instrument, risk score, caseworker, and PSA. If the case is open, you will be able to edit the assessment(s). If the case is closed, only a Supervisor Role can edit the assessment.

The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARES Assignments, and Close).

This screen also has a panel that lists the assessment date and staffing date for the assessment. This is where you highlight the assessment to be viewed.

**Add Assessment:** Select this option if you want to add an assessment. Remember, Demographic must be complete to add an assessment. Also, if the prior assessment has not been staffed for an open case you will not be able to add a new assessment. You cannot add a new assessment if a partial assessment has been saved.

**Note:** *“INCOMPLETE” will be shown beside the assessment date for a partially saved assessment.*

**Change Pseudo SSN:** Select this option if you want to change a pseudo SSN to the actual SSN. **Remember, you cannot add an assessment with a pseudo SSN.** The Caseworker Role and Supervisor Role can change the pseudo SSN inside the case at the Assessment tab.

**View Selected Assessment:** Select this option if you want to view the highlighted assessment. Click on the assessment in the Assessment and Staffing Dates panel to highlight the assessment.

**Print Assessment Info:** Select this option if you want to print a highlighted assessment.

**View All Assessments:** Select this option if you want to go to the screen that lists all assessments for the client. This screen will show assessments by CARES and other agencies.

### ADDING AN ASSESSMENT

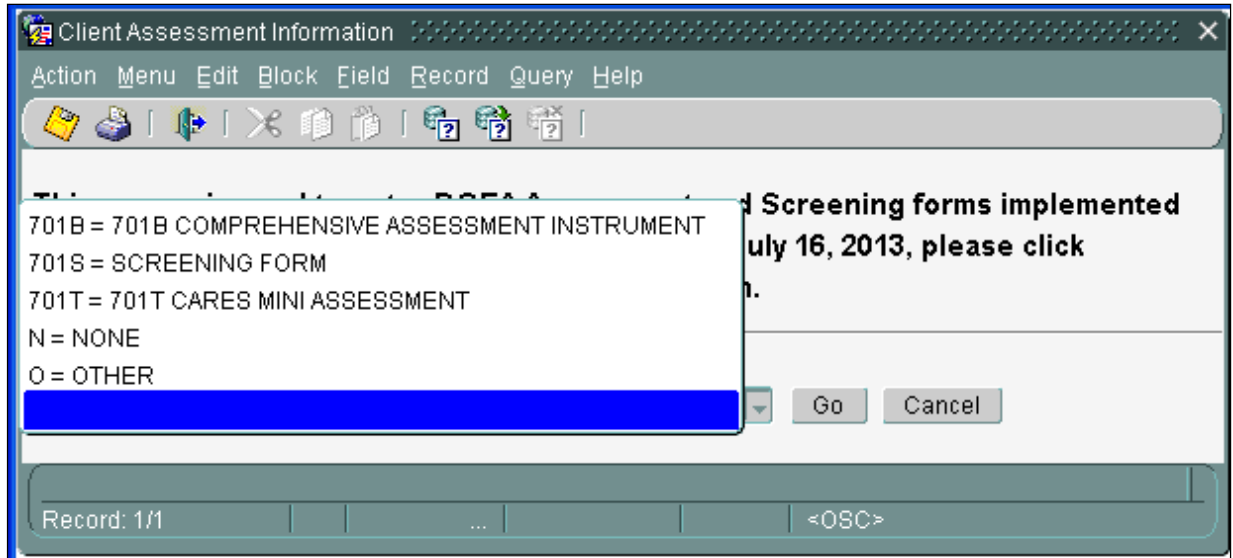
When you click on the **Add Assessment** button, the above screen will appear. You will be asked the date of the assessment. The options are:

**July 16, 2013 or Later:** If the date of the assessment is July 16, 2013 or later, select this button. Instructions for entering assessments completed on July 16, 2013 or later will be contained in this document. This document can be found under the DOEA Enterprise Application Services tab under Documents.

**July 15, 2013 or Earlier:** If the date of the assessment is prior to July 16, 2013, select this button. Instructions for entering assessments completed on July 15, 2013 or earlier will be contained in the CIRTS User Guide for CARES January 2009. This document can be found under the DOEA Enterprise Application Services tab under Documents.

**Cancel:** If you do not want to add an assessment select this button and you will return to the Assessment screen.

The above screen will appear when you select an assessment date of July 16, 2013 or later. This screen allows you to select the type of assessment you want to enter. If you have selected the wrong date for the assessment or do not want to enter an assessment, you can select Cancel and return to the Assessment screen.



When you click on “Select the type of assessment.” the above drop-down box will appear. This box contains the type of assessments that can be entered. The assessment types are:

- **701B:** This is the Comprehensive Assessment Instrument used by CARES for on-site assessments for clients having community potential.
- **701S:** This instrument is a subset of the 701B and is used for telephone screening of clients.
- **701T:** This instrument is a subset of the 701B and is used for on-site assessments for clients with no community potential.
- **NONE:** This indicates that no assessment instrument was used. Limited assessment data will be entered for this type of assessment. “NONE” is used for medical case file reviews.
- **OTHER:** This indicates that an assessment instrument other than the ones listed was used for the assessment. Limited assessment data will be entered for this type of assessment. “OTHER” is used for medical case file reviews.

Click on the type of assessment that you want to enter and select the “Go” button. This will take you to the first Assessment tab for the selected assessment type.

Select the “Cancel” button if you do not want to enter an assessment. This will take you back to the Assessment screen.

**REMINDER:**

The current physical location address is a required item for all assessment types (701B, 701S, 701T, NONE, and OTHER).

*“Does client have limited ability reading, writing, speaking, or understanding English?”* is a required item in order to enter assessment types 701B, 701S and 701T.

*“Is client’s home address public housing?”* is a required item in order to enter assessment type 701B.



## **701B COMPREHENSIVE ASSESSMENT TYPE**

The 701B Comprehensive Assessment type is used by CARES for on-site assessments for clients having community potential. This assessment is administered in a face-to-face setting to assess a client's health, function, needs, and resources. **The 701B is completed by the assessor/case manager with information provided by the client, observed directly, or verified by records.**

The 701B Comprehensive Assessment type screens are divided into tabs. Each tab corresponds to the sections on the 701B form. The "A" tabs are for the Demographic Section; the "B" tab is for the Memory Section; the "C" tabs are for the General Health, Sensory & Communication Section; the "D" tab is for the Activities Of Daily Living Section; the "E" tab is for the Instrumental Activities Of Daily Living Section; the "F" tabs are for the Health Conditions & Therapies Section; the "G" tabs are for the Mental Health Section; the "H" tabs are for the Residential Living Environment Section; the "I" tabs are for the Nutrition Section; the "J" tabs are for the Medications & Substance Use Section; the "K" tab is for the Social Resources Section. **The "L" tabs are for the Caregiver Section. These tabs will appear only if the response to Primary Caregiver is Y=Yes. This question is under the second "A" tab.**

Press the **Tab** or **Enter** key to move from field to field, or you may use your mouse to access the field and code table. There are times you can press the space bar to make a selection; these situations are noted in this guide. You can partially save an assessment or save the complete assessment. All required information is needed to save the complete assessment. The system will identify any required fields that were left blank once **Save** is selected.

The following items will appear at the top of each assessment tab:

**Priority Score:** Once the assessment is saved, the system will automatically generate and populate a Priority Score for assessment types 701A, 701B, and 701S. This item cannot be edited.

**Rank:** Once the assessment is saved, the system will automatically generate and populate a Rank for assessment types 701A, 701B, and 701S. This item cannot be edited.

**PSA:** Indicates the CARES PSA or the ADRC/lead agency PSA. This item is automatically populated and cannot be edited.

**Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.

**Client ID:** This is a unique, random number assigned by the system that is associated with each client in CIRTS. This item is automatically populated and cannot be edited.

**Client Name:** The system will automatically enter the client's last and first name based on the information entered on the Demographic screen. This item cannot be edited.

**Risk Score:** Once the assessment is saved, the system will automatically generate and populate the Risk Score. This item cannot be edited. **The Risk Score will be added at a later date and may not show on the screen or printed assessment. It is used by Planning and Evaluation and Office of Strategic Planning only.**

**Edit:** Select this option to change any previously saved information.

**Save:** Select this option to save the information entered or edited.

**Cancel:** Select this option to cancel without saving the information entered or edited.

**Close:** Select this option to close the assessment.

**Print:** Select this option to print the assessment.

### TAB A / DEMOGRAPHIC SECTION SCREEN DEFINITIONS

**PSA:** This field will automatically be populated and cannot be edited.

**County:** Enter the county where the assessment is being conducted. The codes choices are PSA specific. *This is a required item.*

**Assessor:** This identifies the agency that actually performed the assessment. *This is a required item.* The codes are:

- AAS=Adult Services: Adult Services staff of the Department of Children and Families.
- AHC=Agency for Health Care Adm: Staff of the Agency for Health Care Administration.
- ALZ=Alzheimer's Disease Waiver: Staff of an agency providing services under the Alzheimer's Disease Medicaid Waiver Program.
- BHP=Broward Homebound Case Mgr: Staff of the Broward Homebound program.
- CAR=CARES: CARES staff of the Department of Elder Affairs.
- CDA=Community Care for Dis Adults Case Manager: Adult Services staff of the Department of Children and Families **or** staff of an agency providing services under the Community Care for Disabled Adults Program.
- CFW=Adult Cystic Fibrosis Waiver: Staff of the Department of Health.
- CHA=Channeling Case Manager: Staff of an agency providing services under the Channeling Medicaid Waiver Program. **Obsolete 3/1/14.**
- DOH=Department of Health: Staff of the Department of Health.
- ELD=Evercare at Home Case Manager: Staff of an agency providing services under the Ever Care at Home Program. **Obsolete 3/1/14.**
- HMO=Health Maintenance Organization: Staff of a Health Maintenance Organization.
- HOS=Hospital: Staff of a hospital.
- LEA=Lead Agency Case Manager: Staff of the local lead agency which provide case management for any program.
- MCO=Managed Care Org: Staff of a Managed Care Organization.

- *MHC=Massada Home Care Case Manager*: Staff of the Massada Home Care program.
- *NON=None*: Indicates there is no assessor. **This code should no longer be used.**
- *OTH=Other*: All other assessors exclusive of the ones listed.
- *PAC=Project Aids Care Case Manager*: Staff of an agency providing services under the Project Aids Care Medicaid Waiver Program.
- *PACE=Program Of All-Inclusive Care For The Elderly*: PACE model program with capitated rate.
- *UHC=United Home Care Case Manager*: Staff of United Home Care.
- *VOC=Vocational Rehabilitation*: Staff of a state program under the Department of Education.

**Living Arrangement:** Enter the appropriate code that reflects the living arrangement of the client at the time of the assessment. **This is a required item.** The codes are:

- *AFCH=Adult Family Care Home*: Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care*: Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs*: Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs*: Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility*: Any state licensed assisted living facility.
- *ARTS=Adult/Geriatric Residential Treatment Facility*: A residential facility that provides mental health treatment.
- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *HOSP=Hospital*: An institution that provides care for acute illnesses (excluding a state mental hospital). Use this code for all units located within a hospital (swing bed, psychiatric unit, skilled nursing unit, etc.).
- *MRDD=MR/DD Facility*: A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).
- *NUHO=Nursing Home*: A free standing facility that is certified under Medicare/Medicaid to provide nursing services.
- *OTHR=Other*: All other living arrangements exclusive of the ones listed.
- *PRIS=Prison/Jail*: A duly authorized and supervised facility like a jail or a prison.
- *PRRE=Private Residence*: Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility*: A free standing facility that provides psychiatric or mental health care.
- *REHB=Rehab Hospital*: Any free standing facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment*: A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit*: A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.
- *TRAN=Transient*: No fixed place of abode, or lives on the road.

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**Note:** *If the Living Arrangement is Nursing Home (NUHO), the fields in the Nursing Home panel will become visible and will require entry. A nursing home panel from a previous case will show if a new case is opened and the discharge date is not populated. If the Living Arrangement is not NUHO, the system will force entry of the discharge date.*

Admit Date	Nursing Home Name	Living Arrangement Prior	Discharge Date	Diversion Barrier
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Admit Date:** This is the date the client entered the nursing facility. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. ***This item is required.***

**Nursing Home Name:** Enter the name of the nursing home where the client is residing. The name will be selected from a list of individual PSA nursing homes. Each PSA will determine the nursing homes that are listed. ***This item is required.***

**Living Arrangement Prior:** Enter the appropriate code that reflects the living arrangement of the client prior to entering a nursing home. For example, if the client was residing in an assisted living facility prior to entering a nursing home, the code would be ALFS. If the client was in the hospital prior to nursing home admission, the code would be HOSP. The codes are the same as the **Living Arrangement** codes previously listed. ***This item is required.***

**Discharge Date:** This date represents the date the client was discharged from the nursing facility. This will be a two-digit month and day and a four-digit calendar year. This date cannot be prior to the Admit Date. This item is optional if the living arrangement continues to be NUHO=Nursing Home. If the living arrangement at Assessment was NUHO but at Staffing is not NUHO, then this field becomes required. There are times the system will automatically populate a date in this field. You will receive a message notifying you of this.

**Diversion Barrier:** This identifies the barrier that prevents an initial or subsequent alternative placement recommendation. If there is no barrier enter NONE. ***This item is required.*** The codes are:

- ACNA=Assistive Care Services/Optional State Supplementation Not Available
- ADWL=Aged Disabled Adults Waiver Waiting List (**Obsolete 3/1/14 due to SMMC LTC**)
- AENA=Assisted Living Facility with Extended Congregate Care Not Available
- AFNA=Assisted Living Facility Not Available
- ALWL=Assisted Living Waiver Waiting List (**Obsolete 3/1/14 due to SMMC LTC**)
- AMNA=Assisted Living Facility with Limited Mental Health Services Not Available
- ANNA=Assisted Living Facility with Limited Nursing Services Not Available
- ARAP=Assisted Living Facility Provider Required Additional Payment
- BSWL=Brain and Spinal Cord Injury Waiver Waiting List
- CDWL=Consumer Directed Care Waiver Waiting List (**Obsolete 3/1/14 due to SMMC LTC**)
- CGEX=Caregiver Expired
- CGHP=Caregiver In Hospital
- CGNH=Caregiver In Nursing Home
- CHWL=Channeling Waiver Waiting List (**Obsolete 3/1/14 due to SMMC LTC**)
- ELWL=Everbare at Home Waiver Waiting List (**Obsolete 3/1/14 due to SMMC LTC**)
- FENT=Financial Eligibility Determination Not Timely
- IACA=Ineligible For Assistive Care/Optional State Supplementation Due To Assets
- IACI=Ineligible For Assistive Care/Optional State Supplementation Due To Income
- ICMA=Ineligible for Community Medicaid due to Assets
- ICMI=Ineligible for Community Medicaid due to Income
- INAG=Ineligible Due To Age Requirement
- INCS=Ineligible For Community Services For Other Reasons
- INHD=Ineligible For Nursing Home Transition Due To Health/Functional Decline
- LFPA=Lacks Financial Resources to Private Pay an Assisted Living Facility
- LPWL=Long Term Care Community Diversion Pilot Waiver Waiting List (**Obsolete 3/1/14 due to SMMC LTC**)
- NONE=No Barrier

- PAWL=Project Aids Care Waiting List
- REAF=Assisted Living Facility Refused To Accept Client
- RECM=Case Manager Service Provider Refused To Accept Referral
- REFF=CARES Placement Recommendation Refused By Family Due To Financial Concerns
- REFH=CARES Placement Recommendation Refused By Family Due To Health Concerns
- REOT=CARES Placement Recommendation Refused By Family For Other Reasons
- REPH=CARES Placement Recommendation Refused By Physician
- RERB=Client Or Family Refused To Relinquish NH Bed
- RESP=Client Or Family Refused CARES Placement Recommendation To Stay In NH With Spouse
- RRNT=Referral Response From Provider Not Timely
- SANA=Secure Assisted Living Facility Not Available
- SPIM=Spousal Impoverishment Situation Likely If Placed
- WLAC=Waitlist For Assistive Care Services/Optional State Supplementation
- WLIA=Waiting List For Assisted Living Facility or Adult Family Care Home
- WLIC=Waiting List For Community Services

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**Special Project Case:** This item will identify those clients who are participating in any special project that has been assigned to CARES. The information entered at Case Assignment will automatically be populated in this field. **Note: You may need to change this code for a reassessment for an open case. This item is required.**

The codes are:

- A=Alzheimer's Waiver: Alzheimer's Medicaid Waiver Program.
- L=Long Term Care Community Diversion Pilot Program: Special project of the Department of Elder Affairs. **Note: This code becomes obsolete March 1, 2014, due to SMMC LTC.**
- M=Nursing Home Diversion Modernization Grant: Funding for clients transitioning from a nursing facility to the community.
- N=None: No special project indicated.
- R=New Admission Review: Indicates New Admission Review.
- TN=Transition from NH Special Funding: Funding for waiver for those transitioning from a nursing facility to the community.
- TU=Transition from Hospital Special Funding: Funding for waiver for those transitioning from a hospital to the community.
- U=Upstreaming Project: Special project of the Department of Elder Affairs.

**Payment Type:** This identifies the case by potential financial eligibility, not actual Medicaid eligibility. **This is a required item.** The information entered at Case Assignment will automatically be populated in this field.

**You may need to change this code for a reassessment for an open case.** The three payment types and definitions are:

- MEDI=Medicaid: This payment type is used for any case that is referred to CARES by DCF. This means the individual has applied for Medicaid.
- MEDP=Medicaid Pending: This payment type is used for any case that is referred to CARES by anyone other than DCF. This means the individual has not applied for Medicaid, but the intent to apply is imminent.
- PRPA=Private Pay: This payment type is used for any case where the client has income and/or assets which exceed the limits for Medicaid eligibility for the Institutional Care Program (ICP).

**Waiver Recertification:** This field will default to N=No if the Case Open Reason is IN=Initial Case, OT=Other, RE=Reassessment, or TR=Transferred. If the case is an annual waiver recertification for an open case, you will need to change the N=No to Y=Yes and manually close the case. If the Case Open Reason is AR=Annual Waiver Recertification, the field will default to Y=Yes. An open reason of AR will cause the case

to close automatically at staffing. AR should be used as the open reason for all annual waiver re-certifications. ***This is a required item.***

**Initial Contact Date:** This date represents the date CARES first contacts the client, family, etc. to schedule an on-site assessment. ***This is a required item.*** This date will be entered only one time per open case. This date will be a two-digit month and day and a four-digit calendar year. ***Note: This field is disabled if the Assessor is not CARES.***

**Assessment Delay:** This field requires a response of Y=Yes or N=No. The answer would be “Yes” if CARES is unable to schedule the on-site assessment within 10 calendar days of the Initial Date or Date Reassessment Requested. The answer would be “No” if the on-site assessment is conducted within 10 calendar days of the Initial Date or Date Reassessment Requested. ***This is a required item. Note: This item will be disabled if the assessor is not CARES.***

**Assessment Delay Reason:** ***Note: This item will be disabled if the assessor is not CARES.*** The on-site assessment can be delayed due to CARES or the client. The delay for CARES could be due to worker on vacation, out sick, etc. The delay due to the client could be out of town, doctor appointment, etc. ***This is a required item if the answer is Y=Yes for Assessment Delay.*** The codes are:

- CLU=Client unavailable
- CRU=CARES unavailable

**Reassessment:** The system will put a check mark in this box if this is a reassessment for an open case. No entry can be made in this field and it cannot be edited.

**Date Requested:** ***This is a required item if there is a check mark in the Reassessment box.*** This field represents the date the request for a reassessment was received by CARES. It will be a two-digit month and day and a four-digit calendar year. This cannot be a future date.

A	A	A	A	B	C	C	D	E	F	F	F	F	G	G	H	H	I	I	J	J	J	K	L	L	L
Caseworker OTHER - OTHER OTHER												Assessor / Case Manager Name OTHER OTHER													
ASSESSOR/CM: What is the purpose of this assessment?																									
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Health <input type="checkbox"/> Living Situation <input type="checkbox"/> Caregiver <input type="checkbox"/> Environment <input type="checkbox"/> Income																									
Assessment Date 07/16/2013						Assessment Site CH=CLIENT/RELATIVE'S HOME						Assessment Type 701B = 701B COMPREHENSIVE ASSESSMENT IN...													
Referral Date 07/16/2013						Referral Source SEFA = SELF/FAMILY						Risk Level													
ASSESSOR/CM: Transitioning out of a nursing facility? <input type="checkbox"/> N																									
ASSESSOR/CM: Imminent risk of nursing home placement? <input type="checkbox"/> N																									
Do you need outside assistance to evacuate? <input type="checkbox"/> N																									
Are you enrolled on a special needs registry? <input type="checkbox"/> N																									
Is there a primary caregiver? <input checked="" type="checkbox"/> Y																									
Living Situation ALONE																									
Individual monthly income \$789.00 Refused <input type="checkbox"/> N								Estimated total individual assets \$1,200.00								Individual Assets M = \$0 - \$2000 Refused <input type="checkbox"/> N									
Couple monthly income Refused <input type="checkbox"/> N								Estimated total couple assets								Couple Assets Refused <input type="checkbox"/> N									
Date Assessment Changed												Assessment Changed By													

**Caseworker:** This field will be populated with the caseworker shown at Case Assignment. If someone other than the assigned worker conducted or is conducting the assessment, the caseworker will need to be changed. ***This is a required item.***

**Assessor/Case Manager Name:** This item is disabled and cannot be edited. This field will be populated with the caseworker shown at Case Assignment. If the Caseworker is changed, this field will be populated with the new caseworker. ***Note: The new caseworker will not be populated in this field until you exit the screen and then return.***

**ASSESSOR/CM: What is the purpose of this assessment?:** ***This is a required item.*** You can use the space bar or mouse to enter a check mark in the appropriate box or boxes. If you select “Initial” or “Annual” all other options will become disabled. If neither of these two items is checked, all options are available and more than one of the options may be checked.

**Assessment Date:** This is the date the assessment is actually conducted by the assessor/case manager. Enter the month, day, and year of the assessment. This will be a two-digit month and day and a four-digit calendar year. This date must be a current or past date. It cannot be a future date. ***This is a required item.*** If the assessment date is over 6 months old, the system will generate a pop-up box asking you to verify the date. You can use the mouse to click on “OK” or you can press the space bar. You will also receive an error message if the assessment date is prior to the Initial Date. **The Assessment Date cannot be edited.**

**Assessment Site.** This identifies where the assessment actually took place. ***This is a required item.*** The codes are:

- *ADC=Adult Day Care:* A facility which provides less than 24-hour care for certain eligible adults.
- *AFCH=Adult Family Care Home:* Any state licensed adult family care home.
- *ALF=Assisted Living Facility:* Any state licensed assisted living facility.
- *CH=Client/Relative’s Home:* The client or relative’s private residence.
- *GRHO=Group Home:* A small residential home sponsored by a state or community entity.
- *H=Hospital:* An institution that provides care for acute illnesses (excluding a state mental hospital or a swing bed hospital).
- *MRDD=MR/DD Facility:* A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).
- *NH=Nursing Home:* A freestanding facility that is certified under Medicare and/or Medicaid to provide nursing services.
- *OFFC=Office/Medical Case File Review:* Indicates the assessment was a medical case file review completed in the CARES office.
- *OT=Other:* All other assessment sites exclusive of the ones listed.
- *PRIS=Prison/Jail:* A duly authorized and supervised facility like a jail or a prison.
- *PSYF=Psychiatric Facility:* A freestanding facility that provides psychiatric or mental health care.
- *SBHO=Swing Bed Hospital:* A rural hospital that is certified under Medicare/Medicaid to provide nursing services.
- *SMHO=State Mental Hospital:* A state sponsored or operated facility that provides psychiatric care.

**REMINDER:**

Assessment Site code *CARE=Onsite in CARES Office* is no longer being used. If the client comes to the CARES office for the on-site assessment, the site will be *OT=Other*. ***OFFC is used only for medical case file reviews.***

**Assessment Type:** This field will automatically be populated by the system based on the type of assessment previously selected. This field cannot be edited.

**Referral Date:** This is the date that the referral was received at the receiving agency from the referral source. There may be an earlier date on a referral form, but the responsibility begins when the information is actually received. The referral may be received in a format other than written, such as a telephone call or office visit. ***This is a required item.*** This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. This field will be populated automatically by the system based on the Initial Date at Case Assignment. **This date can be changed if this is a reassessment for an open case.**

**Referral Source:** This identifies the party that is contacting CARES for an assessment. ***This is a required item.*** The referral sources are:

- *A = Abuse/Neglect:* Protective Services of the Department of Children and Families.
- *ADM=Alcohol, Drug Abuse, Mental Health:* A state agency providing services to people who meet eligibility for alcohol or drug abuse, or mental illness. **Note: Now called Substance Abuse and Mental Health (SAMH).**
- *ARC=ARC or ADRC:* Aging Resource Center or Aging Disability Resource Center.
- *C = CARES:* State program of the Department of Elder Affairs.
- *CRR=Continued Residency Review:* Process related to CARES. **Note: Currently not being completed.**
- *DCF=Department of Children and Families:* A state agency that provides various services to include ACCESS Florida, Adult Services, Developmental Disabilities and Child Care.
- *DES = Developmental Services:* **Now called Agency for Persons with Disabilities.**
- *DOH=Department of Health:* A state agency that works to protect, promote, and improve the health of individuals through state, county, and community efforts.
- *FAM = Family:* A relative of the client.
- *H = Hospital:* An institution that provides care for acute illnesses. Use this code for hospital psychiatric units.
- *L = Lead Agency:* State contracted agency providing community services.
- *MCO=Managed Care Organization:* An agency contracted to provide health care needs of individuals.
- *NH = Nursing Home:* State certified nursing facility.
- *O= Other:* All other referral sources exclusive of the ones listed.
- *PAC = Project Aids Care Waiver:* Medicaid waiver program.
- *PACE=Program All-Inclusive Care for Elderly:* PACE model program with capitated rate.
- *PRIS = Prison/Jail:* A duly authorized and supervised facility like a jail or a prison.
- *PSYF = Psychiatric Facility:* A freestanding facility that provides psychiatric or mental health care.
- *SELF = Self:* Self referral.
- *SMHO = State Mental Hospital:* A state sponsored or operated facility that provides psychiatric care.
- *SNUH = Skilled Nursing Unit/Hospital:* A section within a hospital which is certified under Medicare/Medicaid to provide skilled nursing facility services.
- *VOC=Vocational Rehabilitation:* State program of the Department of Education.

**Risk Level:** ***If the referral source is A=APS (Adult Protective Services), the level of APS risk will be required.*** The codes are High, Intermediate, or Low.

**ASSESSOR/CM: Transitioning out of a nursing facility?:** Enter Y=Yes or N=No as to whether the client has a desire to transition out of a nursing facility. “Nursing home transition” is the voluntary transfer of an individual from a nursing facility to a community setting. If the client is not residing in a nursing facility, the response would be N=No. ***This is a required item.***

**ASSESSOR/CM: Imminent risk of nursing home placement?:** Enter Y=Yes or N=No as to whether the client is at imminent risk of nursing home placement. If the client is already residing in a nursing facility the response would be N=No. ***This is a required item.***



**Do you need outside assistance to evacuate?:** Enter Y=Yes or N=No as to whether the client needs outside assistance to evacuate during emergencies. If the client is able to evacuate the home or has arrangements with a caregiver or other person, then outside assistance is not needed. For clients in a nursing facility, assisted living facility, or adult family care home, the response will be N=No. This question determines if there is a need for assistance to be set up by the assessor/case manager. ***This is a required item.***

**Are you enrolled on a special needs registry?:** Enter Y=Yes or N=No as to whether the client is registered with the County Special Needs Registry. For clients in any type of facility (nursing facility, assisted living facility, adult family care home, hospital, etc.) the response will be N=No. ***This is a required item.***

**Is there a primary caregiver?:** ***This is a required item.*** A primary caregiver is any person who regularly can be depended on to provide or arrange help as needed with Activities of Daily Living and Instrumental Activities of Daily Living. The primary caregiver may or may not be related by birth or marriage; may or may not live with the client or live nearby; and does not include operators of assisted living facilities, nursing facilities, adult family care homes, home health agencies, service provider staff, or other paid care providers. Enter the code that reflects the primary caregiver status of the client. The codes are:

- *N=No:* Client does not have a primary caregiver.
- *U=Unknown:* Client's primary caregiver status is not known.
- *Y=Yes:* Client has a primary caregiver.

**Living Situation:** AL=Alone should be entered for all living arrangements except for HOSP, OTHR, PRRE, PSYF, REHB, SAPT, and TRAN. If the living arrangement is any of the seven mentioned, all code choices will be available. If the client is in a hospital and is expected to be discharged to a nursing facility, assisted living facility, or adult family care home, the living situation will be AL=Alone. ***This is a required item.*** The codes are:

- *AL=Alone:* Client lives alone.
- *WC=With Primary Caregiver:* Client lives with the primary caregiver.
- *WO=With Other:* Client lives with someone other than a caregiver.
- *WOC=With Other Caregiver:* Client lives with a caregiver that is not the primary caregiver.

**Individual monthly income:** This information may be obtained from Department of Children and Families, the client, or the client's family. Enter the **gross individual** income. Include income from Social Security, SSI, money from family on a regular basis, pension, retirement, savings, disability, VA benefits, welfare/TCA, earnings from employment, rental income, etc. Enter the amount of the client's income. For example, if the client receives \$560.20 Social Security, enter "560.20." If you are unable to obtain the income amount then enter "0." ***This is a required item.***

**Refused:** This field will automatically populate with N=No. If the client provides the income amount this field will continue to show N=No. If the client refuses to provide the income amount, change this field to Y=Yes. ***This is a required item.***

**Estimated total individual assets:** This information may be obtained from Department of Children and Families, the client, or the client's family. Examples of assets are savings accounts, checking accounts, stocks and bonds, certificates of deposit, etc. Enter the estimated amount of the client's assets. For example, if the client states their assets are \$1234.52, enter "1234.52." This is an optional item.

**Individual Assets:** This field represents the assets range for the individual. ***This is a required item.*** The codes are:

- *M=\$0 - \$2000*
- *N=\$2001 - \$5000*

➤ *P=Over \$5000*

**Refused:** This field will automatically populate with N=No. If the client provides the asset range amount, this field will continue to show N=No. If the client refuses to provide the asset range amount, change this field to Y=Yes. ***This is a required item.***

**Couple monthly income:** ***This is a required item if the client's marital status at Demographic is married.*** Enter the amount of the client's gross income combined with the spouse's gross income. For example, if the client receives \$560.00 Social Security and the spouse receives \$1200.00 Social Security, enter "1760."

**Refused:** This field will automatically populate with N=No. If the client provides the couple income amount this field will continue to show N=No. If the client refuses to provide the couple income amount, change this field to Y=Yes. ***This is a required item.***

**Estimated total couple assets:** This information may be obtained from Department of Children and Families, the client, or the client's family. Examples of assets are savings accounts, checking accounts, stocks and bonds, certificates of deposit, etc. Enter the estimated amount of the couple's assets. For example, if the client states their assets are \$1234.52, enter "1234.52." This is an optional item.

**Couple Assets:** This field represents the assets range for the couple. ***This is a required item if the client's marital status is married.*** The codes are:

- *M=\$0 - \$3000*
- *N=\$3001 - \$6000*
- *P=Over \$6000*

**Refused:** This field will automatically populate with N=No. If the client provides the couple asset range amount, this field will continue to show N=No. If the client refuses to provide the couple asset range amount, change this field to Y=Yes. ***This is a required item.***

**Date Assessment Changed:** This field is automatically populated by the system when someone makes a change to the saved assessment information.

**Assessment Changed By:** This field is automatically populated by the system and identifies the name of the person making the change to the saved assessment information.

A	A	A	A	B	C	C	D	E	F	F	F	F	G	G	H	H	I	I	J	J	J	K	L	L	L
Are you receiving S/NAP (food stamps)? <input type="text" value="N"/>																									
Do you need other assistance for food? <input type="text" value="N"/>																									
ASSESSOR/CM: Is someone besides the client providing answers to questions? <input type="text" value="N"/>																									
Name												Relationship													
<input type="text"/>												<input type="text"/>													
Besides your own children, how many children under age 19 do you live with and provide care for? <input type="text" value="0"/>																									
How many are grandchildren? <input type="text"/>												Name(s): <input type="text"/>													
How many are other related children? <input type="text"/>												Name(s): <input type="text"/>													
How many are other non-related children? <input type="text"/>												Name(s): <input type="text"/>													
How many disabled adults age 19 to 59 do you live with and provide care for? <input type="text" value="0"/>																									
How many are grandchildren? <input type="text"/>												Name(s): <input type="text"/>													
How many are other relatives? <input type="text"/>												Name(s): <input type="text"/>													

**Are you receiving S/NAP (food stamps)?:** Enter Y=Yes or N=No as to whether the client is receiving S/NAP (Supplemental Nutritional Assistance Program), also known as Food Stamps. *This is a required item.*

**Do you need other assistance for food?:** Enter Y=Yes or N=No as to whether the client needs other assistance for food. *This is a required item.*

**ASSESSOR/CM: Is someone besides the client providing answers to questions?:** *This is a required item.* Enter Y=Yes or N=No as to whether someone besides the client is answering the assessment questions. **This question refers to the entire assessment. There are skip patterns in the Memory and Mental Health Sections in case the client is not the one providing answers.**

**Name:** *This is a required item if the response is Y=Yes to, “Is someone besides the client providing answers to questions?”* Enter the name of the person who is answering the assessment questions for the client.

**Relationship:** *This is a required item if the response is Y=Yes to “Is someone besides the client providing answers to questions?”* Enter the relationship to the client of the person who is answering the assessment questions. The codes are:

- DA=Daughter/In-Law
- HU=Husband
- OR=Other Relative
- OT=Other Non-Relative
- PA=Parent
- PT=Partner
- SO=Son/In-Law
- WF=Wife

**Besides your own children, how many children under age 19 do you live with and provide care for?:**

Enter the number of children (excluding the client’s own children) living with and cared for by the client. Enter “0” if the client does not live with or provide care for other children. *This is a required item.*

**How many are grandchildren?:** *This is a required item if a number other than zero was entered for the question “Besides your own children, how many children under age 19 do you live with and provide care for?”* Enter the number of grandchildren living with and cared for by the client. Enter a zero if the response is none.

**Name(s):** This item is optional. You can enter the name(s) of the grandchildren, if provided.

**How many are other related children?:** *This is a required item if a number other than zero was entered for the question “Besides your own children, how many children under age 19 do you live with and provide care for?”* Enter the number of other related children living with and cared for by the client. Enter a zero if the response is none.

**Name(s):** This item is optional. You can enter the name(s) of the other related children, if provided.

**How many are other non-related children?:** *This is a required item if a number other than zero was entered for the question “Besides your own children, how many children under age 19 do you live with and provide care for?”* Enter the number of other non-related children living with and cared for by the client. Enter a zero if the response is none.

**Name(s):** This item is optional. You can enter the name(s) of the other non-related children, if provided.

**How many disabled adults age 19 to 59 do you live with and provide care for?:** Enter the number of disabled adults age 19 to 59 living with and cared for by the client. Enter “0” if the client does not live with or provide care for any disabled adults. *This is a required item.*

**How many are grandchildren?:** *This is a required item if a number other than zero was entered for the question “How many disabled adults age 19 to 59 do you live with and provide care for?”* Enter the number of disabled adult grandchildren living with and cared for by the client. Enter a zero if the response is none.

**Name(s):** This item is optional. You can enter the name(s) of the grandchildren, if provided.

**How many are other relatives?:** *This is a required item if a number other than zero was entered for the question “How many disabled adults age 19 to 59 do you live with and provide care for?”* Enter the number of other related disabled adults living with and cared for by the client. Enter a zero if the response is none.

**Name(s):** This item is optional. You can enter the name(s) of the other related adults, if provided.

The screenshot shows a software interface with a top navigation bar containing letters A through L. Below the bar, there is a form section with the question "How many are other non-relatives?" followed by a small input box. To the right of this is a larger text input field labeled "Name(s):". Below the question and input fields is a section titled "Notes & Summary" with a large empty text area for notes.

**How many are other non-relatives?:** *This is a required item if a number other than zero was entered for the question “How many disabled adults age 19 to 59 do you live with and provide care for?”* Enter the number of other related disabled adults living with and cared for by the client. Enter a zero if the response is none.

**Name(s):** This item is optional. You can enter the name(s) of the other non-related adults, if provided.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

### TAB B / MEMORY SECTION SCREEN DEFINITIONS

**Has a doctor or other health care professional told you that you suffer from memory loss, cognitive impairment, any type of dementia, or Alzheimer’s disease?:** Enter Y=Yes or N=No as to whether the client has been diagnosed with any type of memory problem. *This is a required item.*

**ASSESSOR/CM: If the client is not answering questions, check:** If the client is not answering the Memory Section questions, use the mouse or space bar to enter a check mark in the box provided. Once the box is checked, all questions will become disabled except for the last question on this screen (“ASSESSOR/CM: *In your opinion, are cognitive problems present?*”). *Note: This item is optional but must be checked if the client is not answering the Memory Section questions.*

**ASSESSOR/CM: Select the number of words correctly repeated after the first attempt:** Read the phrase in quotation marks to the client and then record the client’s first attempt to repeat the items. Use the mouse or space bar to enter a check mark in the appropriate box or boxes. The choices are *Sock, Blue, Bed, and None*. *This is a required item. Note: If Sock, Blue, and/or Bed are checked, “None” will be disabled. If “None” is checked, Sock, Blue, and Bed will be disabled.*

**Total number of correct words:** The system will automatically populate this field based on the box or boxes checked (Sock, Blue, Bed, None). For example: *0=None; 1=One; 2=Two; 3=Three.*

**Please tell me what year it is:** *This is a required item if the client is answering the Memory Section questions.* The codes are:

- *C=Correct:* Client provides a correct response.
- *1=Missed by one year:* Client's response is within one year of the current year.
- *2=Missed by two to five years:* Client's response is within two to five years from the current year.
- *5=Missed by five or more years:* Client's response is more than five years from the current year.
- *N=No answer:* Client cannot or chooses not to answer the item.

**Please tell me what month it is:** *This is a required item if the client is answering the Memory Section questions.* The codes are:

- *C=Correct:* Client provides a correct response.
- *1=Missed by one month:* Client's response is within one month of the current month.
- *2=Missed by two to five months:* Client's response is within two to five months of the current month.
- *5=Missed by five or more months:* Client's response is more than five months from the current month.
- *N=No answer:* Client cannot or chooses not to answer the item.

**Please tell me what day (of the week) it is:** *This is a required item if the client is answering the Memory Section questions.* The codes are:

- *C=Correct:* Client provides a correct response.
- *I=Incorrect:* Client provides an incorrect response.
- *N=No Answer:* Client cannot or chooses not to answer the item.

**ASSESSOR/CM: Number of words correctly recalled without prompting:** Read the phrase in quotation marks to the client and then record the client's attempt to recall the items. Use the mouse or space bar to enter a check mark in the appropriate box or boxes. The choices are *Sock, Blue, Bed, and None.* **Note: If Sock, Blue, and/or Bed are checked, "None" will be disabled. If "None" is checked, Sock, Blue and Bed will be disabled.** This field will be automatically populated based on the box or boxes checked. This item is optional.

**Have any friends or family members expressed concern about your memory?:** Enter Y=Yes or N=No as to whether friends or family have expressed concern about the client's memory. *This is a required item if the client is answering the Memory Section questions.*

**Have you become concerned about your memory or had problems remembering important things?:** Enter Y=Yes or N=No as to whether the client is concerned about memory problems. *This is a required item if the client is answering the Memory Section questions.*

**How often do you have problems remembering things?:** This question will be disabled if the response is N=No to "*Have you become concerned about your memory or had problems remembering important things?*" **If the response is Y=Yes, this question will be required.** The codes are:

- *A=Always:* Client continually has problems.
- *O=Often:* Client frequently, but not continually, has problems.
- *S=Sometimes:* Client occasionally has problems.
- *R=Rarely:* Client seldom has problems.
- *D=Don't know:* Client doesn't know the frequency of problems.

**ASSESSOR/CM: In your opinion, are cognitive problems present?:** Based on the client's responses to the Memory Section questions, the assessor/case manager is to provide her/his opinion of whether cognitive problems are present. ***This is a required item.*** The codes are:

- *Y=Yes:* Client has demonstrated, been diagnosed, or has disclosed problems with memory, thinking, judgment, or orientation to time/place/people.
- *N=No:* Client answered questions appropriately and accurately.
- *D=Don't know:* The assessor/case manager could not determine if cognitive problems were present.

**Score:** The system will automatically generate and populate a score for the Memory Section of the assessment.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

### TAB C / GENERAL HEALTH, SENSORY & COMMUNICATION IMPAIRMENT SECTION SCREEN DEFINITIONS

**How would you rate your overall health at this time?:** ***This is a required item.*** The codes are:

- *E=Excellent*
- *V=Very Good*
- *G=Good*
- *F=Fair*
- *P=Poor*

**Compared to a year ago, how would you rate your health?:** ***This is a required item.*** The codes are:

- *M=Much Better*
- *B=Better*
- *A=About the same*
- *W=Worse*
- *O=Much Worse*

**How often do you change or limit your activities out of fear of falling?:** *This is a required item.* The codes are:

- *N=Never*
- *O=Occasionally*
- *F=Often*
- *A=All of the time*

**How many times have you fallen in the last six months?:** *This is a required item.* Enter a numeric value in this field.

**How often are there things you want to do but cannot because of physical problems?** *This is a required item.* The codes are:

- *N=Never*
- *O=Occasionally*
- *F=Often*
- *A=All of the time*

**When you need medical care, how often do you get it?:** *This is a required item.* The codes are:

- *A=Always*
- *M=Most of the time*
- *R=Rarely*
- *O=Only in an emergency*
- *N=Never*

**When you need transportation to medical care, how often do you get it?:** *This is a required item.* The codes are:

- *A=Always*
- *M=Most of the time*
- *R=Rarely*
- *O=Only in an emergency*
- *N=Never*

**Do you drive a car or other motor vehicle?:** *This is a required item.* Enter Y=Yes or N=No.

**How often do finances/insurance allow you to obtain health care and medications when you need them?:** *This is a required item.* The codes are:

- *A=Always*
- *M=Most of the time*
- *R=Rarely*
- *O=Only in an emergency*
- *N=Never*

**Have you visited the ER or been admitted to the hospital within the last year?:** *This is a required item.* Enter Y=Yes or N=No. *If the response is Y=Yes, a numeric value is required for the fields ER and Hospital.* If the response is N=No, these fields will be disabled.

**In the last year were you in a nursing or rehabilitation facility?:** *This is a required item.* Enter Y=Yes or N=No.



**Are you usually able to climb two or three stair steps?:** *This is a required item.* The codes are:

- Y=Yes
- N=No
- D=Don't know

**ASSESSOR/CM: Are there any stairs within the dwelling or leading into/out of the dwelling?:** *This is a required item.* Enter Y=Yes or N=No.

**Are you usually able to carry a full glass of water across a room without spilling it?:** *This is a required item.* The codes are:

- N=No
- Y=Yes
- D=Don't know

**Has a doctor told you that you currently have vision problems?:** *This is a required item.* The codes are:

- N=No
- Y=Yes
- B=Blind

**Have you had an eye exam in the past year?:** *This is a required item.* Enter Y=Yes or N=No. *Note: If the response is B=Blind to "Has a doctor told you that you currently have vision problems?" this field will be disabled.*

**Do you bump into objects (people, doorways) because you don't see them?:** *This is a required item.* Enter Y=Yes or N=No. *Note: If the response is B=Blind to "Has a doctor told you that you currently have vision problems?" this field will be disabled.*

**Is your vision getting worse than it was last year?:** *This is a required item. Note: If the response is B=Blind to “Has a doctor told you that you currently have vision problems?” this field will be disabled.*

The codes are:

- N=No
- I=In one eye
- S=Slightly Worse
- M=Much Worse

**Has a doctor told you that you currently have hearing problems?:** *This is a required item.* The codes are:

- N=No
- Y=Yes
- D=Deaf

**Have you had a hearing exam in the past year?:** *This is a required item.* Enter Y=Yes or N=No. *Note: This field will be disabled if the response is D=Deaf to “Has a doctor told you that you currently have a hearing problem?”*

**Can you understand words clearly over the telephone?:** *This is a required item.* Enter Y=Yes or N=No. *Note: This field will be disabled if the response is D=Deaf to “Has a doctor told you that you currently have a hearing problem?”*

**Is your hearing worse than it was last year?:** *This is a required item.* Enter Y=Yes or N=No. *Note: This field will be disabled if the response is D=Deaf to “Has a doctor told you that you currently have a hearing problem?”* The codes are:

- N=No
- I=In one ear
- S=Slightly Worse
- M=Much Worse

**ASSESSOR/CM: Does client rely on writing, gestures, or signs to communicate?:** *This is a required item.* Enter Y=Yes or N=No.

**ASSESSOR/CM: Are the client’s words formed properly, not slurred or clipped?:** *This is a required item.* Enter Y=Yes or N=No.

**ASSESSOR/CM: Are any sensory aids or assistive devices currently used?:** *This is a required item.* Enter Y=Yes or N=No.

**If yes, please list the type(s) used:** *This field will be required if the response is Y=Yes to “Are any sensory aids or assistive devices currently used?”* If the response is N=No, this field will be disabled.

**ASSESSOR/CM: Is there an unmet need for a sensory aid or assistive device?:** *This is a required item.* Enter Y=Yes or N=No.

**If yes, please list the type(s) needed:** *This field will be required if the response is Y=Yes to “Is there an unmet need for a sensory aid or assistive device?”* If the response is N=No, this field will be disabled.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**TAB D / ACTIVITIES OF DAILY LIVING SECTION SCREEN DEFINITIONS**

A	A	A	A	B	C	C	D	E	F	F	F	F	G	G	H	H	I	I	J	J	J	K	L	L	L	
<b>ACTIVITIES OF DAILY LIVING SECTION</b>																										
<b>How much assistance do you need with the following tasks?</b>																										
0 = No assistance needed    1 = Uses assistive device 2 = Needs supervision or prompt 3 = Needs assistance (but not total help) 4 = Needs total assistance (cannot do at all)												Assistive Device Used		<b>ASSESSOR/CM:</b> Is there an unmet need for an ADL assistive device? <input type="text" value="Y"/>												
Bathing												<input type="text" value="1 = Uses assistive ..."/>		<input checked="" type="checkbox"/>		<b>Type(s) needed:</b> SHOWER CHAIR										
Dressing												<input type="text" value="2 = Needs supervis..."/>		<input checked="" type="checkbox"/>												
Eating												<input type="text" value="1 = Uses assistive ..."/>		<input checked="" type="checkbox"/>												
Using the bathroom												<input type="text" value="1 = Uses assistive ..."/>		<input checked="" type="checkbox"/>												
Transferring												<input type="text" value="0 = No assistance ..."/>		<input type="checkbox"/>												
Walking/Mobility												<input type="text" value="1 = Uses assistive ..."/>		<input checked="" type="checkbox"/>												
<b>How much assistance do you have with the following tasks?</b>																										
3 = Always has assistance 2 = Has assistance most of the time 1 = Rarely has assistance 0 = No assistance needed 0 = Never has assistance																										
Bathing												<input type="text" value="2 = Has assistance..."/>		<b>Notes &amp; Summary</b>												
Dressing												<input type="text" value="2 = Has assistance..."/>														
Eating												<input type="text" value="2 = Has assistance..."/>														
Using the bathroom												<input type="text" value="2 = Has assistance..."/>														
Transferring												<input type="text" value="0 = No assistance ..."/>														
Walking/Mobility												<input type="text" value="2 = Has assistance..."/>														
												<input type="text" value=""/>		<input type="text" value=""/>												

**How much assistance do you need with the following tasks?:** Activities of Daily Living (ADL) are essential personal care tasks. Ask the client or informant what kind of help is needed with each of the activities. ***These are required items.*** If the response is “1=Uses assistive device” the system will automatically populate a check mark in the “Assistive Device Used” box. For all other options the “Assistive Device Used” box must be manually checked by clicking on the field with the mouse or by pressing the space bar. The help needed codes are:

- *0=No assistance needed:* Client needs no help to perform any part of the activity.
- *1=Uses assistive device:* Client needs an assistive device or technology to complete the activity.
- *2=Needs supervision or prompt:* Client needs reminders or supervision during the activity. No physical help needed to perform the activity.
- *3=Needs assistance (but not total help):* Client needs hands-on physical help during part of the activity.
- *4=Needs total assistance (cannot do at all):* Client cannot complete activity without total physical assistance.

**ASSESSOR/CM: Is there an unmet need for an ADL assistive device?:** ***This is a required item.*** Enter Y=Yes or N=No.

**Type(s) needed:** ***This field will be required if the response is Y=Yes to “Is there an unmet need for an ADL assistive device?”*** If the response is N=No, this field will be disabled.

**How much assistance do you have with the following tasks?:** This refers to the amount of help the client receives with each of the activities. Ask the client or informant what kind of help is received with each ADL activity. ***These are required items.*** The codes are:

- *3=Always has assistance:* Client always has an adequate level of help to meet their need in performing the activity.
- *2=Has assistance most of the time:* Client usually has the help they need to perform the activity, or more often than not they have an adequate level of help for the activity.

- *1=Rarely has assistance:* Client has unpredictable, unreliable or seldom has the amount of assistance they need to complete the activity.
- *0=No assistance needed/Never has assistance:* Client receives no help from others because they do not need any help to perform any part of the activity. Client has absolutely no assistance to complete the activity.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**Count/Score:** The system will automatically generate and populate a count and score based on the data entered on the Activities of Daily Living Section.

## **TAB E/ INSTRUMENTAL ACTIVITIES OF DAILY LIVING SECTION SCREEN DEFINITIONS**

**INSTRUMENTAL ACTIVITIES OF DAILY LIVING SECTION**

**How much assistance do you need with the following tasks?**

Assistive Device Used

0 = No assistance needed      1 = Uses assistive device  
 2 = Needs supervision or prompt      3 = Needs assistance (but not total help)  
 4 = Needs total assistance (cannot do at all)

Heavy chores 1 = Uses assistive ...

Light housekeeping 3 = Needs assista...

Using the telephone 3 = Needs assista...

Managing money 3 = Needs assista...

Preparing meals 3 = Needs assista...

Shopping 3 = Needs assista...

Managing medication 1 = Uses assistive ...

Using transportation 0 = No assistance ...

**ASSESSOR/CM:**

Is there an unmet need for an IADL assistive device? N

Type(s) needed

**How much assistance do you have with the following tasks?**

3 = Always has assistance 2 = Has assistance most of the time 1 = Rarely has assistance 0 = No assistance needed 0 = Never has assistance

Heavy chores 2 = Has assistance...

Light housekeeping 2 = Has assistance...

Using the telephone 2 = Has assistance...

Managing money 2 = Has assistance...

Preparing meals 2 = Has assistance...

Shopping 2 = Has assistance...

Managing medication 2 = Has assistance...

Using transportation 0 = No assistance ...

Notes & Summary

Count  Score

**How much assistance do you need with the following tasks?:** Instrumental Activities of Daily Living (IADL) are household and community tasks. Ask the client or informant what kind of help is needed with each of the activities. *These are required items.* If the response is “1=Uses assistive device” the system will automatically populate a check mark in the “Assistive Device Used” box. For all other options the “Assistive Device Used” box must be manually checked by clicking on the field with the mouse or by pressing the space bar. The help needed codes are:

- *0=No assistance needed:* Client needs no help to perform any part of the activity.
- *1=Uses assistive device:* Client needs an assistive device or technology to complete the activity.
- *2=Needs supervision or prompt:* Client needs reminders or supervision during the activity. No physical help needed to perform the activity.
- *3=Needs assistance (but not total help):* Client needs hands-on physical help during part of the activity.
- *4=Needs total assistance (cannot do at all):* Client cannot complete the activity without total physical assistance.

**ASSESSOR/CM: Is there an unmet need for an IADL assistive device?:** *This is a required item.* Enter Y=Yes or N=No.

**Type(s) needed:** *This field will be required if the response is Y=Yes to “Is there an unmet need for an IADL assistive device?”* If the response is N=No, this field will be disabled.

**How much assistance do you have with the following tasks?:** This refers to the amount of help the client receives with each of the activities. Ask the client or informant what kind of help is received with each IADL activity. *These are required items.* The codes are:

- *3=Always has assistance:* Client always has an adequate level of help to meet their need in performing the activity.
- *2=Has assistance most of the time:* Client usually has the help they need to perform the activity, or more often than not they have an adequate level of help for the activity.
- *1=Rarely has assistance:* Client has unpredictable, unreliable or seldom has the amount of assistance they need to complete the activity.
- *0=No assistance needed/Never has assistance:* Client receives no help from others because they do not need any help to perform any part of the activity. Client has absolutely no assistance to complete the activity.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**Count/Score:** The system will automatically generate and populate a count and score based on the data entered on the Instrumental Activities of Daily Living Section.

### **TAB F / HEALTH CONDITIONS & THERAPIES SECTION SCREEN DEFINITIONS**

Past	Current	Health Conditions	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acid reflux/GERD	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Allergies	list: POLLEN, INSECTS, GRASS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amputation	site: LEFT THUMB
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anemia	L = Mild
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Arthritis	type: OSTEO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bed sore(s) (Decubitus)	location: RIGHT HIP
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Blood pressure	H = High
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Broken bones/fractures	location: LEFT HIP
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cancer	site: SKIN CANCER ON FACE
<input type="checkbox"/>	<input type="checkbox"/>	Chlamydia	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cholesterol	H = High
<input type="checkbox"/>	<input type="checkbox"/>	Dehydration	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	N = NIDDM
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dizziness	O = Occasional
<input type="checkbox"/>	<input type="checkbox"/>	Fibromyalgia	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gallbladder	R = Removal

**ASSESSOR/CM: Indicate whether a problem occurred in the past by marking the first box and when a problem is current by marking the second box. Please mark all that apply.:** Ask the client the question

“Have you been told by a physician that you have any of the following health conditions?” and check the appropriate health conditions boxes. Remember to mark past and current as appropriate. **Note: These items are optional, but each reported condition must be checked. The assessor/case manager can obtain this information from sources other than the client.**

The following health conditions, if checked past and/or current, will have an additional required field:

- **Allergies:** Enter the allergies in the text box provided.
- **Amputation:** Enter the site(s) of the amputation(s) in the text box provided.
- **Anemia:** Select the type of anemia. The codes are: *S=Severe; M=Moderate; L=Mild.*
- **Arthritis:** Enter the type(s) of arthritis in the text box provided.
- **Bed sore(s) (Decubitus):** Enter the location(s) in the text box provided.
- **Blood pressure:** Select the type of blood pressure. The codes are: *H=High; L=Low.*
- **Broken bones/fractures:** Enter the location(s) in the text box provided.
- **Cancer:** Enter the site(s) of cancer in the text box provided.
- **Cholesterol:** Select the type of cholesterol problem. The codes are: *H=High; L=Low.*
- **Diabetes:** Select the type of diabetes. The codes are: *I=IDDM; N=NIDDM.*
- **Dizziness:** Select the frequency of dizziness. The codes are: *C=Constant; F=Frequent; O=Occasional; R=Rare.*
- **Gallbladder:** Select the status of the gallbladder condition. The codes are: *R=Removal; P=Problems.*

HEALTH CONDITIONS & THERAPIES SECTION ~ continued ~		
Past	Current	Health Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Gonorrhea
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart problems <span style="float: right;">C = CHF</span>
<input type="checkbox"/>	<input type="checkbox"/>	Head, brain, or spinal cord trauma
<input type="checkbox"/>	<input type="checkbox"/>	Herpes
<input type="checkbox"/>	<input type="checkbox"/>	Human Immunodeficiency Virus (HIV)
<input type="checkbox"/>	<input type="checkbox"/>	Human Papillomavirus (HPV)/Genital warts
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Incontinence, Bladder <span style="float: right;">O = Occasional</span>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Incontinence, Bowel <span style="float: right;">R = Rare</span>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney problems or renal disease <span style="float: right;">End Stage <input type="text" value="N"/></span>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Liver problems <span style="float: right;">C = Cirrhosis</span>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lung problems <span style="float: right;">C = COPD</span>
<input type="checkbox"/>	<input type="checkbox"/>	Lupus
<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paralysis <span style="float: right;">L = Local</span> <span style="float: right;">Site <input type="text" value="LEFT ARM"/></span>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seizure disorder, type & frequency <span style="float: right;"><input type="text" value="GRAND-MAL/ONCE A YEAR"/></span>

- **Heart problems:** Select the heart problem. The codes are: *P=Pacemaker; C=CHF; M=MI; O=Other.*
- **Incontinence, Bladder:** Select the frequency of the bladder incontinence. The codes are: *C=Constant; F=Frequent; O=Occasional; R=Rare.*
- **Incontinence, Bowel:** Select the frequency of the bowel incontinence. The codes are: *C=Constant; F=Frequent; O=Occasional; R=Rare.*
- **Kidney problems or renal disease:** Enter Y=Yes or N=No in the box labeled “End Stage.”
- **Liver problems:** Select the type of liver problem. The codes are: *C=Cirrhosis; H=Hepatitis.*

- **Lung problems:** Select the type of lung problem. The codes are: *A=Asthma; E=Emphysema; P=Pneumonia; C=COPD.*
- **Paralysis:** Select the type of paralysis. The codes are: *F=Full; P=Partial; L=Local.* **Note: If the paralysis type is “L=Local” an entry is required for Site.** Enter the site of the local paralysis in the text box provided.
- **Seizure disorder, type & frequency:** Enter the seizure disorder type and frequency in the text box provided.

Past	Current	Health Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Shingles
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stroke/CVA
<input type="checkbox"/>	<input type="checkbox"/>	Syphilis
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thyroid problems/Graves/Myxedema <span style="float: right;">E = Hyper</span>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tumor(s), site: BRAIN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ulcer(s), site: STOMACH
<input type="checkbox"/>	<input type="checkbox"/>	Urinary Tract Infection (UTI)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Description APPENDICITIS

Provide information on the frequency of current therapies or specialty care:

Treatment type:      N = N/A or None    M = Monthly    W = Weekly    S = Several times a week    D = Daily    T = Several times a day

Bladder/bowel treatment	N = N/A or None
Catheter	D = Daily      type FOLEY
Dialysis	N = N/A or None
Insulin assistance	N = N/A or None
IV Fluids/IV Medications	N = N/A or None
Occupational therapy	N = N/A or None
Ostomy	D = Daily      site COLOSTOMY
Oxygen	N = N/A or None

- **Thyroid problems/Graves/Myxedema:** Select the type of thyroid problem. The codes are: *E=Hyper; O=Hypo.*
- **Tumor(s), site:** Enter the site of the tumor(s) in the text box provided.
- **Ulcer(s), site:** Enter the site of the ulcer(s) in the text box provided.
- **Other:** Enter a **Description** of the other health condition in the text box provided.

In addition to the past/current health conditions of the client, this screen also captures the frequency of current therapies or specialty care provided to the client. **These are required items.** The frequency codes are:

- *N=N/A or None*
- *M=Monthly*
- *W=Weekly*
- *S=Several times a week*
- *D=Daily*
- *T=Several times a day*

The following current therapies or specialty care types will have an additional required field if the frequency is not N=N/A or None:

- **Catheter:** Enter the catheter **type** in the text box provided.
- **Ostomy:** Enter the ostomy **site** in the text box provided.

**HEALTH CONDITIONS & THERAPIES SECTION ~ continued ~**  
 Provide information on the frequency of current therapies or specialty care:  
 Treatment type ~ continued: N = N/A or None M = Monthly W = Weekly S = Several times a week D = Daily T = Several times a day

Physical therapy N = N/A or None  
 Radiation/Chemotherapy N = N/A or None  
 Respiratory therapy N = N/A or None  
 Skilled nursing N = N/A or None  
 Speech therapy N = N/A or None  
 Suctioning N = N/A or None  
 Tube feeding N = N/A or None  
 Wound care:Lesion irrigation N = N/A or None  
 Other therapy W = Weekly type OCCUPATIONAL THERAPY

Notes & Summary

This screen is a continuation of the frequency of current therapies or specialty care provided to the client. **These are required items.** The frequency codes are the same as the ones previously listed.

The current therapy/specialty care listed below will have an additional required field if the response is not N=NA or None:

- **Other therapy:** Enter the **type** of other therapy in the text box provided.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**TAB G / MENTAL HEALTH SECTION SCREEN DEFINITIONS**

**MENTAL HEALTH SECTION**  
 ASSESSOR/CM: If the client is not answering questions, check:

How satisfied are you with your overall quality of life? S = Satisfied  
 Thinking about how you were this time last year, how do you feel about the way things are now? A = About the same

Over the past two weeks, how often have you been bothered by any of the following problems:  
 N = Not at all S = Several days M = More than half the days E = Nearly every day

Little interest or pleasure in doing things N = Not at all  
 Feeling down, depressed, or hopeless N = Not at all  
 Trouble falling or staying asleep, or sleeping too much N = Not at all  
 Feeling tired or having little energy N = Not at all  
 Poor appetite or overeating S = Several days  
 Feeling bad about yourself - or that you are a failure or have let yourself or your family down N = Not at all  
 Trouble concentrating on things, such as reading the newspaper or watching television N = Not at all  
 Moving or speaking so slowly that other people noticed - Or, the opposite, being so fidgety or restless that you have been moving around a lot more than usual N = Not at all  
 Thoughts that you would be better off dead or of hurting yourself in some way\* N = Not at all

\*Thoughts of suicide or self-injury, hallucinations, or aggressive behaviors are potentially serious problems that should be reported immediately to a primary care physician, emergency care, law enforcement, and/or Adult Protective Services, as appropriate.

ASSESSOR/CM: If the client answered "Not at all" to a - i above, skip  
 How difficult have these problems made it for you in your daily life activities and interactions with others? N = Not difficult at all

Are you currently working with a professional to help with this condition? N  
 Have you or do you plan to discuss these issues with a professional? N  
 Do you talk about any of these issues with anyone else you know? N

**ASSESSOR/CM: If the client is not answering questions, check:** If the client is not answering the questions on this screen, use the mouse or space bar to enter a check mark in the box provided. Once the box is checked,



all questions on this screen will become disabled. **Note:** *This item is optional but must be checked if the client is not answering the questions on this screen.*

**How satisfied are you with your overall quality of life?:** *This item is required if the client is answering the questions.* The codes are:

- V=Very Satisfied
- S=Satisfied
- N=Neither satisfied nor dissatisfied
- D=Dissatisfied
- P=Very Dissatisfied

**Thinking about how you were this time last year, how do you feel about the way things are now?:** *This item is required if the client is answering the questions.* The codes are:

- M=Much Better
- B=Better
- A=About the same
- W=Worse
- U=Much Worse

**Over the past two weeks, how often have you been bothered by any of the following problems?:** *These items are required if the client is answering the questions.* Ask the client about the presence and frequency of each of the nine symptoms of depression listed on the screen (“Little interest or pleasure in doing things” to “Thoughts that you would be better off dead or of hurting yourself in some way”). The codes are:

- N=Not at all
- S=Several days
- M=More than half the days
- E=Nearly every day

**How difficult have these problems made it for you in your daily life activities and interactions with others?:** This item will be disabled if all responses to the nine symptoms of depression are “N=Not at all.” ***This item will be required if any response is anything other than “N=Not at all.”*** The codes are:

- N=Not difficult at all
- S=Somewhat difficult
- V=Very difficult
- E=Extremely difficult

**Are you currently working with a professional to help with this condition?:** This question refers to the presence and frequency of the nine symptoms of depression. This item will be disabled if all responses to the nine symptoms of depression are “N=Not at all.” ***This item will be required if any response is anything other than “N=Not at all.”*** Enter Y=Yes or N=No. If the response is Y=Yes, skip to the question “Have you been diagnosed with a mental condition or psychiatric disorder by a health professional?”

**Have you or do you plan to discuss these issues with a professional?:** This item will be disabled if all responses to the nine symptoms of depression are “N=Not at all” or if the response to “Are you currently working with a professional to help with this condition?” is Y=Yes. ***This item will be required if any response to the nine symptoms of depression is anything other than “N=Not at all” or if the response to “Are you currently working with a professional to help with this condition?” is N=No.*** Enter Y=Yes or N=No. If the response is Y=Yes, skip to the question “Have you been diagnosed with a mental condition or psychiatric disorder by a health professional?”

**Do you talk about any of these issues with anyone else you know?:** This item will be disabled if all responses to the nine symptoms of depression are “N=Not at all” or if the response to “Are you currently working with a professional to help with this condition?” is Y=Yes. **This item will be required if any response to the nine symptoms of depression is anything other than “N=Not at all” or if the response to “Have you or do you plan to discuss these issues with a professional?” is N=No.** Enter Y=Yes or N=No. **Note:** “Anyone else” refers to another person, such as a family member, friend, clergy, neighbor, etc.

**Have you been diagnosed with a mental condition or psychiatric disorder by a health professional?:** *This is a required item.* Enter Y=Yes or N=No.

**List conditions:** *This item will be required if the response is Y=Yes to “Have you been diagnosed with a mental condition or psychiatric disorder by a health professional?”* Enter the conditions in the text box provided. This item will be disabled if the response is N=No.

**ASSESSOR/CM:** Indicate whether you noticed problem behaviors or any recurring problems have been reported to you by the client, caregiver, in-home worker, family, or staff, and note the frequency of occurrence in the last month. Please provide details in the Notes & Summary section, below: There are ten problem behaviors listed on the screen. Record the reported or observed frequency of each behavior. **These items are required.** The frequency codes are:

- N=Not at all
- O=Once
- S=Several days
- M=More than half the days
- E=Nearly every day

If the response to the problem behavior of “Other” is not “N=Not at all,” the **Description** is required in the text box provided.

**ASSESSOR/CM: Does client need supervision?:** *This is a required item.* Enter Y=Yes or N=No as to whether the client needs supervision for any reason.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

### **TAB H / RESIDENTIAL LIVING ENVIRONMENT SECTION SCREEN DEFINITIONS**

A	A	A	A	B	C	C	D	E	F	F	F	F	G	G	H	H	I	I	J	J	J	K	L	L	L
<b>RESIDENTIAL LIVING ENVIRONMENT SECTION</b>																									
<b>ASSESSOR/CM: If information about the client's residence is reported to you, without your observation, check here <input type="checkbox"/> and all that apply below. If residence issues are directly observed by you, use the list below to observe and check off the specific issue(s) with the potential for safety or accessibility problems.</b>																									
<b>Check all that apply:</b>																									
Exterior issues(s)		<input type="checkbox"/> Road	<input checked="" type="checkbox"/> Driveway	<input checked="" type="checkbox"/> Yard	<input checked="" type="checkbox"/> Ramp	<input type="checkbox"/> Windows	<input type="checkbox"/> Roof																		
Interior issues(s)		<input type="checkbox"/> Doors	<input type="checkbox"/> Stairs	<input checked="" type="checkbox"/> Floor	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Lights																		
Restroom issues(s)		<input type="checkbox"/> Door	<input checked="" type="checkbox"/> Handrails	<input type="checkbox"/> Tub	<input type="checkbox"/> Shower	<input type="checkbox"/> Toilet																			
Utility issues(s)		<input type="checkbox"/> Plumbing		<input checked="" type="checkbox"/> Water	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas																			
Furniture issues(s)		<input type="checkbox"/> Chair		<input checked="" type="checkbox"/> Couch	<input type="checkbox"/> Bed	<input type="checkbox"/> Table																			
Telephone issues(s)		<input type="checkbox"/> Broken	<input type="checkbox"/> No Phone	<input type="checkbox"/> Disconnected/No service																					
Temperature issues(s)		<input checked="" type="checkbox"/> Heat	<input checked="" type="checkbox"/> Smoke detector	<input type="checkbox"/> Air conditioning																					
Unsanitary condition(s)		<input checked="" type="checkbox"/> Odors	<input checked="" type="checkbox"/> Insects	<input type="checkbox"/> Rodents																					
		<input type="checkbox"/> Accumulating items or garbage	<input type="checkbox"/> Floors or pathways cluttered																						
<b>Other hazards</b>																									
<input type="text"/>																									

**ASSESSOR/CM: If information about the client's residence is reported to you, without your observation, check here and all that apply below. If residence issues are directly observed by you, use the list below to observe and check off the specific issue(s) with the potential for safety or accessibility problems:** Use the mouse to enter a check mark in the box if information about the client's residence is not directly observed by the assessor/case manager.

**Check all that apply:** Tab through the items listed and use the mouse or space bar to enter a check mark in the appropriate boxes. **These are optional items but should be checked when appropriate.**

**Other hazards:** If there are hazards other than the ones listed, enter the information in the text box provided. **This is an optional item, but information should be entered when appropriate.** Press **Tab** to move to the next screen.

**Is there a pet in your home or yard?:** *This is a required item.* Ask the client if they have a pet. Enter Y=Yes or N=No.

**Please specify the type and size:** *If the response is Y=Yes to “Is there a pet in your home or yard?” this item will be required.* Enter the information in the text box provided. If the response is N=No, this item will be disabled.

**ASSESSOR/CM: Pet comments/concerns:** This is an optional item. However, if there are any concerns about the pet, they should be noted in this text box.

**ASSESSOR/CM: Please rate the level of risk in the client’s residential living environment:** *This is a required item.* Based on the information gathered under Tabs H, select the level of risk. The codes are:

- 0=No or low risk: Client’s residential living environment appears to be safe and accessible.
- 5=Minor risk: One or more aspects are substandard and should be addressed in the following year to avoid potential injury.
- 15=Moderate risk: Major aspects are substandard and must be addressed in the next few months to remain in home safely.
- 25=High risk: Serious hazards are present. Client must change dwellings or immediate corrective action must be taken to correct the issues noted.

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**TAB I / NUTRITION SECTION SCREEN DEFINITIONS**

A	A	A	A	B	C	C	D	E	F	F	F	F	G	G	H	H	I	I	J	J	J	K	L	L	L
<b>NUTRITION SECTION</b>																									
Do you usually eat at least two meals a day? <input type="text" value="Y"/>																									
On a typical day, what types of food do you eat for:																									
Breakfast		EGGS, BACON, TOAST, CEREAL																						▶	◀
Lunch		SANDWICH, SALAD, FRUIT																						▶	◀
Dinner		MEAT, 2 VEGETABLES, BREAD, DESSERT																						▶	◀
Snacks		COOKIES, ICE CREAM, POPCORN, PEANUTS																						▶	◀
Do you eat alone most of the time? <input type="text" value="Y"/>																									
How many cups of water, juice, or other liquid do you drink daily? <input type="text" value="8"/>																									
Do you ever limit the amount of fluids you drink? <input type="text" value="Y"/>																									
Why and when do you limit the fluids you intake?																									
SOMETIMES JUST NOT THIRSTY																									
On average, how many servings of fruits and vegetables do you eat every day? (One "serving" is one small piece of fruit or vegetable, about one-half cup of chopped fruit or vegetable, or one-half cup of fruit or vegetable juice.) <input type="text" value="3"/>																									
On average, how many servings of dairy products do you have every day? (One "serving" of dairy is about a slice of cheese, a half of a cup of yogurt, or a cup of milk or dairy substitute.) <input type="text" value="3"/>																									

**Do you usually eat at least two meals a day?:** *This is a required item.* Enter Y=Yes or N=No.

**Breakfast, Lunch, Dinner, Snacks:** *These items are required.* Ask the client what foods they eat on a typical day. Record the responses in the appropriate text box. Use **Tab** to move from text box to text box. **Enter** will move the cursor down within the text box. You can use the arrows on the right side of the text box to scroll up and down within the text box once data has been entered.

**Do you eat alone most of the time?:** *This is a required item.* Enter Y=Yes or N=No.

**How many cups of water, juice, or other liquid do you drink daily?:** *This is a required item.* Enter a numeric response in the box provided.

**Do you ever limit the amount of fluids you drink?:** This item will be disabled if the response to “How many cups of water, juice, or other liquid do you drink daily?” is more than eight. *This item will be required if the response is eight or less.* Enter Y=Yes or N=No. If the response is N=No, skip to the question “On average, how many servings of fruits and vegetables do you eat every day?”

**Why and when do you limit the fluids you intake?:** This item will be disabled if the response to “How many cups of water, juice, or other liquid do you drink daily?” is more than eight or if the response is N=No to “Do you ever limit the amount of fluids you drink?” *This item is required if the response is Y=Yes to “Do you ever limit the amount of fluids you drink?”* Enter the client’s response in the text box provided.

**On average, how many servings of fruits and vegetables do you eat every day?:** *This is a required item.* Enter a numeric response in the box provided.

**On average, how many servings of dairy products do you have every day?:** *This is a required item.* Enter a numeric response in the box provided.

**Estimate your current height and weight:** Enter the client’s estimated height in the boxes labeled **Feet** and **Inches**. Enter the client’s estimated weight in the box labeled **Weight**. *These are required items and require a numeric entry.*

**Have you lost or gained weight in the last few months?:** *This is a required item.* The codes are:

- Y=Yes
- N=No
- U=Unsure

**How much?:** *This is a required item if the response is Y=Yes to “Have you lost or gained weight in the last few months?”* If the response to the referenced question is N=No or U=Unsure, this item will be disabled. The codes are:

- L=Less than five pounds
- 5=Five to ten pounds
- 10=Ten pounds or more

**Was the weight loss/gain on purpose (i.e. dieting or trying to lose/gain weight)?:** *This is a required item if the response to “Have you lost or gained weight in the last few months?” is Y=Yes.* Enter Y=Yes or N=No. If the response to the referenced question is N=No or U=Unsure, the item will be disabled.

**Are you on a special diet(s) for medical reasons?:** Enter Y=Yes or N=No. *If the response is Y=Yes, check all special diets that apply to the client.* The choices are: *Calorie supplement; Low fat/cholesterol; Low salt/sodium; Low sugar/carb; and Other.* Use the mouse or space bar to enter a check mark in the appropriate box or boxes. At least one special diet is required to be checked. *Note: If the response is N=No, the special diet types will be disabled.*

**How long have you been on this diet?:** *This item will be required if the response to “Are you on a special diet(s) for medical reasons?” is Y=Yes.* Enter the response in the text box provided. If the response to the referenced question is N=No, this item will be disabled.

**Why are you on this diet?:** *This item will be required if the response to “Are you on a special diet(s) for medical reasons?” is Y=Yes.* Enter the response in the text box provided. If the response to the referenced question is N=No, this item will be disabled.

**Do you have any problems that make it hard for you to chew or swallow?:** *This is a required item.* Enter Y=Yes or N=No. *If the response is Y=Yes, check all problems that apply to the client.* The choices are: *Mouth/tooth/dentures; Pain or difficulty swallowing; Taste; Nausea; Saliva production; and Other, describe.* Use the mouse or space bar to enter a check mark in the appropriate box or boxes. At least one problem is required to be checked. If “Other” is checked, the description is required. Enter the description in the text box provided. *Note: If the response is N=No, the problem boxes will be disabled.*

**What working appliances do you have for storing/preparing food?:** *This is a required item.* The choices are: *None; Refrigerator; Microwave; Toaster/Oven; Stove; and Other.* If “None” is checked, all other choices will be disabled. *If “Other” is checked an entry will be required in the text box provided.*

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**TAB J / MEDICATIONS & SUBSTANCE USE SECTION SCREEN DEFINITIONS**

**Do you take three or more prescribed or over-the-counter medications a day?:** *This is a required item.* Enter Y=Yes or N=No.

**ASSESSOR/CM: Check the original bottles in the medicine cabinet, nightstand, and refrigerator, as well as non-prescription drugs, over-the-counter drugs, sleep aids, herbal remedies, vitamins, and supplements:** The assessor/case manager is to ask the client the following question: *“May I see all the medications you take, both regularly and those taken only as needed? Also, please show me all types of over-the-counter medications and any supplements that you regularly take.”* After asking this question and viewing the medications, the assessor/case manager may enter the medications in the text boxes provided. **Note: The medication information boxes are optional items.**

**Populate List from Prior Assessment:** Click on this button to populate the drop-down box with prior assessment dates. The assessor/case manager may then select a prior assessment date from the drop-down box. The medications entered for that assessment will populate the medication fields automatically. The information may be updated as needed. **Note: If a client has multiple assessments with medications, the assessor/case manager may copy from each assessment and then remove any medications that are no longer taken by the client.**

**Add/Remove:** Select **Add** to enter medication information. Once Add is selected the medication boxes will be highlighted and information may be entered. To remove a medication, click on the medication to be removed, and it will be highlighted. Select **Remove** and the medication information will be deleted. When you answer Y=Yes or N=No to the question *“Do you take three or more prescribed or over-the-counter medications a day?”* you can press **Enter** or **Tab** to move the cursor to Add. Press Enter or Tab again and it highlights the first row of medications boxes. Once you enter all of the information for that medication, press Enter or Tab to take you back to Add, and the process starts over again. Once you have entered all of the medications, you can use your mouse to click on the next Assessment tab or you can press Tab three times, and it takes you to the next Assessment tab.

**Medication name/Prescribed dose/Prescribed Frequency/Taken as prescribed?/Administration method/Prescriber name/Reason not taken as prescribed:** These items are optional. Enter the information in the text boxes provided. “Taken as prescribed?” requires an entry of Y=Yes or N=No. ***If the response is N=No, enter the reason the medication is not taken as prescribed in the appropriate text box.*** If the response is Y=Yes, an entry is not needed in this field.



MEDICATIONS & SUBSTANCE USE SECTION ~ continued ~			
Please list the doctors you usually go to for treatment and medications: <span style="float: right;">Add Remove</span>			
Physician Name	Physician Phone	Date Last Visit	
DR STEVE JONE			
Reason for last visit: ANNUAL CHECK UP			
Physician Name	Physician Phone	Date Last Visit	
DR MIKE SMITH	850-234-1234	06/12/2013	
Reason for last visit:			
Physician Name	Physician Phone	Date Last Visit	
Reason for last visit:			
Physician Name	Physician Phone	Date Last Visit	
Reason for last visit:			
What pharmacies or drug stores do you use?			
ADAMS DRUGS AND WALMART PHARMACY			
Are you able to tell the difference between your pills (i.e., colors, shapes, print)?			Y = Yes
ASSESSOR/CM: Are the client's medications managed by a facility/caregiver?			N = No
ASSESSOR/CM: In your opinion, are the client's medications managed properly?			Y = Yes
ASSESSOR/CM: Should client have a new medication review by a doctor or pharmacist?			N = No

**Add/Remove:** Select **Add** to enter physician information. Once Add is selected the physician boxes will be highlighted and information may be entered. To remove a physician, click on the physician to be removed, and it will be highlighted. Select **Remove** and the physician information will be deleted.

**Physician Name/ Physician Phone/ Date Last Visit/Reason for last visit:** The assessor/case manager is to ask the client to list the doctors they go to for treatment and medications. These items are optional. You can enter as much or as little information as you have to save the assessment. Enter the information in the text boxes provided for each physician. Use **Enter** to navigate through the physician fields if entering more than one physician. Once you complete the information for a physician, pressing Enter will take you to Add and then to the next row of physician information boxes. Once you have entered all physicians press Tab three times to advance to the next question. Use **Tab** to navigate through the physician fields if entering only one physician. Once you complete the information for a physician, pressing Tab will take you to Add, Remove and then to the question “*What pharmacies or drug stores do you use?*”

**What pharmacies or drug stores do you use?:** This item is optional. Enter the information in the text box provided.

**Are you able to tell the difference between your pills (i.e., colors, shapes, print)?:** *This item is required.* The codes are:

- *N=No:* Client cannot tell the difference between the pills they take.
- *Y=Yes:* Client can tell the difference between the pills they take.
- *NA=N/A:* Client does not take any medication.

**ASSESSOR/CM: Are the client's medications managed by a facility/caregiver?:** *This item is required.* If a client resides in a facility where all medications are administered and reviewed by the facility staff, the response would be Y=Yes. The codes are:

- *N=No:* Medications are self-managed and not managed by a facility or caregiver.
- *Y=Yes:* Medications are managed by a facility or caregiver.

- *NA=N/A*: Client takes no medication to manage.

**ASSESSOR/CM: In your opinion, are the client's medications managed properly?:** *This is a required item.* The codes are:

- *N=No*: Client is non-compliant with medications, cannot differentiate medications and/or has no medication awareness. **Note: The response would be N=No if a facility or caregiver is not properly following the prescribed medication regimen.**
- *Y=Yes*: Client, caregiver, or facility is well aware of all medications and follows the medication regimen appropriately.
- *NA=N/A*: Client does not take any medication or the caregiver or facility refused to provide the information.

**ASSESSOR/CM: Should client have a new medication review by a doctor or pharmacist?:** *This is a required item.* The codes are:

- *N=No*: Client does not require a new medication review. Client's medications are not complex and client is managing all medications appropriately.
- *Y=Yes*: Client requires a new medication review. Client's medications are complex, or client is taking many medications of the same type, or the client is inappropriately using medications.
- *N=N/A*: Client has no new medication or does not take any medication.

**How many days in a typical week do you drink alcohol?:** *This is a required item.* The codes are:

- *R=Refused*
- *N=None*
- *1=One to two*
- *3=Three to five*
- *6=Six to Seven*

**On the days when you have some alcohol, about how many drinks do you usually have?:** If the response to the question “How many days in a typical week do you drink alcohol?” is R=Refused or N=None, this item will be disabled. If the item is not disabled, the codes are:

- *1=One to two*

- 3=Three to five
- 6=Six or more

**About how many times in the last month have you had four or more drinks in a day?:** If the response to the question “*How many days in a typical week do you drink alcohol?*” is R=Refused or N=None, this item will be disabled. This item will also be disabled if the response to “*On the days when you have some alcohol, about how many drinks do you usually have?*” is 1=One to two. If the item is not disabled, the codes are:

- N=None
- 1=One to two
- 3=Three to five
- 6=Six or more

**Have you used any form of tobacco in the last six months?:** *This is a required item.* Enter Y=Yes or N=No.

**What type(s)?:** *This is a required item if the response to “Have you used any form of tobacco in the last six months?” is Y=Yes.* The choices are: *Chewing tobacco; Cigarettes; Cigars; Snuff; and Other.* Use the mouse or space bar to enter a check mark in the appropriate box or boxes. At least one type is required to be checked. *Note: If the response is N=No, the type boxes will be disabled.*

**About how many times do you use tobacco each day?:** *This is a required item if the response to “Have you used any form of tobacco in the last six months?” is Y=Yes.* If the response to the referenced question is N=No, this field will be disabled. The codes are:

- 1=One to three
- 4=Four to ten
- 11=Eleven or more

**Do you regularly use drugs other than those required for medical reasons (i.e., controlled substances or street drugs)?:** *This is a required item.* The codes are:

- R=Refused
- N=No
- Y=Yes

**If yes, what type(s):** *This is a required item if the response to “Do you regularly use drugs other than those required for medical reasons (i.e., controlled substances or street drugs)?” is Y=Yes.* Enter the types in the text box provided. If the response to the referenced question is R=Refused or N=No, this field will be disabled.

**About how often do you use these?:** *This is a required item if the response to “Do you regularly use drugs other than those required for medical reasons (i.e., controlled substances or street drugs)?” is Y=Yes.* If the response to the referenced question is R=Refused or N=No, this field will be disabled. The codes are:

- R=Rarely
- M=Less than twice a month
- W=Less than once a week
- SW=Several times a week
- D=Daily
- SD=Several times a day

**How long have you been using that often?:** *This is a required item if the response to “Do you regularly use drugs other than those required for medical reasons (i.e., controlled substances or street drugs)?” is Y=Yes.* If the response to the referenced question is R=Refused or N=No, this field will be disabled. The codes are:

- L=Less than a year

➤ *I=One or more years*

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

### **TAB K / SOCIAL RESOURCES SECTION SCREEN DEFINITIONS**

**If needed, is there someone (besides the primary caregiver) who could help you?:** *This is a required item.* Enter Y=Yes or N=No.

**Do I have your permission to contact this person, if you need help?:** *This is a required item if the response is Y=Yes to “If needed, is there someone (besides the primary caregiver) who could help you?”* Enter Y=Yes or N=No. If the response to the referenced question is N=No, this field will be disabled.

**First Name/Last Name:** *These are required items if the response is Y=Yes to “Do I have your permission to contact this person, if you need help?”* Enter the contact person’s first and last name in the text boxes provided. These fields will be disabled if the response to the referenced question is N=No.

**Relationship to client:** *This is a required item if the response is Y=Yes to “Do I have your permission to contact this person, if you need help?”* If the response is N=No, this item will be disabled. The codes are:

- *DA=Daughter/In-Law*
- *HU=Husband*
- *OR=Other Relative*
- *OT=Other Non-Relative*
- *PA=Parent*
- *PT=Partner*
- *SO=Son/In-Law*
- *WF=Wife*

**Telephone Number:** Enter the telephone number for the contact person designated by the client. The phone number includes the area code and the seven-digit phone number. This is an optional item.

**Talk to friends, relatives, or others (by phone, computer, or other means)?:** *This is a required item.* The assessor/case manager is to ask the client about how often they talk to others and then record the frequency. If the client's response is not covered in the code options, select the one that is closest. The codes are:

- *D=Once a day*
- *2=Two to six times a week*
- *W=Once a week*
- *S=Several times a month*
- *E=Every few months*
- *Y=A few times a year*
- *N=Never*

**Spend time with someone who does not live with you?:** *This is a required item.* The assessor/case manager is to ask the client about how often they spend time with others and then record the frequency. If the client's response is not covered in the code options, select the one that is closest. The codes are:

- *D=Once a day*
- *2=Two to six times a week*
- *W=Once a week*
- *S=Several times a month*
- *E=Every few months*
- *Y=A few times a year*
- *N=Never*

**Participate in activities outside the home that interest you?:** *This is a required item.* The assessor/case manager is to ask the client about how often they participate in activities outside the home and then record the frequency. If the client's response is not covered in the code options, select the one that is closest. The codes are:

- *D=Once a day*
- *2=Two to six times a week*
- *W=Once a week*
- *S=Several times a month*
- *E=Every few months*
- *Y=A few times a year*
- *N=Never*

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**TAB L / CAREGIVER SECTION SCREEN DEFINITIONS**

The screenshot shows a software interface for entering caregiver information. At the top, there is a navigation bar with letters A through L. Below it, the 'CAREGIVER SECTION' is titled. The form includes several sections:

- ASSESSOR/CM: HCE Caregiver?** A checkbox labeled 'If yes, check:' is checked.
- Caregiver full name:** Three text boxes for 'First name' (TOM), 'M.I. Last name' (J SMITH), and 'Caregiver date of birth' (05/03/1956).
- ASSESSOR/CM: Caregiver identification number** (TJS050356) and **Caregiver sex** (M = MALE).
- Caregiver race: [Mark all that apply]:** Radio buttons for White (checked), Black/African American, Asian, American Indian/ Alaska Native, Native Hawaiian/ Pacific Islander, and Other.
- Caregiver ethnicity** (O = OTHER), **Caregiver primary language** (EN = ENGLISH), **Other Primary Language Description** (empty), and **Caregiver relationship to client** (OR = OTHER RELATIVE).
- Caregiver address:** Text boxes for Street (345 SOUTH STREET), Street con't. (empty), ZIP (32444), ZIP 4 (empty), City (LYNN HAVEN), and State (FL).
- Caregiver phone number:** Three empty text boxes.
- Do you work outside the home?** A checkbox labeled 'Y' is checked. **Full-time / Part-time** is set to P = Part-time.

**ASSESSOR/CM: HCE Caregiver? If yes, check:** If the primary caregiver is also an HCE Caregiver, use the mouse to enter a check mark in the box provided. **This item is optional but should be checked when appropriate.** If the caregiver is not an HCE Caregiver, leave the box blank. **Note: HCE=Home Care for the Elderly.**

**Caregiver full name: First name/M.I./Last name:** Enter the caregiver's first name and last name. **These two items are required.** Enter the middle initial if provided; however this field is optional. If the caregiver does not have a middle initial, leave the field blank.

**Caregiver date of birth:** Enter the month, day, and year of the client's birth. This will be a two-digit month and day and a four-digit calendar year. **This is a required item.**

**ASSESSOR/CM: Caregiver identification number:** This number is a unique identifier for the caregiver. It is comprised of the caregiver's initials (first, middle, and last) and date of birth (mm/dd/yy). Enter the nine-digit caregiver identification number in the box provided. See the example on the screen print above. **This is a required item.** If the caregiver does not have a middle initial use the letter "X." For example, if the caregiver's name is Jane Doe and the date of birth is 050167, you would enter JXD050167.

**Caregiver sex:** Enter the caregiver's sex. **This is a required item.** The codes are:

- F=Female
- M=Male

**Caregiver race:** A caregiver can have multiple races. Check the appropriate box or boxes by using the mouse or space bar. **This is a required item.** The options are:

- White
- Black/African American

- *Asian*
- *American Indian/Alaska Native*
- *Native Hawaiian/Pacific Islander*
- *Other*

**Caregiver ethnicity:** Enter the caregiver's ethnicity. *This is a required item.* The codes are:

- *H=Hispanic/Latino*
- *O=Other*

**Caregiver primary language:** Enter the primary language spoken by the caregiver. *This is a required item.*

The codes are:

- *EN=English*
- *IT=Italian*
- *KO=Korean*
- *OT=Other Language*
- *PO=Polish*
- *RU=Russian*
- *SP=Spanish*
- *TG=Tagalog*
- *VI=Vietnamese*
- *YI=Yiddish*

**Other Primary Language Description:** Enter the language spoken by the caregiver that is not in the list of codes for Primary Language. *This is a required item if "Other" is the Primary Language.*

**Caregiver relationship to client:** *This is a required item.* The codes are:

- *DA=Daughter/In-Law*
- *HU=Husband*
- *OR=Other Relative*
- *OT=Other Non-Relative*
- *PA=Parent*
- *PT=Partner*
- *SO=Son/In-Law*
- *WF=Wife*

**Caregiver address: Street, Zip, City, State:** Enter the street and zip code for the address of the caregiver. The city and state will automatically be populated based on the zip code entered. *These are required items.*

**Street Con't:** Enter the building number or suite number. Leave blank if there is no building number or suite number. This item is optional.

**Zip 4:** The last four digits that determine a more specific location within a given zip code. This is an optional item.

**Caregiver phone number:** Enter the telephone number for the caregiver. The phone number includes the area code and the seven-digit phone number. This is an optional item.

**Do you work outside the home?:** *This is a required item.* Enter Y=Yes or N=No.

**Full-time/Part-time:** *This is a required item if the response is Y=Yes to “Do you work outside the home?”* If the response is N=No, this item will be disabled. The codes are:

- F=Full-time
- P=Part-time

The screenshot shows a web form titled "CAREGIVER SECTION -- continued --". It contains several questions and input fields:

- Question: "Do you currently have anyone to assist you with providing care?" with a dropdown menu set to "N".
- Question: "Do I have your permission to contact this person if for some reason you are unable to provide care for the client?" with a checkbox.
- Text: "If yes, please provide the name and relationship to client:"
- Form fields: "Contact first name", "Contact last name", "Telephone number", and "Relationship to client".
- Question: "How long have you been providing care for this client?" with a dropdown menu set to "0 = Two or more years".
- Question: "How many hours per week do you currently spend providing care for the client?" with a text input field containing "56".
- Question: "Do you need training or assistance in performing caregiving tasks?" with a dropdown menu set to "N".
- Text: "If yes, please describe" followed by a large text area.
- Question: "How much of a mental or emotional strain is it on you to provide care for the client?" with a dropdown menu set to "S = Some strain".
- Text: "Considering other aspects of your life, please rate the level of difficulty in your:"
- Legend: "N = No difficulty, L = Little difficulty, S = Some difficulty, M = Moderate difficulty, A = A lot of difficulty".
- Form fields for difficulty ratings: "Relationship with client", "Finances", "Relationship with family", "Functional abilities", "Relationships with friends", "Employment", "Physical health", and "Time for yourself to do the things you enjoy". All are set to "S = Some difficulty".

**Do you currently have anyone to assist you with providing care?:** *This is a required item.* Enter Y=Yes or N=No.

**Do I have your permission to contact this person if for some reason you are unable to provide care for the client?:** This item will be disabled if the response is N=No to “Do you currently have anyone to assist you with providing care?” *If the response is Y=Yes, this item will be required.* Enter Y=Yes or N=No.

**Contact first name/Contact last name:** These items will be disabled if the response is N=No to “Do I have your permission to contact this person if for some reason you are unable to provide care for the client?” *If the response is Y=Yes, the contact’s first and last name are required.* Enter the first and last name in the text boxes provided.

**Telephone number:** Enter the telephone number for the contact person. The phone number includes the area code and the seven-digit phone number. This is an optional item.

**Relationship to client:** This item will be disabled if the response is N=No to “Do I have your permission to contact this person if for some reason you are unable to provide care for the client?” *If the response is Y=Yes, this item will be required.* The codes are:

- DA=Daughter/In-Law
- HU=Husband
- OR=Other Relative
- OT=Other Non-Relative
- PA=Parent



- *PT=Partner*
- *SO=Son/In-Law*
- *WF=Wife*

**How long have you been providing care for this client?:** *This is a required item.* The codes are:

- *L=Less than six months*
- *6=Six to twelve months*
- *1=One to two years*
- *O=Two or more years*

**How many hours per week do you spend providing care for the client?:** *This is a required item.* Enter the number of hours spent per week providing care. This item will only accept a numeric value.

**Do you need training or assistance in performing caregiving tasks?:** *This item is required.* Enter Y=Yes or N=No.

**If yes, please describe:** This item will be disabled if the response N=No to “*Do you need training or assistance in performing caregiving tasks?*” *If the response is Y=Yes, this item will be required.* Enter the description of needed training in the text box provided.

**How much of a mental or emotional strain is it on you to provide care for the client?:** *This is a required item.* The codes are:

- *N=None*
- *S=Some strain*
- *A=A lot of strain*

**Relationship with client/Relationship with family/Relationship with friends/Physical health/Finances/Functional abilities/Employment/Time for yourself to do the things you enjoy:** *These are required items.* The assessor/case manager is to ask the caregiver how much of a mental or emotional strain caring for the client has on other aspects of the caregiver’s life and to rate the level of difficulty for each of the items listed. The codes are:

- *N=No difficulty*
- *L=Little difficulty*
- *S=Some difficulty*
- *M=Moderate difficulty*
- *A=A lot of difficulty*

**How confident are you that you will have the ability to continue to provide care?:** *This is a required item.*

The codes are:

- V=Very confident
- S=Somewhat confident
- N=Not very confident

**What is the main reason you may be unable to continue to provide care?:** This item will be disabled if the response is V=Very confident or S=Somewhat confident to “*How confident are you that you will have the ability to continue to provide care?*” ***If the response is N=Not very confident, the item will be required.*** Enter the main reason in the text box provided.

**ASSESSOR/CM: Is the caregiver in crisis?:** *This is a required item.* Enter Y=Yes or N=No.

**Financial/Emotional/Physical:** If the response is N=No to “*Is the caregiver in crisis?*” these items will be disabled. ***If the response is Y=Yes, at least one of the items is required to be checked.*** Use the mouse or space bar to enter a check mark in the appropriate box or boxes.

**Ask the caregiver to answer the following about the client:** There are eight items on this screen that the assessor/case manager is to ask the caregiver about the client. These items are designed to detect whether or not the caregiver has noticed a change in the client’s thinking or memory functioning. ***Each item is required.*** The codes are:

- Y=Yes, a change: Caregiver has noticed a change in the last year.
- N=No change: Caregiver has not noticed a change in the last year.
- D=Don’t know or N/A: Caregiver does not know if there has been a change or does not know how to answer.

**Note:** *If the client’s thinking or memory has improved, select this response.*

**Notes & Summary:** This section is provided for the assessor/case manager to record information related to the assessment. An entry in this section is optional. Press **Tab** to move to the next screen.

**Date Caregiver Record Changed:** This field is automatically populated by the system when someone makes a change to the saved caregiver information.

**Caregiver Record Changed By:** This field is automatically populated by the system and identifies the name of the person making the change to the saved caregiver information.

**REMINDER:**

If no health conditions are checked, you will receive a pop-up alert numerous times when saving the assessment. This alert will ask, "*None of the health conditions have been selected. Is this correct?*" This is to remind you to check any conditions that apply.

**701 S ASSESSMENT TYPE**

The 701S Assessment is a subset of the 701B Comprehensive Assessment. This assessment is used for telephone screening of clients. This assessment type has different tab headings than the 701B. Only selected questions from the 701B are on this assessment. **Screens, definitions, and codes for the items on this assessment type can be found under the 701B Assessment type.**

The following items will appear at the top of each assessment tab:

**Priority Score:** Once the assessment is saved, the system will automatically generate and populate a Priority Score for assessment types 701A, 701B, and 701S. This item cannot be edited.

**Rank:** Once the assessment is saved, the system will automatically generate and populate a Rank for assessment types 701A, 701B, and 701S. This item cannot be edited.

**PSA:** Indicates the CARES PSA. This item is automatically populated and cannot be edited.

**Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.

**Client ID:** This is a unique, random number assigned by the system that is associated with each client in CIRTS. This item is automatically populated and cannot be edited.

**Client Name:** The system will automatically enter the client's last and first name based on the information entered on the Demographic screen. This item cannot be edited.

**Edit:** Select this option to change any previously saved information.

**Save:** Select this option to save the information entered or edited.

**Cancel:** Select this option to cancel without saving the information entered or edited.

**Close:** Select this option to close the assessment.

**Print:** Select this option to print the assessment.

**CARES:** The following items are required on this screen: County, Assessor, Living Arrangement, Special Project Case, Payment Type, and Waiver Recertification. **Refer to 701B definitions for behavior of other items on the screen.**

**ASSM 1:** The following items are required on this screen: Caseworker, “*Screener: What is the purpose of this assessment?*”, Assessment Date, Assessment Site, Referral Date, Referral Source, “*Screener: Transitioning out of a nursing facility?*”, “*Screener: Imminent Risk of nursing home placement?*”, “*Is there a primary caregiver?*”, Living Situation, Individual monthly income, Refused, Individual Assets, Refused, “*Are you receiving S/NAP (food stamps)?*”, and “*Do you need other assistance for food?*”. **Refer to 701B definitions**

for behavior of other items on the screen. **Note: If the Marital Status is “Married”, the Couple monthly income and Couple Assets will be required. “Refused” will also be a required item.**

**ASSM 2:** The following items are required on this screen: “*Screener: Is someone besides the client providing answers to questions?*”, “*How would you rate your overall health at this time?*”, “*Compared to a year ago, how would you rate your health?*”, “*How often are there things you want to do but cannot because of physical problems?*”, “*When you need medical care, how often do you get it?*”, “*How often do finances/insurance allow you to obtain healthcare and medications when you need them?*”, and “*Has a doctor or other health care professional told you that you suffer from memory loss, cognitive impairment, any type of dementia, or Alzheimer’s disease?*” You may enter information in the Notes & Summary box if needed; it is an optional item. **Refer to 701B definitions for behavior of other items on the screen. Note: If the response is Y=Yes to “Screener: Is someone besides the client providing answers to questions?” the Name and Relationship will be required.**

**ADL:** The following items are required on this screen: “*How much assistance do you need with the following tasks?*” and “*How much assistance do you have with the following tasks?*” **Note: Remember to check whether or not an assistive device is in use. If the code is “1=Uses assistive device” the check box will automatically be populated.**

The screenshot shows the IADL (Instrumental Activities of Daily Living) assessment screen. At the top, there are tabs for CARES, ASSM, ADL, IADL (selected), HLTH, and NUTR. The main content is divided into two columns:

- Left Column: "How much assistance do you need with the following tasks?"**
  - Legend: 0 = No assistance needed, 1 = Uses assistive device, 2 = Needs supervision or prompt, 3 = Needs assistance (but not total help), 4 = Needs total assistance (cannot do at all).
  - Tasks: Heavy chores, Light housekeeping, Using the telephone, Managing money, Preparing meals, Shopping, Managing medication, Using transportation.
  - Each task has a dropdown menu (all set to "3 = Needs assista...") and a checkbox labeled "Assistive Device Used".
- Right Column: "How much assistance do you have with the following tasks?"**
  - Legend: 3 = Always has assistance, 2 = Has assistance most of the time, 1 = Rarely has assistance, 0 = No assistance needed, 0 = Never has assistance.
  - Tasks: Heavy chores, Light housekeeping, Using the telephone, Managing money, Preparing meals, Shopping, Managing medication, Using transportation.
  - Each task has a dropdown menu (all set to "3 = Always has ass...").

At the bottom, there is a "Notes & Summary" text area.

**IADL:** The following items are required on this screen: “How much assistance do you need with the following tasks?” and “How much assistance do you have with the following tasks?” You may enter information in the Notes & Summary box if needed; it is an optional item. *Note: Remember to check whether or not an assistive device is in use. If the code is “1=Uses assistive device” the check box will automatically be populated.*

The screenshot shows the HLTH 1 (Health Conditions) assessment screen. At the top, there are tabs for CARES, ASSM, ADL, IADL, HLTH (selected), and NUTR. The main content is a table with the following structure:

Have you been told by a physician that you have any of the following health conditions?  
**SCREENER:** Indicate if a problem occurred in the past by marking the first box and if a problem is current by marking the second box. Please mark all that apply.

Past	Current	Health Conditions	
<input type="checkbox"/>	<input type="checkbox"/>	Acid reflux/GERD	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	List: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Amputation	Site: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	Type: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bed sore(s) (Decubitus)	Location: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Blood pressure	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Broken bones/fractures	Location: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	Site: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Chlamydia	
<input type="checkbox"/>	<input type="checkbox"/>	Cholesterol	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dehydration	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fibromyalgia	
<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder	<input type="text"/>

**HLTH 1:** These items are optional, but each reported condition must be checked. The assessor/case manager can obtain this information from sources other than the client. Refer to 701B definitions for behavior of other items on the screen.

Past	Current	Health Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Gonorrhea
<input type="checkbox"/>	<input type="checkbox"/>	Heart problems <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Head, brain, or spinal cord trauma
<input type="checkbox"/>	<input type="checkbox"/>	Herpes
<input type="checkbox"/>	<input type="checkbox"/>	Human Immunodeficiency Virus (HIV)
<input type="checkbox"/>	<input type="checkbox"/>	Human Papillomavirus (HPV)/Genital warts
<input type="checkbox"/>	<input type="checkbox"/>	Incontinence, Bladder <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Incontinence, Bowel <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Kidney problems or Renal disease <span style="float: right;">End Stage <input type="checkbox"/></span>
<input type="checkbox"/>	<input type="checkbox"/>	Liver problems <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Lung problems <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Lupus
<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy
<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's disease
<input type="checkbox"/>	<input type="checkbox"/>	Paralysis <input type="text"/> Site <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Seizure disorder, type & frequency <input type="text"/>

**HLTH 2:** These items are optional, but each reported condition must be checked. The assessor/case manager can obtain this information from sources other than the client. Refer to 701B definitions for behavior of other items on the screen.

Past	Current	Health Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Shingles
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/CVA
<input type="checkbox"/>	<input type="checkbox"/>	Syphilis
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid problems/Graves/Myxedema Type <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tumor(s) Site <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Ulcer(s) Site <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Urinary Tract Infection (UTI)
<input type="checkbox"/>	<input type="checkbox"/>	Other Description <input type="text"/>

Please provide information on the frequency of current therapies or specialty care:

Treatment type: N = N/A or None M = Monthly W = Weekly S = Several times a week D = Daily T = Several times a day

Bladder/bowel treatment	<input type="text" value="N = N/A or None"/>
Catheter	<input type="text" value="N = N/A or None"/> Type <input type="text"/>
Dialysis	<input type="text" value="N = N/A or None"/>
Insulin assistance	<input type="text" value="N = N/A or None"/>
IV Fluids/IV Medications	<input type="text" value="N = N/A or None"/>
Occupational therapy	<input type="text" value="N = N/A or None"/>
Ostomy	<input type="text" value="N = N/A or None"/> Site <input type="text"/>
Oxygen	<input type="text" value="N = N/A or None"/>

**HLTH 3:** The health conditions are optional items, but each reported condition must be checked. The assessor/case manager can obtain this information from sources other than the client. "Treatment type" is a required item. Refer to 701B definitions for behavior of other items on the screen.

Please provide information on the frequency of current therapies or specialty care:  
 Treatment type ~ continued: N = N/A or None M = Monthly W = Weekly S = Several times a week D = Daily T = Several times a day

Physical therapy N = N/A or None

Radiation/Chemotherapy N = N/A or None

Respiratory therapy N = N/A or None

Skilled nursing N = N/A or None

Speech therapy N = N/A or None

Suctioning N = N/A or None

Tube feeding N = N/A or None

Wound care/Lesion irrigation N = N/A or None

Other therapy N = N/A or None Type

Caregiver full name:  
 First Name M.I. Last Name Caregiver phone number

How much of a mental or emotional strain is it on you to provide care for the client?

Considering other aspects of your life, please rate the level of difficulty in your:  
 N = No difficulty L = Little difficulty S = Some difficulty M = Moderate difficulty A = A lot of difficulty

Physical health

**HLTH 4: “Treatment type” is a required item. Refer to 701B definitions for behavior of other items on the screen. If “Primary Caregiver” is Y=Yes, the caregiver questions on this screen will be required (excluding the phone number).**

CARES ASSM ASSM ADL IADL HLTH HLTH HLTH HLTH CGVR NUTR

How confident are you that you will have the ability to continue to provide care?

What is the main reason you may be unable to continue to provide care?

Assessor/CM: Is the caregiver in crisis?   Financial  Emotional  Physical

Date Caregiver Record Changed Caregiver Record Changed By

**Also, if “Primary Caregiver is Y=Yes, a tab labeled CGVR will appear and will require an entry for “How confident are you that you will have the ability to continue to provide care?” and “Assessor/CM: Is the caregiver in crisis?” Refer to 701B definitions for behavior of other items on the screen. Note: The second question should read, “Screener: Is the caregiver in crisis?” This will be corrected in CIRTS as soon as possible.**



The screenshot shows a software interface with a top navigation bar containing tabs: CARES, ASSM, ASSM, ADL, IADL, HLTH, HLTH, HLTH, HLTH, CGVR, and NUTR. The NUTR tab is selected. Below the tabs is a section titled "Nutritional Risk Score Section".

Questions and input fields include:

- Do you usually eat at least two meals a day?  Nutrition Score
- Do you eat alone most of the time?
- On average, how many servings of fruits and vegetables do you eat every day? (One "serving" is one small piece of fruit or vegetable, about one-half cup of chopped fruit or vegetable, or one-half cup of fruit or vegetable juice.)
- On average, how many servings of dairy products do you have every day? (One "serving" of dairy is about a slice of cheese, a half of a cup of yogurt, or a cup of milk or dairy substitute.)
- Have you lost or gained weight in the last few months?
- How much?  Was the weight loss/gain on purpose (i.e. dieting or trying to lose/gain weight)?
- Are you on a special diet(s) for medical reasons?
- Options:  Calorie supplement,  Low fat/cholesterol,  Low salt/sodium,  Low sugar/carb,  Other
- How long have you been on this diet?
- Why are you on this diet?
- Do you have any problems that make it hard for you to chew or swallow?  Check all that apply:
- Options:  Mouth/tooth/dentures,  Pain or difficulty swallowing,  Taste,  Nausea,  Saliva production,  Other, describe
- Do you take three or more prescribed or over-the-counter medications a day?
- How many days in a typical week do you drink alcohol?
- On the days when you have some alcohol, about how many drinks do you usually have?
- About how many times in the last month have you had four or more drinks in a day?

**NUTR:** All items on this screen are optional. **Refer to 701B definitions for behavior of items on the screen.**

### **701T ASSESSMENT TYPE**

The 701T Assessment is a subset of the 701B Comprehensive Assessment. This assessment is used for on-site assessments for clients with no community potential. This assessment type does not have all of the tabs that are on the 701B. Only selected questions from the 701B are on this assessment. **Screens, definitions, and codes for the items on this assessment type can be found under the 701B Assessment type.**

The following items will appear at the top of each assessment tab:

**Priority Score:** This item will be disabled. A priority score is only generated for assessment types 701A, 701B, and 701S.

**Rank:** This item will be disabled. A rank is only generated for assessment types 701A, 701B, and 701S.

**PSA:** Indicates the CARES PSA. This item is automatically populated and cannot be edited.

**Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.

**Client ID:** This is a unique, random number assigned by the system that is associated with each client in CIRTS. This item is automatically populated and cannot be edited.

**Client Name:** The system will automatically enter the client's last and first name based on the information entered on the Demographic screen. This item cannot be edited.

**Risk Score:** This item will be disabled. The 701T does not generate a Risk Score.

**Edit:** Select this option to change any previously saved information.

**Save:** Select this option to save the information entered or edited.

**Cancel:** Select this option to cancel without saving the information entered or edited.

**Close:** Select this option to close the assessment.

**Print:** Select this option to print the assessment.

**A 1:** The following items are required on this screen: County, Assessor, Living Arrangement, Special Project Case, Payment Type, and Waiver Recertification. *Note: If this is a reassessment for an open case, Date Requested is required. Refer to 701B definitions for behavior of other items on the screen.*

**A 2:** The following items are required on this screen: Caseworker, “ASSESSOR/CM: What is the purpose of this assessment?”, Assessment Date, Assessment Site, Referral Date, Referral Source, “ASSESSOR/CM: Transitioning out of a nursing facility?”, “ASSESSOR/CM: Imminent Risk of nursing home placement?”, “Is there a primary caregiver?”, and Living Situation. *Note: If the Referral Source is A=APS, Risk Level will be required. All other fields will be disabled.*

**A 3:** The only item required on this screen is “Assessor/CM: Is someone besides the client providing answers to questions?” *If the response is Y=Yes, the person’s relationship to the client will be required.* All other items will be disabled.

**A 4:** No items are required on this screen. You may enter information in the Notes & Summary box if needed; it is an optional item.

**B:** The following items are required on this screen: “Has a doctor or other health care professional told you that you suffer from memory loss, cognitive impairment, any type of dementia, or Alzheimer’s disease?”; “ASSESSOR/CM: Select the number of words correctly repeated after the first attempt”; “Please tell me what year it is”; “Please tell me what month it is”; “Please tell me what day (of the week) it is”; and “Assessor/CM: In your opinion, are cognitive problems present?”

**C 1:** The only required items are: “How many times have you fallen in the last six months?” and “Have you visited the ER or been admitted to the hospital within the last year?” *If the response to the second question is Y=Yes, a numeric entry will be required for ER and Hospital.*

**C 2:** All items are disabled on this screen. You may enter information in the Notes & Summary box if needed; it is an optional item.

**D:** The only required item is “How much assistance do you need with the following tasks?” Be sure to check “Assistive Device Used” when appropriate. You may enter information in the Notes & Summary box if needed; it is an optional item. *Note: All other fields will be disabled.*

**E:** The only required item is “How much assistance do you need with the following tasks?” Be sure to check “Assistive Device Used” when appropriate. You may enter information in the Notes & Summary box if needed; it is an optional item. *Note: All other fields will be disabled.*

- F 1 & F 2:** The fields on these screens are optional. However, any health condition reported must be checked. **Refer to 701B definitions for behavior of other items on the screen.**
- F 3:** Treatment types require an entry on this screen. **Refer to 701B definitions for behavior of other items on the screen.**
- F 4:** Current therapies or specialty care require an entry on this screen. You may enter information in the Notes & Summary box if needed; it is an optional item. **Refer to 701B definitions for behavior of other items on the screen.**
- G 1:** The only required item is “*Over the past two weeks, how often have you been bothered by any of the following problems?*” These items are required if the client is answering the questions. **Refer to 701B definitions for behavior of other items on the screen.**
- G 2:** The following items are required: “*Have you been diagnosed with a mental condition or psychiatric disorder by a health professional?*”, “*ASSESSOR/CM: Indicate whether you noticed problem behaviors or any recurring problems have been reported to you by the client, caregiver, in-home worker, family, or staff, and note the frequency of occurrence in the last month. Please provide details in the Notes & Summary section, below:*”, and “*ASSESSOR/CM: Does client need supervision?*” **Refer to 701B definitions for behavior of other items on the screen.**
- H:** The required items on this screen are: “*Have you lost or gained weight in the last few months?*” and “*Are you on a special diet(s) for medical reasons?*” You may enter information in the Notes & Summary box if needed; it is an optional item. **Refer to 701B definitions for behavior of other items on the screen.**
- I 1:** The only item required on this screen is “*Do you take three or more prescribed or over-the-counter medications a day?*”
- I 2:** There are no required items on this screen. All items are optional.

### **NONE/OTHER ASSESSMENT TYPE**

Assessment types NONE and OTHER will be used for medical case file reviews. A medical case file review is usually conducted in the CARES office. It consists of a review of medical and/or assessment information provided for a client. The data collected for these assessment types will be limited. There are only two tabs available for assessment type NONE and OTHER. These tabs (AA) correspond to the demographic fields on the 701B assessment type. **Note: Definitions and codes for the items on these assessment types can be found under the 701B Assessment type.**

The following items will appear at the top of each assessment tab:

- PSA:** Indicates the CARES PSA. This item is automatically populated and cannot be edited.
- Owner ID:** If the client is being processed by the Aging Network, the case management provider number will display. This number is assigned by the ADRC or lead agency when the client is added. It is display only.
- Client ID:** This is a unique, random number assigned by the system that is associated with each client in CIRTS. This item is automatically populated and cannot be edited.
- Client Name:** The system will automatically enter the client’s last and first name based on the information entered on the Demographic screen. This item cannot be edited.
- Edit:** Select this option to change any previously saved information.
- Save:** Select this option to save the information entered or edited.
- Cancel:** Select this option to cancel without saving the information entered or edited.
- Close:** Select this option to close the assessment.
- Print:** Select this option to print the assessment.

#### **REMINDER:**

No Priority Score/Rank or Risk Score will be generated for these assessment types.

Client Assessment Information

Action Menu Edit Block Field Record Query Help

CLIENT\_ASSESSMENTS 20130917 **CIRTS** Date 10/02/2013 User REGIONALCARES

PSA Owner Id Client Id Client Name  
02A [ ] 2001745195 BELL, TINKER

Edit Save Cancel Close Print

A A

**CARES Assessment Information**

PSA County Assessor Living Arrangement  
02A BAY CARES PRIVATE RESIDENCE

Special Project Case Payment Type Waiver Recertification  
N=NONE MEDICAID PENDING N

Initial Contact Date Assessment Delay Assessment Delay Reason  
08/01/2013 N [ ]

Reassessment Date Requested  
 080113

The following items are always required on this screen: County, Assessor, Living Arrangement, Special Project Case, Payment Type, and Waiver Recertification. **Initial Contact Date and Assessment Delay are required only when the Assessor is CARES.** If the Assessor is not CARES, these fields will be disabled. **Assessment Delay Reason is required only when Assessment Delay is Y=Yes.** **Date Requested is required only when there is a check mark in the Reassessment box.**

A A

Caseworker Assessor / Case Manager Name  
OTHER - OTHER OTHER OTHER OTHER

**ASSESSOR/CM: What is the purpose of this assessment?**  
 Initial  Annual  Health  Living Situation  Caregiver  Environment  Income

Assessment Date Assessment Site Assessment Type  
08/01/2013 OFFC=OFFICE / MEDICAL CASE ... N = NONE

Referral Date Referral Source Risk Level  
08/01/2013 NH = NURSING FACILITY [ ]

ASSESSOR/CM: Transitioning out of a nursing facility? N  
 ASSESSOR/CM: Imminent risk of nursing home placement? N

Do you need outside assistance to evacuate? N  
 Are you enrolled on a special needs registry? N

Is there a primary caregiver? N

Living Situation ALONE

Individual monthly income Estimated total individual assets Individual Assets  
 [ ] Refused N [ ] [ ] Refused N

Couple monthly income Estimated total couple assets Couple Assets  
 [ ] Refused N [ ] [ ] Refused N

Date Assessment Changed 10/02/2013 01:22:27 PM Assessment Changed By REGIONALCARES

The following items are required on this screen: Caseworker, Assessment Date, Assessment Site, Referral Date, Referral Source, Transitioning out of a nursing facility, Imminent risk of nursing home placement, outside assistance to evacuate, special needs registry, primary caregiver, and Living Situation. **Note: "ASSESSOR/CM: What is the purpose of this assessment" is optional for assessment types NONE and OTHER. All other fields will be disabled.**

# PASRR SCREEN

The screenshot displays the 'Cares PAS Window' interface. At the top, it shows 'CIRTS' and 'Date'. Below this is the title 'CARES OLD PRE-ADMISSION SCREENING', which is highlighted by a yellow arrow. The form is divided into several sections:

- Pre-Admission Screening for :** Includes a text field and a 'PSA' checkbox.
- Level I Evaluation:** Contains fields for 'Screening Date', 'Caseworker', and 'Provider Name', along with a 'MIMR Indicator' dropdown.
- Level II Exclusion:** Includes 'MI Exclusion' and 'MR Exclusion' dropdowns.
- Level II MI Disposition:** Contains fields for 'Date Psychiatric Scheduled', 'Date Psychiatric Completed', 'MI Disposition', 'Date Referred to SAMH', 'Date Received from SAMH', 'SAMH Disposition', 'SAMH Placement Recommend. for Specialized Services', and 'SAMH Actual Placement'.
- Level II MR Disposition:** Contains fields for 'Date Referred to APD', 'Date Received from APD', and 'MR Disposition'.

At the bottom of the form are buttons for 'Edit', 'Save', 'Delete', 'Cancel', 'Print', and 'Search Client'. A 'Forms' dialog box is overlaid on the right side, featuring a red circular icon and the text 'Please select PAS:'. It has two buttons: 'New PAS' and 'Old PAS'. The status bar at the bottom left shows 'Record: 1/1' and '<08C>'.

There are two PAS Screens in CIRTS, Old PAS and New PAS. When you select the PAS tab from Demographic or go to PAS from Staffing, the Old PAS screen will appear with a box that asks you to “*Please select PAS*” and will give you the option to select New PAS or Old PAS. You will need to select the correct PAS screen for data entry. **Old PAS will be selected only if PAS was done prior to August 1, 2007 or if the client is deleted with an old PAS and needs to be re-entered in CIRTS.**

Based on the information entered on the PAS screen, the system will determine if the preadmission screening is complete. If the PAS data is complete, a pop-up box will appear advising that PAS is complete and will ask if you want to continue to save the data. You can select “OK” if all data is correct, and PAS data will be saved and complete. You can select “Cancel” if you do not want to save the data entered. “Complete” means no further action is required regarding PASRR. If the PAS data is not complete, the pop-up box will not appear and further PAS data will be required.

At the top of the Demographic and Cases screens there is a box that says “PAS Complete.” If there is a check mark in this box the PAS is complete, and no further entry is needed. PAS can be edited at any time. The definitions below will cover both the Old PAS and the New PAS.

### **PASRR SCREEN DEFINITIONS**

**Level I Evaluation Screening Date:** This date represents the date the client was screened for Mental Illness or Mental Retardation. This date will be the date the CARES caseworker, hospital, nursing home or other completes the Level I Screen. This will be a two-digit month and day and a four-digit calendar year. This date must be a current or past date. It cannot be a future date. *This is a required item.*

**Caseworker/Level I Screener:** This is the name of the caseworker performing the preadmission screening for this client. *This is a required item.* This can be the name of a CARES caseworker or it can be Hospital, Nursing Home or Other.

**Provider Name:** *If the Caseworker/Level I Screener is Hospital or Nursing Home, this field will be required if the Level I Screening Date is equal to or greater than February 11, 2008.* If the Caseworker/Level I Screener is Hospital or Nursing Home, this field will be optional if the Level I Screening Date is less than February 11, 2008. From the drop-down box, select the name of the hospital or nursing home for the person completing the Level I screen.

**MI/MR Indicator:** This will indicate whether the client potentially has a mental illness (MI), mental retardation (MR), both MI and MR, or no MI or MR. ***This is a required item.*** If the MI/MR Indicator is NO=None, no further action is needed. If the MI/MR Indicator is MI=Mental Illness, MR=Mental Retardation, or BO=Both, then an entry will be required in MI Exclusion/Exemption and/or MR Exclusion/Exemption. The codes for MI/MR Indicator are:

- *BO=Both:* This code identifies the person as potentially MI **and** MR.
- *MI=Mental Illness:* This code identifies the person as potentially MI.
- *MR=Mental Retardation:* This code identifies the person as potentially MR.
- *NO=None:* This code identifies the person as neither MI nor MR.

**Level II MI Exclusion/Exemption:** For Old PAS this indicates the client's inclusion or exclusion status for mental illness as defined by CMS. For New PAS this indicates any exemption from a Level II Evaluation and Determination for mental illness as defined by CMS prior to nursing facility admission. ***This item is only required for clients that have a positive answer of MI=Mental Illness or BO=Both MI and MR under MI/MR Indicator.***

**Old PAS:** If the MI Exclusion is CM=Chronic MI, SI=Severity of Illness, or TI=Terminal Illness, then no further entry is required for MI. If the MI Exclusion is CC=Convalescent Care/30 Day, DE=Delirium/7 Days, ER=Excluded Respite/14 Days, or PS=Protective Services/7 Day, you will have the option to enter the Date Psychiatric Scheduled if a Level II Evaluation is requested. If the MI Exclusion is NE=Not Excluded, a Level II Evaluation is required and the date requested must be entered in Date Psychiatric Scheduled.

**New PAS:** If the MI Exemption is DE=Delirium/7 Days, EH=Exempted Hospital/30 Days, EM=Exempted Respite/14 Days, or PS=Protective Services/7Day, you will have the option to enter the Date Psychiatric Scheduled if a Level II Evaluation and Determination is requested. If the MI Exemption is NO=No Exemption, a Level II Evaluation and Determination is required and the date requested must be entered in Date Psychiatric Scheduled. The codes are:

- *CC=Convalescent Care/30 Day:* Indicates the person is temporarily excluded from a Level II Evaluation for medical convalescence, and is not a danger to self and /or others. A Level II Evaluation may or may not be required. If the client is discharged from the nursing home within 30 days, a Level II Evaluation is not required. If the client remains in the nursing home beyond 30 days, a Level II Evaluation is required. **This code is for Old PAS only.**
- *CM=Chronic MI:* Indicates the person is chronically mentally ill and not having an acute episode, and is not a danger to self and/or others. **This code is for Old PAS only.**
- *DE=Delirium/7 Days:* Indicates the person is temporarily excluded/exempted from a Level II Evaluation and Determination for a provisional admission pending further assessment in the case of delirium where an accurate diagnosis cannot be made until the delirium clears, and is not a danger to self and/or others. If the individual remains in the nursing facility beyond the time limited stay a Level II Evaluation and Determination is required. **This code is for Old and New PAS.**
- *EH=Exempted Hospital/30 Days:* Indicates the person is temporarily exempted from a Level II Evaluation and Determination because the individual is being admitted from a hospital after receiving acute inpatient care and requires NF services for the condition for which he or she received care in the hospital and whose attending physician has certified before admission that the individual is likely to require less than 30 days NF services. A Level II Evaluation and Determination will be required if the individual remains in the nursing facility beyond the time limited stay. **This code is for New PAS only.**

- *EM=Exempted Respite/14 Days* : Indicates the person is temporarily exempted from a Level II Evaluation and Determination due to a brief respite care for in-home caregivers, with placement in a nursing facility twice a year not to exceed 14 days each time. If the individual stays in the nursing facility beyond the time limited stay, a Level II Evaluation and Determination will be needed. **This code is for New PAS only.**
- *ER=Excluded Respite/14 Days*: Indicates the person is temporarily excluded from a Level II Evaluation and needs a very brief and finite stay of up to a fixed number of days to provide respite care to in-home caregivers to whom the individual with mental illness is expected to return following a brief nursing home stay (14 days, twice a year), and is not a danger to self and/or others. Further screening may or may not be required. **This code is for Old PAS only.**
- *NE=Not Excluded*: Indicates the person cannot be excluded from further PASRR screening. A Level II Evaluation is required. **This code is for Old PAS only.**
- *NO=No Exemption*: Indicates the person cannot be exempted from further PASRR screening. A Level II Evaluation and Determination is required. **This code is for New PAS only.**
- *PS=Protective Services/7 Day*: Indicates the person is temporarily excluded from a Level II Evaluation and Determination and needs a provisional admission pending further assessment in an emergency situation requiring protective services, with placement in a nursing facility not to exceed seven days, and is not a danger to self and/or others. A Level II Evaluation and Determination will be required if the person stays in the nursing facility beyond the time limited stay. **This code is for Old and New PAS.**
- *SI=Severity of Illness*: Indicates the person is exempt from a Level II if comatose, ventilator dependent, functions at the brain stem level, or has a diagnosis of COPD, severe Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis, CHF or any other diagnosis so determined by CMS that would prohibit participation in specialized services, and is not a danger to self and/or others. **This code is for Old PAS only.**
- *TI=Terminal Illness*: Indicates the person is exempt from a Level II if certified by a physician to be terminally ill, and is not a danger to self and/or others. **This code is for Old PAS only.**

**Level II MR Exclusion/Exemption:** For Old PAS this indicates the client's inclusion or exclusion status for mental retardation as defined by CMS. For New PAS this indicates the client's exemption status for mental retardation as defined by CMS. ***This item is only required for clients that have a positive answer of MR=Mental Retardation or BO=Both MI and MR under MI/MR Indicator.***

**Old PAS:** If the MR Exclusion is SI=Severity of Illness or TI=Terminal Illness, then no further entry is required for MR. If the MR Exclusion is CC=Convalescent Care/30 Day, DE=Delirium/7 Days, ER=Excluded Respite/14 Days, or PS=Protective Services/7 Day, you will have the option to enter the Date Referred to APD if a Level II Evaluation is requested. If the MR Exclusion is NE=Not Excluded, a Level II Evaluation is required and the date requested must be entered in Date Referred to APD.

**New PAS:** If the MR Exemption is DE=Delirium/7 Days, EH=Exempted Hospital/30 Days, EM=Exempted Respite/14 Days, or PS=Protective Services/7 Day, you will have the option to enter the Dated Referred to APD if a Level II Evaluation and Determination is requested. If the MR Exemption is NO=No Exemption, a Level II Evaluation and Determination is required and the date requested must be entered in Date Referred to APD. The codes are:

- *CC=Convalescent Care/30 Day* : Indicates the person is temporarily excluded from a Level II Evaluation for medical convalescence, and is not a danger to self and/or others. A Level II Evaluation may or may not be required. If the client is discharged from the nursing home within 30 days, a Level II Evaluation is not required. If the client remains in the nursing home beyond 30 days, a Level II Evaluation is required. **This code is for Old PAS only.**
- *DE=Delirium/7 Days*: Indicates the person is temporarily excluded/exempted from a Level II Evaluation and Determination for a provisional admission pending further assessment in the case of delirium where an accurate diagnosis cannot be made until the delirium clears, and is not a danger to self and/or others. If the individual



remains in the nursing facility beyond the time limited stay a Level II Evaluation and Determination is required.

**This code is for Old and New PAS.**

- *EH=Exempted Hospital/30 Days*: Indicates the person is temporarily exempted from a Level II Evaluation and Determination because the individual is being admitted from a hospital after receiving acute inpatient care and requires NF services for the condition for which he or she received care in the hospital and whose attending physician has certified before admission that the individual is likely to require less than 30 days NF services. A Level II Evaluation and Determination will be required if the individual remains in the nursing facility beyond the time limited stay. **This code is for New PAS only.**
- *EM=Exempted Respite/14 Days*: Indicates the person is temporarily exempted from a Level II Evaluation and Determination due to a brief respite care for in-home caregivers, with placement in a nursing facility twice a year not to exceed 14 days each time. If the individual stays in the nursing facility beyond the time limited stay, a Level II Evaluation and Determination will be needed. **This code is for New PAS only.**
- *ER=Excluded Respite/14 Days*: Indicates the person is temporarily excluded from a Level II Evaluation and needs a very brief and finite stay of up to a fixed number of days to provide respite care to in-home caregivers to whom the individual with mental illness is expected to return following a brief nursing home stay (14 days, twice a year), and is not a danger to self and/or others. Further screening may or may not be required. **This code is for Old PAS only.**
- *NE=Not Excluded*: Indicates the person cannot be excluded from further PASRR screening. A Level II Evaluation is required. **This code is for Old PAS only.**
- *NO=No Exemption*: Indicates the person cannot be exempted from further PASRR screening. A Level II Evaluation and Determination is required. **This code is for New PAS only.**
- *PS=Protective Services/7 Day*: Indicates the person is temporarily excluded from a Level II Evaluation and Determination and needs a provisional admission pending further assessment in an emergency situation requiring protective services, with placement in a nursing facility not to exceed seven days, and is not a danger to self and/or others. A Level II Evaluation and Determination will be required if the person stays in the nursing facility beyond the time limited stay. **This code is for Old and New PAS.**
- *SI=Severity of Illness*: Indicates the person is exempt from a Level II if comatose, ventilator dependent, functions at the brain stem level, or has a diagnosis of COPD, severe Parkinson=s Disease, Huntington=s Disease, Amyotrophic Lateral Sclerosis, CHF or any other diagnosis so determined by CMS that would prohibit participation in specialized services, and is not a danger to self and/or others. **This code is for Old PAS only.**
- *TI=Terminal Illness*: Indicates the person is exempt from a Level II if certified by a physician to be terminally ill, and is not a danger to self and/or others. **This code is for Old PAS only.**

**Date Psychiatric Scheduled:** This is the date that a Level II Psychiatric Evaluation (1911 A&B or similar documentation) is requested. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. ***This is a required item if the MI Exclusion is NE=Not Excluded or the MI Exemption is NO=No Exemption.*** If no psychiatric evaluation is requested, enter the date that you request the Level II Evaluation and Determination from Substance Abuse and Mental Health (SAMH) (or their designee).

**Date Psychiatric Completed:** This is the date that a Level II Psychiatric Evaluation (1911 A&B or similar documentation) is received by CARES. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. This is an optional item. ***Note: If no psychiatric evaluation is requested, enter the date that you request the Level II Evaluation and Determination from SAMH (or their designee).***

**MI Disposition:** This indicates the client's MI disposition based on the 1911 A&B, if received. ***This is a required item if there is an entry in Date Psychiatric Completed.***

**Old PAS:** If the MI Disposition is PE=Excluded Level II Psychiatric Evaluation, NS=No Specialized Services Needed, or NP=Psychiatric Evaluation Not Received, no further entry is required. If the MI Disposition is SS=Need Specialized Services or CP=Need Specialized Services/Can't Provide In Nursing Home, then an entry is required in Date Referred to SAMH.

**New PAS:** If the MI Disposition is PE=Excluded Level II Psychiatric Evaluation, SS=Need Specialized Services, CP=Need Specialized Services/Can't Provide In Nursing Home, NS=No Specialized Services Needed or NR=1911 A&B Not Received, an entry is required in Date Referred to SAMH. The codes are:

- *CP=Need Specialized Services/Can't Provide In Nursing Home:* Indicates the person needs specialized services, which cannot be provided in a nursing facility.
- *NP=Psychiatric Evaluation Not Received:* **Old PAS.** Indicates that a Level II Psychiatric Evaluation was requested but was never received by CARES.
- *NR= Psychiatric Evaluation Not Received:* **New PAS.** Indicates that a 1911 A&B was not received by CARES. Used when other medical/psychiatric information is submitted to SAMH or their designee for a Level II evaluation.
- *NS=No Specialized Services Needed:* Indicates the person has some mental illness, but a mental health professional has determined that specialized services are not required.
- *PE=Excluded Level II Psychiatric Evaluation:* Indicates the person was excluded by a psychiatrist based on the Level II Psychiatric Evaluation.
- *SS=Need Specialized Services:* Indicates the person needs specialized services in a nursing facility or alternative setting as determined by a mental health professional.

**Date Referred to SAMH:** This is the date that CARES submits a request for a Level II Evaluation and Determination to SAMH (or their designee) for a determination regarding the need for specialized services and appropriate placement. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year.

**Old PAS:** *This is a required item if the MI Disposition is SS=Need Specialized Services or CP=Need Specialized Services/Can't Provide in Nursing Home.*

**New PAS:** *This is a required item if the MI Disposition is PE=Excluded Level II Psychiatric Evaluation, SS=Need Specialized Services, CP=Need Specialized Services/Can't Provide In Nursing Home, NS=No Specialized Services Needed, or NR=Psychiatric Evaluation Not Received.*

**Date Received from SAMH:** This is the date that the final determination from SAMH (or their designee) regarding the need for specialized services and appropriate placement is received by CARES. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. This is an optional item.

**SAMH Disposition:** This indicates the client's final SAMH (or their designee) disposition regarding the need for specialized services and appropriate placement. *This is a required item if there is an entry in Date Received from SAMH.* If the SAMH Disposition is NSPS=Need Specialized Services or NSCP=Need Specialized Services/Can't Provide in Nursing Home, an entry will be required in SAMH Placement Recommendation for Specialized Services. The codes are:

- *EXPS=Excluded by Psychiatrist:* Indicates the person was excluded by SAMH (or their designee) after evaluation by a psychiatrist or community mental health entity.
- *NFIN=Nursing Facility Inappropriate:* **New PAS.** Indicates that SAMH (or their designee) determined the person is not appropriate for nursing facility placement.
- *NSCP=Need Specialized Services/Can't Provide in Nursing Home:* Indicates the person needs specialized services, which cannot be provided in a nursing home as determined by SAMH (or their designee).
- *NSPS=Need Specialized Services:* Indicates the person needs specialized services in a nursing facility or alternative setting as determined by SAMH (or their designee).

- *NSSN=No Specialized Services Needed*: Indicates the person has some mental illness, but SAMH (or their designee) has determined that specialized services are not required.
- *OCOM=Out of Compliance: Old PAS*. Indicates a referral was made to SAMH (or their designee) for a final determination regarding the need for specialized services, but a response was not received by CARES.

**SAMH Placement Recommendation for Specialized Services:** This indicates where SAMH (or their designee) recommends the client be placed in order to receive specialized services. ***This is a required item if the SAMH Disposition is NSPS=Need Specialized Services or NSCP=Need Specialized Services/Can't Provide in Nursing Home.*** The codes are:

- *AFCH=Adult Family Care Home*: Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care*: Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs*: Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs*: Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility*: Any state licensed assisted living facility.
- *ARTS=Adult/Ger Res Treat Fac*: A residential facility that provides mental health treatment.
- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *HOSP=Hospital*: A freestanding facility that provides medical care for acute illnesses. This includes swing bed hospitals, hospital skilled nursing units, and inpatient hospice care.
- *MRDD=MR/DD Facility*: Any state licensed facility/center for the developmentally disabled. For example, an ICF/DD, Sunland, cluster facilities, sheltered workshops, etc.
- *NHTP=Temporary Nursing Home*: A short term placement in a nursing home is recommended as the person has potential to return to the community. Refer to NUHO=Nursing Home.
- *NHTR=Nursing Home Transition*: Indicates the person is transitioning from the nursing home to the community. **Obsolete 3/1/14 due to SMMC LTC.**
- *NUHO=Nursing Home*: A freestanding facility which is certified under Medicare and/or Medicaid to provide nursing services.
- *OTHR=Other*: A placement recommendation which is not covered by the codes provided.
- *PRNH=Prison Nursing Home*: A nursing home unit within a duly authorized and supervised facility such as a prison or jail.
- *PRRE=Private Residence*: Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility*: Any freestanding facility that provides psychiatric or mental health care (excluding a state mental hospital). This would include a crisis stabilization unit.
- *REHB=Rehabilitation Hospital*: Any freestanding facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment*: A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit*: A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.

**SAMH Actual Placement:** This indicates where the client was actually placed by SAMH (or their designee) in order to receive specialized services. ***This is a required item if the SAMH Disposition is NSPS=Need Specialized Services or NSCP=Need Specialized Services/Can't Provide in Nursing Home.*** The codes are the same as for **SAMH Placement Recommendation for Specialized Services.**

**Date Referred to APD:** This is the date a Level II Evaluation and Determination was requested from the Agency for Persons with Disabilities. *This is a required item if the MR Exclusion is NE=Not Excluded or if the MR Exemption is NO=No Exemption.* This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year.

**Date Received from APD:** This is the date the Level II Evaluation and Determination results are received by CARES. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. This is an optional item.

**MR Disposition:** This indicates the client's final MR disposition at the time that the PASRR process was completed. *This is a required item if there is an entry in Date Received from APD.* The codes are:

- *CP=Needs Specialized Services/Cant' Provide in Nursing Home:* Indicates the person needs specialized services, which cannot be provided in a nursing facility.
- *DE=Excluded Level II DS Evaluation:* Indicates the person was excluded by the Agency for Persons with Disabilities based on the Level II APD Evaluation.
- *ND=DS Evaluation Not Received: Old PAS.* Indicates a Level II Evaluation and Determination was requested from APD, but CARES did not receive a response.
- *NS=No Specialized Services Needed:* Indicates the person has some mental retardation, but the Agency for Persons with Disabilities has determined that specialized services are not required.
- *SS=Need Specialized Services:* Indicates the person needs specialized services in a nursing facility or alternative setting as determined by the Agency for Persons with Disabilities.

**Edit:** Select this option if you want to change any previously saved information. Only the Supervisor Role can edit PAS. You can edit PAS entered by another PSA, but you cannot delete it. You will receive a message saying you cannot delete another office's PAS entry.

**Save:** Select this option to save the information entered or edited.

**Delete:** Select this option to delete the saved information. Only the Supervisor Role can delete PAS.

**Cancel:** Select this option without saving the information.

**Print:** Select this option if you want to print the PASRR information.

**Search Client:** Select this option to go to Search.

**Close:** Select this option to close the PAS screen.

**REMINDER:**

If all PAS information has been entered and PAS is complete, after selecting “Save” you will receive a message that says, “PAS Complete, Continue to Save?” PAS is complete under the following situations:

- MI/MR Indicator=NO
- SAMH Disposition=EXPS, NSSF or NFIN
- SAMH Actual Placement has an entry
- MR Disposition=DE, SS, CP or NS

If you select “Yes”, the system will save the information and the PAS Complete box at Demographic and Cases will have a check mark. If you select “No”, the PAS information will not be saved.

Resident Review information is only captured in CIRTS when it is needed to complete PAS and to prevent ongoing 30-day follow-ups when the living arrangement is NUHO. Once PAS is complete you do not enter Resident Review information in CIRTS.

To enter a resident review Level II in CIRTS when a **temporary exclusion/exemption** was entered, leave the existing information as is. Once you receive the resident review enter the following:

- For Date Psychiatric Scheduled enter the date the NF requested the Level II from SAMH (or their designee).
- For Date Psychiatric Completed enter the date the NF requested the Level II from SAMH (or their designee).
- For MI Disposition enter the disposition based on the Level II received from SAMH (or their designee).
- For Date Referred to SAMH enter the date the NF submitted the request for the Level II to SAMH (or their designee).
- For Date Received from SAMH enter the date the NF received the Level II from SAMH (or their designee).

# STAFFING SCREEN

When you click on the **Staffings** tab, a summary screen displays all staffings related to that case. The screen displays for each staffing the staffing date, level of care, level of care date, placement recommendation, program recommendation, and PSA. If the case is open you will be able to edit the selected staffing. If the case is closed only a Supervisor Role will be able to edit any staffing related to that case.

The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARES Assignments, and Close).

This screen also has a panel that lists the assessment date and staffing date for the assessment. This is where you highlight the staffing to be viewed.

**Add New Staffing:** Select this option if you want to add a new staffing. *Note: A level of care justification case note must be added prior to adding a new staffing.*

**View Selected Staffing:** Select this option if you want to view the highlighted staffing. Click on the staffing in the Assessment and Staffing Dates panel to highlight the staffing.

When you select **Add New Staffing** the CARES Staffing screen appears. This is where such items as level of care, placement recommendation, program recommendation, barrier, and the client's current living arrangement at the time of staffing will be entered.

The screenshot shows the 'CARES Staffing' window with the following data:

- Case Information:** CASES STAFFING, 20130905, C I R T S, CARES Cases Information, Date: 10/17/2013, User: REGIONALCARES
- Staffing Details:** CARES Staffing for: JOHNNY GOOD, Staffing PSA: 02A, Case Opened on: 07/16/2013
- Information Received Date:** 08/01/2013
- Staffing Date:** 08/01/2013
- Caseworker:** OTHER - OTHER OTHER
- Staffing Instrument:** U=3008
- Living Arrangement:** NURSING HOME
- Living Situation:** ALONE
- Placement Recommendation:** TEMPORARY NURSING HOME
- Program Considered:** NONE
- Program Recommendation:** NONE
- Primary Caregiver:** NO
- Level Of Care:** INTERMEDIATE ONE
- LOC Waiver Effective Date:** 08/01/2013
- Income Level:** <null>
- Level of Care Approved By:** DOCTOR DOCTOR - MD/DO-02A
- Nursing Home Section:**
  - Admit Date: 08/01/2013
  - Nursing Home Name: PANAMA CITY NURSING ...
  - Discharge Date: (empty)
  - Living Arrangement Prior: HOSPITAL
  - Diversion Barrier: NO BARRIER

### STAFFING SCREEN DEFINITIONS

**Information Received Date:** *This is a required item.* This is the date entered in CIRT S that CARES received all required medical documentation needed to staff the case (see exception below). For ICP and certain waivers, it is the date the completed Medical Certification for Nursing Facility/Home-and Community-Based Services Form (AHCA MEDSERV-3008 form, May 2009) was received; for PAC, it is the date the Project Aids Care Physician Referral and Request for Level of Care Determination Form (607) was received; for other waivers it is the date that the appropriate medical documentation was received. If a Request for Level II PASRR Evaluation and Determination (AHCA Med Serv 004 Part B) was requested, enter the date of receipt of the final report. **Exception:** If staffing without a 3008, enter the date that you determine that a 3008 will not be received or needed. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year.

**Staffing Date:** This is the date that the assessment is staffed. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. *This is a required item.*

**Caseworker:** This is the name of the caseworker that staffed the case. *This is a required item.*

**Staffing Instrument:** This is the type of instrument used to staff the case. *This is a required item.* The codes are:

- *M=3036/State Mental Hospital* : Use this code when the case is staffed for placement in a state mental hospital.
- *N=None*: Use this code when no staffing instrument is received. For example, the client will remain in the community and will not enter a nursing home and no 3008 is received.
- *O=Other*: Use this code when the case is staffed using an instrument that is not in the code table.
- *P=CARES Form 607*: Use this code when staffing a Project Aids Care Medicaid Waiver case. This instrument is the Project Aids Care Physician Referral and Request for Level of Care Determination Form.
- *U=3008*: Use this code when staffing with a Medical Certification for Nursing Facility/Home-and Community-Based Services Form (AHCA MEDSERV-3008 form, May 2009).
- *V=3008/Medicaid Waiver*: Use this code when staffing a Medicaid Waiver case (other than Project Aids Care). This instrument is the revised page one of the HRS-MED Form 3008. **Note: This instrument is no longer used.**

**Living Arrangement:** Enter the appropriate code that reflects the living arrangement of the client at the time of the staffing. **This is a required item.** The codes are:

- *AFCH=Adult Family Care Home*: Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care*: Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs*: Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs*: Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility*: Any state licensed assisted living facility.
- *ARTS=Adult/Geriatric Residential Treatment Facility*: A residential facility that provides mental health treatment.
- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *HOSP=Hospital*: An institution that provides care for acute illnesses (excluding a state mental hospital). Use this code for all units located within a hospital (swing bed, psychiatric unit, skilled nursing unit, etc.).
- *MRDD=MR/DD Facility*: A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).
- *NUHO=Nursing Home*: A free standing facility that is certified under Medicare/Medicaid to provide nursing services.
- *OTHR=Other*: All other living arrangements exclusive of the ones listed.
- *PRIS=Prison/Jail*: A duly authorized and supervised facility like a jail or a prison.
- *PRRE=Private Residence*: Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility*: A free standing facility that provides psychiatric or mental health care.
- *REHB=Rehab Hospital*: Any free standing facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment*: A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit*: A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.
- *TRAN=Transient*: No fixed place of abode, or lives on the road.

**Note: If the Living Arrangement is Nursing Home (NUHO), the fields in the Nursing Home panel will become visible and will require entry. A nursing home panel from a previous case will show if a new case is opened and the discharge date is not populated. If the Living Arrangement is not NUHO, the system will force entry of the discharge date. See pages 35-37 for the panel and definitions.**

**Living Situation:** AL=Alone should be entered for all living arrangements except for HOSP, OTHR, PRRE, PSYF, REHB, SAPT, and TRAN. If the living arrangement is any of the seven mentioned, all code choices will be available. If the client is in a hospital and is expected to be discharged to a nursing facility, assisted living facility, or adult family care home, the living situation will be AL=Alone. **This is a required item.** The codes are:



- *AL=Alone*: Client lives alone.
- *WC=With Primary Caregiver*: Client lives with the primary caregiver.
- *WO=With Other*: Client lives with someone other than a caregiver.
- *WOC=With Other Caregiver*: Client lives with a caregiver that is not the primary caregiver.

**Placement Recommendation:** This indicates the placement recommendation resulting from the case staffing. ***This is a required item.*** The codes are:

- *AFCH=Adult Family Care Home*: Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care*: Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs*: Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs*: Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility*: Any state licensed assisted living facility.
- *ARTS=Adult/Ger Res Treat Fac*: A residential facility that provides mental health treatment.
- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *HOSP=Hospital*: A freestanding facility that provides medical care for acute illnesses. This includes swing bed hospitals, hospital skilled nursing units, and inpatient hospice care.
- *MRDD=MR/DD Facility*: Any state licensed facility/center for the developmentally disabled. For example, an ICF/DD, Sunland, cluster facilities, sheltered workshops, etc.
- *NHTP=Temporary Nursing Home*: A short term placement in a nursing home is recommended as the person has potential to return to the community. Refer to NUHO=Nursing Home.
- *NHTR=Nursing Home Transition*: Indicates the person is transitioning from the nursing home to the community. **Obsolete 3/1/14 due to SMMC LTC.**
- *NUHO=Nursing Home*: A freestanding facility which is certified under Medicare and/or Medicaid to provide nursing services.
- *OTHR=Other*: A placement recommendation which is not covered by the codes provided.
- *PRNH=Prison Nursing Home*: A nursing home unit within a duly authorized and supervised facility such as a prison or jail.
- *PRRE=Private Residence*: Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility*: Any freestanding facility that provides psychiatric or mental health care (excluding a state mental hospital). This would include a crisis stabilization unit.
- *REHB=Rehabilitation Hospital*: Any freestanding facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment*: A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit*: A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.

**Program Considered:** This identifies the program that is considered by CARES staff. The system will provide a drop-down box with a list of choices for this field. The choices will be based on the code entered in the placement recommendation field. Please refer to the Staffing Chart on pages 165-166 for selection choices.

***This is a required item.*** The codes are:

- *ACFW=Adult Cystic Fibrosis Waiver*: Adult Cystic Fibrosis Medicaid Waiver Program.
- *ADAW=Aged/Disabled Adults Waiver*: Aged and Disabled Adults Medicaid Waiver Program. **Obsolete 3/1/14.**
- *ADHC=Adult Day Health Care Waiver*: Adult Day Health Care Medicaid Waiver Program.
- *ALFW=Assisted Living Facility Waiver*: Assisted Living Medicaid Waiver Program. **Obsolete 3/1/14.**

- *ALZW=Alzheimer's Disease Waiver*: Alzheimer's Disease Medicaid Waiver Program.
- *BSCW=Brain/Spinal Cord Injury Waiver*: Brain and Spinal Cord Injury Medicaid Waiver Program.
- *CCDA=Community Care for Disabled Adults*: Community Care for Disabled Adults Program.
- *CCFE=Community Care for the Elderly*: Community Care for the Elderly Program.
- *CDCW=Consumer Directed Care Waiver*: Consumer Directed Care Medicaid Waiver Program. **Obsolete 3/1/14.**
- *CHAN=Channeling*: Channeling Medicaid Waiver Program. **Obsolete 3/1/14.**
- *DEVS=Developmental Services*: Agency for Persons with Disabilities Program.
- *ELDC=Ever Care at Home*: Ever Care at Home Program. **Obsolete 3/1/14.**
- *FDMW=Fam Dys Medicaid Waiver*: Familial Dysautonomia Medicaid Waiver Program.
- *HEMO=Health Maint Org*: Health Maintenance Organization Program.
- *HSPC=Hospice*: Hospice Program.
- *LTCC=Managed Long-Term Care/Community*: A Medicaid managed care program providing services in the community.
- *LTCN=Managed Long-Term Care/Nursing Facility*: A Medicaid managed care program providing services in a nursing facility.
- *LTCP=LTC Com Div Pilot Program*: Long Term Care Community Diversion Pilot Medicaid Waiver Program. Also referred to as Nursing Home Diversion. **Obsolete 3/1/14.**
- *NHSS=Specialized Services*: Nursing Home with specialized services recommended. If the results of the Level II Evaluation and Determination show specialized services needed, this code should be used. If the specialized services stop, the code should be changed.
- *NONE=None*: No program considered.
- *OMDW=Other Medicaid Waiver*: Medicaid Waiver exclusive of the waivers listed.
- *OTHR=Other Program*: Other program exclusive of the programs listed.
- *PACE=Prog of All Inc Care for Elderly*: Program of All-Inclusive Care for the Elderly Program.
- *PACW=Project Aids Care Waiver*: Project Aids Care Medicaid Waiver Program.
- *SBHO=Swing Bed Hosp*: Rural hospital certified to provide nursing facility services.
- *SNUH=Skilled Nursing Unit/ Hospital*: Skilled nursing unit within a hospital.

**Program Recommendation:** This identifies the program that is being recommended by CARES staff. This can be different from the Program Considered. The system will provide a drop-down box with a list of choices for this field. The choices will be based on the code entered in the placement recommendation field. Please refer to the Staffing Chart on pages 165-166 for selection choices. ***This is a required item.*** The codes for this field are the same as for **Program Considered**.

**REMINDER:**

**The following Program Considered/Program Recommendation codes will become obsolete March 1, 2014, due to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC): *ADAW, ALFW, CDCW, CHAN, ELDC, and LTCP.***

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**Note:** *If the Program Recommendation is a waiver (ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CDCW, CHAN, FDMW, LTCC, LTCN, LTCP, PACE, or PACW), the fields in the Waiver panel will become visible and will require entry.*

Waiver			
Status Date	08/01/2013	Status	PENDING
Accepted Date		Denial Reason	<null>
Termination Date		Term. Reason	<null>
DCF Filed Date		DCF Eligibility Date	
DCF Financial Eligibility	<null>	Date Freedom of Choice Given to Client	
Date Freedom of Choice Return to CARES		Delay Receiving Freedom of Choice?	<input type="checkbox"/>
Delay Reason	<null>		

**Status Date:** This is the date CARES determines the Medicaid waiver status of the client. It is usually the staffing date or follow-up date. This will be a two-digit month and day and a four-digit calendar year. It cannot be a future date. It must be a current or past date. ***This is a required item.***

**Status:** This indicates the Medicaid waiver status of the client. ***This is a required item.*** The codes are:

- *A=Approved:* Client was approved for Medicaid waiver.
- *D=Denied:* Client was denied Medicaid waiver.
- *P=Pending:* Client's Medicaid waiver status is pending.
- *W=Waiting List:* Client was put on a waiting list for Medicaid waiver.

**Accepted Date:** This indicates the date that the client started receiving Medicaid waiver services from the case management agency. This will be a two-digit month and day and a four-digit calendar year. It must be a current or past date. It cannot be a future date. ***This is a required item if the status is A=Approved.***

**Denial Reason:** This indicates the reason the Medicaid waiver was denied. ***This is a required item if the status is D=Denied.*** The codes are:

- *CD=Client Died:* Client died prior to disposition.
- *IN=In Nursing Home:* Client placed in nursing home prior to disposition.
- *LC=Lost Contact:* Lost contact with client prior to disposition.
- *LS=Left State:* Client left the state prior to disposition.
- *NE=Not Eligible:* Client not eligible for services.
- *OT=Other:* Denied for reason other than ones listed.
- *RM=Refused Medicaid:* Client refused to apply for or accept Medicaid.
- *RS=Refused Service:* Client refused to accept the service(s) offered.
- *VW=Voluntary Withdrawal:* Client/family voluntarily withdrew request for services.

**Termination Date:** This is the date the client's Medicaid waiver services were terminated. This will be a two-digit month and day and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Termination Reason:** This indicates the reason the Medicaid waiver services are terminated. ***This is a required item if an entry is made in Termination Date.*** The codes are:

- *CD=Client Died:* Terminated due to client's death.
- *CH=Choose Hospice:* Terminated as client chooses Hospice instead of Medicaid Waiver.
- *FI=Family Intervention:* Terminated due to family intervention.
- *IN=In Nursing Home:* Terminated as client entered a nursing home.

- *LC=Lost Contact:* Terminated due to loss of contact with the client.
- *LS=Left State:* Terminated as client left the state.
- *NF=Not Eligible/Financial:* Terminated as client no longer meets the financial criteria.
- *NM=Not Eligible/Medical:* Terminated as client no longer meets the medical criteria.
- *OT=Other:* Terminated for reason other than ones listed.
- *PR=In Prison/Jail:* Terminated due to client being in prison or jail.

**DCF Filed Date:** This is the date the Request for Assistance (RFA) is filed with DCF. This will be a two-digit month and day and a four-digit calendar year. *This field is optional, but an entry should be made, when appropriate, if the Program Recommendation is LTCP. Note: LTCP is obsolete effective 3/1/14.*

**DCF Eligibility Date:** This is the date the financial eligibility is determined by DCF. This will be a two-digit month and day and a four-digit calendar year. *This field is optional, but an entry should be made, when appropriate, if the Program Recommendation is LTCP. Note: LTCP is obsolete effective 3/1/14.*

**DCF Financial Eligibility:** This field reflects the financial eligibility as determined by DCF. *This field is optional, but an entry should be made when the Program Recommendation is LTCP. Note: LTCP is obsolete effective 3/1/14.* The codes are:

- *FE=Financially Eligible*
- *NE=Financially Not Eligible*

**Date Freedom of Choice Given to Client:** *If the Program Recommendation is LTCP=Long Term Care Community Diversion Pilot Program, this field will be required. Note: This form and LTCP are obsolete effective 3/1/14.* Enter a two-digit month and day and a four-digit calendar year.

**Date Freedom of Choice Returned to CARES:** This is an optional item. Once the Freedom of Choice is received in the CARES office, enter the date received. This will be a two-digit month and day and a four-digit calendar year. *Note: This form is obsolete effective 3/1/14.*

**Delay Receiving Freedom of Choice?:** *If there is an entry in Date Freedom of Choice Returned to CARES, this is a required item.* The choices for this field are Y=Yes or N=No. *Note: This form is obsolete effective 3/1/14.*

**Delay Reason:** *If the Delay Receiving Freedom of Choice is Yes, then the Delay Reason is required.* If the Delay Receiving Freedom of Choice is No, the field is disabled. *Note: This form is obsolete effective 3/1/14.* The codes for this field are:

- *CLD=Client Delay*
- *CRD=CARES Delay*

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**Primary Caregiver:** *This is a required item.* A primary caregiver is any person who regularly can be depended on to provide or arrange help as needed with Activities of Daily Living and Instrumental Activities of Daily Living. The primary caregiver may or may not be related by birth or marriage; may or may not live with the client or live nearby; and does not include operators of assisted living facilities, nursing facilities, adult family care homes, home health agencies, service provider staff or other paid care providers. Enter the code that reflects the primary caregiver status of the client. The codes are:

- *N=No:* Client does not have a primary caregiver.
- *U=Unknown:* Client's primary caregiver status is not known.
- *Y=Yes:* Client has a primary caregiver.

**Level of Care:** This indicates the level of care or waiver eligibility decision resulting from the case staffing.

***This is a required item.*** The codes are:

- *DNM=Does Not Meet Level of Care:* Use this code when the individual does not meet level of care as defined in 59G-4.180 or 59G-4.290 of the Florida Administrative Code. This level of care is also used when the individual does not meet level of care for a state mental hospital.
- *DWC=Does Not Meet Waiver Criteria:* Use this code when the individual does not meet the established criteria for a particular Medicaid Waiver Program.
- *INO=Intermediate One:* Use this code for a level of care which requires direct or supervised nursing or rehabilitative services not included under the definition of skilled services. Intermediate Care is defined in 59G-4.180 of the Florida Administrative Code.
- *INT=Intermediate Two:* Use this code for a level of care which requires direct or supervised nursing or rehabilitative services not included under the definition of skilled services. Intermediate Care is defined in 59G-4.180 of the Florida Administrative Code.
- *MEN=State Mental Hospital:* Use this code when determining a level of care for an individual seeking admission to or residing in a state mental hospital (not a nursing home unit).
- *MWC=Meet Waiver Criteria:* Use this code when the individual meets the established criteria for a particular Medicaid Waiver Program (excluding Project Aids Care)
- *ROH=Risk of Hospitalization:* Use this code when the Project Aids Care client is at risk of hospitalization.
- *RON=Risk of Nursing Home:* Use this code when the Project Aids Care client is at risk of nursing home.
- *SKD=Skilled:* Use this code for a level of care requiring the skills of technical or professional personnel or the provision of services either directly by or under the supervision of such personnel as defined in 59G-4.290 of the Florida Administrative Code.
- *WHL=Withhold LOC:* Use this code under the following circumstances: a) a Request for Level II PASRR Evaluation and Determination indicates that the individual requires specialized services and those services cannot be provided in a nursing facility; b) a Request for Level II PASRR Evaluation and Determination indicates the individual is not appropriate for nursing facility placement; c) a 3008 or supporting medical documentation has not been received; or d) referrals are made to case management agencies or managed care organizations for Medicaid waiver services when the program has reached funding capacity and a waiting list for services is being maintained.

**Level of Care/Waiver Effective Date:** This is the date the assigned level of care or waiver certification is effective. This date is based on the date the physician signs the AHCA MEDSERV-3008 form, the CARES Form 607, or any other instrument used to staff the case **or** the effective date if one is provided on the staffing instrument. ***This is a required item unless the staffing instrument is N=None.***

**Income Level:** This identifies the client's level of income based on certain eligibility standards for Medicaid. ***This is a required item if the Program Recommendation is a Medicaid waiver (ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CDCW, CHAN, FDMW, LTCC, LTCN, LTCP, PACE, or PACW).*** An entry is only allowed in this field if the program is a waiver. The codes are:

- *I=ICP:* Institutional Care Program.
- *M=MEDS-AD:* Medicaid Expansion Designated by SOBRA for the Aged and Disabled.
- *S=SSI:* Supplemental Security Income.

**Level of Care Approved By:** This identifies the individual signing the level of care form which indicates the level of care for the client. This approval is done at the CARES staffing by the CARES OPS Physician Consultant or a CARES Registered Nurse Specialist. ***This is a required item.***

**Edit:** Select this option if you want to edit the information previously saved on the Staffing screen.

**Save:** Select this option if you want to save the information entered or edited on the Staffing screen.

**Cancel:** Select this option if you want to cancel without saving the information entered or edited.

**Close:** Select this option to close the Staffing screen.

**REMINDER:**

If the placement recommendation is nursing home (NUHO) or temporary nursing home (NHTP) and PAS has not been entered, the system will generate a pop-up box reminding you that PAS needs to be entered. If you select "OK", the system will go to the PAS screen. At PAS, when you select "Save" and "Close," the system will return you to the Staffing screen.

If the MI and/or MR Exclusion/Exemption=NO or NE and PAS is not complete, once you enter a placement recommendation of NUHO or NHTP, a pop-up box will appear giving you a message that the Level II information must be entered prior to entering staffing information.

A Nursing Home panel from a previous case will show if a new case is opened and the discharge date is not populated. If the Living Arrangement is not Nursing Home, the system will force entry of the discharge date. The same is true for the Waiver panel; if information has been entered previously with no termination date, the information will display in the panel.

When staffing with a 3008:

\*If the level of care is DNM, do not enter an effective date on the 603 or the CIF.

\*If the level of care is WHL, enter an effective date on the 603 and the CIF.

When the program considered is LTCP, a pop-up box will appear to remind you to enter "Date Enter Pipeline" on the NHD Screen, if appropriate. *Note: LTCP becomes obsolete 3/1/14.*

If the Waiver Recertification box is checked "Y=Yes" at Assessment, two things happen:

\*No follow-up will be scheduled at Staffing.

\*It will not cancel a previously scheduled follow-up.

You will receive a pop-up message to confirm if you want to leave the case open without a follow-up. Be careful not to leave a case open without a scheduled follow-up.

**The following Program Considered/Program Recommendation codes will become obsolete March 1, 2014, due to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC): ADAW, ALFW, CDCW, CHAN, ELDC, and LTCP.**

**The placement recommendation code of NHTR=Nursing Home Transition will become obsolete on 3/1/14 due to SMMC LTC.**

**The Freedom of Choice form becomes obsolete March 1, 2014, due to SMMC LTC.**

# REFERRAL SCREEN

**CARE'S CASES**  
 Action Menu Edit Block Field Record Query Help

CARE'S CASE: 20130827  
 C I R T S  
 CARE'S Cases Information  
 Date: 10/21/2013  
 User: REGIONALCARES

CARE'S Cases for: JOHNNY GOOD SSN: 182182182  Demographic Complete  PAS Complete

Opened on	Reason	Referral Source	Payment Type	Status	Closed on	Reason	PSA
07/16/2013	INITIAL CASE	FAMILY	MEDICAID PENDING	OPEN			02A

Buttons: Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARE'S Assignments, Close

Assignment Assessments Staffings **Referrals** Followups Case Notes

Referral Date	Referred To	Imminent Risk	Provider	Disposition	PSA

Buttons: Add New Referral, View Selected Referral

When you click on the **Referrals** tab, a summary screen displays all referrals related to that client. The screen displays the Referral Date, Referred To, Imminent Risk (Y=Yes, N=No), Provider, Disposition and PSA. You can edit or view the referral information. Only a Supervisor Role can edit a referral for a closed case. To view an existing referral, click on the referral to highlight it. Then select View Selected Referral.

You can refer to multiple sources, but you cannot refer to the same source more than once on the same date.

The CARE'S Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARE'S Assignments and Close).

**Add New Referral:** Select this option if you want to add a new referral.

**View Selected Referral:** Select this option if you want to view the highlighted referral.

When you select **Add New Referral** the CARE'S Referral screen will appear.

The fields in pink are required when a new referral is entered (Employee, Referral Date, Imminent Risk, and Referred To). To update the referral information you will need to select “Edit” to enter data in the other fields. The fields labeled in blue also appear on the Aging Network Referral Screen (Employee, Referral Date, Imminent Risk, Transition Referral, NH Admit Date, Referred To, CARES Provider, and Date Received by Aging Network).

### **REFERRAL SCREEN DEFINITIONS**

**Employee:** This is the name of the caseworker that is making the referral. *This is a required item.*

**Referral Date:** This is the date the referral for services is made. *This is a required item.* This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year.

**Imminent Risk:** This indicates whether or not the client is at imminent risk of nursing facility placement. Enter Y=Yes or N=No. *This is a required item.*

**Transition Referral:** *This is a required item if the response is Y=Yes to “Imminent Risk.”* The response choices are Y=Yes or N=No. The client must have a nursing home admit date in order to enter a response of Y=Yes.

**NH Admit Date:** This item is automatically populated by the system based on the admit date entered on the Nursing Home panel. This field will only populate if the response is Y=Yes to “Transition Referral.”



**Referred To:** This indicates the appropriate agency where the referral for services is being made. *This is a required item.* The codes are:

- *AAA=Area Agency on Aging:* State contracted agency which provides direction to lead agencies.
- *AAS=Adult Services:* State program of the Department of Children and Families that provides services to aged/disabled adults.
- *AHC=Agency for Health Care Administration:* State agency responsible for administering Medicaid.
- *ALZ=Alzheimer's Disease Waiver:* Alzheimer's Disease Medicaid Waiver Program.
- *ARC=ARC or ADRC:* Aging Resource Center or Aging and Disability Resource Center.
- *ARCT=ARC/Transition Case Management:* An agency providing case management for NH transition clients. **Obsolete 3/1/14.**
- *BHP=Broward Homebound Program:* A private agency which provides community services to disabled adults.
- *CDC=Consumer Directed Care :* Consumer Directed Care Medicaid Waiver Program. **Obsolete 3/1/14.**
- *CFW=Adult Cystic Fibrosis Waiver:* Adult Cystic Fibrosis Medicaid Waiver Program.
- *CHA=Channeling:* Channeling Medicaid Waiver Program. **Obsolete 3/1/14.**
- *DES=Developmental Services:* Agency for Persons with Disabilities.
- *DOH=Department of Health:* Department of Health.
- *ELD=Evercare at Home:* A program which provides community services for frail elderly people. **Obsolete 3/1/14.**
- *HHC=Home Health Care:* A private agency providing home health services.
- *HMO=Health Maint Org:* Health Maintenance Organization.
- *LEA=Lead Agency:* State contracted agency providing community services.
- *LTS=LTC Diversion Suitable:* Identifies those clients suitable for the Nursing Home Diversion Program. **Obsolete 3/1/14.**
- *MCO=Managed Care Org:* Managed Care Organization.
- *MHC=Massada Home Care:* A private agency which provides short term community services to adults.
- *NGC=Non Gov Com Agency:* Any agency that is not sponsored by the government.
- *OGA=Other Government Community Agency:* Any agency not listed that is sponsored by the government.
- *OTH=Other:* Any agency not listed.
- *PAC=Project Aids Care:* Project Aids Care Medicaid Waiver Program.
- *PCE=Program of All Inc Care for Elderly:* Agency that is providing services under the PACE program.
- *UHC=United Home Care:* A HMO which provides community services to adults.
- *VOC=Vocational Rehabilitation:* State program of the Department of Education.

**CARES Provider:** This is a list of providers for the individual Planning and Service Area (PSA). Each PSA determines the providers that are listed. This list can include the names of hospitals, lead agencies, nursing facilities, etc. within the PSA. This is an optional item.

**Date Received by Aging Network:** The aging network will populate this field once they receive the referral from CARES. No entry is allowed in this field by CARES.

**Case Manager:** This indicates the designated case management unit for the case. This is an optional item. The codes are:

- *AAS=Adult Services:* Adult Services staff of the Department of Children and Families.
- *ADC=Adult Day Health Care:* Staff of an agency providing services under the Adult Day Health Care Medicaid Waiver Program.
- *AHC=Agency for Health Care Administration:* Staff of the Agency for Health Care Administration.

- *ALZ=Alzheimer's Disease Waiver:* Staff of an agency providing services under the Alzheimer's Disease Medicaid Waiver Program.
- *ARC=ARC or ADRC:* Aging Resource Center or Aging and Disability Resource Center.
- *BHP=Broward Homebound Program:* Staff of the Broward Homebound program.
- *CAR=CARES:* CARES staff of the Department of Elder Affairs.
- *CDA=Community Care for Disabled Adults:* Adult Services staff of the Department of Children and Families **or** staff of an agency providing services under the Community Care for Disabled Adults Program.
- *CFW=Cystic Fibrosis Waiver:* Staff of the Department of Health.
- *CHA=Channeling:* Staff of an agency providing services under the Channeling Medicaid Waiver Program. **Obsolete 3/1/14.**
- *DES=Developmental Services:* Staff of the Agency for Persons with Disabilities.
- *DOH=Department of Health:* Staff of the Department of Health.
- *ELD=Evercare at Home:* Staff of an agency providing community services for frail elderly people. **Obsolete 3/1/14.**
- *HHC=Home Health Care:* Staff of a private agency which provides home health services.
- *HMO=Health Maintenance Org:* This is an inactive code in CIRTS and is not used any longer.
- *LEA=Lead Agency:* Staff of the local lead agency which provide case management for various programs.
- *MCO=Managed Care Org:* Staff of a managed care organization.
- *MEH=Mental Health:* Staff of any agency which provides mental health services.
- *MHC=Massada Home Care:* Staff of the Massada Home Care Program.
- *OMW=Other Medicaid Waiver:* Staff of an agency providing services under any Medicaid waiver exclusive of the ones listed.
- *PAC=Project Aids Care:* Staff of an agency providing services under the Project Aids Care Medicaid Waiver Program.
- *PCE=Prog of All Inc Care for the Elderly:* Staff of an agency providing services under the PACE Program.
- *UHC=United Home Care:* Staff of United Home Care.
- *VOC=Vocational Rehabilitation:* Staff of a state program under the Department of Education.

**Response Date:** This is the date a response is received from the referral agency. This will be a two-digit month and day and a four-digit calendar year. This date must be a current date or a past date. It cannot be a future date. This is an optional item.

**Response Type:** This indicates the type of response received regarding the referral. ***This is a required item if there is an entry in Response Date.*** The codes are:

- *OCM=Office Visit/Case Manager:* Case manager made a visit to the CARES office.
- *OVC=Office Visit/CARES:* CARES staff made a visit to the case manager's office.
- *TCC=Telephone Call/CARES:* CARES staff telephoned the case manager's office.
- *TCM=Telephone Call/Case Manager:* Case manager telephoned the CARES office.
- *WCM=Written/Case Manager:* Case manager responded in writing.

**Disposition:** This indicates the action taken by the referral agency. ***This is a required item if there is an entry in Response Type.*** The codes are:

- *A=Approved:* Referral agency approved the client for services.
- *D=Denied:* Referral agency denied services for the client.
- *W=Waiting List:* Referral agency put the client on a waiting list.

**Disposition Date:** This indicates the date the referral agency takes action to dispose of the referral. For example, on 10/23/13 the client is put on a waiting list. The Disposition Date would be 10/23/13. This will be a two-digit month and day and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Denial Reason:** This indicates the reason the referral was denied by the referral agency. *This is a required item if the Disposition is D=Denied.* The codes are:

- *CD=Client Died:* Client died prior to disposition.
- *IN=In Nursing Home:* Client placed in nursing home prior to disposition.
- *LC=Lost Contact:* Lost contact with client prior to disposition.
- *LS=Left State:* Client left the state prior to disposition.
- *NE=Not Eligible:* Client not eligible for services.
- *OT=Other:* Denied for reason other than the ones listed.
- *RM=Refused Medicaid :* Client refused to apply for or accept Medicaid.
- *RS=Refused Service:* Client refused to accept the service(s) offered.
- *SN=Service Not Available:* Denied as service(s) requested not available.

**Edit:** Select this option if you want to edit existing referral information.

**Save:** Select this option if you want to save the information entered or edited.

**Cancel:** Select this option if you want to cancel without saving the information entered or edited.

**Delete:** Select this option if you want to delete the referral.

**Close:** Select this option if you want to close the Referral screen.

**REMINDER:**

A referral is “complete” when there is a disposition and disposition date entered on the Referral screen. A 30-day follow-up will be scheduled every 30 days by the system until the referral is “complete.” The “complete” referral information must be entered prior to entering the scheduled follow-up in order to cancel the ongoing 30-day follow-ups.

Referrals should only be made to the AAA, ADRC or lead agency within the same PSA as the CARES office. If a referral is sent outside the PSA, the AAA, ADRC or lead agency in another PSA will not be able to enter “Date Received by Aging Network”, which they are required to do.

**Certain “Referred To” and “Case Manager” codes become obsolete March 1, 2014, due to SMMC LTC.**

# FOLLOW UP SCREEN

CARES Cases

Action Menu Edit Block Field Record Query Help

CARE CASE: 20130827

CIRTS: CARES Cases Information

Date: 10/23/2013

User: REGIONALCARES

CARES Cases for: JOHNNY GOOD SSN: 182182182  Demographic Complete  PAS Complete

Opened on	Reason	Referral Source	Payment Type	Status	Closed on	Reason	PSA
07/16/2013	INITIAL CASE	FAMILY	MEDICAID PENDING	OPEN			02A

Add Case Close Case Delete Case Print CIF Print Blank CIF Search Client CARES Assignments Close

Assignment Assessments Staffings Referrals Followups Case Notes

**Staffing And Follow-up Dates**

Staffing Date	Follow-up Date
08/01/2013	11/01/2013
08/01/2013	09/01/2013

**Follow-up Information**

Scheduled Date	Followup Type	Employee Scheduled	Followup Status	Completed Date	PSA
11/01/2013	90 DAY	OTHER OTHER	FOLLOWUP SCHEDULED		02A

Add Unscheduled Followup Delete Unscheduled Followup View Selected Followup Print Follow-up CIF

When you click on the **Followups** tab, a summary screen displays all follow-ups related to that case. For each follow-up the screen displays the follow-up scheduled date, follow-up type, employee scheduled, follow-up status, completed date, and PSA. You can click on the particular follow-up that you want to view or edit. Only a Supervisor Role can edit a follow-up for a closed case. The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARES Assignments, and Close). This screen also has a panel that lists the staffing date and follow-up date that is a result of the staffing. This is where you highlight the follow-up to be viewed.

**Add Unscheduled Followup:** Select this option to add an unscheduled follow up for an open case.  
**Delete Unscheduled Followup:** Select this option to delete an unscheduled follow-up for an open case. This button will be disabled if an unscheduled follow-up has not been scheduled.  
**View Selected Followup:** Select this option to view a highlighted follow-up. Click on the follow-up in the Staffing Date and Follow-up Date panel to highlight the follow-up you want to view.  
**Print Follow-up CIF:** Select this option if you want to print a Follow-up CIF for a highlighted follow-up.

When you select **View Selected Followup**, the CARES Follow-up screen appears.

The screenshot shows a software window titled "CARES Follow ups" with the following fields and controls:

- CASES FOLLOWUP:** 20130905
- CIRTS CARES Cases Information:**
  - Date: 10/23/2013
  - User: REGIONALCARES
- CARES Follow-up for:** JOHNNY GOOD
- Follow-up PSA:** 02A
- Case Opened on:** 07/18/2013
- Scheduled Date:** 02/01/2014
- Caseworker Scheduled:** OTHER OTHER
- Followup Status:** SC
- Followup Type:** OD
- Referral Complete
- PAS Complete
- Completed Date:** (empty)
- Caseworker Completed:** (empty)
- Placement Recommendation:** (empty)
- Program Recommendation:** (empty)
- Spec Services being Provided?** 
  - Living Arrangement:** (empty)
  - Living Situation:** (empty)
  - County:** (empty)
- Case Manager:** (empty)
- Followup Site:** (empty)
- Primary Caregiver:** (empty)
- Waiting for NH Reason:** <null>

Buttons at the bottom: Edit, Save, Cancel, Close.

This screen will capture data regarding the client's current status. The system will collect information such as the client's current living arrangement, living situation, placement recommendation, program recommendation, case manager, and primary caregiver status. The system will also capture specific information concerning nursing home placement, swing bed or hospital skilled nursing unit status, or Medicaid waiver status. *Note: In order to enter follow-up information for a scheduled or unscheduled follow-up, you must first select "Edit."*

### FOLLOWUP SCREEN DEFINITIONS

**Scheduled Date:** This is the date of the scheduled follow-up. The system establishes this date and no entry is allowed in this field.

**Caseworker Scheduled:** This is the caseworker that owns the case and is responsible for the follow-up. The system establishes the caseworker based on **Case Assignment**. No entry is allowed in this field.

**Followup Status:** The system enters this information and no entry is allowed in this field. The codes are SC=Followup Scheduled and CO=Followup Completed.

**Followup Type:** This is the type of the follow-up. The codes are TD=30 Day, ND=90 Day, OD=180 Day, AN=Annual, OA=Ongoing Annual, and UF=Unscheduled Followup. The system enters this information and no entry is allowed in this field.

**Referral Complete:** If this box is checked it means complete referral information has been entered on the Referral screen. If this box is not checked it means a follow-up will be scheduled every 30 days until the information is complete. See Referral screen for a definition of complete.

**PAS Complete:** If this box is checked it means complete PAS information has been entered on the PAS screen. If this box is not checked it means a follow-up will be scheduled every 30 days until the information is complete. See PAS Screen for definition of complete.

**Completed Date:** This is the date the follow-up is completed. This will be a two-digit month and day and a four-digit calendar year. This cannot be a future date. It must be a current or past date. ***This is a required item.*** The system will generate a pop-up box that will advise you if the follow-up is too early. You cannot enter a Completed Date that is prior to the 15-day window for follow-ups.

**Caseworker Completed:** This indicates the caseworker that completed the follow-up. ***This is a required item.***

**Placement Recommendation:** This indicates the placement recommendation at the time of follow-up. ***This is a required item.*** The codes are:

- *AFCH=Adult Family Care Home:* Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care:* Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs:* Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs:* Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility:* Any state licensed assisted living facility.
- *ARTS=Adult/Ger Res Treat Fac:* A residential facility that provides mental health treatment.
- *GRHO=Group Home:* A small residential home sponsored by a state or community entity.
- *HOSP=Hospital:* A freestanding facility that provides medical care for acute illnesses. This includes swing bed hospitals, hospital skilled nursing units, and inpatient hospice care.
- *MRDD=MR/DD Facility:* Any state licensed facility/center for the developmentally disabled. For example, an ICF/DD, Sunland, cluster facilities, sheltered workshops, etc.
- *NHTP=Temporary Nursing Home:* A short term placement in a nursing home is recommended as the person has potential to return to the community. Refer to NUHO=Nursing Home.
- *NHTR=Nursing Home Transition:* Indicates the person is transitioning from the nursing home to the community. **Obsolete 3/1/14 due to SMMC LTC.**
- *NUHO=Nursing Home:* A freestanding facility which is certified under Medicare and/or Medicaid to provide nursing services.
- *OTHR=Other:* A placement recommendation which is not covered by the codes provided.
- *PRNH=Prison Nursing Home:* A nursing home unit within a duly authorized and supervised facility such as a prison or jail.
- *PRRE=Private Residence:* Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility:* Any freestanding facility that provides psychiatric or mental health care (excluding a state mental hospital). This would include a crisis stabilization unit.
- *REHB=Rehabilitation Hospital:* Any freestanding facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment:* A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit:* A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital:* A state sponsored or operated facility that provides psychiatric care.

**Program Recommendation:** This identifies the program that is being recommended by CARES staff. The system will provide a drop-down box with a list of choices for this field. The choices available will be based on the code entered in the placement recommendation field. Please refer to the Staffing Chart on pages 165-166 for selection choices. ***This is a required item.*** The codes are:

- *ACFW=Adult Cystic Fibrosis Waiver:* Adult Cystic Fibrosis Medicaid Waiver Program.
- *ADAW=Aged/Disabled Adults Waiver:* Aged and Disabled Adults Medicaid Waiver Program. **Obsolete 3/1/14.**
- *ADHC=Adult Day Health Care Waiver :* Adult Day Health Care Medicaid Waiver Program.
- *ALFW=Assisted Living Facility Waiver :* Assisted Living Medicaid Waiver Program. **Obsolete 3/1/14.**
- *ALZW=Alzheimer's Disease Waiver:* Alzheimer's Disease Medicaid Waiver Program.
- *BSCW= Brain/Spinal Cord Injury Waiver:* Brain and Spinal Cord Injury Medicaid Waiver Program.
- *CCDA=Community Care for Disabled Adults:* Community Care for Disabled Adults Program.
- *CCFE=Community Care for the Elderly :* Community Care for the Elderly Program.
- *CDCW=Consumer Directed Care Waiver:* Consumer Directed Care Medicaid Waiver Program. **Obsolete 3/1/14.**
- *CHAN=Channeling:* Channeling Medicaid Waiver Program. **Obsolete 3/1/14.**
- *DEVS=Developmental Services :* Agency for Persons with Disabilities Program.
- *ELDC=Ever Care at Home:* Ever Care at Home Program. **Obsolete 3/1/14.**
- *FDMW=Fam Dys Medicaid Waiver:* Familial Dysautonomia Medicaid Waiver Program.
- *HEMO=Health Maint Org:* Health Maintenance Organization Program.
- *HSPC=Hospice:* Hospice Program.
- *LTCC=Managed Long-Term Care/Community:* A Medicaid managed care program providing services in the community.
- *LTCN=Managed Long-Term Care/Nursing Facility:* A Medicaid managed care program providing services in a nursing facility.
- *LTCP=LTC Com Div Pilot Program:* Long Term Care Community Diversion Pilot Medicaid Waiver Program. Also referred to as Nursing Home Diversion. **Obsolete 3/1/14.**
- *NHSS=Specialized Services:* Nursing Home with specialized services recommended. If the results of the Level II Evaluation and Determination show specialized services needed, this code should be used. If the specialized services stop, the code should be changed.
- *NONE=None:* No program considered.
- *OMDW=Other Medicaid Waiver:* Medicaid Waiver exclusive of the waivers listed.
- *OTHR=Other Program:* Other program exclusive of the programs listed.
- *PACE=Prog of All Inc Care for Elderly:* Program of All-Inclusive Care for the Elderly Program.
- *PACW=Project Aids Care Waiver:* Project Aids Care Medicaid Waiver Program.
- *SBHO=Swing Bed Hosp:* Rural hospital certified to provide nursing facility services.
- *SNUH=Skilled Nursing Unit/ Hospital :* Skilled nursing unit within a hospital.

**REMINDER:**

The following Program Recommendation codes will become obsolete March 1, 2014, due to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC): *ADAW, ALFW, CDCW, CHAN, ELDC, and LTCP.*

The placement recommendation code of *NHTR=Nursing Home Transition* becomes obsolete 3/1/14 due to SMMC LTC.

**Note:** *If the Program Recommendation is a waiver (ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CDCW, CHAN, FDMW, LTCC, LTCN, LTCP, PACE, or PACW), the fields in the Waiver panel will become visible and will require entry. See pages 99-100 for the panel and definitions.*

\*\*\*\*\*

**Note:** *If the Program Recommendation is SBHO=Swing Bed Hospital or SNUH=Skilled Nursing Unit/Hospital, the fields in the Swingbed/Skilled Nursing panel will become visible and require entry.*

Swingbed / Skilled Nursing				
Admit Date	Discharge Date	Ext. Req. Date	Extension Status	Extension Denial Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>	<null>	<null>

**Admit Date:** This is the date the client was admitted to a swing bed or skilled nursing unit within a hospital. This will be a two-digit month and day and a four-digit calendar year. It must be a current or past date. It cannot be a future date. ***This is a required item.***

**Discharge Date:** This is the date the client is discharged from a swing bed or skilled nursing unit within a hospital. This will be a two-digit month and day and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Ext. Req. Date:** This is the date that the provider requests an extension for the swing bed or skilled nursing unit stay. This will be a two-digit month and day and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Extension Status:** This indicates the disposition of the request for an extension. ***This is a required item if there is a date in Ext. Req. Date.*** The codes are:

- *A=Approved:* Extension approved by CARES.
- *D=Denied:* Extension denied by CARES.

**Extension Denial Reason:** This indicates the reason the extension request was denied. ***This is a required item if the Extension Status is D=Denied.*** The codes are:

- *DNM=Does Not Meet Level of Care:* The individual does not meet level of care as defined in 59G-4.180 or 59G-4.290 of the Florida Administrative Code.
- *NIE=Not ICP Eligible:* The individual is not eligible for ICP.
- *OTH=Other:* The extension is denied for reason other than the ones listed.

\*\*\*\*\*

**Spec Services being Provided?** *If the program recommendation is NHSS=Needs Specialized Services, you will be required to enter a Y=Yes or N=No in this field.* A “Yes” indicates the person is currently receiving specialized services and a “No” indicates the person is not receiving specialized services. This field will be disabled if the program recommendation is not NHSS.

**Living Arrangement:** Enter the appropriate code that reflects the living arrangement of the client at the time of the follow-up. ***This is a required item.*** The codes are:

- *AFCH=Adult Family Care Home:* Any state licensed adult family care home.
- *ALFE=ALF with Ext Cong Care:* Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs:* Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs:* Any state licensed ALF which is also licensed to provide limited nursing services.
- *ALFS=Assisted Living Facility:* Any state licensed assisted living facility.
- *ARTS=Adult/Geriatric Residential Treatment Facility:* A residential facility that provides mental health treatment.



- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *HOSP=Hospital*: An institution that provides care for acute illnesses (excluding a state mental hospital). Use this code for all units located within a hospital (swing bed, psychiatric unit, skilled nursing unit, etc.).
- *MRDD=MR/DD Facility*: A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).
- *NUHO=Nursing Home*: A free standing facility that is certified under Medicare/Medicaid to provide nursing services.
- *OTHR=Other*: All other living arrangements exclusive of the ones listed.
- *PRIS=Prison/Jail*: A duly authorized and supervised facility like a jail or a prison.
- *PRRE=Private Residence*: Any unlicensed non-institutional residence.
- *PSYF=Psychiatric Facility*: A free standing facility that provides psychiatric or mental health care.
- *REHB=Rehab Hospital*: Any free standing facility which provides rehabilitation services including drug and alcohol.
- *SAPT=Supervised Apartment*: A complex where supervision is available on a daily basis.
- *SHNH=State Mental Hospital/Nursing Home Unit*: A nursing home unit within a state sponsored or operated mental hospital.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.
- *TRAN=Transient*: No fixed place of abode, or lives on the road.

**Note:** *If the Living Arrangement is NUHO=Nursing Home, the fields in the Nursing Home panel will become visible and will require entry. See pages 35-37 for the panel and definitions.*

**Living Situation:** AL=Alone should be entered for all living arrangements except for HOSP, OTHR, PRRE, PSYF, REHB, SAPT, and TRAN. If the living arrangement is any of the seven mentioned, all code choices will be available. If the client is in a hospital and is expected to be discharged to a nursing facility, assisted living facility, or adult family care home, the living situation will be AL=Alone. ***This is a required item.*** The codes are:

- *AL=Alone*: Client lives alone.
- *WC=With Primary Caregiver*: Client lives with the primary caregiver.
- *WO=With Other*: Client lives with someone other than a caregiver.
- *WOC=With Other Caregiver*: Client lives with a caregiver that is not the primary caregiver.

**County:** This is the county in which the client is physically located at the time of the follow-up. Enter the appropriate county. ***This item is required.*** Only the counties within each PSA will be available in the drop-down box.

**Case Manager:** This indicates the designated case management unit for the case. ***This is a required item.*** The codes are:

- *AAS=Adult Services*: Adult Services staff of the Department of Children and Families.
- *ADC=Adult Day Health Care*: Staff of an agency providing services under the Adult Day Health Care Medicaid Waiver Program.
- *AHC=Agency for Health Care Administration*: Staff of the Agency for Health Care Administration.
- *ALZ=Alzheimer's Disease Waiver*: Staff of an agency providing services under the Alzheimer's Disease Medicaid Waiver Program.
- *ARC=ARC or ADRC*: Aging Resource Center or Aging and Disability Resource Center.
- *BHP=Broward Homebound Program*: Staff of the Broward Homebound program.
- *CAR=CARES*: CARES staff of the Department of Elder Affairs.
- *CDA=Community Care for Disabled Adults*: Adult Services staff of the Department of Children and Families **or** staff of an agency providing services under the Community Care for Disabled Adults Program.
- *CFW=Cystic Fibrosis Waiver*: Staff of the Department of Health.

- *CHA=Channeling*: Staff of an agency providing services under the Channeling Medicaid Waiver Program. **Obsolete 3/1/14.**
- *DES=Developmental Services*: Staff of the Agency for Persons with Disabilities.
- *DOH=Department of Health*: Staff of the Department of Health.
- *ELD=Evercare at Home*: Staff of an agency providing services under the Elder Care Plan. **Obsolete 3/1/14.**
- *HHC=Home Health Care*: Staff of a private agency which provides home health services.
- *HMO=Health Maintenance Org*: This is an inactive code in CIRTS and is not used any longer.
- *LEA=Lead Agency*: Staff of the local lead agency which provide case management for various programs.
- *MCO=Managed Care Org*: Staff of a managed care organization.
- *MEH=Mental Health*: Staff of any agency which provides mental health services.
- *MHC=Massada Home Care*: Staff of the Massada Home Care Program.
- *OMW=Other Medicaid Waiver*: Staff of an agency providing services under any Medicaid waiver exclusive of the ones listed.
- *PAC=Project Aids Care*: Staff of an agency providing services under the Project Aids Care Medicaid Waiver Program.
- *PCE=Prog of All Inc Care for the Elderly*: Staff of an agency providing services under the PACE Program.
- *UHC=United Home Care*: Staff of United Home Care.
- *VOC=Vocational Rehabilitation*: Staff of a state program under the Department of Education.

**Followup Site:** This identifies where the follow-up actually took place. *This is a required item.* The codes are:

- *ADC=Adult Day Care*: A facility which provides less than 24-hour care for certain eligible adults.
- *AFCH=Adult Family Care Home*: Any state licensed adult family care home.
- *ALF=Assisted Living Facility*: Any state licensed assisted living facility.
- *ALFE=ALF with Ext Cong Care*: Any state licensed ALF which is also licensed to provide extended congregate care.
- *ALFM=ALF with Ltd Ment Hlth Svcs*: Any state licensed ALF which is also licensed to provide limited mental health services.
- *ALFN=ALF with Ltd Nurs Svcs*: Any state licensed ALF which is also licensed to provide limited nursing services.
- *ARTS=Adult/Ger Res Treat Fac*: A residential facility which provides mental health treatment.
- *CARE=Onsite in CARES Office*: Follow-up completed with the client in the CARES office.
- *CH=Client/Relative's Home*: The client or relative's private residence.
- *GRHO=Group Home*: A small residential home sponsored by a state or community entity.
- *H=Hospital*: An institution that provides care for acute illnesses (excluding a state mental hospital, swing bed hospital, and a skilled nursing unit within a hospital).
- *M=Meal Site*: Meal site sponsored by a lead agency.
- *MRDD=MR/DD Facility*: A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).
- *NH=Nursing Home*: A freestanding facility that is certified under Medicare and/or Medicaid to provide nursing services.
- *OAA=Older American Act*: Federally funded program administered by the Department of Elder Affairs.
- *OFFC=Office/Medical Case File Review*: Indicates the follow-up was completed in the CARES office.
- *OT=Other*: All other follow-up sites exclusive of the ones listed.
- *PRIS=Prison/Jail*: A duly authorized and supervised facility like a jail or a prison.
- *PSA=PSA Specific*: Site specific to a Planning and Service Area.

- *PSYF=Psychiatric Facility*: A freestanding facility that provides psychiatric or mental health care.
- *SBHO=Swing Bed Hospital*: A rural hospital that is certified under Medicare/Medicaid to provide nursing services.
- *SMHO=State Mental Hospital*: A state sponsored or operated facility that provides psychiatric care.
- *SNUH=Skilled Nursing Unit/Hospital*: A section within a hospital which is certified under Medicare/Medicaid to provide skilled nursing services.
- *T=Telephone Screen*: Indicates an assessment completed by telephone.

**Primary Caregiver:** *This is a required item.* A primary caregiver is any person who regularly can be depended on to provide or arrange help as needed with Activities of Daily Living and Instrumental Activities of Daily Living. The primary caregiver may or may not be related by birth or marriage; may or may not live with the client or live nearby; and does not include operators of assisted living facilities, nursing facilities, adult family care homes, home health agencies, service provider staff or other paid care providers. Enter the code that reflects the primary caregiver status of the client. The codes are:

- *N=No*: Client does not have a primary caregiver.
- *U=Unknown*: Client's primary caregiver status is not known.
- *Y=Yes*: Client has a primary caregiver.

**Waiting for NH Reason:** This indicates why the client is waiting for placement in a nursing home. *This field is required if the placement recommendation is nursing home and the living arrangement is not nursing home.* The codes are:

- *FI=Family/Individual Delay*: Family has not followed through with nursing home placement.
- *IH=Still in Hospital*: Client remains in the hospital.
- *NB=No Bed Available*: No nursing home bed is available.
- *OT=Other*: Reason other than the ones listed.
- *WF=Waiting/Financial*: Client is waiting on determination of Medicaid eligibility.
- *WL=Waiting List*: Client is on a waiting list for a particular nursing home.

**Edit:** Select this option if you want to edit existing follow-up information.

**Save:** Select this option if you want to save the information entered or edited.

**Cancel:** Select this option if you want to cancel without saving the information entered or edited.

**Close:** Select this option if you want to close the Followup screen.

**REMINDER:**

Follow-ups are automatically generated by the system based on the Follow-Up Schedule chart found on pages 167-168. You can schedule an unscheduled follow-up at any time.

A Nursing Home panel from a previous case will show if a new case is opened and the discharge date is not populated. If the Living Arrangement is not NUHO=Nursing Home, the system will force an entry of the discharge date. The same is true of the Swing Bed/Skilled Nursing panel if there is no discharge date and the Waiver panel if there is no termination date.

# CASE NOTES

CARES Cases

Action Menu Edit Block Field Record Query Help

CARES CASE: 20130827      C I R T S      Date: 10/29/2013  
 CARES Cases Information      User: REGIONALCARES

CARES Cases for: JOHNNY GOOD      SSN: 182182182       Demographic Complete       PAS Complete

Opened on	Reason	Referral Source	Payment Type	Status	Closed on	Reason	PSA
07/16/2013	INITIAL CASE	FAMILY	MEDICAID PENDING	OPEN			02A

Add Case    Close Case    Delete Case    Print CIF    Print Blank CIF    Search Client    CARES Assignments    Close

Assignment    Assessments    Staffings    Referrals    Followups    Case Notes

Event Date	Category	Case Note	Date Added	User	PSA
02/01/2014	FOLLOW UP - 180-DAY	180 Day Follow up scheduled	10/23/2013	REGIONA	02A
11/01/2013	FOLLOW UP - 90-DAY	90 Day Follow up scheduled	10/21/2013	REGIONA	02A
10/23/2013	FOLLOW UP - 90-DAY	90 Day follow up scheduled on 11/01/2013 and completed o	10/23/2013	REGIONA	02A
10/18/2013	SYSTEM NOTE	Staffing information sent to the Enrollment Broker on 10/18/2	10/18/2013	CIRTS	02A
10/15/2013	ASSESSMENT UPDATI	Changed county.	10/15/2013	REGIONA	02A
10/15/2013	ASSESSMENT UPDATI	test	10/15/2013	REGIONA	02A
09/30/2013	ASSESSMENT UPDATI	test	09/30/2013	REGIONA	02A
09/30/2013	ASSESSMENT UPDATI	test	09/30/2013	REGIONA	02A
09/30/2013	ASSESSMENT UPDATI	test	09/30/2013	REGIONA	02A
09/26/2013	ASSESSMENT UPDATI	test	09/26/2013	REGIONA	02A

Add New Note    View Selected Note    Sort by Event Date    Sort by Date Added    Print Notes

When you click on the **Case Notes** tab, a summary screen displays all case notes entered for the most recent case. If the client has more than one case, click on the case you want to highlight and the case notes will show for that case. The screen displays the Event Date, Category (of the case note), Case Note (a portion of the case note), Date Added, User, and PSA. Some case notes are automatically generated by the system based on the data entered. Other case notes are manually typed in CIRTS by the user.

The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, CARES Assignments, and Close).

General information regarding case notes:

- ✓ System generated case notes are unchangeable.
- ✓ User created case notes are unchangeable once saved.
- ✓ Case notes are viewable to all CARES offices.
- ✓ Case notes can only be entered by a CIRTS user in the CARES office with the open case.
- ✓ Case note field for an update is limited to 2,000 characters.
- ✓ Case note field for manually entered case notes is limited to 4,000 characters.
- ✓ Case note date cannot be greater than the current date.
- ✓ System will generate a prompt to enter the Assessment History case note.

- ✓ System will generate a prompt to enter the LOC Justification case note prior to entering the staffing information.
- ✓ PASRR note will not be generated by the system until the Staffing is entered and saved.
- ✓ When elements of the case are updated, the user will be prompted for a justification of the change.
- ✓ Case notes can be entered for a closed case by the PSA that owns the case.
- ✓ System generated case notes will display the user id of the person who entered the information in CIRTS.
- ✓ If a case is deleted the case notes associated with that case will also be deleted.
- ✓ If a client is deleted the case notes associated with the case(s) for that client will also be deleted.
- ✓ If the 701B assessment case note is too long it will split into two case note boxes.
- ✓ You can type manual case notes in WORD or OPEN OFFICE and copy and paste to CIRTS. Use **Control C** to copy and **Control V** to paste.

### CASE NOTES SCREEN DEFINITIONS

**Event Date:** This is the date the event occurred and is related to the system generated case note, update/edit, or the user entered case note. For system generated case notes it will be based on the case assignment date, assessment date, referral date, staffing date, follow-up date, etc., that is entered in CIRTS. For system generated case notes relating to an update/edit made on a screen, the date displayed will be the date the update occurred and will automatically be generated by the system. For user entered case notes it will be the date the event occurred and is entered by the user.

**Category:** This identifies the category of the case note. The categories are:

- *3008:* System generated case note based on the data entry on the Case Assignment screen. Can also be used when manually entering a case note regarding the receipt of the 3008 when not received at time of case assignment.
- *Addendum:* Used when adding more information to supplement a previous case note entry.
- *Assessment:* System generated case note based on the data entry on the Assessment Screen.
- *Assessment History:* Case note prompted by the system after the assessment information is entered. The assessment cannot be saved as complete until the assessment history information is entered by the user.
- *Case:* Manually entered case note used when entering a note related to the case.
- *Case Closed:* System generated case note based on the data entry to close a case. The user can also enter a manual case note using this category.
- *Case Transfer:* System generated case note based on the data entry on the Case Assignment screen. The user can also enter a manual case note using this category.
- *Correction:* Used when making a correction to a previously entered case note. Case notes cannot be edited or changed once saved.
- *Email-Incoming:* Case note entered manually by the user to document the receipt of an email regarding the case.
- *Email-Outgoing:* Case note entered manually by the user to document the sending of an email regarding the case.
- *Fax-Incoming:* Manually entered case note addressing the receipt of information faxed from an outside entity.
- *Fax-Outgoing:* Manually entered case note addressing the faxing of information to an outside entity.
- *Followup-180 Day:* System generated case note based on the data entry on the Follow Up screen. The user can also manually enter a case note with information related to the 180-day follow-up.

- *Followup-30 Day*: System generated case note based on the data entry on the Follow Up screen. The user can also manually enter a case note with information related to the 30-day follow-up.
- *Followup-90 Day*: System generated case note based on the data entry on the Follow Up screen. The user can also manually enter a case note with information related to the 90-day follow-up.
- *Followup-Annual*: System generated case note based on the data entry on the Follow Up screen. The user can also manually enter a case note with information related to the annual follow-up.
- *Followup-Ongoing Annual*: System generated case note based on the data entry on the Follow Up screen. The user can also manually enter a case note with information related to the ongoing annual follow-up.
- *Followup-Unscheduled*: System generated case note based on the data entry on the Follow Up screen. The user can also manually enter a case note with information related to the unscheduled follow-up.
- *Freedom of Choice*: Manually entered case note by the user that addresses information regarding the Freedom of Choice form. **Note: *The Freedom of Choice form becomes obsolete 3/1/14 due to SMMC LTC.***
- *Late Entry*: Manually entered case note by the user that clarifies/corrects a previously entered case note.
- *LOC Justification*: Manually entered case note by the user to justify why the client needs 24 hour medical supervision and the recommended level of care. This case note must be entered after the Assessment History information is entered and prior to entering staffing information.
- *Mail-Incoming*: Manually entered case note by the user addressing the receipt of mail pertaining to the case.
- *Mail-Outgoing*: Manually entered case note by the user addressing the sending of mail pertaining to the case.
- *Other*: Manually entered case note by the user for a category that is not in the drop-down list.
- *PASRR*: System generated case note based on the data entry on the PAS screen. The user can also manually enter a case note with information related to PASRR.
- *Phone Call-Incoming*: Manually entered case note by the user to document the receipt of a telephone call received regarding the case.
- *Phone Call-Outgoing*: Manually entered case note by the user to document any phone call made by CARES regarding the case.
- *Reassessment*: System generated case note based on the data entry on the Assessment screen. Once the assessment is entered, the user will receive a prompt to enter the Assessment History information. The assessment cannot be saved as complete until the assessment history information is entered.
- *Record Review*: Manually entered case note by the reviewer of the case to document the case review.
- *Referral*: System generated case note based on the data entry on the Referral screen. The user can also manually enter a case note with information related to the referral.
- *Staffing*: System generated case note based on the data entry on the Staffing screen. The user can also manually enter a case note with information related to the staffing.
- *Walk In*: Manually entered case note by the user to document information provided by a client/family that comes to the CARES office.

**Case Note:** This is the list of the case note entries for the case. This shows the first few words of the case note based on the category.

**Date Added:** This identifies the date the case note was added to the system. It is the date the system automatically added the case note or the date the user manually added the case note.

**User:** This identifies the user that entered the data for the system generated case note of the user that entered the manual case note.

**PSA:** This identifies the PSA that owned the case at the time the case note was entered.

**Add New Note:** Select this option when you want to add a new case note.

**View Selected Note:** Select this option when you want to view a particular case note. You must highlight the case note you want to view prior to viewing a case note. You can also double-click on a particular case note for viewing.

**Sort by Event Date:** Select this option when you want to sort the order of the case notes by the event date.

**Sort by Date Added:** Select this option when you want to sort the order of the case notes by the date the case notes were added to CIRTS.

**Print Notes:** Select this option when you want to print case notes. All case notes entered will print out as you cannot print individual case notes from this button. If you want to print the most recent case note entry or a certain page(s), you will need to select Print Notes, File and Print. Once the Print Screen appears you can select what page or pages you would like to print.

### Add New Note:

This screen appears when the user selects **Add New Note**. *The pink fields are required and must be entered to save the data.* Enter the Event Date, which is the date the event occurred, not the date you type in the case note. Select the Note Category for the type of case note you are entering from the drop-down box. The User Added/Edited will be entered by the system. Type in the case note information in the **Case Notes** section.

Add New Note will be selected when you want to enter a manual case note. For example, to enter the justification for level of care, receipt of a telephone call, etc.

**Save:** Select this option to save the data entered on the screen.

**Cancel:** Select this option to cancel out of the screen without saving the data.

**Close:** Select this option to close out of the screen when you have selected View Selected Note.

## Update/Edit Case Note:

**You have updated the case record. This case note will reflect a change on this date. Please document the changes you made.**

Event Date	Note Category	User Updated
10/30/2013	3008 UPDATE	REGIONALCARES

**Notes**

Save Cancel

Enter Notes, 2000 characters maximum, including spaces.  
Record: 1/1 ... <OSC>

The system will automatically generate this screen when the user updates/edits any saved information on a certain screen. The Event Date, Note Category, and User Updated will be populated by the system. The Note Category will show what screen/item was updated. The user is to enter case notes in the **Notes** section explaining why the update/edit was made. For example, if the 3008 was not received at the time the case was assigned but is received later, you would update the Case Assignment screen to show that the 3008 was received. Your case notes would reflect the receipt of the 3008.

**Save:** Select this option to save the case note entry and the update/edit.

**Cancel:** Select this option to cancel out of the screen without saving the data. **If you select “Cancel” the update/edit will not be saved in the system.** You will receive a pop-up asking “Do you want to cancel?”



**Assessment History Case Note:**

Once you enter your assessment information and select “Save,” the above screen will appear. This is the Assessment History case note screen. The Event Date, Note Category, and User Added/Edited will be populated by the system. Once your assessment is completed and you click “Save”, the system saves the assessment as an incomplete assessment until the Assessment History case note is added. You must type in your Assessment History case note and select “Save” in order to save a complete assessment. **If you select “Cancel” the Assessment History case note will not be saved and the assessment will be saved as an incomplete assessment.** At the Assessment screen you will have to click “Edit” and then “Save” to bring up the Assessment History case note screen. Enter your case note and click “Save” to save the case note and the assessment as complete. The system will not recognize a manually entered Assessment History case note to save the assessment as complete.

The Assessment History screen is where you enter any pertinent case notes that are not automatically generated from the assessment data entered. For example, this is where you would discuss the client’s potential to remain in the community.

**REMINDER:**

The LOC Justification case note must be entered prior to entering staffing information.

Once your assessment is completed and you click “Save”, the assessment saves as an incomplete assessment until the Assessment History case note is added.

If you update/edit saved information and select “Cancel” on the Update/Edit Case Note Screen, the update/edit will not be saved in the system.

## **AUTOMATIC CASE NOTES**

Some case notes are automatically generated by the system based on the data entered on a particular screen. The automatic case notes that will be generated based on data entry for each screen are as follows:

**Case Assignment Screen:** Case Opened Date (based on the Initial Date), Assigned To, Referral Source, Special Project, and Case Open Reason.

**3008:** Information regarding the receipt of the 3008 will be a separate case note from Case Assignment. The information generated will be based on the data entered in the 3008 related fields (3008 Received, 3008 Completed, Date Incomplete 3008 Received by CARES, and Date Incomplete 3008 Returned by CARES).

**Assessment Screen:** Assessment Date (displayed in the Event Date); Age; Sex; Race; Marital Status; Ethnicity; Primary Language; Limited ability reading, writing, speaking or understanding English; Current Physical Location Type; Instrument; Assessment Date; Assessment Site; Caseworker; Transitioning out of a nursing facility; Imminent risk of nursing home placement; Primary Caregiver; Living Situation; Client providing answers to questions; Suffer from memory loss, cognitive impairment, any type of dementia, or Alzheimer's disease; Number of words repeated on first attempt; Year; Month; Day of the week; Words repeated on second attempt; Friends or family members' concern about client's memory; Client's concern about memory problems; Falls; ER/Hospital Visits; Vision problems; Nursing or Rehab in last year; Bathing assistance; Dressing assistance; Eating assistance; Bathroom assistance; Transferring assistance; Walking/mobility assistance; Preparing meals assistance; Managing medication assistance; Health Conditions current/past; Current therapies or specialty care; Over the past two weeks client has been bothered by; ASSESSOR/CM's notice of problem behaviors or recurring problems reported by client, caregiver, in-home worker, family or staff; Three or more prescribed or over the counter medications a day; Caregiver in crisis. *Note: These items will be generated for the 701B Assessment type. The other assessment types are subsets of the 701B and will generate limited data for the case notes.*

**Staffing Screen:** Staffing Date (displayed in the Event Date), Information Received Date, Staffing Date, Caseworker, Living Arrangement, Living Situation, Placement Recommendation, Program Considered, Program Recommendation, Level of Care, LOC Effective Date, and LOC Approved By.

**PASRR Screen:** All items entered on the screen will be printed out after staffing is entered and saved.

**Referral Screen:** Referral Date (displayed in the Event Date), Employee, Imminent Risk, Transition Referral, NH Admit Date, and Referred To.

**30-Day Follow-Up Scheduled:** The Event Date will be the date the 30-Day Follow-Up is due. The Note Category will be "FOLLOW UP-30-DAY." The case note will say, "30 Day Follow up scheduled."

**30-Day Follow-Up:** 30-Day Follow Up Completed Date (displayed in the Event Date), Scheduled and completed date, Caseworker, Placement Recommendation, Program Recommendation, Living Arrangement, Living Situation, Case Manager, Follow up Site, and Primary Caregiver.

**90-Day Follow-Up Scheduled:** The Event Date will be the date the 90-Day Follow-Up is due. The Note Category will be “FOLLOW UP-90-DAY.” The case note will say, “90 Day Follow up scheduled.”

**90-Day Follow-Up:** 90-Day Follow Up Completed Date (displayed in the Event Date), Scheduled and completed date, Caseworker, Placement Recommendation, Program Recommendation, Living Arrangement, Living Situation, Case Manager, Follow up Site, and Primary Caregiver.

**180-Day Follow-Up Scheduled:** The Event Date will be the date the 180-Day Follow-Up is due. The Note Category will be “FOLLOW UP-180-DAY.” The case note will say, “180 Day Follow up scheduled.”

**180-Day Follow-Up:** 180-Day Follow Up Completed Date (displayed in the Event Date), Scheduled and completed date, Caseworker, Placement Recommendation, Program Recommendation, Living Arrangement, Living Situation, Case Manager, Follow up Site, and Primary Caregiver.

**Annual Follow-Up Scheduled:** The Event Date will be the date the Annual Follow-Up is scheduled. The Note Category will be “FOLLOW UP-ANNUAL.” The case note will say, “Annual Follow up scheduled.”

**Annual Follow-Up:** Annual Follow Up Completed Date (displayed in the Event Date), Scheduled and completed date, Caseworker, Placement Recommendation, Program Recommendation, Living Arrangement, Living Situation, Case Manager, Follow up Site, and Primary Caregiver.

**Ongoing Annual Follow-Up Scheduled:** The Event Date will be the date the Ongoing Annual Follow-Up is scheduled. The Note Category will be “FOLLOW UP-ONGOING ANNUAL.” The case note will say, “Ongoing Annual Follow up scheduled.”

**Ongoing Annual Follow-Up:** Ongoing Annual Follow Up Completed Date (displayed in the Event Date), Scheduled and completed date, Caseworker, Placement Recommendation, Program Recommendation, Living Arrangement, Living Situation, Case Manager, Follow up Site, and Primary Caregiver.

**Unscheduled Follow-Up Scheduled:** The Event Date will be the date the Unscheduled Follow-Up is scheduled. The Note Category will be “FOLLOW UP-UNSCHEDULED.” The case note will say, “Unscheduled Follow up scheduled.”

**Unscheduled Follow-Up:** Unscheduled Follow Up Completed Date (displayed in the Event Date), Scheduled and completed date, Caseworker, Placement Recommendation, Program Recommendation, Living Arrangement, Living Situation, Case Manager, Follow up Site, and Primary Caregiver.

**Case Transfer:** Case Transferred From CARES Office and To CARES Office.

**Reassessment:** Date Reassessment Requested (displayed in the Event Date). The automatic case notes for Reassessment will be the same as **Assessment Screen** with the addition of Date Reassessment Requested.

**Case Closed:** Case Closed Date (displayed in the Event Date), Closed by, and Closed Reason.

**System Note/Date of Death:** Every quarter CIRTS clients are compared to the Department of Health Vital Statistics Death Certificates. If a name, SSN, and date of birth match CIRTS and the CIRTS Date of Death is blank, the system fills in the date and generates a case note. The Event Date will be the date the note is generated by the system. The Note Category will be SYSTEM NOTE. For example, the case note will say, "Date of death for this client was populated as 12/03/2012 from Vital Statistics Death Certificate data on 01/25/2013."

**System Note/Enrollment Broker:** Each night the system sends staffing information saved the day before for levels of care INO, INT, and SKD, program recommendations of ADAW, ALFW, CDCW, CHAN, ELDC, HEMO, LTCP, NONE, OMDW, OTHR, LTCC, LTCN, PACE and staffing date in the last year. The Event Date will be the date the note is generated by the system. The Note Category will be SYSTEM NOTE. For example, the case note will say, "Staffing information sent to the Enrollment Broker on 08/24/2013 at 5:01:47 AM: Staffing Date 08/21/2013, Program Recommendation=Aged/Disabled Adults Waiver, Level of Care=Intermediate One."

## UNSCHEDULED FOLLOW UP SCREEN

The screenshot shows a software window titled "CARES Follow ups". Inside the window, there are two main input fields. The first is labeled "Followup Scheduled Date" and has a light pink rectangular input box. The second is labeled "Employee Scheduled" and has a light pink rectangular input box with a small downward-pointing arrow on its right side. Below these two fields are two buttons: "Save" and "Cancel", both in a light gray color. At the bottom of the window, there is a status bar with a light blue background. It contains the text "Enter Followup Scheduled Date, format: MM/DD/YYYY.", "Record: 1/1", and "<0!".

This screen is accessed by selecting **Add Unscheduled Followup** under the **Followups** tab. An unscheduled follow-up is not part of the regularly scheduled follow-up schedule based on the staffing date. An unscheduled follow-up can be scheduled at any time. Unscheduled follow-ups do not affect the follow up schedule for the case and do not close cases (like scheduled follow-ups do). An unscheduled follow-up may be scheduled for any reason, such as to check on the client in between regularly scheduled follow-ups, or to see if the case management agency has started providing services.

### UNSCHEDULED FOLLOWUP SCREEN DEFINITIONS

**Followup Scheduled Date.** This is the date that the unscheduled follow-up is due. This will be a two-digit month and day and a four-digit calendar year. *This is a required item.*

**Employee Scheduled.** This indicates the caseworker that the unscheduled follow-up will be assigned to for completion. *This is a required item.*

**Save:** Select this option to save the unscheduled follow-up.

**Cancel:** Select this option to cancel without saving the unscheduled follow-up and to close out the screen.

## CLOSE CASE SCREEN

The screenshot shows a dialog box titled "CLOSE\_CASE\_WINDOW". It contains the following fields and controls:

- Caseworker Closing:** A dropdown menu with a pink background and a dashed border.
- Case Closed Reason:** A dropdown menu with a pink background.
- Case Closed Date:** A date picker with a pink background.
- Date of Death:** A text input field.
- Buttons:** "OK" and "Cancel" buttons at the bottom.

To close a case you will select **Close Case** at the **Cases** screen. The above screen will appear once Close Case is selected. The pink fields are mandatory (Caseworker Closing, Case Closed Reason, and Case Closed Date).

### CLOSE CASE SCREEN DEFINITIONS

**Caseworker Closing:** This is the name of the caseworker that is closing the case. *This is a required item.*

**Case Closed Reason:** This identifies the reason the case is being closed. The system will automatically close a case in certain instances. However, there will be times when the case must be closed manually.

*This is a required item.* The codes are:

- *CA=Close/Annual:* Closed at annual follow-up.
- *CC=Close/In Community:* Client is in the community and does not require follow-up.
- *CD=Client Deceased:* Client is deceased. Verification of death and date of death needed.
- *CP=Closed/In Plan:* Client is receiving services in the community from a managed care organization.
- *DE=Data Entry Error:* Case previously closed using incorrect case termination code.
- *DS=Discharged Swing Bed/SNUH:* Closed due to client being discharged from a swing bed or skilled nursing unit within a hospital.
- *FI=Family Intervention:* Case is closed due to family intervention.
- *GA=Goal Achieved:* Case closed as goals determined by CARES and client have been met.
- *IC=In Community/Case Manager:* Closed as client remains in the community and is followed by a case manager.
- *IH=In Hospital:* Closed as client remains in the hospital with no potential to return to the community and is to be placed in a nursing home.
- *IN=In Nursing Home:* Closed as client does not have potential to return to the community.

- *LC=Lost Contact*: Closed as all contact with the client has been lost and the client cannot be located.
- *LP=Lost Community Potential*: Closed as the person with a temporary nursing home placement recommendation no longer has potential for community diversion.
- *LS=Left State*: Closed as client has left the state.
- *NE=Not Eligible*: Closed as person is not eligible for a particular program. Verification needed from payments or reliable source.
- *NN=No Longer Needed*: Closed as CARES no longer needs to provide follow-up.
- *PP=Private Pay OBRA Screen Only*: Closed as only action taken was to complete OBRA screen for a private pay client.
- *RA=Refused Assessment*: Closed as the client/family refused the CARES assessment.
- *SA=Services Approved* : Closed as community services are being provided and the client does not want CARES to follow.
- *SD=Services Denied*: Closed as community services were denied and the client does not want CARES to follow.
- *TH=Terminated Hospice*: Closed as client chose Hospice and CARES does not need to provide follow-up.
- *TP=Terminated PAC*: Closed as client was terminated from Project Aids Care and no further CARES follow-up needed.
- *TR=Case Transfer*: Case is being transferred to another CARES PSA. ***Note: Only use this code when the case was assigned in your PSA but was not assessed and staffed. The case will be closed and forwarded to the new PSA where the client is residing. The new PSA will open, assess, and staff the case. This code is not to be used in any way for the transfer of an open/active case. Refer to the section of this guide regarding transferring open/active cases.***
- *VW=Voluntary Withdrawal*: Closed as client/family requested termination of CARES involvement.
- *WA=Waiver Approved*: Closed as waiver services were approved for a client not assessed by CARES.
- *WL=Waiting List/Annual*: Closed as client with a referral has been on a waiting list for a year.

**Case Closed Date:** This is the date the case is closed. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. ***This is a required item.***

**Date of Death:** ***This item is required if the case is closed using reason code CD=Client Deceased.*** This will be a two-digit month and day and a four-digit calendar year. This cannot be a future date. It must be a current or past date. When the Date of Death is entered on the Close Case screen, it populates the DOD on the Demographic screen.

**OK:** Select this option if you want to save the information entered.

**Cancel:** Select this option if you want to cancel without saving the information.

# INFORMATION SCREEN

This screen is only completed when there will be no CARES assessment or no official referral for services made by CARES. **The fields highlighted in pink are required** (Date, Employee, Contact Type, Estimated Time Spent, Recommended Action, and Employee's Office). At the top of this screen there is a panel that shows a list of information requests. This panel displays the Request Date, Time Spent, Contact Type, Recommended Action, Employee, and PSA.

To view a particular information request, click on it to highlight the request, and the information will appear on the screen. To add an information request, select the **Add** button.

## INFORMATION SCREEN DEFINITIONS

**Date:** Enter the date of the request for information. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day and a four-digit calendar year. **This is a required item.**

**Employee:** This is the name of the employee who provided the general information to the client or the individual inquiring on the client's behalf. **This item is required.**

**Contact Type:** This is the method by which CARES was contacted for general information. **This item is required.** The contact types are:

- *MN=Medically Needy:* Code used to capture information as part of a special project of DOEA.
- *OV=Office Visit:* Client or other party comes to the CARES office.
- *TC=Telephone Call:* Client or other party calls the CARES office.
- *UE=Upstreaming Encounter:* Code used to capture information as part of special project of DOEA.
- *WR=Written Request:* CARES receives a written request for information.



**Estimated Time Spent:** Enter the estimated amount of time that was spent providing general information to the client or the individual inquiring on the client's behalf. The time is to be entered in actual minutes. *This item is required.*

**Recommended Action:** This represents the type of action that was taken for this information only request. CARES provides general information, which may be sufficient, or CARES directs the inquirer to another source for more information. CARES does not make an official referral in these cases. *This item is required.* The recommended actions are:

- *AB=Referred Abuse Registry:* CARES directs the inquirer to the Abuse Registry.
- *AP=Referred Adult Payments:* CARES directs the inquirer to DCF/Adult Payments.
- *AS=Referred Adult Services:* CARES directs the inquirer to DCF/Adult Services.
- *EL=Referred Elder Helpline:* CARES directs the inquirer to the Elder Helpline.
- *HH=Referred Home Health:* CARES directs the inquirer to a home health care agency.
- *LA=Referred Lead Agency:* CARES directs the inquirer to the lead agency.
- *NR=No Referral Made:* CARES provides sufficient information to the client or the individual inquiring on the client's behalf. CARES does not direct the inquirer to another source.
- *OA=Other Action Taken:* CARES takes action other than referring to another source for more information.
- *OC=Referred Other Community Agency:* CARES directs the inquirer to a community agency not listed in the code table.
- *OG=Referred Other Government Program:* CARES directs the inquirer to a government program not listed in the code table.

**Employee's Office:** This field is automatically populated with the PSA for the Employee. No entry is allowed in this field.

**Comments:** This section is to be used to record any particular items that the employee feels are pertinent to the client. This may be the client's address or telephone number, information about the responsible party or the inquirer, reason for the call, or anything about the client's situation. This is an optional item.

**Add:** Select this option to add an information request.

**Edit:** Select this option to edit the information previously entered.

**Save:** Select this option to save the information entered or edited.

**Cancel:** Select this option to cancel without saving the information entered or edited.

**Delete:** Select this option to delete the information request.

**Print:** Select this option to print the Information screen.

**Close:** Select this option to close the Information screen and return to the Demographic screen.

# CLIENT INFO SCREEN

CARES CLIENT INFORMATION WINDOW

CARESCLIENTINFO: 20130415      CIRTS      Date: 11/12/2013  
 CARES CLIENT INFORMATION      User: REGIONALCARES

CARES Client Information for: GOOD,JOHNNY B

**Case Information**

Opened Date	Living Arrangement	Living Situation	Payment Type	Special Proj. Case	Closed Date	Closed Reason	Caseworker
07/16/2013	PRIVATE RESIDEN	ALONE	MEDICAID PENDII	NONE			OTHER,,OTHER

**Assessment Information**

Assessment Date	Assessment Site	Assessment Type	Risk Score	Caseworker

**Staffing Information**

Staffing Date	Caseworker	Placement Recomm.	Programm Recomm.	Living Arrangement	Living Situation	Level of Care	LOC Effect.
08/01/2013	OTHER,,OTHE	PRIVATE RESIDEN	MANAGED LONG-	PRIVATE RESID	ALONE	INTERMEDIATE ONE	08/01/2013

**Scheduled Follow-Ups**

Scheduled Date	Caseworker
02/01/2014	OTHER,,OTHER

**Admit Information**

Type	Admit Date	Discharge Date
Waiver		
Nursing Home	09/01/2013	10/23/2013

**Completed Follow-ups**

Completed Date	Caseworker	Living Arrangement	Living Situation	Placement Recomm.	Programm Recomm.	Case Manager
10/23/2013	OTHER,,OTHER	PRIVATE RESIDENCE	ALONE	PRIVATE RESIDEN	NONE	CARES
09/01/2013	OTHER,,OTHER	NURSING HOME	ALONE	TEMPORARY NURS	NONE	CARES

**Information Requests**

Request Date	Contact Type	Recommended Action	Time Spent	Caseworker

Print Scheduled Follow-Ups Only    Print Completed Follow-Ups Only    Print Information Requests Only    Print All    Close

This screen will allow you to view certain information for the client. This includes **Case Information, Assessment Information, Staffing Information, Scheduled Follow-Ups, Completed Follow Ups, Information Requests, and Admit Information.** You can only view the information. Use the mouse to scroll through the information you want to view.

## CLIENT INFO SCREEN DEFINITIONS

**Case Information:** This will allow you to view case opened date, living arrangement, living situation, payment type, special project case, closed date, closed reason, and caseworker.

**Assessment Information:** This will allow you to view assessment date, assessment site, assessment type, risk score, and caseworker. **The Risk Score will be added at a later date and may not show on the screen or printed assessment. It is used by Planning and Evaluation and Office of Strategic Planning only.**

**Staffing Information:** This will allow you to view staffing date, caseworker, placement recommendation, program recommendation, living arrangement, living situation, level of care, and level of care effective date.

**Scheduled Followups:** This will allow you to view scheduled date and caseworker.

**Completed Followups:** This will allow you to view completed date, caseworker, living arrangement, living situation, placement recommendation, program recommendation, and case manager.

**Information Requests:** This will allow you to view the request date, contact type, recommended action, time spent, and caseworker.

**Admit Information:** This will allow you to view type, admit date, and discharge date.

**Print Scheduled Follow Ups Only:** Select this option to print the highlighted scheduled follow-up.

**Print Completed Follow Ups Only:** Select this option to print the highlighted completed follow-up.

**Print Information Requests Only:** Select this option to print the highlighted information request.

**Print All:** Select this option to print the highlighted staffing. This will print the Client Information Form.

**Close:** Select this option to close the Client Info screen and return to Demographic.

# NURSING HOME DIVERSION (NHD) HISTORY SCREEN

CARES NURSING HOME DIVERSION HISTORY

11/13/2013

CARES NHD

20130905

CARES Nursing Home Diversion History

REGIONALCARES

**Client**

GOOD,JOHNNY B

	Date Enter Pipeline		Date Leave Pipeline	Pipeline Closed Reason	Date Referred to Provider	Provider Referred To	Date Withdrawn from Med. Pending

Add More Record(s)

When the individual is determined financially eligible, meets LOC and eligibility criteria, and the completed packet is sent to the Diversion provider, complete the Referral screen and set the Referred To field to 'MCO'.

SAVE

DELETE

CANCEL

CLOSE

From the **Demographic** screen select **NHD** to access the Nursing Home Diversion History Screen. This screen is used to capture information regarding the client’s history in the Nursing Home Diversion Program. The information captured will be the **Pipeline** information and the **Medicaid Pending** information. *Note: Effective March 1, 2014, information will no longer be entered on this screen due to SMMC LTC. The information remains in the guide due to data entered prior to March 1, 2014.*

### NURSING HOME DIVERSION HISTORY SCREEN DEFINITIONS

**CARES Office:** This will be the PSA for the CARES office entering information regarding the date entering the pipeline, imminent risk designation, date leaving the pipeline, pipeline closed reason, date referred to a provider, name of the provider, and the date withdrawn from Medicaid Pending. This field will automatically be populated once “Save” is selected.

**Date Enter Pipeline:** This is the date the client is determined to be interested in and suitable for the Nursing Home Diversion Program. This will be a two-digit month and day and a four-digit calendar year.

**IR:** This field is used to determine the client’s imminent risk status. Enter a Y=Yes or N=No.

**Date Leave Pipeline:** This is the date the client, who was previously determined to be interested in and suitable for the Nursing Home Diversion Program, is no longer interested or suitable. This will be a two-digit month and day and a four-digit calendar year.

**Pipeline Closed Reason:** This is the reason for the date the client leaves the pipeline. The codes are:

- *Chose Other Program*
- *Deceased*
- *Did Not Complete Financial Eligibility*
- *Did not Complete Medical Eligibility*
- *DCF Denied-Did Not Meet Financial Criteria*
- *Did Not Meet Medical/Function Criteria*
- *Lost Contact*
- *Left State*
- *Long Term Nursing Home*
- *Moved To Enrollments Screen For LTCC*
- *Moved To County Without NHD*
- *No Longer Interested*
- *Transferred To Another PSA*

**Date Referred to Provider:** This is the date the client who chose Medicaid Pending is referred to the Nursing Home Diversion provider. This will be a two-digit month and day and a four-digit calendar year.

**Provider Referred To:** This is the name of the Nursing Home Diversion provider to whom the client who chose Medicaid Pending is referred.

**Date Withdrawn from Med. Pending:** This is the date the client determines they are no longer interested in the Medicaid Pending option after being referred to a Nursing Home Diversion provider, but prior to being officially enrolled.

**Add More Records:** Select this button to add more information. When selected, this will highlight a new line for data entry.

**Save:** Select this option if you want to save the information entered on the NHD History screen. A pop-up box will appear when the information is saved.

**Delete:** Select this option if you want to delete the saved information entered on the NHD History screen. The system will generate a pop-up box to verify if you want to delete the information.

**Cancel:** Select this option if you want to cancel without saving the information entered on the NHD History screen.

**Close:** Select this option to close the NHD History screen and return to Demographic.

**REMINDER:**

An office can change their own NHD records even if the client has moved to another office.

**This screen will become obsolete on March 1, 2014, due to SMMC LTC.**

# CHANGE SSN SCREEN

At **Demographic** select **Change SSN**. The Change Client ID screen will appear. *The pink field is required (Proposed SSN)*. The current SSN will be shown. Enter the new SSN in the **Proposed SSN** field, and select the **Perform Change** button. You will receive a pop-up saying, “Are you sure you want to change this client’s SSN?”

- ✓ If you select “No” you will return to the Demographic screen without making the change.
- ✓ If you select “Yes” you will receive an alert saying, “SSN has been changed.” Select “OK” and you will return to the Demographic screen.

Only a Supervisor Role can change a SSN.

This same screen is used to change a pseudo number to a SSN. A Supervisor Role or Caseworker Role can change a pseudo number to a SSN inside the case at Assessment.

You will need to notify the ADRC/lead agency via email when you change a SSN for a client that is currently receiving services or was receiving services. To get a list of the ADRC contacts click on the **Documents** tab at the **Enterprise Application Services** screen and then click on “AAA contacts for the CARES Supervisors.”

**Cancel:** Select this option to cancel out of the screen without saving the information entered or if you accessed this screen in error.

## **REMINDER:**

If there is an open case in another PSA you will receive a pop-up warning you that there is an open case for this client in another PSA and to inform them of the change. Once you select “OK” you may continue with the SSN change.

# DELETE CLIENT SCREEN

**CARES Delete Client**

CARES DELETE CLI: 20130415      CIRTS: CARES - Deleting Client-level Records      Date: 11/13/2013      User: REGIONALCARES

Client-level Records for: JANE SMITH      Client PSA: 02A

**Nursing Home Admits**

Admit Date	NH Name	Disc. Date	PSA

Delete Selected NH Admit      0 Records

**CARES Waiver Records**

Status Date	Status	Accept Date	PSA

Delete Selected Waiver      0 Records

**Swingbed / Skilled Nursing Admits**

Admit Date	Disc. Date	PSA

Delete Selected SSN Admit      0 Records

**Other Client-level records**

Address	Info	Req	PAS	Cases	NHD	Client Contact
Num. of Records: 2	0	1	1	0	0	

To delete a specific record in these tables, use the DELETE button on their respective screen. (Addresses will be deleted along with client.)

Delete All Client Records      Close

At **Demographic** select **Delete Client**. Only a Supervisor Role can delete a client. You can select the client records that you want to delete or you can delete all client records.

**Delete Selected NH Admit:** Select this option if you want to delete a selected nursing home admit record. The system will generate a pop-up box that will ask if you really want to delete the information. Select “Yes” or “No.”

**Delete Selected SSN Admit:** Select this option if you want to delete a selected swing bed or hospital skilled nursing unit admit record. The system will generate a pop-up box that will ask if you really want to delete the information. Select “Yes” or “No.”

**Delete Selected Waiver:** Select this option if you want to delete a selected waiver record. The system will generate a pop-up box that will ask if you really want to delete the information. Select “Yes” or “No.”

**Other Client-level records:** This panel identifies records that can be deleted from specific screens by selecting the **Delete** button on the particular screen. This includes Information, PAS, Cases, NHD History screen, and Client Contact.

**Delete All Client Records:** Select this option if you want to delete all client records. The system will generate a pop-up box that will ask if you really want to delete the information. Select “Yes” or “No.” If you select “Yes”, the system will generate another pop-up box that will say, “Only demographic and address records remain for the client. Delete them now?” Select “Yes” or “No.”

**Close:** Select this option to close out this screen and return to Demographic.

You will need to notify the ADRC/lead agency via email when you delete a client that is currently receiving services or was receiving services. To get a list of the ADRC contacts click on the **Documents** tab at the **Enterprise Application Services** screen and then click on “AAA contacts for the CARES Supervisors.”

**REMINDER:**

If the client has data in another PSA, the client will not delete. Only the data in the user’s PSA will delete. The screen will tell you which other offices need to be notified because they have data for the client.



# CHANGE PSA SCREEN

At **Demographic** select **Change PSA**. The **Change PSA Screen** will appear. Only certain security roles are allowed to change the PSA. The Change PSA button will be disabled if the case is open in your PSA.

To change the PSA, select the new county from the drop-down list in the **County** field in the top right-hand corner of the screen. **This field is required.** The choices will be limited to the counties within your individual PSA. Once the new county is selected you will then select the **Caseworker** on the right side of the screen under **New**. **The Caseworker is required.** All information under the “New” heading will be updated. **Note: If there is an open case in another PSA the system will not allow a change of PSA.**

You will need to notify the ADRC/lead agency via email when you delete a client that is currently receiving services or was receiving services. To get a list of the ADRC contacts click on the **Documents** tab at the **Enterprise Application Services** screen and then click on “AAA contacts for the CARES Supervisors.”

**Save:** Select this option to save the new information and change the PSA.

**Cancel:** Select this option to cancel without changing the PSA and return to Demographic.

# CONTINUED RESIDENCY REVIEW SCREEN

CRR/CLIENT WINDOW

CARESCRRSCIENT20  
20130415

CIRTS  
CARES CRR/CLIENT INFORMATION

Date 11/14/2013  
User REGIONALCARES

PSA 02A

CRRS CLIENTS

Select a Nursing Home  
TEST MANAGED CARE COMPANY

PSA 02A County BAY

LIST OF CRRS

CRR Date	Caseworker	Total Beds	Medicaid Beds	Medicaid Census	Sample Size
09/01/2013	1000000766	120	120	110	0

Date 09/01/2013 Total Facility Beds 120 Total Medicaid Beds 120 Current Medicaid Census 110

Caseworker OTHER, OTHER-02A Sample Size 0 Community Potential 0

Add New CRR Edit Save Cancel Delete Close

From the **CIRTS Menu** screen select **CRRs**. The above screen will appear. There are two tabs on this screen, **CRRS** and **CLIENTS**. The **CRRS** tab shows a list of Continued Residency Reviews for a selected nursing facility. The **CLIENTS** tab shows all clients that were in the sample for the selected nursing facility and date of the review. *Note: CARES no longer completes CRRs. The information remains in the guide for data that has previously been entered.*

## CONTINUED RESIDENCY REVIEW SCREEN DEFINITIONS

**Select a Nursing Home:** This is a list of PSA nursing homes entered in **CARES Providers**. Select a nursing home from the list in the drop-down box.

**PSA:** This is the PSA in which the selected nursing home is located. The system will automatically enter the PSA. No entry is allowed in this field.

**County:** This is the county in which the selected nursing home is located. The system will automatically enter the county. No entry is allowed in this field.

**List of CRRS:** This is a summary of CRR dates for the selected nursing home. Single click on the date of the CRR (from the drop-down box) that you would like to view or edit. This summary provides the CRR date, caseworker, total beds, Medicaid beds, Medicaid census, and sample size. If no CRR has been entered, no information will be listed.

**Date:** This is the date of the CRR that is being entered. This will be a two-digit month and day and a four-digit calendar year. It cannot be a future date. It must be a current or past date. ***This is a required item.***

**Total Facility Beds:** This is the number of total beds in the facility. Enter the number of beds. ***This is a required item.***

**Total Medicaid Beds:** This is the number of designated Medicaid beds in the facility. Enter the number of beds. ***This is a required item.***

**Current Medicaid Census:** This is the number of Medicaid clients in the facility at the time of the CRR. Enter the number of clients. ***This is a required item.***

**Caseworker:** This is the name of the caseworker that completed the CRR. Select the caseworker from the list in the drop-down box. ***This is a required item.***

**Sample Size:** This is the number of clients that were reviewed during the CRR. The system will automatically enter this number based on the number of clients entered in **Clients**. No entry is allowed in this field.

**Community Potential:** This is the number of clients indicated as having community potential entered under **CLIENTS**.

**Add New CRR:** Select this option to add a new CRR. ***Note: You will first need to select the nursing home for which you want to enter the CRR information.***

**Edit:** Select this option to edit previously saved data.

**Save:** Select this option to save the data entered or edited.

**Cancel:** Select this option to cancel without saving the information.

**Delete:** Select this option to delete a CRR. The system will generate a pop-up box asking if you really want to delete the CRR. Answer "Yes" or "No."

**Close:** Select this option to close out the screen and return to the CIRT Menu screen.

When you select **CLIENTS** the **CARES CRR/Client Information** screen will appear.

This screen will show the name of the nursing home, CRR date, sample size, and a list of all clients entered for the CRR. If this is a new CRR there will be no clients listed. If there are clients listed you can click on the line with the client's information to highlight it; the client specific information will appear in the fields below. From this screen you can add a client, edit client information, and delete client information.

### CARES CRR/CLIENT INFORMATION SCREEN DEFINITIONS

**SSN:** Enter the Social Security Number of the client. *This is a required item.*

**First Name:** Enter the first name of the client. *This is a required item.*

**MI:** Enter the middle initial of the client. Leave blank if there is no middle initial. This is an optional item.

**Last Name:** Enter the last name of the client. *This is a required item.*

**COMM. Potential:** Enter a Y=Yes or N=No to indicate if the client has the potential to return to the community. *This is a required item.*

**Transition Barrier:** This field is required if the answer to Community Potential is Y=Yes. This field identifies the barrier that is preventing this person from transitioning back to the community. The codes for this field are the same as the Diversion Barriers listed on pages 36-37 of this guide.

**Current LOC:** This is the level of care for the client designated by the facility at the time of the CRR. Select the level of care from the drop-down box. This is an optional item. The level of care codes are:

- *DNM=Does Not Meet Level of Care:* Use this code when the individual does not meet level of care as defined in 59G-4.180 or 59G-4.290 of the Florida Administrative Code. This level of care is also used when the individual does not meet level of care for a state mental hospital.
- *DWC=Does Not Meet Waiver Criteria:* Use this code when the individual does not meet the established criteria for a particular Medicaid Waiver Program.
- *INO=Intermediate One:* Use this code for a level of care which requires direct or supervised nursing or rehabilitative services not included under the definition of skilled services. Intermediate Care is defined in 59G-4.180 of the Florida Administrative Code.
- *INT=Intermediate Two:* Use this code for a level of care which requires direct or supervised nursing or rehabilitative services not included under the definition of skilled services. Intermediate Care is defined in 59G-4.180 of the Florida Administrative Code.
- *MEN=State Mental Hospital:* Use this code when determining a level of care for an individual seeking admission to or residing in a state mental hospital (not a nursing home unit).
- *MWC=Meet Waiver Criteria:* Use this code when the individual meets the established criteria for a particular Medicaid Waiver Program (excluding Project Aids Care)
- *ROH=Risk of Hospitalization:* Use this code when the Project Aids Care client is at risk of hospitalization.
- *RON=Risk of Nursing Home:* Use this code when the Project Aids Care client is at risk of nursing home.
- *SKD=Skilled:* Use this code for a level of care requiring the skills of technical or professional personnel or the provision of services either directly by or under the supervision of such personnel as defined in 59G-4.290 of the Florida Administrative Code.
- *WHL=Withhold LOC:* Use this code under the following circumstances: a) a Request for Level II PASRR Evaluation and Determination indicates that the individual requires specialized services and those services cannot be provided in a nursing facility; b) a Request for Level II PASRR Evaluation and Determination indicates the individual is not appropriate for nursing facility placement; c) a 3008 or supporting medical documentation has not been received; or d) referrals are made to case management agencies or managed care organizations for Medicaid waiver services when the program has reached funding capacity and a waiting list for services is being maintained.

**CRR LOC:** This is the level of care for the client assigned by the caseworker performing the CRR. Select the level of care from the drop-down box. **The code choices are listed under Current LOC. This is a required item.**

**LOC After Staffing:** This is the level of care assigned by CARES at the time of staffing. A client will be staffed if the CRR findings were that the client did not meet a level of care. Select the level of care from the drop-down box. **This is a required item if the CRR level of care is DNM=Does Not Meet Level of Care.** The level of care code choices are the same as the ones listed under **Current LOC.**

**Add:** Select this option to add a client.

**Edit:** Select this option to edit previously entered client information.

**Save:** Select this option to save entered or edited information.

**Cancel:** Select this option to cancel without saving the entered or edited information.

**Delete:** Select this option to delete client information. The system will generate a pop-up box asking if you want to delete the information. Answer Yes or No.

**Close:** Select this option to close the screen and return to the CIRTS Menu screen.



**Starting Date:** This will be the beginning of the date range for the list of follow-ups. This will be a two-digit month and day and a four-digit calendar year. *This is a required item.*

**Ending Date:** This will be the ending of the date range for the list of follow-ups. This will be a two-digit month and day and a four-digit calendar year. *This is a required item.*

**Caseworkers Available:** This list contains all employees that have been designated as a caseworker in the Employee/Caseworkers screen. All employees will not be listed here, only the caseworkers.

**Arrows:** The “>” or “>>” arrows move the highlighted caseworker(s) to the Caseworkers Selected list. The “<” or “<<” arrows move the caseworker(s) back to the Caseworkers Available list.

**Caseworkers Selected:** This list contains all caseworkers selected for the List of Followups panel. *This is a required item.*

**Completed Followups:** Selecting this option will list all follow-ups completed for an individual caseworker, multiple caseworkers, or all caseworkers.

**Scheduled Followups:** Selecting this option will list all follow-ups scheduled for an individual caseworker, multiple caseworkers, or all caseworkers.

**All Followups:** Selecting this option will list all follow-ups for an individual caseworker, multiple caseworkers, or all caseworkers.

**Preview:** Select this option to preview the list of completed, scheduled, or all follow-ups for a selected caseworker(s) or all caseworkers.

**Print Summary:** Select this option to print a summary of completed, scheduled, or all follow-ups for a selected caseworker(s) or all caseworkers. This report will be sorted by caseworker

**Print CIF:** Select this option to print a Follow Up CIF for the clients listed in the List of Followups panel.

**Close:** Select this option to close the screen and return to the CIRTS Menu screen.

# EMPLOYEES/CASEWORKERS SCREEN

CARES EMPLOYEES WINDOW

Action Menu Edit Block Field Record Query Help

CARESEMPLOYEES CIRT S Date 11/18/2013  
20130415 CARES EMPLOYEES INFORMATION User REGIONALCARES

PSA 02A  View Caseworkers Only

List of Employees

Employee Name	Employee ID	Begin Date	End Date
MAZZORATO, LISA A	1000001547	05/07/2010	
NURSING HOME, NURSING HOME	1000000765	06/01/2007	
OTHER, OTHER	1000000766	06/01/2007	
PINNING, ELIZABETH	77621	10/31/1986	
ROWELL, PAIGE	1000000521	06/01/2007	
TEST, ANOTHER	2000003363	04/14/2010	
TEST, MY	2000003383	12/01/1999	
WORKER, OTHERPSA	78621	09/01/1999	

CIRT S User Name First Name MI Last Name  
OTHER OTHER

Caseworker? Pseudo ID Number County  
Y OTHER BAY-02A

Begin Date End Date Level of Care Approver  
06/01/2007

Job Title  
LEVEL I SCREENER

Add Edit Save Cancel Close

At the **CIRT S Menu** screen select **Employees/Caseworkers**. The **CARES Employees Information** screen will appear. This screen provides a list of employees including the Employee Name, Employee ID, Begin Date, and End Date. If there are employees listed you can click on the line with the employee's information to highlight it; the employee specific information will appear in the fields below. From this screen you can add an employee, view employee information, and edit employee information.

Select the **PSA**. If you check the **View Caseworkers Only** box, only the employees with a Y=Yes to **Caseworker** will appear in the list. If the box is not checked, all employees will appear in the list.

## EMPLOYEE/CASEWORKERS SCREEN DEFINITIONS

**CIRT S User Name:** This is the name the user types on the Enterprise Application Services screen where you log in to CIRT S. The supervisor will fill this in as part of the process of adding a new user to CIRT S.

**First Name:** Enter the first name of the employee/caseworker. *This is a required item.*

**MI:** Enter the middle initial of the employee/caseworker. Leave blank if there is no middle initial. This is an optional item.

**Last Name:** Enter the last name of the employee/caseworker. *This is a required item.*



**Caseworker?:** Enter Y=Yes if the employee is also a caseworker. A caseworker is an employee who has case-work responsibilities. If the employee is not a caseworker, enter N=No in this field. *This is a required item.*

**Pseudo ID Number:** Enter the employee's/caseworker's assigned identification number. *This is a required item if Caseworker=Y.* The supervisor assigns this number.

**County:** Enter the county in which the employee's/caseworker's position is based. *This is a required item.*

**Begin Date:** Enter the employee's/caseworker's beginning date of employment for the job title. *This is a required item.*

**End Date:** Enter the date the employee/caseworker terminated employment under the job title. This is an optional item.

**Level of Care Approver:** This field indicates who signs the level of care at staffing. The choices are RN or MD/DO.

**Job Title:** Enter the employee's/caseworker's job title. *This is a required item.*

**Add:** Select this option to add an employee.

**Edit:** Select this option to edit previously entered employee information.

**Save:** Select this option to save entered or edited information.

**Cancel:** Select this option to cancel without saving the entered or edited information.

**Close:** Select this option to close the screen and return to the CIRTTS Menu screen.

# CARES PROVIDERS SCREEN

CARES PROVIDERS WINDOW

CARESPROVIDERS: 20130415      CIRTS: 11/18/2013      REGIONALCARES

PSA: 02A

Search Provider:       GO      VIEW ALL

**CARES Provider List**

Provider Name	Provider Type	County	PSA
AREA AGENCY ON AGING PSA 2	LEAD AGENCY	LEON	02A
BASIC	CASE MANAGEMEN	BAY	02A
BAY CENTER	NURSING HOME	BAY	02A
BAY CO COUNCIL ON AGING	LEAD AGENCY	BAY	02A
BAY MED BEHAVIORAL HEALTH CENTER	HOSPITAL	BAY	02A
BAY MEDICAL CENTER	HOSPITAL	BAY	02A
BLOUNTSTOWN HEALTH AND REHAB	NURSING HOME	CALHOUN	02A
BONIFAY NURSING & REHAB CENTER	NURSING HOME	HOLMES	02A
BRAIN AND SPINAL CORD INJURY PROVIDER	CASE MANAGEMEN	LEON	02A

Provider Name: AREA AGENCY ON AGING PSA 2      Active: Y

Provider Type: LEAD AGENCY      Medicaid ID:       County: LEON-02B

Buttons: Add New Provider, Edit, Save, Cancel, Close

To access this screen, at the **CIRTS Menu** screen select **CARES Providers**. The **CARES Providers** screen will appear. This screen lists all providers for the PSA, to include the provider name, type, county, and PSA. If you want to view a particular provider, you can click on the provider name and the specific provider information will appear below the list.

You can search for a particular provider by typing in the name (or partial name) in the **Search Provider** field and selecting “GO.” The particular provider will be the only name shown in the list and the provider specific information will appear below the list.

In order to view all providers again, select the **View All** button and all names will appear in the list.

## CARES PROVIDERS SCREEN DEFINITIONS

**Provider Name:** Enter the name of the provider. *This is a required item.*

**Active:** Enter Y=Yes if this is an active provider. Enter N=No if the provider is inactive. This is an optional item.

**Provider Type:** Enter the type of provider. Select the provider type from the drop-down box. *This is a required item.* The codes are:

- ALF=Assisted Living Facility

- *CM=Case Management Agency*
- *H=Hospital*
- *LA=Lead Agency*
- *NH=Nursing Home*
- *OT=Other*

**Medicaid ID:** Enter the Medicaid identification number for the provider. This is an optional item.

**County:** Enter the county in which the provider is located. If the provider is a statewide provider (Other PSA Hospital, Out of State Nursing Home, etc.), enter the county where the CARES office is located. *This is a required item.*

**Add New Provider:** Select this option to add a provider.

**Edit:** Select this option to edit previously entered provider information.

**Save:** Select this option to save entered or edited information.

**Cancel:** Select this option to cancel without saving the entered or edited information.

**Close:** Select this option to close the screen and return to the CIRTS Menu screen.



**Last Name:** The system will automatically enter the client's last name based on the information entered on the Demographic screen.

**PSA/CARES Office:** Indicates the CARES PSA or the ADRC/lead agency PSA.

**Date:** This is the date of the assessment conducted by CARES or the ADRC/lead agency.

**Assessor Name/Caseworker:** This is the name of the CARES or ADRC/lead agency assessor that completed the assessment.

**Assessment Site:** This is the site where the assessment was conducted.

**Assessment Type:** This represents the assessment instrument used for the assessment.

**Priority Score:** This field is automatically populated when applicable.

**Rank:** This field is automatically populated when applicable.

**Details:** Select this option to view the assessment selected.

**Add New:** Select this option to add an assessment.

**Demographics:** Select this option to return to the Demographic screen.

**Print:** Select this option to print the assessment report.

**Close:** Select this option to close the screen and return to Demographic.

**REMINDER:**

CIRTS is used by Aging Provider Network users and CARES users. The demographic and assessment information is shared between the two entities. Aging Provider Network users cannot view CARES cases; they can only view level of care information (staffing date, LOC effective date, LOC, placement recommendation, and program recommendation), NHD History Screen, and referral information (employee name, referral date, imminent risk status, transition referral, NH admit date, referred to, and CARES provider). *Note: They can only view referrals from CARES to lead agencies, AAA, ADRC, and MCO.*

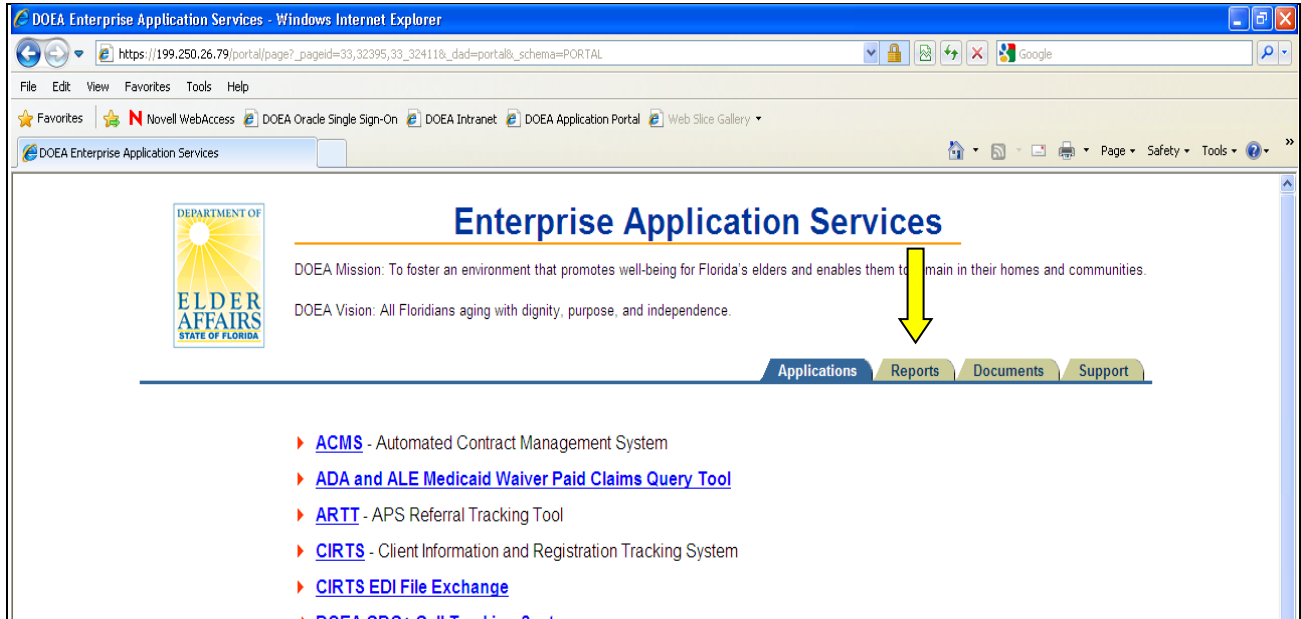




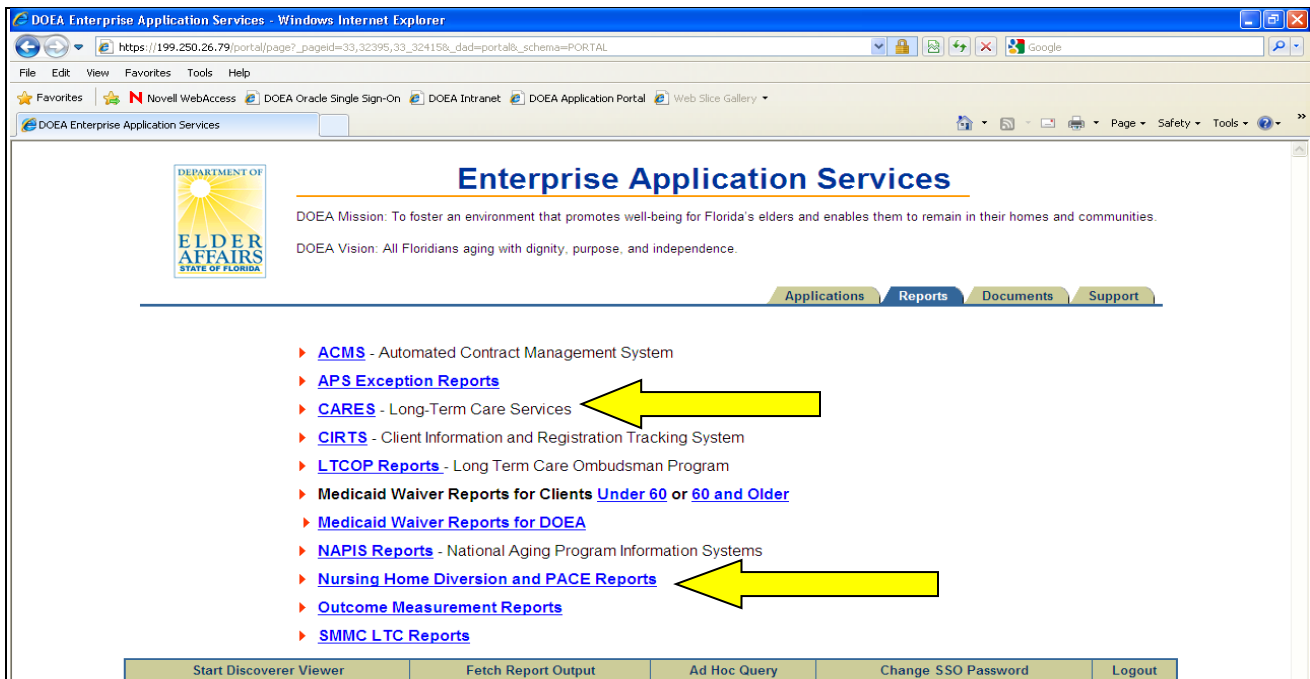




# REPORTS TAB SCREEN

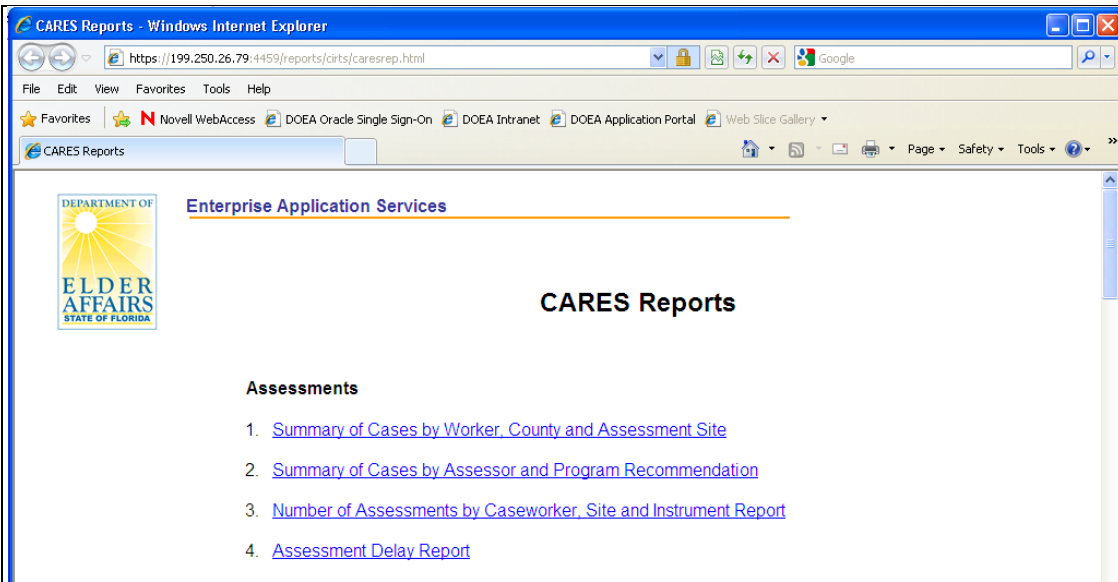


To access the **CARES** reports you will need to select **Reports** from the Enterprise Application Services screen.



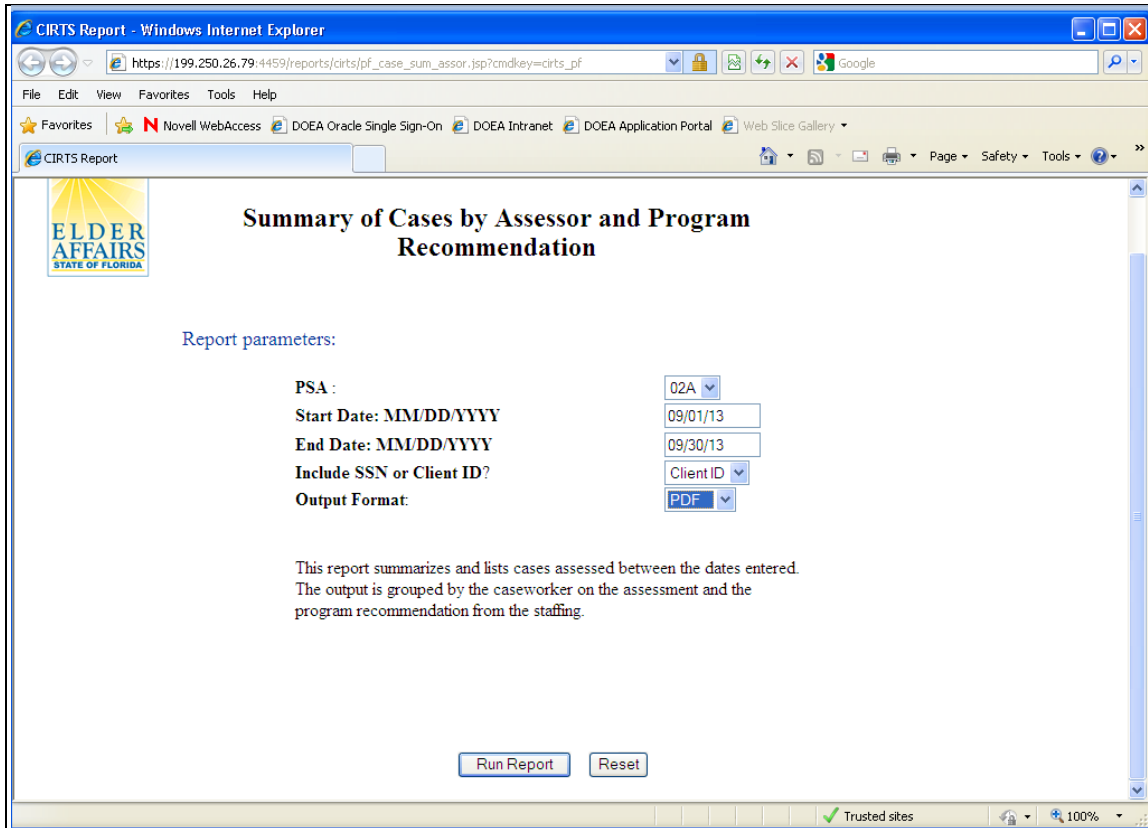
Click the **CARES** link to view or print the CARES reports. Click the **Nursing Home Diversion and PACE Reports** link to view or print the Nursing Home Diversion/PACE reports.

When you select **CARES**, the **CARES Reports** screen will appear.



This screen has reports listed under the headings: Assessments, CRR, Management, PAS, Staffing, Headquarters Reports, and Miscellaneous. Click on the report that you want to view or print.

The screen for the report that you select will appear. **Summary of Cases by Assessor and Program Recommendation** was selected from the CARES Reports screen in the example below.



Each report will have report parameters. The parameters for this report are PSA, start date, end date, and SSN or Client ID. Enter a two-digit month, day and year for the date range that you want to run the

report. Select **Run Report** to run the report. Select **Reset** to clear the parameters and enter new parameters. *Note: Some reports can be run for an individual caseworker or the PSA.*

The **Nursing Home Diversion/PACE Home Page** will appear when you select **Nursing Home Diversion and PACE Reports**.

The screenshot shows a web browser window titled "Nursing Home Diversion - Windows Internet Explorer". The address bar shows the URL: [https://199.250.26.79/reports/nhd/nhd.jsp?cmdkey=nhd\\_report](https://199.250.26.79/reports/nhd/nhd.jsp?cmdkey=nhd_report). The browser's Favorites bar includes "Novell WebAccess", "DOEA Oracle Single Sign-On", "DOEA Intranet", "DOEA Application Portal", and "Web Slice Gallery". The page content includes the Department of Elder Affairs logo and the title "Nursing Home Diversion/PACE Home Page".

**Reference**

<a href="#">Program Documentation</a>	Program Documentation and Model Contract (internet)
<a href="#">NH Diversion CIRTS Entries document</a>	Defines the Client Information and Registration Tracking System (CIRTS) entries required for all individuals processed for the Diversion Program.
<a href="#">Benefit Grid</a>	Lists the Diversion Program providers and the services covered by them (internet).
<a href="#">Contract Managers Directory</a>	Lists the Diversion Program Contract Managers' contact information and the names of the Diversion Program providers they manage.
<a href="#">Enrollment Management System Manual</a>	Defines the procedures developed to ensure the Diversion Program does not exceed its legislative funding authority for state fiscal year 2007-2008.

**Reports**

<a href="#">NHD &amp; PACE Claims Summary</a>	Lists NHD and PACE paid claims by provider in a specified month (month of payment).
<a href="#">NHD &amp; PACE Detailed Claims Report</a>	Lists NHD and PACE paid claims for a specified provider id and month of payment.
<a href="#">NHD Projection FY 1213 1112</a>	NHD projection report. Updated monthly.

Click on the report that you want to view or print. You will only have access to reports for your PSA. This page also contains other documents and instructions for these programs.

# DOCUMENTS TAB SCREEN

The screenshot shows a web browser window titled "DOEA Enterprise Application Services - Windows Internet Explorer". The address bar displays the URL: [https://199.250.26.79/portal/page?\\_pageid=33,32395,33\\_324198\\_dad=portal&\\_schema=PORTAL](https://199.250.26.79/portal/page?_pageid=33,32395,33_324198_dad=portal&_schema=PORTAL). The browser's Favorites bar includes links for "Novell WebAccess", "DOEA Oracle Single Sign-On", "DOEA Intranet", "DOEA Application Portal", and "Web Slice Gallery".

The main content area features the "DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA" logo on the left. The title "Enterprise Application Services" is centered at the top. Below the title, the mission and vision statements are displayed:
 

- DOEA Mission: To foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities.
- DOEA Vision: All Floridians aging with dignity, purpose, and independence.

 A yellow arrow points from the vision statement down to the "Documents" tab in the navigation menu. The navigation menu includes "Applications", "Reports", "Documents" (which is highlighted), and "Support".

Below the navigation menu, a list of document links is provided:
 

- ▶ [AAA contacts for the CARES Supervisors](#)
- ▶ [ARTT](#) - Link to the APS Referral Tracking Tool manual, newsletters, MOA and model MOU
- ▶ [CARES User Management System Manual](#)
- ▶ [CIRTS User Guide](#) - CARES Staff *New 2009*
- ▶ [CIRTS User Manual](#) - Aging Provider Network users
- ▶ [DOEA Program Dashboard User Guide](#)
- ▶ [HMT Manual](#) - ADA Waiver Holistic Monitoring Tool manual
- ▶ [Hospice User Manual](#)
- ▶ [LTCOP Application User Manual](#) - Long Term Care Ombudsman Program
- ▶ [LTCOP Resident and Complainant Manual](#)
- ▶ [NH Diversion CIRTS Entries Document](#)
- ▶ [Outcome Measurement Report Documents](#)

At the bottom of the page, there is a footer with five buttons: "Start Discoverer Viewer", "Fetch Report Output", "Ad Hoc Query", "Change SSO Password", and "Logout".

The **Documents** tab is accessed on the **Enterprise Application Services** screen. User manuals and enhancement documents will be posted on this screen. *Note: The 2009 and 2013 CIRTS User Guide for CARES will be posted under this tab.*

# SUPPORT TAB SCREEN

DOEA Enterprise Application Services - Windows Internet Explorer

https://199.250.26.79/portal/page?\_pageid=33,32395,33\_32423&\_dad=portal&\_schema=PORTAL

Enterprise Application Services

DEPARTMENT OF  
ELDER  
AFFAIRS  
STATE OF FLORIDA

**Enterprise Application Services**

DOEA Mission: To foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities.

DOEA Vision: All Floridians aging with dignity, purpose, and independence.

Applications Reports Documents **Support**

► **Download**

1. [PC Setup Instructions](#)
2. [Website Certificate](#)
3. [JInitiator](#)
4. [JInitiator Certificate](#)
5. [Adobe Reader](#)

[Items 1-4 in a single file](#)

► **Contact**

[DOEAHelpdesk@elderaffairs.org](mailto:DOEAHelpdesk@elderaffairs.org)

► **FYI**

**1. Steps to prepare a PC for this website:**

- (a) Configure the Web browser.
- (b) Install a website certificate.
- (c) Install JInitiator and JInitiator certificate, if needed.
- (d) Install Adobe Reader, if needed.

See [PC Setup Instructions](#) for details.

**2. Restrictions on the Single Sign-On (SSO) password:**

- (a) It is case-sensitive.
- (b) It must have at least 8 characters with at least 1 numeric.
- (c) It expires in 120 days.

Start Discoverer Viewer Fetch Report Output Ad Hoc Query Change SSO Password Logout

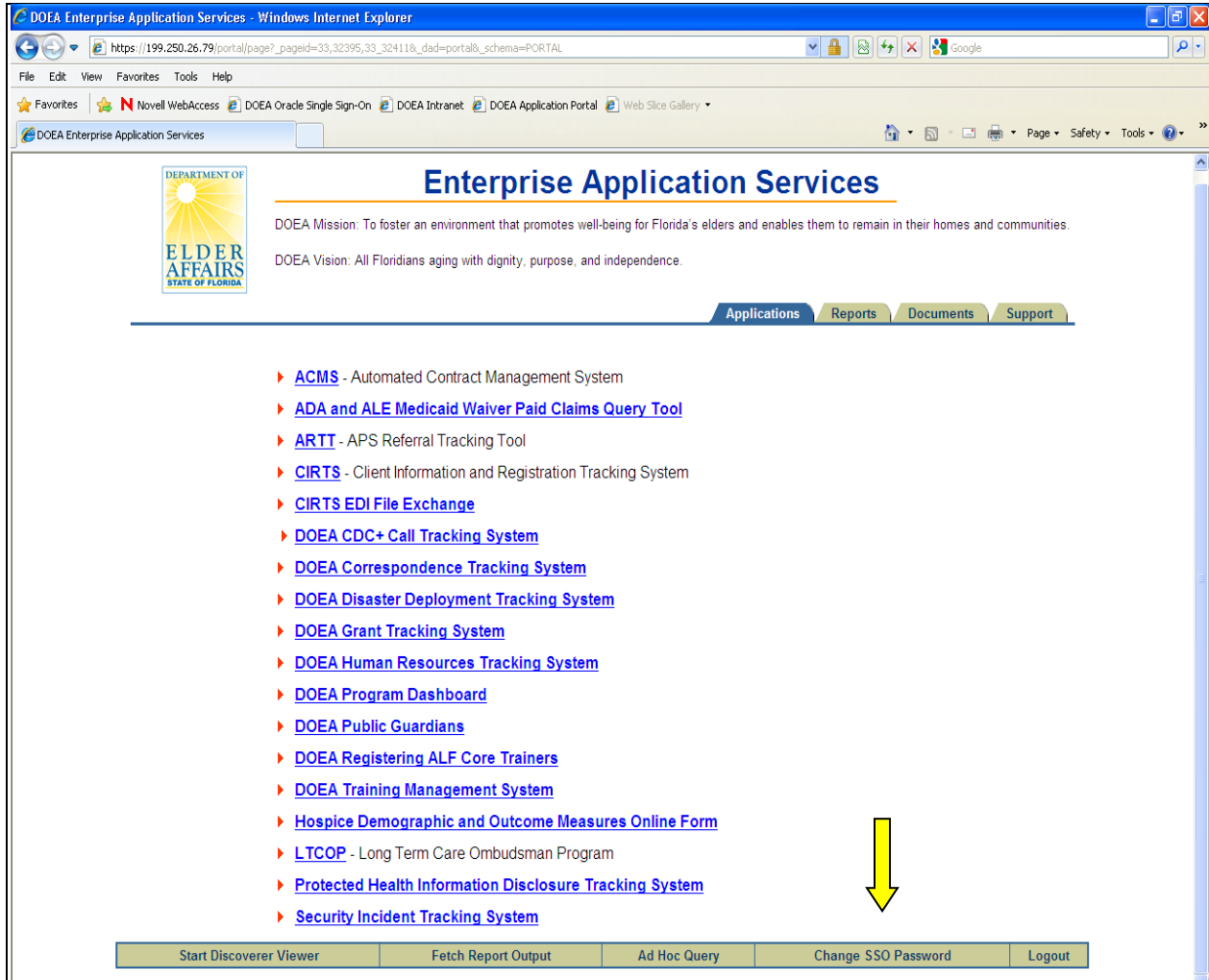
The **Support** tab is accessed on the **Enterprise Application Services** screen. This screen contains instructions when CIRTSS stops working on your computer. In the event this happens take the following steps:

- ✓ Start at Item 1 in the Download section and click the PC Setup Instructions link.
- ✓ Follow all instructions for installing the Web site Certificate, JInitiator (close your Web browser after this step and re-open before running the JInitiator Certificate) and the JInitiator Certificate.
- ✓ If CIRTSS still does not run on your computer, submit a ticket to the Help Desk.

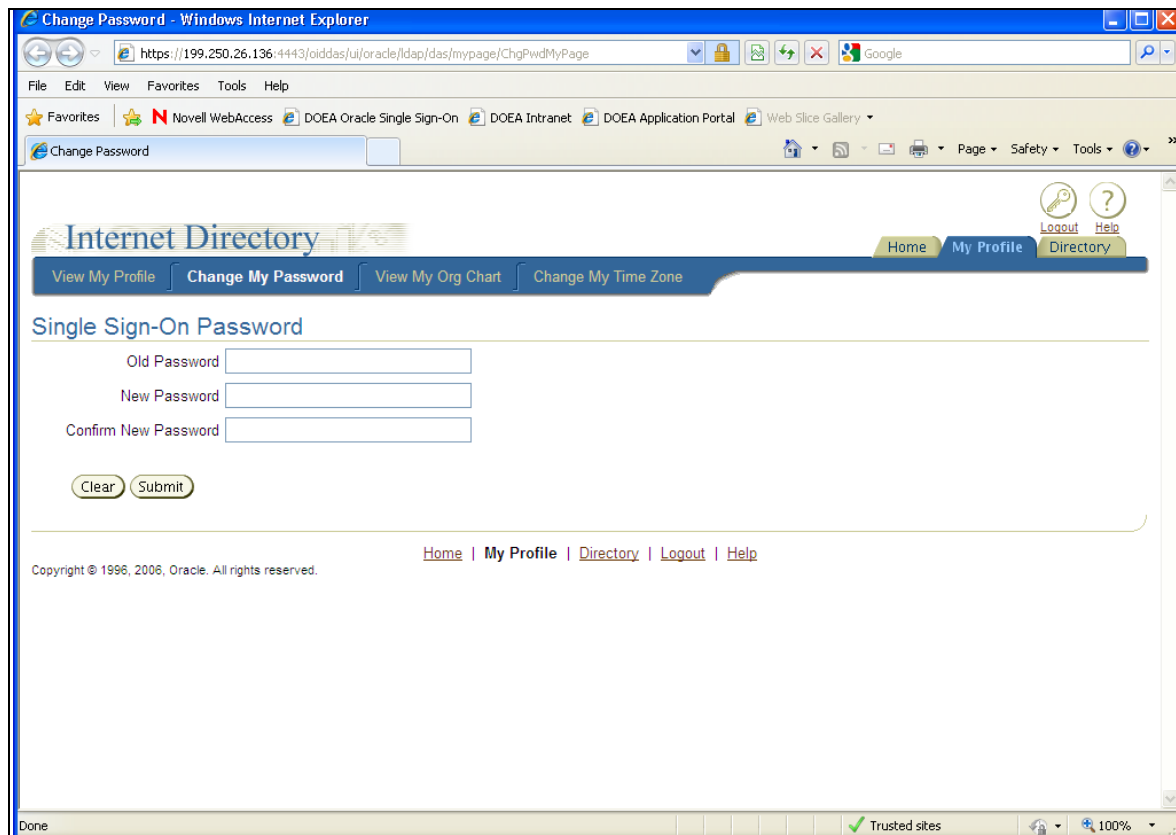
# CHANGING YOUR CIRTS PASSWORD

CIRTS will automatically prompt you to change your password every 120 days.

If you want to change your password at any other time, click the **Change SSO Password** link in the bottom right-hand corner of the **Enterprise Application Services** screen, as indicated below.



The following screen will appear.



Instructions for changing your password are as follows:

- ✓ Type your current password in the **Old Password** field.
- ✓ Type your new password in the **New Password** field (the password is case-sensitive).
- ✓ Type your new password in the **Confirm New Password** field.
- ✓ Click the **Submit** button.

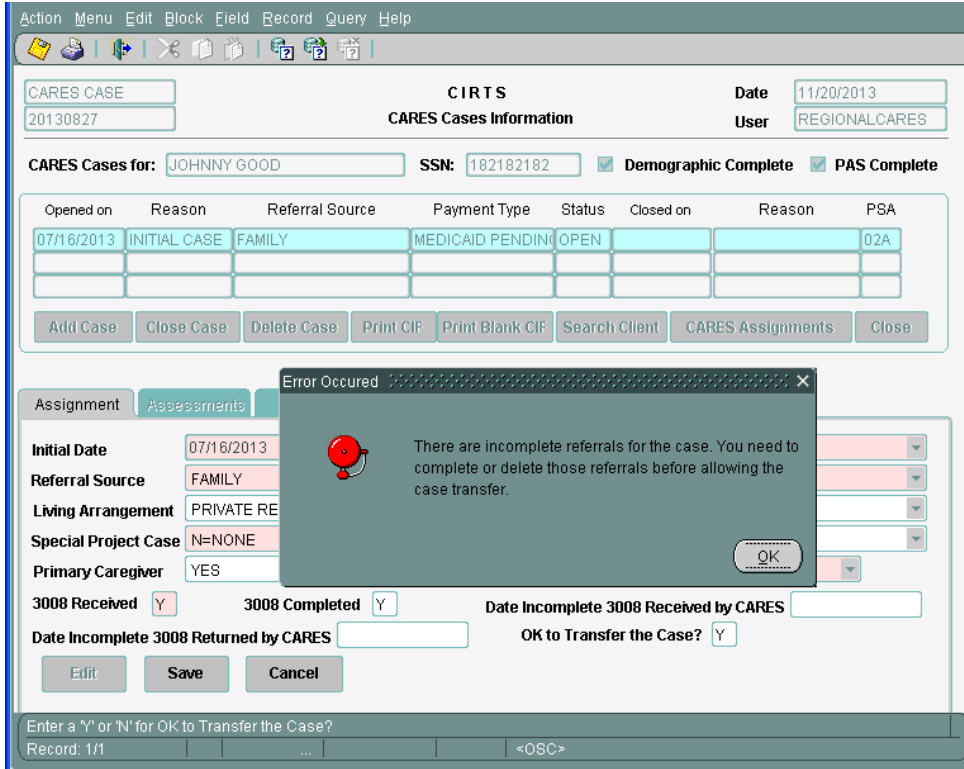
## TRANSFERRING OPEN CASES

CIRTS allows open cases to be transferred to a new office, and the case becomes “shared.” The new office uses the **Change PSA** screen to pull the client into their area. If CIRTS finds an open case in another office that has been staffed, it will tell the user which office has the open case and check to see if that office has given permission to transfer the case. If permission has not been given, the user must contact the old office to request permission.

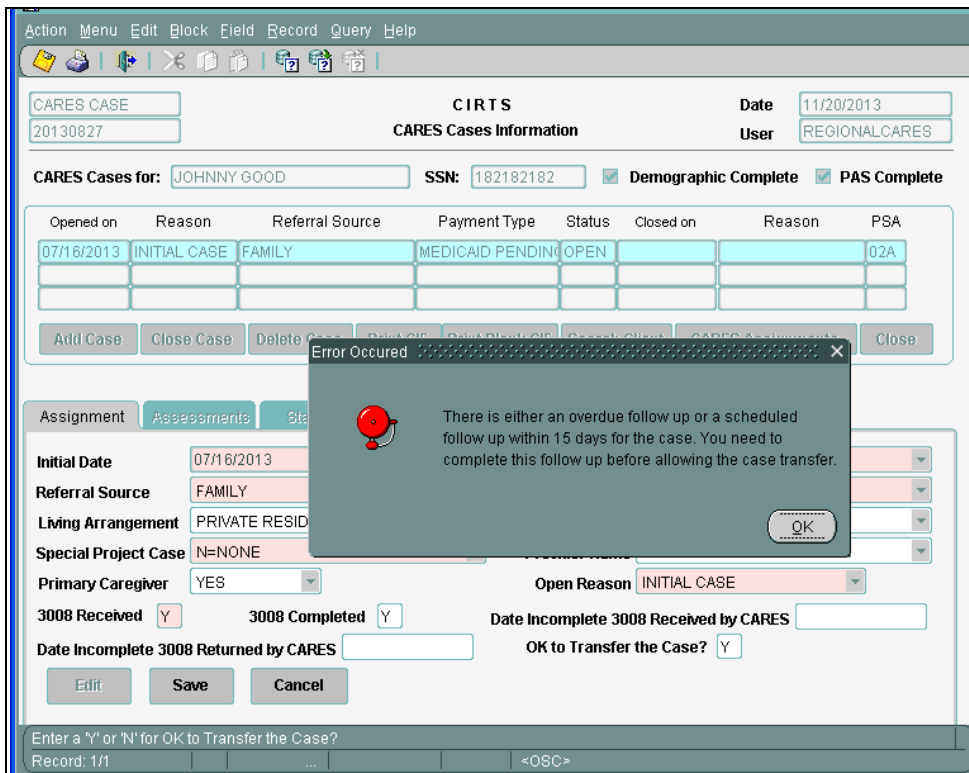
The old office must enter “Y” in the “*OK to Transfer the Case?*” field on the Assignment tab.



When the old office gives permission, they will be reminded of any incomplete referrals and forced to complete or delete them before giving permission.



They will also be reminded of any overdue or almost due (due in the next two weeks) follow-ups. The follow-ups must be completed prior to giving permission to transfer.



The **Change PSA** screen prompts the user to select the caseworker that the case should be re-assigned to. *Note: The Change PSA screen also checks for incomplete referrals and overdue or almost due follow-ups.*

The screenshot displays the 'Change PSA Screen' window. At the top, it shows 'CHANGE\_PSA' with ID '20130715' and 'CIRTS CHANGE CLIENT PSA'. The 'Date' is 11/14/2013 and the 'User' is SUPERVISOR02B. Client information includes Social Security Number 182182182, Client's Name JOHNNY GOOD, Client's Date of Birth 01/01/1950, and County BAY. The 'OLD' section shows PSA 02A, Date Changed 09/09/2013, Program Changed ADD\_CLIENT\_INFO, User Changed REGIONALCARES, and Caseworker OTHER - OTHER OTHER. The 'NEW' section shows PSA 02A, Date Changed 09/09/2013, Program Changed ADD\_CLIENT\_INFO, User Changed REGIONALCARES, and an empty Caseworker dropdown menu, which is highlighted by a yellow arrow. At the bottom, there are 'Save' and 'Cancel' buttons, and a status bar showing 'Record: 1/1' and '<OSC>'.

When the PSA change is saved, the system updates the Case Assignment screen and any scheduled (or unscheduled) follow-ups due to the new office and new caseworker. Staffings, assessments, referrals, and completed follow-ups are not changed to the new PSA and can only be edited by the old office. The new office can add assessments, staffings, and referrals. The Follow-up Planning screen shows the follow-up due to the new office for the new caseworker.

Once the PSA change is complete, the new office should update the client's address.

**REMINDER:**

You cannot transfer a case that has not been staffed. Cases that have not been assessed and staffed should be manually closed in the old office and opened in the new office.

Users who have the Supervisor Role, or the Caseworker Role with "the change PSA field=Y" will be able to transfer cases.

The manual Close Case screen reminds (but does not stop) the user not to close a case manually with closed reason “Case Transfer” when the open case can be transferred.

The screenshot displays the 'CLOSE\_CASE\_WINDOW' interface. A confirmation dialog box is overlaid on top, featuring a yellow warning triangle icon and the text: "Closed case cannot be transferred. Are you sure that you want to close case?". Below this text are two buttons: "YES" and "NO". The background window shows a form with the following fields: "Caseworker Closing" (OTHER - OTHER OTHER), "Case Closed Reason" (CASE TRANSFER), "Case Closed Date" (11/20/2013), "Date of Death" (empty), "Date" (11/20/2013), "User" (REGIONALCARES), "Demographic Complete" (checked), "PAS Complete" (checked), "Assigned To" (OTHER - OTHER OTHER), "Payment Type" (MEDICAID PENDING), "Living Situation" (ALONE), "Provider Name" (<null>), "Open Reason" (INITIAL CASE), "3008 Received" (Y), "3008 Completed" (Y), "Date Incomplete 3008 Returned by CARES" (empty), and "OK to Transfer the Case?" (N). At the bottom of the window, there is a status bar with the text "Enter Case Closed Date, format: MM/DD/YYYY." and "Record: 1/1".

**REMINDER:**

If the case is open and has been assessed and staffed, use the transfer procedures provided in this guide to transfer a case. The manual case closure with reason “Case Transfer” should only be used if the case is open without an assessment and staffing and is being transferred.

General information regarding “shared” cases:

- ✓ If a “shared” case must be deleted, the office that first staffed the case is the only office that can delete the case. The Delete Case button is disabled for all users except the Supervisor Role for the original staffing office. If the original staffing office deletes a case, CIRTS will give a reminder that the case is shared. For example, *“Part of the case was entered by CARES 02A. Deleting the case will also delete all those records. Are you certain that you want to delete the case?”*
- ✓ If a client must be deleted who has a “shared” case, the office that first staffed the “shared” case must delete the case, then either office can delete the client.

**REMINDER:**

If the PAS is incomplete (and entered by any office), the case will continue with 30-day follow-ups until it is complete.  
The office that completes the 30-day follow-up will get counted in the diversion reports.

# COUNTY CODES

01	Alachua	36	Lee
02	Baker	37	Leon
03	Bay	38	Levy
04	Bradford	39	Liberty
05	Brevard	40	Madison
06	Broward	41	Manatee
07	Calhoun	42	Marion
08	Charlotte	43	Martin
09	Citrus	44	Monroe
10	Clay	45	Nassau
11	Collier	46	Okaloosa
12	Columbia	47	Okeechobee
13	Dade	48	Orange
14	De Sota	49	Osceola
15	Dixie	50	Palm Beach
16	Duval	51	Pasco
17	Escambia	52	Pinellas
18	Flagler	53	Polk
19	Franklin	54	Putnam
20	Gadsden	55	St. Johns
21	Gilchrist	56	St. Lucie
22	Glades	57	Santa Rosa
23	Gulf	58	Sarasota
24	Hamilton	59	Seminole
25	Hardee	60	Sumter
26	Hendry	61	Suwannee
27	Hernando	62	Taylor
28	Highlands	63	Union
29	Hillsborough	64	Volusia
30	Holmes	65	Wakulla
31	Indian River	66	Walton
32	Jackson	67	Washington
33	Jefferson	99	Out of State
34	Lafayette		
35	Lake		

# STAFFING CHART

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

<b>Placement Rec.</b>	<b>Program Considered</b>	<b>Program Recommendation</b>	<b>Level of Care/Waiver</b>
NHTR=NH Transition	ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, DEVS, ELDC, FDMW, HEMO, HSPC, LTCP, NHSS, NONE, OMDW, OTHR, PACE, PACW, LTCC	ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CDCW, CHAN, FDMW, LTCP, OMDW, PACE, PACW, LTCC	INO, INT, MWC, ROH, RON, SKD
	CCDA, CCFE, DEVS, ELDC, HEMO, HSPC, NHSS, NONE, OTHR		INO, INT, SKD
NUHO=Nursing Home	ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, DEVS, ELDC, FDMW, HEMO, HSPC, LTCP, NHSS, NONE, OMDW, OTHR, PACE, PACW, LTCN	HSPC, NHSS, NONE, LTCN	INO, INT, SKD
OTHR=Other	NONE, OTHR	NONE, OTHR	DNM, INO, INT, SKD, WHL
PRNH=Prison NH	NONE	NONE	NONE
PRRE=Private Residence	ACFW, ADAW, ADHC, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, ELDC, FDMW, HEMO, HSPC, LTCP, NONE, OMDW, OTHR, PACE, PACW, LTCC	ACFW, ADAW, ADHC, ALZW, BSCW, CDCW, CHAN, FDMW, LTCP, OMDW, PACE, PACW, LTCC	INO, INT, MWC, ROH, RON, SKD
	CCDA, CCFE, ELDC, HEMO, HSPC, NONE, OTHR		INO, INT, SKD, DNM, DWC, WHL
PSYF= Psychiatric Fac.	NONE	NONE	DNM, INO, INT, SKD, WHL
REHB= Rehab Hospital	NONE	NONE	DNM, INO, INT, SKD, WHL
SAPT= Supervised Apt.	ACFW, ADAW, ADHC, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, ELDC, HEMO, HSPC, LTCP, NONE, OMDW, OTHR, PACE, PACW, LTCC	ACFW, ADAW, ALZW, BSCW, CDCW, CHAN, LTCP, OMDW, PACE, PACW, LTCC	INO, INT, MWC, ROH, RON, SKD
	CCDA, CCFE, ELDC, HEMO, HSPC, NONE, OTHR		DNM, DWC, INO, INT, SKD, WHL
SHNH=State Mental Hosp. NH Unit	NONE	NONE	INO, INT, SKD
SMHO=State Mental Hosp.	NONE	NONE	DNM, INO, INT, SKD, WHL, MEN

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

## FOLLOW UP SCHEDULE FOR CIRTS

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

Schedule Follow Up	Living Arrangement	Placement Recommendation	Program Recommendation	MI/MR Exclusion	Follow Up Schedule	Case Termination Reasons
Swing Bed/SNUH		Equal HOSP	Equal SBHO, SNUH		30, 90, 180, Annual & Ongoing Annual (or manually closed)	1. Manual Close
Needs Specialized Services		Equal NHTP, NUHO	Equal NHSS		30, 90, 180, Annual & Ongoing Annual (or manually closed)	1. Manual Close
Temporary Nursing Home		Equal NHTP	Equal HSPC, NONE, LTCN		30, 90, 180, Annual, Auto Close (or manually closed)	1. If Annual CA=Closed Annual 2. Manual Close
			Equal LTCP		Every 30 days until Case Manager does not = CARES and then 90, 180, Annual, Auto Close (or manually closed)	
Temporary PAS				Equal CC, DE, ER, PS, EH, EM	Every 30 days until the Living Arrangement does not=NUHO, SHNH or [HOSP when the PR. REC.=SBHO or SNUH] or PAS=COMPLETE ( or manual close)	1. Manual Close
Referral					Every 30 days until Referral=COMPLETE (or manually close)	1. Manual Close

**Follow-Up Schedule:**

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



# CARES REPORT SPECIFICATIONS

## ASSESSMENTS:

1. **Summary of Cases by Worker, County and Assessment Site:** Date range is based on the assessment date. This report counts all assessments and re-assessments completed during the date range indicated. It includes all payment types.
2. **Summary of Cases by Assessor and Program Recommendation:** This report summarizes and lists cases assessed between the dates entered. The output is grouped by the caseworker on the assessment and the program recommendation from the staffing.
3. **Number of Assessments by Caseworker, Site and Instrument Report:** This report summarizes and lists cases assessed between the dates entered. The output is grouped by the caseworker on the assessment and provides a total by assessor and instrument.
4. **Assessment Delay Report:** Date range is based on the assessment date. This report counts all assessments and re-assessments completed during the date range indicated. It includes all payment types.
5. **Incomplete Assessments Report:** Lists all assessments that have been “partially” saved and remain incomplete. The output format can be by Client ID or SSN.
6. **Assessment Inconsistency Report:** This report summarizes and lists inconsistencies in assessments done between the start date and end date. **This report looks at assessment dates before July 16, 2013 only.**

## CRR:

1. **CRR Barrier Report on Cases with Community Potential:** Date range is based on the CRR date.
2. **CRR Summary Report:** Date range is based on the CRR date.
3. **CRR Summary by Reviewers and Nursing Facilities:** Date range is based on the CRR date.
4. **Final Report of CRRs:** Date range is based on the CRR date.
5. **Preliminary Report of CRRs by Client Name and Nursing Facility:** Date range is based on the CRR date.

## MANAGEMENT:

1. **Client List for Diversions Report on Clients Assessed by CARES:** Date range is based on the staffing date. This is a list of clients assessed by CARES. This report only includes payment types of Medicaid or Medicaid Pending.
2. **Client List for Diversions Report on Clients Not Assessed by CARES:** Date range is based on the staffing date. This is a list of clients not assessed by CARES. This report only includes payment types of Medicaid or Medicaid Pending.
3. **Client List for Diversion Report on Hospital-Based Clients Assessed by CARES:** This is a list of clients assessed by CARES that had a Special Project Case code of U=Upstreaming at case assignment. The date range is based on the staffing date.
4. **Client List for Temporary NH Diversions Report on Clients Assessed by CARES:** This is a list of clients assessed by CARES that had a placement recommendation of NHTP=Temporary Nursing Home. The date range is based on the staffing date.
5. **Count of All PAC Cases by Case Closed Reason:** Date range is based on the case closed date.
6. **Diversion Barrier Report:** Date range is based on the nursing home admit date.
7. **Diversion (Alternative Placements) on Clients Assessed by CARES:** Date range is based on the staffing date. This report only includes payment types of Medicaid or Medicaid Pending.

8. **Diversion (Alternative Placements) on Clients Not Assessed by CARES:** Date range is based on the staffing date. This report only includes payment types of Medicaid or Medicaid Pending.
9. **Diversion Report on Hospital-Based (Upstreaming) Clients Assessed by CARES:** Date range is based on the staffing date.
10. **Diversion Report based on Care Level, PR and Living Arrangement at 30 Days Staffing:** Date range is based on the staffing date. Clients on this report have a living arrangement of community at staffing and 30-day follow-up, meet level of care, have a community placement recommendation, and have a payment type of Medicaid or Medicaid Pending.
11. **Hospital-Based (Upstreaming) Encounter Report:** Date range is based on the information request date.
12. **Hospital-Based (Upstreaming Log):** Date range based on initial date or date reassessment requested.
13. **Imminent Risk Referral Disposition Report:** Date range is based on the referral date.
14. **Information Only Case Summary Report:** Date range is based on information request date.
15. **Non-Imminent Risk Referral Disposition Report:** Date range is based on the referral date.
16. **Number of Cases by Referral Source:** Date range is based on the initial date. This report provides a summary for the PSA as well as a total for each caseworker.
17. **Nursing Home Diversion EMS Summary Report:** This report is based on the EMS release date. It lists the number of EMS released clients that have left the pipeline or have been referred to a provider.
18. **Nursing Home Transition Log:** Date range is based on the staffing date. This report captures information for those clients that have a placement recommendation of NHTR=Nursing Home Transition.
19. **Pending Assessment/Staffing Report:** This report lists all cases pending an assessment and/or staffing. The output format can be by caseworker, SSN, or Client ID.
20. **Project Aids Care Summary Report:** Date range based on waiver accepted date. This report will show the PAC Termination Reason, Termination Date, and the number of days in the PAC Waiver.
21. **Summary of CARES Assignments:** This report lists all assignments that are due for a caseworker. For example, assessments, staffings, follow-ups.
22. **Temporary Nursing Home Diversion on Clients Assessed by CARES:** Date range is based on follow-up date. This report includes all clients that had a placement recommendation of NHTP=Temporary Nursing Home and at any follow-up have a community placement recommendation and living arrangement.
23. **Time Lag Report by Caseworker:** Date range is based on the staffing date.
24. **Unduplicated Count of All PAC Clients:** Date range is based on the staffing date. This report provides a summary of all PAC clients by county and payment type.
25. **3008 Report:** Date range is based on the Initial Date or Date Reassessment Requested (whichever is greater). This report captures information regarding the receipt of the 3008.
26. **Summary of Work Completed by Caseworker and Payment Type:** Date range is based on initial date. This report provides a summary by county and payment type of all referrals, assessments, staffings, follow ups completed, and information requests for an individual caseworker or all caseworkers.
27. **Freedom of Choice Report:** Date range is based on date Freedom of Choice given to client. This report captures information regarding the receipt of the Freedom of Choice form.
28. **Open Cases whose clients have moved Report:** This report lists all clients that have an open CARES case but have moved to a county outside of the CARES PSA. The output format can be by SSN or Client ID.

29. **Number of Assessments Completed VS. Number of Assessments Entered in CIRTS By Caseworker Report:** Date range is based on date assessment is entered in CIRTS. This report shows which caseworkers are entering their own assessments (medical case file reviews and on-sites).
30. **Possible Duplicate Clients with Open Cases Report:** This report looks at all open cases. This report lists clients with more than one SSN whose names and dates of birth are the same and have open cases. Confirm that the clients are the same person before moving the client data from the incorrect SSN to the correct SSN. Once this is done, delete the incorrect SSN.
31. **Data Inconsistencies Found When Comparing Vital Statistics Death Certificates with CIRTS-Open Cases Report:** This report is to be used to correctly identify CARES' clients with an open case who are deceased, so the case can be closed due to death or a date of death entered at Demographic for cases already closed. The shaded records indicate clients who have different dates of birth and/or different names. There may be SSN mistakes. Compare Vital Statistics name and DOB with CIRTS name and DOB.
32. **Nursing Home Diversion Enrollment Management System Report:** Date range is based on the release date. This report gives the status of clients who have been released. The last page gives a summary of client activity. This report can be run by caseworker. It can also be opened in EXCEL.
33. **New Admission Review Report:** This report counts and lists clients who have Special Project Case=New Admission Review on case opened during the date range or on assessments done during the date range.
34. **Cases by Zipcode:** This report lists open cases and closed cases with initial date or date reassessment requested between the start and end dates. It lists a summary by zip code and a client list by zip code. The client's current home zip code is used.
35. **List of Open Cases by Case Manager Report:** This report lists client id, zip code and initial date for open cases by case manager.
36. **Time Parameters Report:** Date range is based on the initial date or date reassessment requested.

#### **PAS:**

1. **PAS Name List:** Date range is based on the Level I Evaluation Screening Date.
2. **PAS Report:** Date range is based on the Level I Evaluation Screening Date.
3. **Incomplete or Pending PAS:** Date range is based on the Level I Evaluation Screening Date.

#### **STAFFING:**

1. **Staffing Log:** Date range is based on the staffing date. This report lists all cases staffed during the date range.
2. **Unduplicated Count of Clients by Level of Care:** Date range is based on the staffing date.
3. **Level of Care Approvals:** This report includes a summary and detail list of level of care approvers for cases staffed between the start date and end date.
4. **Authorized LOCs sent to Enrollment Broker for SMMC LTC Report:** This report is sent to the enrollment broker nightly by the system and provides CARES level of care information (staffing date, program recommendation, and level of care). The levels of care include INO, INT and SKD. The program recommendations include ADAW, ALFW, CDCW, CHAN, ELDC, HEMO, LTCP, NONE, OMDW, OTHR, LTCC, LTCN, and PACE. The staffing date will be in the last year.

**HEADQUARTER REPORTS:**

1. **Diversion Barrier Report:** This report is available to CARES Central Office only.
2. **Continued Residency Review Transition Barriers:** This report is available to CARES Central Office only.
3. **Summary of Cases by Assessment Site:** This report is available to CARES Central Office only.
4. **PAS Summary:** This report is available to CARES Central Office only.
5. **PAS Statewide Report:** This report is available to CARES Central Office only.

**MISCELLANEOUS:**

1. **Aging Network Provider Information Report:** This report allows the user to view or print a list of providers for the AAA/ADRC within their PSA.
2. **Code Descriptions:** This report allows the user to view or print a list of codes for a certain field in CIRTS. You can select the category from the drop-down box on the screen.

ID	Task Name	% Complete	Duration	Start	Finish
0	<b>eCIRTS Program Schedule</b>	<b>77%</b>	<b>1054 days</b>	<b>Tue 9/1/20</b>	<b>Thu 10/10/24</b>
1	<b>eCIRTS-Phase1-210917-100</b>	<b>100%</b>	<b>536 days</b>	<b>Tue 9/1/20</b>	<b>Tue 9/20/22</b>
2	<a href="#">Start eCIRTS Project Phase 1</a>	100%	0 days	<a href="#">Tue 9/1/20</a>	<a href="#">Tue 9/1/20</a>
3	<b>Plan</b>	<b>100%</b>	<b>67 days</b>	<b>Tue 9/1/20</b>	<b>Wed 12/2/20</b>
4	<b>Project Initiation</b>	<b>100%</b>	<b>67 days</b>	<b>Tue 9/1/20</b>	<b>Wed 12/2/20</b>
5	Verify Project Scope and Goals	100%	10 days	Tue 9/1/20	Mon 9/14/20
6	Identify and Assign Project Resources	100%	10 days	Tue 9/1/20	Mon 9/14/20
7	Approve Project Charter and Schedule	100%	62 days	Tue 9/1/20	Wed 11/25/20
8	Review PM Documentation	100%	67 days	Tue 9/1/20	Wed 12/2/20
9	Conduct Project Kick Off	100%	5 days	Tue 9/15/20	Mon 9/21/20
10	Perform Technical Review	100%	2 days	Thu 11/12/20	Fri 11/13/20
11	Implement Environment	100%	13 days	Wed 9/30/20	Fri 10/16/20
12	Prepare for Design Phase	100%	3 days	Mon 10/19/20	Wed 10/21/20
13	Attend Training	100%	2 days	Mon 11/23/20	Tue 11/24/20
14	<a href="#">Project Initiation Complete</a>	100%	0 days	<a href="#">Wed 12/2/20</a>	<a href="#">Wed 12/2/20</a>
15	<b>Design</b>	<b>100%</b>	<b>120 days</b>	<b>Mon 10/5/20</b>	<b>Fri 3/19/21</b>
16	<b>Gather Requirements</b>	<b>100%</b>	<b>69 days</b>	<b>Mon 10/5/20</b>	<b>Thu 1/7/21</b>
17	Gather Business Requirements	100%	25 days	Mon 10/5/20	Fri 11/6/20
18	Gather Technical Requirements	100%	20 days	Mon 11/16/20	Fri 12/11/20
19	Document Business Requirements	100%	44 days	Mon 11/9/20	Thu 1/7/21
20	<a href="#">Requirements Gathering Complete</a>	100%	0 days	<a href="#">Thu 1/7/21</a>	<a href="#">Thu 1/7/21</a>
21	<b>Design and Review Solution Components</b>	<b>100%</b>	<b>25 days</b>	<b>Mon 11/2/20</b>	<b>Fri 12/4/20</b>
22	Design and Review Solution Sessions - Week 1	100%	5 days	Mon 11/2/20	Fri 11/6/20
23	Design and Review Solution Sessions - Week 2	100%	5 days	Mon 11/16/20	Fri 11/20/20
24	Design and Review Solution Sessions - Week 3	100%	5 days	Mon 11/30/20	Fri 12/4/20
25	Approve Solution Design	100%	75 days	Mon 12/7/20	Fri 3/19/21
26	<a href="#">Solution Design Approved</a>	100%	0 days	<a href="#">Fri 3/19/21</a>	<a href="#">Fri 3/19/21</a>
27	<b>Development/Technical Tasks</b>	<b>100%</b>	<b>146 days</b>	<b>Mon 3/22/21</b>	<b>Mon 10/11/21</b>
28	Develop Business Rule Configuration Workbook	100%	10 days	Mon 3/22/21	Fri 4/2/21
29	Develop Business Rules	100%	96 days	Fri 4/30/21	Fri 9/10/21
30	Deploy Business Rules	100%	35 days	Tue 8/24/21	Mon 10/11/21
31	Develop Data Replication Setup	100%	45 days	Mon 6/14/21	Fri 8/13/21
32	Deploy Data Replication Setup	100%	8 days	Sat 8/14/21	Wed 8/25/21
33	<b>Configure</b>	<b>100%</b>	<b>352 days</b>	<b>Mon 11/9/20</b>	<b>Tue 3/15/22</b>
34	<b>Configuration</b>	<b>100%</b>	<b>100 days</b>	<b>Mon 11/9/20</b>	<b>Fri 3/26/21</b>
35	Configuration - Round 1	100%	13 days	Mon 11/9/20	Wed 11/25/20
36	Configuration - Round 2	100%	10 days	Thu 11/26/20	Wed 12/9/20
37	Plan Test Activities and Document Test Plan	100%	43 days	Mon 11/16/20	Wed 1/13/21
38	System Testing	100%	11.25 days	Mon 11/30/20	Tue 12/15/20
39	Review Initial Design	100%	5 days	Tue 12/15/20	Tue 12/22/20
40	Remediate Issues	100%	5 days	Tue 12/22/20	Tue 12/29/20
41	Configuration - Round 3	100%	5 days	Tue 12/29/20	Tue 1/5/21
42	Configuration - Round 4	100%	22.75 days	Tue 1/5/21	Thu 2/4/21
43	System Testing	100%	5 days	Tue 1/12/21	Tue 1/19/21
44	Review Configuration with DOEA	100%	6.1 days	Thu 1/14/21	Fri 1/22/21
45	Review Data Migration with DOEA	100%	4 days	Tue 2/2/21	Fri 2/5/21
46	Review Custom Reports with DOEA	100%	0.5 days	Tue 1/26/21	Tue 1/26/21
47	Remediate Configuration Review Issues	100%	1.88 days	Thu 1/28/21	Fri 1/29/21
48	Remediate Data Migration Review Issues	100%	1.25 days	Tue 2/2/21	Wed 2/3/21
49	Remediate Custom Reports Review Issues	100%	18.4 days	Tue 1/26/21	Fri 2/19/21
50	Role Setup Workbook Complete	100%	37 days	Thu 2/4/21	Fri 3/26/21
51	<a href="#">Configuration Complete</a>	100%	0 days	<a href="#">Fri 3/26/21</a>	<a href="#">Fri 3/26/21</a>
52	<b>Data Migration</b>	<b>100%</b>	<b>275 days</b>	<b>Mon 11/16/20</b>	<b>Fri 12/3/21</b>
53	<b>Data Migration Plan and Workbook</b>	<b>100%</b>	<b>96.5 days</b>	<b>Mon 11/16/20</b>	<b>Tue 3/30/21</b>
54	Create Data Migration/Conversion Schema Workbook	100%	65 days	Mon 11/16/20	Fri 2/12/21
55	Data Conversion Plan Complete	100%	10 days	Mon 12/14/20	Fri 12/25/20
56	Populate Data Migration Workbook (DOEA)	100%	7 days	Mon 1/11/21	Tue 3/30/21
57	<a href="#">Data Migration Plan and Workbook Complete</a>	100%	0 days	<a href="#">Tue 3/30/21</a>	<a href="#">Tue 3/30/21</a>
58	<b>Migrate Data</b>	<b>100%</b>	<b>178.5 days</b>	<b>Tue 3/30/21</b>	<b>Fri 12/3/21</b>
59	<b>Extract 1</b>	<b>100%</b>	<b>33.5 days</b>	<b>Tue 3/30/21</b>	<b>Fri 5/14/21</b>
60	Create Extract 2	100%	1 day	Tue 3/30/21	Wed 3/31/21
61	Process Extract 1	100%	5 days	Mon 4/26/21	Fri 4/30/21
62	Review Extract 1	100%	10 days	Mon 5/3/21	Fri 5/14/21
63	<a href="#">Extract 1 Complete</a>	100%	0 days	<a href="#">Fri 5/14/21</a>	<a href="#">Fri 5/14/21</a>
64	<b>Extract 2</b>	<b>100%</b>	<b>81 days</b>	<b>Fri 4/2/21</b>	<b>Fri 7/23/21</b>
65	Create Extract 2	100%	51 days	Fri 4/2/21	Fri 6/11/21
66	Process Extract 2	100%	1 day	Thu 6/10/21	Mon 6/14/21
67	Review Extract 2	100%	29 days	Tue 6/15/21	Fri 7/23/21
68	Extract 2 Complete	100%	19 days	Mon 6/28/21	Fri 7/23/21
69	<b>Extract 3</b>	<b>100%</b>	<b>75 days</b>	<b>Mon 6/14/21</b>	<b>Fri 9/24/21</b>

ID	Task Name	% Complete	Duration	Start	Finish
70	Create Extract 3	100%	41 days	Mon 6/14/21	Mon 8/9/21
71	Process Extract 3	100%	26 days	Tue 8/10/21	Fri 9/10/21
72	Review Extract 3	100%	25 days	Mon 8/23/21	Fri 9/24/21
73	<a href="#">Extract 3 Complete</a>	100%	0 days	<a href="#">Fri 9/24/21</a>	<a href="#">Fri 9/24/21</a>
74	<b>Extract 4</b>	<b>100%</b>	<b>50 days</b>	<b>Mon 9/27/21</b>	<b>Fri 12/3/21</b>
75	Create Extract 4	100%	25 days	Mon 9/27/21	Fri 10/29/21
76	Process Extract 4	100%	10 days	Sat 10/30/21	Fri 11/12/21
77	Review Extract 4	100%	16 days	Fri 11/12/21	Fri 12/3/21
78	<a href="#">Extract 4 Complete</a>	100%	0 days	<a href="#">Fri 12/3/21</a>	<a href="#">Fri 12/3/21</a>
79	<a href="#">Migrate Data Complete</a>	100%	0 days	<a href="#">Fri 12/3/21</a>	<a href="#">Fri 12/3/21</a>
80	<a href="#">Data Migration Complete</a>	100%	0 days	<a href="#">Fri 12/3/21</a>	<a href="#">Fri 12/3/21</a>
81	<b>Reports</b>	<b>100%</b>	<b>327 days</b>	<b>Mon 12/14/20</b>	<b>Tue 3/15/22</b>
82	<b>Custom Reports</b>	<b>100%</b>	<b>327 days</b>	<b>Mon 12/14/20</b>	<b>Tue 3/15/22</b>
83	Identify Custom Reports	100%	12.75 days	Mon 12/14/20	Wed 12/30/20
84	<b>Develop Custom Reports</b>	<b>100%</b>	<b>277.25 days</b>	<b>Wed 12/30/20</b>	<b>Fri 1/21/22</b>
85	<b>Develop Custom Report 1</b>	<b>100%</b>	<b>242.25 days</b>	<b>Wed 12/30/20</b>	<b>Fri 12/3/21</b>
86	Write Report 1 Specification	100%	17.25 days	Wed 12/30/20	Fri 1/22/21
87	Review/Revise Report 1 Specification	100%	5 days	Mon 1/25/21	Fri 1/29/21
88	<a href="#">Approve Report 1 Specification</a>	100%	0 days	<a href="#">Fri 4/30/21</a>	<a href="#">Fri 4/30/21</a>
89	Develop Report 1	100%	78 days	Wed 4/28/21	Fri 8/13/21
90	Test/Validate Report 1	100%	10 days	Sat 8/14/21	Fri 8/27/21
91	Revise Report 1	100%	71 days	Fri 8/27/21	Fri 12/3/21
92	<b>Develop Custom Report 2</b>	<b>100%</b>	<b>237.25 days</b>	<b>Wed 1/6/21</b>	<b>Fri 12/3/21</b>
93	Write Report 2 Specification	100%	12.25 days	Wed 1/6/21	Fri 1/22/21
94	Review/Revise Report 2 Specification	100%	5 days	Mon 1/25/21	Fri 1/29/21
95	<a href="#">Approve Report 2 Specification</a>	100%	0 days	<a href="#">Fri 4/30/21</a>	<a href="#">Fri 4/30/21</a>
96	Develop Report 2	100%	33.25 days	Fri 4/30/21	Wed 6/16/21
97	Test/Validate Report 2	100%	5 days	Thu 6/17/21	Wed 6/23/21
98	Revise Report 2	100%	117 days	Thu 6/24/21	Fri 12/3/21
99	<b>Develop Custom Report 3</b>	<b>100%</b>	<b>245.25 days</b>	<b>Wed 1/13/21</b>	<b>Wed 12/22/21</b>
100	Write Report 3 Specification	100%	7.25 days	Wed 1/13/21	Fri 1/22/21
101	Review/Revise Report 3 Specification	100%	5 days	Mon 1/25/21	Fri 1/29/21
102	<a href="#">Approve Report 3 Specification</a>	100%	0 days	<a href="#">Fri 4/30/21</a>	<a href="#">Fri 4/30/21</a>
103	Develop Report 3	100%	153.25 days	Fri 4/30/21	Wed 12/1/21
104	Test/Validate Report 3	100%	5 days	Thu 12/2/21	Wed 12/8/21
105	Revise Report 3	100%	10 days	Thu 12/9/21	Wed 12/22/21
106	<b>Develop Custom Report 4</b>	<b>100%</b>	<b>133.25 days</b>	<b>Wed 1/20/21</b>	<b>Mon 7/26/21</b>
107	Write Report 4 Specification	100%	2.25 days	Wed 1/20/21	Fri 1/22/21
108	Review/Revise Report 4 Specification	100%	5 days	Mon 1/25/21	Fri 1/29/21
109	<a href="#">Approve Report 4 Specification</a>	100%	0 days	<a href="#">Fri 4/30/21</a>	<a href="#">Fri 4/30/21</a>
110	Develop Report 4	100%	36 days	Wed 4/28/21	Wed 6/16/21
111	Test/Validate Report 4	100%	5 days	Thu 6/17/21	Wed 6/23/21
112	Revise Report 4	100%	23 days	Thu 6/24/21	Mon 7/26/21
113	<b>Develop Custom Report 5</b>	<b>100%</b>	<b>221 days</b>	<b>Fri 1/29/21</b>	<b>Fri 12/3/21</b>
114	Write Report 5 Specification	100%	10 days	Fri 1/29/21	Thu 2/11/21
115	Review/Revise Report 5 Specification	100%	5 days	Fri 2/12/21	Thu 2/18/21
116	<a href="#">Approve Report 5 Specification</a>	100%	0 days	<a href="#">Fri 4/30/21</a>	<a href="#">Fri 4/30/21</a>
117	Develop Report 5	100%	33.25 days	Fri 4/30/21	Wed 6/16/21
118	Test/Validate Report 5	100%	5 days	Thu 6/17/21	Wed 6/23/21
119	Revise Report 5	100%	117 days	Thu 6/24/21	Fri 12/3/21
120	<b>Develop Custom Report 6</b>	<b>100%</b>	<b>146 days</b>	<b>Fri 1/29/21</b>	<b>Fri 8/20/21</b>
121	Write Report 6 Specification	100%	13 days	Fri 1/29/21	Tue 2/16/21
122	Review/Revise Report 6 Specification	100%	5 days	Wed 2/17/21	Tue 2/23/21
123	<a href="#">Approve Report 6 Specification</a>	100%	0 days	<a href="#">Fri 4/30/21</a>	<a href="#">Fri 4/30/21</a>
124	Develop Report 6	100%	12.75 days	Wed 4/28/21	Fri 5/14/21
125	Test/Validate Report 6	100%	5 days	Fri 5/14/21	Fri 5/21/21
126	Revise Report 6	100%	65.25 days	Fri 5/21/21	Fri 8/20/21
127	<b>Develop Custom Report 7</b>	<b>100%</b>	<b>208 days</b>	<b>Wed 2/17/21</b>	<b>Fri 12/3/21</b>
128	Write Report 7 Specification	100%	23 days	Wed 2/17/21	Fri 3/19/21
129	Review/Revise Report 7 Specification	100%	5 days	Mon 3/22/21	Fri 3/26/21
130	<a href="#">Approve Report 7 Specification</a>	100%	0 days	<a href="#">Fri 4/30/21</a>	<a href="#">Fri 4/30/21</a>
131	Develop Report 7	100%	5 days	Wed 4/28/21	Tue 5/4/21
132	Test/Validate Report 7	100%	5 days	Wed 5/5/21	Tue 5/11/21
133	Revise Report 7	100%	148 days	Wed 5/12/21	Fri 12/3/21
134	<b>Develop Custom Report 8</b>	<b>100%</b>	<b>220 days</b>	<b>Sat 3/20/21</b>	<b>Fri 1/21/22</b>
135	Write Report 8 Specification	100%	5 days	Sat 3/20/21	Fri 3/26/21
136	Review/Revise Report 8 Specification	100%	64 days	Mon 3/29/21	Thu 6/24/21
137	Approve Report 8 Specification	100%	32 days	Thu 6/24/21	Mon 8/9/21
138	Develop Report 8	100%	75 days	Thu 8/26/21	Wed 12/8/21
139	Test/Validate Report 8	100%	6 days	Wed 12/8/21	Wed 12/15/21



ID	Task Name	% Complete	Duration	Start	Finish
140	Revise Report 8	100%	29 days	Tue 12/14/21	Fri 1/21/22
141	<b>Develop Custom Report 9</b>	<b>100%</b>	<b>142 days</b>	<b>Mon 3/29/21</b>	<b>Tue 10/12/21</b>
142	Write Report 9 Specification	100%	5 days	Mon 3/29/21	Fri 4/2/21
143	Review/Revise Report 9 Specification	100%	5 days	Mon 4/5/21	Fri 4/9/21
144	<a href="#">Approve Report 9 Specification</a>	100%	0 days	Fri 4/30/21	Fri 4/30/21
145	Develop Report 9	100%	12.25 days	Wed 4/28/21	Fri 5/14/21
146	Test/Validate Report 9	100%	75.75 days	Fri 5/14/21	Fri 8/27/21
147	Revise Report 9	100%	32 days	Mon 8/30/21	Tue 10/12/21
148	<b>Develop Custom Report 10</b>	<b>100%</b>	<b>129 days</b>	<b>Thu 4/15/21</b>	<b>Tue 10/12/21</b>
149	Write Report 10 Specification	100%	9 days	Thu 4/15/21	Tue 4/27/21
150	Review/Revise Report 10 Specification	100%	1 day	Wed 4/28/21	Wed 4/28/21
151	<a href="#">Approve Report 10 Specification</a>	100%	0 days	Tue 4/27/21	Tue 4/27/21
152	Develop Report 10	100%	10.5 days	Tue 4/27/21	Tue 5/11/21
153	Test/Validate Report 10	100%	78.5 days	Tue 5/11/21	Fri 8/27/21
154	Revise Report 10	100%	32 days	Mon 8/30/21	Tue 10/12/21
155	<b>Verify Custom Reports</b>	<b>100%</b>	<b>119 days</b>	<b>Thu 9/30/21</b>	<b>Tue 3/15/22</b>
156	Test Custom Reports	100%	20 days	Thu 9/30/21	Tue 2/22/22
157	Revise Custom Reports	100%	30 days	Thu 10/7/21	Tue 3/15/22
158	Approve Custom Reports	100%	1 day	Thu 1/13/22	Thu 1/13/22
159	<b>DOEA Reports</b>	<b>100%</b>	<b>279.25 days</b>	<b>Wed 12/30/20</b>	<b>Tue 1/25/22</b>
160	<b>CIRTS Reports</b>	<b>100%</b>	<b>92.25 days</b>	<b>Wed 12/30/20</b>	<b>Fri 5/7/21</b>
161	Identify CIRTS Reports	100%	13 days	Wed 12/30/20	Mon 1/18/21
162	Analyze CIRTS Reports	100%	79.25 days	Mon 1/18/21	Fri 5/7/21
163	<b>APEX Reports</b>	<b>100%</b>	<b>74 days</b>	<b>Mon 1/18/21</b>	<b>Fri 4/30/21</b>
164	Identify APEX Reports	100%	13 days	Mon 1/18/21	Thu 2/4/21
165	Analyze APEX Reports	100%	61 days	Thu 2/4/21	Fri 4/30/21
166	Develop DOEA Reports	100%	187 days	Mon 5/10/21	Tue 1/25/22
167	Test DOEA Reports	100%	50 days	Mon 11/15/21	Fri 1/21/22
168	Approve DOEA Reports	100%	45 days	Fri 11/19/21	Fri 1/21/22
169	Reports Complete	100%	1 day	Thu 1/13/22	Thu 1/13/22
170	<b>Deliver</b>	<b>100%</b>	<b>267.75 days</b>	<b>Thu 1/7/21</b>	<b>Mon 1/17/22</b>
171	<b>Validate</b>	<b>100%</b>	<b>254.9 days</b>	<b>Tue 1/26/21</b>	<b>Mon 1/17/22</b>
172	<b>Conduct Application Validation Testing</b>	<b>100%</b>	<b>20.9 days</b>	<b>Tue 1/26/21</b>	<b>Tue 2/23/21</b>
173	Application Validation Testing - Week 1	100%	3.9 days	Tue 1/26/21	Fri 1/29/21
174	Application Validation Testing - Week 2	100%	5 days	Wed 2/3/21	Tue 2/9/21
175	Remediate Issues and Retest	100%	10 days	Wed 2/10/21	Tue 2/23/21
176	<b>Conduct Integration and Regression Testing</b>	<b>100%</b>	<b>21 days</b>	<b>Thu 5/27/21</b>	<b>Thu 6/24/21</b>
177	Integration Testing - Week 1	100%	6 days	Thu 5/27/21	Thu 6/3/21
178	Remediate Issues and Retest	100%	5 days	Fri 6/4/21	Thu 6/10/21
179	Integration Testing - Week 2	100%	6 days	Thu 6/10/21	Thu 6/17/21
180	Regression Testing	100%	6 days	Thu 6/17/21	Thu 6/24/21
181	<b>Conduct User Acceptance Testing (UAT)</b>	<b>100%</b>	<b>15 days</b>	<b>Mon 10/11/21</b>	<b>Fri 10/29/21</b>
182	UAT - Week 1	100%	5 days	Mon 10/11/21	Fri 10/15/21
183	Remediate Issues and Retest	100%	15 days	Mon 10/11/21	Fri 10/29/21
184	UAT - Week 2	100%	7 days	Mon 10/18/21	Tue 10/26/21
185	Validation Sign Off	100%	59 days	Tue 10/26/21	Mon 1/17/22
186	<b>Training</b>	<b>100%</b>	<b>226.75 days</b>	<b>Thu 1/7/21</b>	<b>Fri 11/19/21</b>
187	<b>Plan Training</b>	<b>100%</b>	<b>30.75 days</b>	<b>Thu 1/7/21</b>	<b>Thu 2/18/21</b>
188	Create Training Plan	100%	6.75 days	Thu 1/7/21	Fri 1/15/21
189	Review Training Plan	100%	4 days	Fri 1/15/21	Wed 1/20/21
190	Revise Training Plan	100%	16 days	Fri 1/22/21	Fri 2/12/21
191	Approve Training Plan	100%	4 days	Mon 2/15/21	Thu 2/18/21
192	<b>Prepare Training Materials</b>	<b>100%</b>	<b>181.75 days</b>	<b>Tue 2/23/21</b>	<b>Wed 11/3/21</b>
193	User Role Training Materials	100%	29.5 days	Tue 2/23/21	Mon 4/5/21
194	Workflow Training Materials	100%	5 days	Thu 2/25/21	Thu 3/4/21
195	System Training Materials	100%	5 days	Thu 3/4/21	Thu 3/11/21
196	Revise Training Material	100%	94 days	Fri 6/18/21	Wed 10/27/21
197	Review Training Materials	100%	5 days	Thu 10/28/21	Wed 11/3/21
198	<a href="#">Training Materials Approved</a>	100%	0 days	Wed 11/3/21	Wed 11/3/21
199	<b>Train the Trainer (TTT)</b>	<b>100%</b>	<b>145 days</b>	<b>Wed 3/10/21</b>	<b>Tue 9/28/21</b>
200	TTT Session 1	100%	6 days	Wed 3/10/21	Wed 3/17/21
201	TTT Session 2	100%	25 days	Wed 8/25/21	Tue 9/28/21
202	<b>End User Training Preparation</b>	<b>100%</b>	<b>42 days</b>	<b>Wed 9/8/21</b>	<b>Thu 11/4/21</b>
203	Prepare I&R Training	100%	33 days	Wed 9/8/21	Fri 10/22/21
204	Prepare ADRC Training	100%	33 days	Wed 9/8/21	Fri 10/22/21
205	Prepare OAA/Lead Agency Training	100%	33 days	Wed 9/8/21	Fri 10/22/21
206	Prepare Vendor Training	100%	33 days	Wed 9/8/21	Fri 10/22/21
207	Prepare Special Programs Training	100%	33 days	Wed 9/8/21	Fri 10/22/21
208	Prepare Fiscal Staff Training	100%	33 days	Wed 9/8/21	Fri 10/22/21
209	Prepare Management Training	100%	33 days	Wed 9/8/21	Fri 10/22/21

ID	Task Name	% Complete	Duration	Start	Finish
210	Prepare Unit Posting Training	100%	33 days	Wed 9/8/21	Fri 10/22/21
211	Prepare CARES Staff Training	100%	42 days	Wed 9/8/21	Thu 11/4/21
212	End User Training Preparations Completed	100%	0 days	Thu 11/4/21	Thu 11/4/21
213	<b>End User Training</b>	<b>100%</b>	<b>12 days</b>	<b>Thu 11/4/21</b>	<b>Fri 11/19/21</b>
214	Deliver I&R Training	100%	12 days	Thu 11/4/21	Fri 11/19/21
215	Deliver ADRC Training	100%	12 days	Thu 11/4/21	Fri 11/19/21
216	Deliver OAA/Lead Agency Training	100%	12 days	Thu 11/4/21	Fri 11/19/21
217	Deliver Vendor Training	100%	12 days	Thu 11/4/21	Fri 11/19/21
218	Deliver Special Programs Training	100%	12 days	Thu 11/4/21	Fri 11/19/21
219	Deliver Fiscal Staff Training	100%	12 days	Thu 11/4/21	Fri 11/19/21
220	Deliver Management Training	100%	12 days	Thu 11/4/21	Fri 11/19/21
221	Deliver Unit Posting Training	100%	12 days	Thu 11/4/21	Fri 11/19/21
222	Deliver CARES Staff Training	100%	10 days	Fri 11/5/21	Thu 11/18/21
223	Deliver Refresher Training	100%	3 days	Wed 11/17/21	Fri 11/19/21
224	End User Training Completed	100%	0 days	Fri 11/19/21	Fri 11/19/21
225	Training Completed	100%	0 days	Fri 11/19/21	Fri 11/19/21
226	<b>Go Live</b>	<b>100%</b>	<b>125 days</b>	<b>Mon 10/25/21</b>	<b>Fri 4/15/22</b>
227	<b>Deployment Plan</b>	<b>100%</b>	<b>33 days</b>	<b>Mon 10/25/21</b>	<b>Wed 12/8/21</b>
228	Create Deployment Plan and Go Live Schedule	100%	3 days	Mon 10/25/21	Wed 10/27/21
229	Review Deployment Plan	100%	9 days	Thu 10/28/21	Tue 11/9/21
230	Revise Deployment Plan	100%	3 days	Thu 12/2/21	Mon 12/6/21
231	Deployment Plan Final Review	100%	2 days	Tue 12/7/21	Wed 12/8/21
232	Deployment Plan Approved	100%	1 day	Wed 12/8/21	Wed 12/8/21
233	<b>System Cutover</b>	<b>100%</b>	<b>17 days</b>	<b>Tue 11/23/21</b>	<b>Wed 12/15/21</b>
234	Review Cutover Preparations	100%	5 days	Mon 11/29/21	Fri 12/3/21
235	Go/No Go Decision	100%	0 days	Fri 12/3/21	Fri 12/3/21
236	<b>Prepare for Go Live</b>	<b>100%</b>	<b>17 days</b>	<b>Tue 11/23/21</b>	<b>Wed 12/15/21</b>
237	Deploy Production Build Update/Patches	100%	2 days	Tue 11/23/21	Wed 11/24/21
238	Migrate Production Configuration	100%	1 day	Fri 12/10/21	Fri 12/10/21
239	Manual Configuration Updates in Production	100%	1 day	Sat 12/11/21	Mon 12/13/21
240	Custom Reports Deployed to Production	100%	1 day	Sun 12/12/21	Mon 12/13/21
241	Stop data entry in REFER and CIRTS	100%	0 days	Tue 12/7/21	Tue 12/7/21
242	Provide Production Data Migration File	100%	1 day	Fri 12/10/21	Fri 12/10/21
243	Import Production Data Migration File & Run Scripts	100%	4 days	Fri 12/10/21	Wed 12/15/21
244	Validate Production Environment	100%	1 day	Mon 12/13/21	Mon 12/13/21
245	Log in Credentials Sent to Users	100%	1 day	Mon 12/13/21	Mon 12/13/21
246	Go Live Preparations Complete	100%	0 days	Mon 12/13/21	Mon 12/13/21
247	Go Live	100%	1 day	Tue 12/14/21	Tue 12/14/21
248	Go Live Support	100%	89 days	Tue 12/14/21	Fri 4/15/22
249	WellSky Client Support Guide Complete	100%	1 day	Wed 2/2/22	Wed 2/2/22
250	<b>Role Clean Up</b>	<b>100%</b>	<b>112 days</b>	<b>Mon 4/18/22</b>	<b>Tue 9/20/22</b>
251	Clean Up Roles in eCIRTS	100%	112 days	Mon 4/18/22	Tue 9/20/22
252	Role Clean Up Complete	100%	0 days	Tue 9/20/22	Tue 9/20/22
253	Phase 1 Complete	100%	0 days	Tue 9/20/22	Tue 9/20/22
2	<b>eCIRTS Phase 2</b>	<b>53%</b>	<b>540 days</b>	<b>Thu 8/25/22</b>	<b>Thu 10/10/24</b>
1	Start eCIRTS Project Phase 2	100%	0 days	Thu 8/25/22	Thu 8/25/22
2	<b>Project Management</b>	<b>58%</b>	<b>510 days</b>	<b>Thu 8/25/22</b>	<b>Wed 8/28/24</b>
3	<b>Manage Project</b>	<b>58%</b>	<b>458 days</b>	<b>Thu 8/25/22</b>	<b>Fri 6/14/24</b>
4	Manage Project - DOEA	58%	458 days	Thu 8/25/22	Fri 6/14/24
5	Manage Project - WellSky	58%	458 days	Thu 8/25/22	Fri 6/14/24
6	<b>Vendor Payment Milestones</b>	<b>0%</b>	<b>259 days</b>	<b>Mon 8/21/23</b>	<b>Wed 8/28/24</b>
7	Milestone 6: Approve Solution Design	100%	0 days	Mon 8/21/23	Mon 8/21/23
8	Milestone 7: System Configuration Complete	0%	0 days	Tue 10/3/23	Tue 10/3/23
9	Milestone 8: System Validation Complete	0%	0 days	Fri 6/28/24	Fri 6/28/24
10	Milestone 9: Go Live	0%	0 days	Wed 8/28/24	Wed 8/28/24
11	<b>Initiation</b>	<b>100%</b>	<b>3 days</b>	<b>Thu 8/25/22</b>	<b>Mon 8/29/22</b>
12	<b>Project Review</b>	<b>100%</b>	<b>3 days</b>	<b>Thu 8/25/22</b>	<b>Mon 8/29/22</b>
13	Review Project Scope and Goals	100%	1 day	Thu 8/25/22	Thu 8/25/22
14	Review PM Documentation	100%	2 days	Fri 8/26/22	Mon 8/29/22
15	Project Review Complete	100%	0 days	Mon 8/29/22	Mon 8/29/22
16	Initiation Complete	100%	0 days	Mon 8/29/22	Mon 8/29/22
17	<b>Planning</b>	<b>100%</b>	<b>11 days</b>	<b>Thu 8/25/22</b>	<b>Fri 9/9/22</b>
18	Create Project Schedule	100%	2 days	Thu 8/25/22	Fri 8/26/22
19	Identify and Assign Project Resources	100%	5 days	Mon 8/29/22	Fri 9/2/22
20	Finalize Project Schedule	100%	1 day	Tue 9/6/22	Tue 9/6/22
21	Approve Project Schedule	100%	2 days	Wed 9/7/22	Thu 9/8/22
22	Baseline Project Schedule	100%	1 day	Fri 9/9/22	Fri 9/9/22
23	Planning Complete	100%	0 days	Fri 9/9/22	Fri 9/9/22
24	<b>Execution</b>	<b>53%</b>	<b>529 days</b>	<b>Tue 9/6/22</b>	<b>Fri 10/4/24</b>
25	Conduct Phase 2 Kick Off	100%	1 day	Fri 9/9/22	Fri 9/9/22



ID	Task Name	% Complete	Duration	Start	Finish
26	<b>Group 1 - CARES &amp; EHEAP</b>	<b>55%</b>	<b>483 days</b>	<b>Tue 9/6/22</b>	<b>Wed 7/31/24</b>
27	<b>Design</b>	<b>100%</b>	<b>127 days</b>	<b>Mon 9/12/22</b>	<b>Mon 3/13/23</b>
28	<b>Gather Requirements</b>	<b>100%</b>	<b>46 days</b>	<b>Mon 9/12/22</b>	<b>Tue 11/15/22</b>
29	Gather Business Requirements	100%	10 days	Mon 9/12/22	Fri 9/23/22
30	Gather Technical Requirements	100%	13 days	Fri 9/16/22	Tue 10/4/22
31	Document Business Requirements	100%	5 days	Mon 9/26/22	Fri 9/30/22
32	Document Technical Requirements	100%	5 days	Fri 9/30/22	Thu 10/6/22
33	Document Interface Requirements (Interface Design and Mapping Docu	100%	30 days	Tue 10/4/22	Tue 11/15/22
34	<a href="#">Requirements Gathering Complete</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Tue 11/15/22</a>	<a href="#">Tue 11/15/22</a>
35	<b>Design and Review Solution Components</b>	<b>100%</b>	<b>108 days</b>	<b>Fri 10/7/22</b>	<b>Mon 3/13/23</b>
36	Design and Review Solution - Week 1	100%	5 days	Fri 10/7/22	Thu 10/13/22
37	Revise Solution - Week 1	100%	5 days	Fri 10/14/22	Thu 10/20/22
38	Design and Review Solution - Week 2	100%	5 days	Fri 10/21/22	Thu 10/27/22
39	Revise Solution - Week 2	100%	10 days	Fri 10/28/22	Thu 11/10/22
40	Review Solution Design Documents	100%	15 days	Mon 11/14/22	Tue 12/6/22
41	Solution Design Approved	100%	68 days	Wed 12/7/22	Mon 3/13/23
42	<a href="#">Design and Review Solution Components Complete</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Mon 3/13/23</a>	<a href="#">Mon 3/13/23</a>
43	<b>Development/Technical Tasks</b>	<b>57%</b>	<b>398 days</b>	<b>Tue 9/6/22</b>	<b>Mon 4/1/24</b>
44	<b>Data Replication</b>	<b>100%</b>	<b>38 days</b>	<b>Tue 9/6/22</b>	<b>Thu 10/27/22</b>
45	Data Replication Deployment Plan	100%	5 days	Tue 9/6/22	Mon 9/12/22
46	Setup	100%	7 days	Tue 9/13/22	Wed 9/21/22
47	Testing	100%	10 days	Thu 9/22/22	Wed 10/5/22
48	Deployment	100%	1 day	Thu 10/6/22	Thu 10/6/22
49	Monitoring/Stabilization	100%	15 days	Fri 10/7/22	Thu 10/27/22
50	<a href="#">Data Replication Complete</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Thu 10/27/22</a>	<a href="#">Thu 10/27/22</a>
51	<b>Interface Development</b>	<b>100%</b>	<b>193 days</b>	<b>Fri 10/14/22</b>	<b>Wed 7/19/23</b>
52	Sprint 1 - 701B Import	100%	10 days	Wed 6/7/23	Tue 6/20/23
53	Sprint 2 - 701B Import	100%	20 days	Wed 6/21/23	Wed 7/19/23
54	Sprint 3 - LOC Export	100%	30 days	Mon 11/28/22	Fri 1/6/23
55	Sprint 4 - MLTC Import	100%	10 days	Fri 10/14/22	Thu 10/27/22
56	Sprint 5 - MLTC Import	100%	10 days	Fri 10/28/22	Thu 11/10/22
58	Sprint 6 - FMMIS 270/271	100%	15 days	Mon 11/28/22	Fri 12/16/22
59	Sprint 7 - FMMIS 270/271	100%	25 days	Mon 12/19/22	Mon 1/23/23
60	<a href="#">Interface Development Complete</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Wed 7/19/23</a>	<a href="#">Wed 7/19/23</a>
61	<b>Data Migration</b>	<b>63%</b>	<b>321 days</b>	<b>Mon 11/7/22</b>	<b>Wed 2/14/24</b>
62	<b>Data Migration Plan and Workbook</b>	<b>100%</b>	<b>199 days</b>	<b>Mon 11/7/22</b>	<b>Fri 8/18/23</b>
63	Review Data Migration/Conversion Schema Workbook	100%	101 days	Mon 11/7/22	Fri 3/31/23
64	Review Data Migration with DOEA	100%	4 days	Mon 5/1/23	Fri 5/5/23
65	DOEA Approval of Data Mapping Document	100%	11.6 wks	Tue 5/30/23	Fri 8/18/23
66	<a href="#">Data Migration Plan and Workbook Complete</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Fri 8/18/23</a>	<a href="#">Fri 8/18/23</a>
67	<b>Migrate Data</b>	<b>0%</b>	<b>94 days</b>	<b>Thu 9/28/23</b>	<b>Wed 2/14/24</b>
68	<b>Extract 1</b>	<b>0%</b>	<b>40 days</b>	<b>Thu 9/28/23</b>	<b>Mon 11/27/23</b>
69	Create Extract 1	0%	20 days	Thu 9/28/23	Thu 10/26/23
70	Process Extract 1	0%	5 days	Fri 10/27/23	Thu 11/2/23
71	Review and Remediate Extract 1	0%	15 days	Thu 11/2/23	Mon 11/27/23
72	<a href="#">Extract 1 Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Mon 11/27/23</a>	<a href="#">Mon 11/27/23</a>
73	<b>Extract 2</b>	<b>0%</b>	<b>31 days</b>	<b>Mon 11/27/23</b>	<b>Thu 1/11/24</b>
74	Create Extract 2	0%	15 days	Mon 11/27/23	Mon 12/18/23
75	Process Extract 2	0%	4 days	Tue 12/19/23	Fri 12/22/23
76	Review and Remediate Extract 2	0%	12 days	Fri 12/22/23	Thu 1/11/24
77	<a href="#">Extract 2 Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Thu 1/11/24</a>	<a href="#">Thu 1/11/24</a>
78	<b>Extract 3</b>	<b>0%</b>	<b>23 days</b>	<b>Thu 1/11/24</b>	<b>Wed 2/14/24</b>
79	Create Extract 3	0%	10 days	Thu 1/11/24	Fri 1/26/24
80	Process Extract 3	0%	3 days	Mon 1/29/24	Wed 1/31/24
81	Review and Remediate Extract 3	0%	10 days	Wed 1/31/24	Wed 2/14/24
82	<a href="#">Extract 3 Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Wed 2/14/24</a>	<a href="#">Wed 2/14/24</a>
83	<a href="#">Data Migration Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Wed 2/14/24</a>	<a href="#">Wed 2/14/24</a>
84	<b>Reports</b>	<b>0%</b>	<b>145 days</b>	<b>Fri 9/1/23</b>	<b>Mon 4/1/24</b>
85	Identify Reports	0%	30 days	Fri 9/1/23	Mon 10/16/23
86	Analyze Reports-Report Specification Documents	0%	15 days	Mon 10/16/23	Mon 11/6/23
87	Develop Reports	0%	60 days	Mon 11/6/23	Mon 2/5/24
88	Test Reports	0%	30 days	Mon 2/5/24	Mon 3/18/24
89	Approve Reports	0%	10 days	Tue 3/19/24	Mon 4/1/24
90	<a href="#">Reports Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Mon 4/1/24</a>	<a href="#">Mon 4/1/24</a>
91	<b>Configure</b>	<b>100%</b>	<b>109 days</b>	<b>Mon 1/9/23</b>	<b>Mon 6/12/23</b>
92	<a href="#">Start Configure</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Fri 3/3/23</a>	<a href="#">Fri 3/3/23</a>
93	<b>Configuration</b>	<b>100%</b>	<b>109 days</b>	<b>Mon 1/9/23</b>	<b>Mon 6/12/23</b>
94	Configuration - Round 1	100%	5 days	Mon 1/9/23	Tue 1/17/23
95	Configuration - Round 2	100%	5 days	Tue 1/17/23	Mon 1/23/23
96	Plan Test Activities and Review Test Plan	100%	5 days	Mon 1/23/23	Mon 1/30/23

ID	Task Name	% Complete	Duration	Start	Finish
97	Conduct System Testing	100%	5 days	Tue 1/31/23	Mon 2/6/23
98	Review initial design	100%	18 days	Mon 3/27/23	Thu 4/20/23
99	Remediate Issues	100%	5 days	Fri 4/21/23	Thu 4/27/23
100	Configuration - Round 3	100%	5 days	Fri 4/28/23	Thu 5/4/23
101	Conduct System Testing	100%	5 days	Fri 5/5/23	Thu 5/11/23
102	Review Configuration with DOEA	100%	5 days	Tue 5/30/23	Mon 6/5/23
103	Remediate Configuration Review Issues	100%	5 days	Tue 6/6/23	Mon 6/12/23
104	Configuration Complete	100%	0 days	Mon 6/12/23	Mon 6/12/23
105	<b>Deliver</b>	<b>11%</b>	<b>207 days</b>	<b>Tue 7/25/23</b>	<b>Thu 5/16/24</b>
106	<b>Validation</b>	<b>23%</b>	<b>207 days</b>	<b>Tue 7/25/23</b>	<b>Thu 5/16/24</b>
107	<b>Conduct Application Validation Testing</b>	<b>100%</b>	<b>17 days</b>	<b>Tue 7/25/23</b>	<b>Wed 8/16/23</b>
108	Application Validation Testing - Week 1	100%	4 days	Tue 7/25/23	Fri 7/28/23
109	Application Validation Testing - Week 2	100%	5 days	Fri 7/28/23	Fri 8/4/23
110	Remediate Issues and Retest	100%	5 days	Fri 8/4/23	Fri 8/11/23
111	Application Validation Test Results Documented	100%	3 days	Mon 8/14/23	Wed 8/16/23
112	Application Validation Testing Complete	100%	0 days	Wed 8/16/23	Wed 8/16/23
113	<b>Conduct Integration and Interface (End to End) Testing</b>	<b>18%</b>	<b>40.5 days</b>	<b>Wed 8/16/23</b>	<b>Fri 10/13/23</b>
114	Integration/Interface Testing - Week 1	100%	5 days	Wed 8/16/23	Wed 8/23/23
115	Integration/Interface Testing - Week 2	0%	5 days	Tue 9/12/23	Tue 9/19/23
116	Integration/Interface Testing - Week 3	0%	5 days	Tue 9/19/23	Tue 9/26/23
117	Remediate Issues and Retest	0%	5 days	Tue 9/26/23	Tue 10/3/23
118	Regression Testing	0%	5 days	Tue 10/3/23	Tue 10/10/23
119	Interface Validation Test Results Documented	0%	3 days	Tue 10/10/23	Fri 10/13/23
120	Integration and Interface Testing Complete	0%	0 days	Fri 10/13/23	Fri 10/13/23
121	<b>Conduct User Acceptance Testing (UAT)</b>	<b>0%</b>	<b>18 days</b>	<b>Wed 2/14/24</b>	<b>Mon 3/11/24</b>
122	UAT - Week 1	0%	5 days	Wed 2/14/24	Wed 2/21/24
123	Remediate Issues and Retest	0%	5 days	Thu 2/22/24	Wed 2/28/24
124	UAT - Week 2	0%	5 days	Wed 2/28/24	Wed 3/6/24
125	UAT/End to End Test Results Documented	0%	3 days	Thu 3/7/24	Mon 3/11/24
126	UAT Complete	0%	0 days	Mon 3/11/24	Mon 3/11/24
127	<b>Conduct Report Validation Testing</b>	<b>0%</b>	<b>33 days</b>	<b>Mon 4/1/24</b>	<b>Thu 5/16/24</b>
128	Report Validation Testing - Week 1	0%	5 days	Mon 4/1/24	Mon 4/8/24
129	Remediate Issues and Retest	0%	20 days	Mon 4/8/24	Mon 5/6/24
130	Report Validation Testing - Week 2	0%	5 days	Mon 5/6/24	Mon 5/13/24
131	Report Validation Test Results Documented	0%	3 days	Mon 5/13/24	Thu 5/16/24
132	Report Validation Testing Complete	0%	0 days	Thu 5/16/24	Thu 5/16/24
133	Validation Sign Off	0%	0 days	Thu 5/16/24	Thu 5/16/24
134	<b>Training</b>	<b>0%</b>	<b>104 days</b>	<b>Tue 12/12/23</b>	<b>Wed 5/8/24</b>
135	<b>Prepare Training Plan</b>	<b>0%</b>	<b>10 days</b>	<b>Thu 1/11/24</b>	<b>Fri 1/26/24</b>
136	Review/Update Training Plan	0%	5 days	Thu 1/11/24	Fri 1/19/24
137	Approve Training Plan	0%	5 days	Mon 1/22/24	Fri 1/26/24
138	Training Plan Prepared and Approved	0%	0 days	Fri 1/26/24	Fri 1/26/24
139	<b>Prepare Training Materials</b>	<b>0%</b>	<b>36 days</b>	<b>Tue 12/12/23</b>	<b>Fri 2/2/24</b>
140	Create Training Materials	0%	10 days	Tue 12/12/23	Tue 12/26/23
141	Review Training Materials	0%	10 days	Wed 12/27/23	Wed 1/10/24
142	Revise Training Materials	0%	10 days	Thu 1/11/24	Thu 1/25/24
143	Training Materials Approved	0%	5 days	Mon 1/29/24	Fri 2/2/24
144	Training Materials Prepared and Approved	0%	0 days	Fri 2/2/24	Fri 2/2/24
145	<b>Train the Trainer (TTT)</b>	<b>0%</b>	<b>5 days</b>	<b>Thu 2/15/24</b>	<b>Wed 2/21/24</b>
146	TTT Session	0%	5 days	Thu 2/15/24	Wed 2/21/24
147	TTT Session Complete	0%	0 days	Wed 2/21/24	Wed 2/21/24
148	<b>End User Training Preparation</b>	<b>0%</b>	<b>35 days</b>	<b>Thu 2/22/24</b>	<b>Wed 4/10/24</b>
149	Prepare Training Materials	0%	15 days	Thu 2/22/24	Wed 3/13/24
150	Prepare Training Classes	0%	10 days	Thu 3/14/24	Wed 3/27/24
151	Training Registration	0%	10 days	Thu 3/28/24	Wed 4/10/24
152	End User Training Preparations Completed	0%	0 days	Wed 4/10/24	Wed 4/10/24
153	<b>End User Training</b>	<b>0%</b>	<b>20 days</b>	<b>Thu 4/11/24</b>	<b>Wed 5/8/24</b>
154	End User Training Week 1	0%	5 days	Thu 4/11/24	Wed 4/17/24
155	End User Training Week 2	0%	5 days	Thu 4/18/24	Wed 4/24/24
156	End User Training Week 3	0%	5 days	Thu 4/25/24	Wed 5/1/24
157	End User Training Week 4	0%	5 days	Thu 5/2/24	Wed 5/8/24
158	End User Training Completed	0%	0 days	Wed 5/8/24	Wed 5/8/24
159	<b>Go Live</b>	<b>0%</b>	<b>52 days</b>	<b>Fri 5/17/24</b>	<b>Wed 7/31/24</b>
160	<b>Prepare Deployment Plan</b>	<b>0%</b>	<b>10 days</b>	<b>Fri 5/17/24</b>	<b>Fri 5/31/24</b>
161	Create Deployment Plan	0%	5 days	Fri 5/17/24	Thu 5/23/24
162	Review Deployment Plan and Schedule	0%	5 days	Thu 5/23/24	Fri 5/31/24
163	Deployment Plan Created and Reviewed	0%	0 days	Fri 5/31/24	Fri 5/31/24
164	<b>System Cutover</b>	<b>0%</b>	<b>42 days</b>	<b>Fri 5/31/24</b>	<b>Wed 7/31/24</b>
165	Review Cutover Preparations	0%	5 days	Fri 5/31/24	Fri 6/7/24
166	Go/No Go Decision	0%	0 days	Fri 6/7/24	Fri 6/7/24

ID	Task Name	% Complete	Duration	Start	Finish
167	<b>Prepare for Go Live</b>	<b>0%</b>	<b>6 days</b>	<b>Fri 6/7/24</b>	<b>Mon 6/17/24</b>
168	Deploy Production Build Update/Patches	0%	1 day	Mon 6/10/24	Mon 6/10/24
169	Migrate Production Configuration	0%	1 day	Mon 6/10/24	Mon 6/10/24
170	Manual Configuration Updates in Production	0%	1 day	Mon 6/10/24	Mon 6/10/24
171	Custom Reports Deployed to Production	0%	1 day	Fri 6/7/24	Mon 6/10/24
172	Deploy Interfaces	0%	1 day	Mon 6/10/24	Mon 6/10/24
173	Provide Production Data Migration File	0%	1 day	Fri 6/7/24	Mon 6/10/24
174	Import Production Data Migration File & Run Scripts	0%	3 days	Tue 6/11/24	Thu 6/13/24
175	Validate Production Environment	0%	1 day	Thu 6/13/24	Fri 6/14/24
176	Log in Credentials Sent to Users	0%	1 day	Fri 6/14/24	Mon 6/17/24
177	<a href="#">Go Live Preparations Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Mon 6/17/24</a>	<a href="#">Mon 6/17/24</a>
178	<b>Conduct Group 1 Go Live</b>	<b>0%</b>	<b>31 days</b>	<b>Mon 6/17/24</b>	<b>Wed 7/31/24</b>
179	Group 1 Go Live	0%	1 day	Mon 6/17/24	Tue 6/18/24
180	Group 1 Post Go Live Support	0%	30 days	Wed 6/19/24	Wed 7/31/24
181	<a href="#">Group 1 Go Live Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Tue 6/18/24</a>	<a href="#">Tue 6/18/24</a>
182	<b>Group 2 - Area Plans, Quality/Contract Monitoring, OAAPS, SHIP</b>	<b>50%</b>	<b>409 days</b>	<b>Mon 9/19/22</b>	<b>Mon 4/29/24</b>
183	<b>Design</b>	<b>100%</b>	<b>235 days</b>	<b>Mon 9/19/22</b>	<b>Mon 8/21/23</b>
184	<b>Gather Requirements</b>	<b>100%</b>	<b>25 days</b>	<b>Mon 9/19/22</b>	<b>Fri 10/21/22</b>
185	Gather Business Requirements	100%	20 days	Mon 9/19/22	Fri 10/14/22
186	Gather Technical Requirements	100%	15 days	Mon 9/26/22	Fri 10/14/22
187	Document Business Requirements	100%	5 days	Fri 10/14/22	Thu 10/20/22
188	Document Technical Requirements	100%	5 days	Fri 10/14/22	Thu 10/20/22
189	<a href="#">Requirements Gathering Complete</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Fri 10/21/22</a>	<a href="#">Fri 10/21/22</a>
190	<b>Design and Review Solution Components</b>	<b>100%</b>	<b>210 days</b>	<b>Mon 10/24/22</b>	<b>Mon 8/21/23</b>
191	Design and Review Solution - Week 1	100%	5 days	Mon 10/24/22	Fri 10/28/22
192	Revise Solution - Week 1	100%	5 days	Mon 10/31/22	Fri 11/4/22
193	Design and Review Solution - Week 2	100%	5 days	Mon 11/21/22	Tue 11/29/22
194	Revise Solution - Week 2	100%	10 days	Wed 11/30/22	Tue 12/13/22
195	Design and Review Solution - Week 3	100%	5 days	Tue 1/10/23	Wed 1/18/23
196	Review Solution Design Documents	100%	21 days	Wed 1/18/23	Thu 2/16/23
197	Solution Design Approved	100%	130 days	Thu 2/16/23	Mon 8/21/23
198	<a href="#">Design and Review Solution Components Complete</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Mon 8/21/23</a>	<a href="#">Mon 8/21/23</a>
199	<b>Development/Technical Tasks</b>	<b>28%</b>	<b>321 days</b>	<b>Fri 10/21/22</b>	<b>Tue 1/30/24</b>
200	<b>Clean Up Scripts</b>	<b>100%</b>	<b>40 days</b>	<b>Fri 10/21/22</b>	<b>Tue 12/20/22</b>
201	Sprint 1 - OAAPS (Mapping, Assessment to Demographics)	100%	15 days	Fri 10/21/22	Thu 11/10/22
202	Sprint 2 - OAAPS (Assessment to Demographics)	100%	25 days	Mon 11/14/22	Tue 12/20/22
206	<b>Reports</b>	<b>0%</b>	<b>80 days</b>	<b>Tue 10/3/23</b>	<b>Tue 1/30/24</b>
207	Identify Reports	0%	10 days	Tue 10/3/23	Tue 10/17/23
208	Analyze Reports-Report Specification Documents	0%	15 days	Tue 10/17/23	Tue 11/7/23
209	Develop Reports	0%	45 days	Tue 11/7/23	Tue 1/16/24
210	Test Reports	0%	30 days	Thu 12/7/23	Tue 1/23/24
211	Approve Reports	0%	5 days	Wed 1/24/24	Tue 1/30/24
212	<a href="#">Reports Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Tue 1/30/24</a>	<a href="#">Tue 1/30/24</a>
213	<b>Configure</b>	<b>76%</b>	<b>181 days</b>	<b>Thu 1/19/23</b>	<b>Tue 10/3/23</b>
214	<a href="#">Start Configure</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Fri 4/14/23</a>	<a href="#">Fri 4/14/23</a>
215	<b>Configuration</b>	<b>76%</b>	<b>181 days</b>	<b>Thu 1/19/23</b>	<b>Tue 10/3/23</b>
216	Configuration - Round 1 OAAPS	100%	5 days	Thu 1/19/23	Wed 1/25/23
217	Configuration - Round 2: Quality/Contract Monitoring	100%	17 days	Thu 1/26/23	Fri 2/17/23
218	Plan Test Activities and Review Test Plan	100%	5 days	Wed 2/1/23	Wed 2/8/23
219	Conduct System Testing	100%	5 days	Mon 2/20/23	Fri 2/24/23
220	Review initial design: Quality/Contract Monitoring	50%	15 days	Tue 9/5/23	Tue 9/26/23
221	Remediate Issues	0%	5 days	Wed 9/27/23	Tue 10/3/23
227	<a href="#">Configuration Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Tue 10/3/23</a>	<a href="#">Tue 10/3/23</a>
228	<b>Deliver</b>	<b>0%</b>	<b>108 days</b>	<b>Tue 10/3/23</b>	<b>Fri 3/8/24</b>
229	<b>Validation</b>	<b>0%</b>	<b>108 days</b>	<b>Tue 10/3/23</b>	<b>Fri 3/8/24</b>
230	<b>Conduct Application Validation Testing</b>	<b>0%</b>	<b>18 days</b>	<b>Tue 10/3/23</b>	<b>Fri 10/27/23</b>
231	Application Validation Testing - Week 1 (Quality/Contract)	0%	5 days	Tue 10/3/23	Tue 10/10/23
232	Application Validation Testing - Week 2	0%	5 days	Tue 10/10/23	Tue 10/17/23
234	Remediate Issues and Retest	0%	5 days	Tue 10/17/23	Tue 10/24/23
235	Application Validation Test Results Documented	0%	3 days	Wed 10/25/23	Fri 10/27/23
236	<a href="#">Application Validation Testing Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Fri 10/27/23</a>	<a href="#">Fri 10/27/23</a>
237	<b>Conduct User Acceptance Testing (UAT)</b>	<b>0%</b>	<b>18 days</b>	<b>Fri 10/27/23</b>	<b>Wed 11/22/23</b>
238	UAT - Week 1	0%	5 days	Fri 10/27/23	Fri 11/3/23
239	Remediate Issues and Retest	0%	5 days	Mon 11/6/23	Fri 11/10/23
240	UAT - Week 2	0%	5 days	Mon 11/13/23	Fri 11/17/23
241	UAT/End to End Test Results Documented	0%	3 days	Mon 11/20/23	Wed 11/22/23
242	<a href="#">UAT Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Wed 11/22/23</a>	<a href="#">Wed 11/22/23</a>
243	<b>Conduct Report Validation Testing</b>	<b>0%</b>	<b>28 days</b>	<b>Wed 1/31/24</b>	<b>Fri 3/8/24</b>
244	Report Validation Testing - Week 1	0%	5 days	Wed 1/31/24	Tue 2/6/24
245	Remediate Issues and Retest	0%	15 days	Wed 2/7/24	Tue 2/27/24



ID	Task Name	% Complete	Duration	Start	Finish
246	Report Validation Testing - Week 2	0%	5 days	Wed 2/28/24	Tue 3/5/24
247	Report Validation Test Results Documented	0%	3 days	Wed 3/6/24	Fri 3/8/24
248	Report Validation Testing Complete	0%	0 days	Fri 3/8/24	Fri 3/8/24
249	Validation Sign Off	0%	0 days	Fri 3/8/24	Fri 3/8/24
250	<b>Training</b>	<b>0%</b>	<b>75 days</b>	<b>Mon 10/30/23</b>	<b>Fri 2/16/24</b>
251	<b>Review and Approve Training Plan</b>	<b>0%</b>	<b>10 days</b>	<b>Mon 10/30/23</b>	<b>Fri 11/10/23</b>
252	Review/Update Training Plan	0%	5 days	Mon 10/30/23	Fri 11/3/23
253	Approve Training Plan	0%	5 days	Mon 11/6/23	Fri 11/10/23
254	Training Plan Reviewed and Approved	0%	0 days	Fri 11/10/23	Fri 11/10/23
255	<b>Prepare Training Materials</b>	<b>0%</b>	<b>30 days</b>	<b>Mon 10/30/23</b>	<b>Tue 12/12/23</b>
256	Create Training Materials	0%	10 days	Mon 10/30/23	Fri 11/10/23
257	Review Training Materials	0%	10 days	Mon 11/13/23	Tue 11/28/23
258	Revise Training Materials	0%	5 days	Wed 11/29/23	Tue 12/5/23
259	Training Materials Approved	0%	5 days	Wed 12/6/23	Tue 12/12/23
260	Prepare Training Materials Complete	0%	0 days	Tue 12/12/23	Tue 12/12/23
261	<b>Train the Trainer (TTT)</b>	<b>0%</b>	<b>5 days</b>	<b>Wed 12/20/23</b>	<b>Wed 12/27/23</b>
262	TTT Session	0%	5 days	Wed 12/20/23	Wed 12/27/23
263	TTT Complete	0%	0 days	Wed 12/27/23	Wed 12/27/23
264	<b>End User Training Preparation</b>	<b>0%</b>	<b>25 days</b>	<b>Thu 12/28/23</b>	<b>Fri 2/2/24</b>
265	Prepare Training Materials	0%	15 days	Thu 12/28/23	Fri 1/19/24
266	Prepare Training Classes	0%	5 days	Mon 1/22/24	Fri 1/26/24
267	Training Registration	0%	5 days	Mon 1/29/24	Fri 2/2/24
268	End User Training Preparations Completed	0%	0 days	Fri 2/2/24	Fri 2/2/24
269	<b>End User Training</b>	<b>0%</b>	<b>10 days</b>	<b>Mon 2/5/24</b>	<b>Fri 2/16/24</b>
270	End User Training Week 1	0%	5 days	Mon 2/5/24	Fri 2/9/24
271	End User Training Week 2	0%	5 days	Mon 2/12/24	Fri 2/16/24
274	End User Training Completed	0%	0 days	Fri 2/16/24	Fri 2/16/24
275	<b>Go Live</b>	<b>0%</b>	<b>108 days</b>	<b>Mon 11/27/23</b>	<b>Mon 4/29/24</b>
276	Review Deployment Plan and Schedule	0%	5 days	Mon 11/27/23	Fri 12/1/23
277	<b>System Cutover</b>	<b>0%</b>	<b>61 days</b>	<b>Mon 2/5/24</b>	<b>Mon 4/29/24</b>
278	Review Cutover Preparations	0%	5 days	Mon 2/5/24	Fri 2/9/24
279	Go/No Go Decision	0%	0 days	Fri 3/8/24	Fri 3/8/24
280	<b>Prepare for Go Live</b>	<b>0%</b>	<b>5 days</b>	<b>Mon 3/11/24</b>	<b>Fri 3/15/24</b>
281	Deploy Production Build Update/Patches	0%	1 day	Mon 3/11/24	Mon 3/11/24
282	Migrate Production Configuration	0%	1 day	Tue 3/12/24	Tue 3/12/24
283	Manual Configuration Updates in Production	0%	1 day	Wed 3/13/24	Wed 3/13/24
284	Custom Reports Deployed to Production	0%	1 day	Wed 3/13/24	Wed 3/13/24
285	Validate Production Environment	0%	1 day	Thu 3/14/24	Thu 3/14/24
286	Log in Credentials Sent to Users	0%	1 day	Fri 3/15/24	Fri 3/15/24
287	Go Live Preparations Complete	0%	0 days	Fri 3/15/24	Fri 3/15/24
288	<b>Group 2 Go Live</b>	<b>0%</b>	<b>31 days</b>	<b>Mon 3/18/24</b>	<b>Mon 4/29/24</b>
289	Group 2 Go Live	0%	1 day	Mon 3/18/24	Mon 3/18/24
290	Group 2 Post Go Live Support	0%	30 days	Tue 3/19/24	Mon 4/29/24
291	Group 2 Go Live Complete	0%	0 days	Mon 3/18/24	Mon 3/18/24
292	<b>Group 3 - REFER, I&amp;R Workflows</b>	<b>59%</b>	<b>515 days</b>	<b>Mon 9/26/22</b>	<b>Fri 10/4/24</b>
293	<b>Design</b>	<b>100%</b>	<b>78 days</b>	<b>Mon 9/26/22</b>	<b>Tue 1/17/23</b>
294	<b>Gather Requirements</b>	<b>100%</b>	<b>20 days</b>	<b>Mon 9/26/22</b>	<b>Fri 10/21/22</b>
295	Gather Business Requirements	100%	9 days	Mon 9/26/22	Thu 10/6/22
296	Gather Technical Requirements	100%	12 days	Thu 10/6/22	Fri 10/21/22
297	Document Technical Requirements	100%	5 days	Mon 10/17/22	Fri 10/21/22
298	Document Business Requirements	100%	5 days	Fri 10/7/22	Thu 10/13/22
299	Requirements Gathering Complete	100%	0 days	Fri 10/21/22	Fri 10/21/22
300	<b>Design and Review Solution Components</b>	<b>100%</b>	<b>58 days</b>	<b>Mon 10/24/22</b>	<b>Tue 1/17/23</b>
301	Design and Review Solution - Week 1	100%	5 days	Mon 10/24/22	Fri 10/28/22
302	Revise Solution - Week 1	100%	5 days	Mon 10/31/22	Fri 11/4/22
303	Design and Review Solution - Week 2	100%	5 days	Mon 11/7/22	Mon 11/14/22
304	Revise Solution - Week 2	100%	5 days	Tue 11/15/22	Mon 11/21/22
305	Design and Review Solution - Week 3	100%	10 days	Tue 11/22/22	Wed 12/7/22
306	Review Solution Design Documents	100%	5 days	Thu 12/15/22	Wed 12/21/22
307	Solution Design Approved	100%	10 days	Tue 1/3/23	Tue 1/17/23
308	Design and Review Solutions Complete	100%	0 days	Tue 1/17/23	Tue 1/17/23
309	<b>Development/Technical Tasks</b>	<b>68%</b>	<b>387 days</b>	<b>Mon 9/26/22</b>	<b>Thu 4/4/24</b>
310	<b>Product Development/Enhancements</b>	<b>100%</b>	<b>60 days</b>	<b>Mon 10/24/22</b>	<b>Thu 1/19/23</b>
311	Resource Directory	100%	60 days	Mon 10/24/22	Thu 1/19/23
312	Product Development complete	100%	0 days	Thu 1/19/23	Thu 1/19/23
313	<b>Data Migration</b>	<b>78%</b>	<b>384 days</b>	<b>Mon 9/26/22</b>	<b>Mon 4/1/24</b>
314	<b>REFER Data Clean Up</b>	<b>100%</b>	<b>252 days</b>	<b>Mon 9/26/22</b>	<b>Thu 9/21/23</b>
315	REFER Data Standards Created	100%	32 days	Mon 9/26/22	Tue 11/8/22
316	REFER Data Clean Up	100%	220 days	Wed 11/9/22	Thu 9/21/23
317	REFER Data Clean Up Completed	100%	0 days	Thu 9/21/23	Thu 9/21/23

ID	Task Name	% Complete	Duration	Start	Finish
318	<b>Data Migration Plan and Workbook</b>	<b>100%</b>	<b>158 days</b>	<b>Fri 10/21/22</b>	<b>Tue 6/6/23</b>
319	Review Data Migration/Conversion Schema Workbook	100%	80 days	Fri 10/21/22	Wed 2/15/23
320	Review Data Migration with DOEA	100%	31 days	Mon 3/20/23	Mon 5/1/23
321	REFER Workgroup & F4A Approval of Data Mapping Document	100%	5 wks	Tue 5/2/23	Tue 6/6/23
322	<a href="#">Data Migration Plan and Workbook Complete</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Tue 6/6/23</a>	<a href="#">Tue 6/6/23</a>
323	<b>Migrate Data</b>	<b>28%</b>	<b>202 days</b>	<b>Wed 6/14/23</b>	<b>Mon 4/1/24</b>
324	<b>Extract 1</b>	<b>51%</b>	<b>95 days</b>	<b>Wed 6/14/23</b>	<b>Thu 10/26/23</b>
325	Create Extract 1	75%	65 days	Wed 6/14/23	Thu 9/14/23
326	Process Extract 1	0%	10 days	Fri 9/15/23	Thu 9/28/23
327	Review and Remediate Extract 1	0%	20 days	Thu 9/28/23	Thu 10/26/23
328	<a href="#">Extract 1 Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Thu 10/26/23</a>	<a href="#">Thu 10/26/23</a>
329	<b>Extract 2</b>	<b>0%</b>	<b>47 days</b>	<b>Mon 12/11/23</b>	<b>Mon 2/19/24</b>
330	Create Extract 2	0%	25 days	Mon 12/11/23	Thu 1/18/24
331	Process Extract 2	0%	7 days	Fri 1/19/24	Mon 1/29/24
332	Review and Remediate Extract 2	0%	15 days	Mon 1/29/24	Mon 2/19/24
333	<a href="#">Extract 2 Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Mon 2/19/24</a>	<a href="#">Mon 2/19/24</a>
334	<b>Extract 3</b>	<b>0%</b>	<b>30 days</b>	<b>Mon 2/19/24</b>	<b>Mon 4/1/24</b>
335	Create Extract 3	0%	15 days	Mon 2/19/24	Mon 3/11/24
336	Process Extract 3	0%	5 days	Tue 3/12/24	Mon 3/18/24
337	Review and Remediate Extract 3	0%	10 days	Mon 3/18/24	Mon 4/1/24
338	<a href="#">Extract 3 Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Mon 4/1/24</a>	<a href="#">Mon 4/1/24</a>
339	<a href="#">Data Migration Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Mon 4/1/24</a>	<a href="#">Mon 4/1/24</a>
340	<b>Reports</b>	<b>0%</b>	<b>110 days</b>	<b>Fri 10/27/23</b>	<b>Thu 4/4/24</b>
341	Identify Reports	0%	10 days	Fri 10/27/23	Thu 11/9/23
342	Analyze Reports-Report Specification Documents	0%	15 days	Fri 11/10/23	Mon 12/4/23
343	Develop Reports	0%	45 days	Tue 12/5/23	Thu 2/8/24
344	Test Reports	0%	30 days	Fri 2/9/24	Thu 3/21/24
345	Approve Reports	0%	10 days	Fri 3/22/24	Thu 4/4/24
346	<a href="#">Reports Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Thu 4/4/24</a>	<a href="#">Thu 4/4/24</a>
347	<b>Configure</b>	<b>100%</b>	<b>103 days</b>	<b>Tue 1/17/23</b>	<b>Mon 6/12/23</b>
348	<a href="#">Start Configure</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Tue 1/17/23</a>	<a href="#">Tue 1/17/23</a>
349	<b>Configuration</b>	<b>100%</b>	<b>103 days</b>	<b>Wed 1/18/23</b>	<b>Mon 6/12/23</b>
350	Configuration - Round 1	100%	5 days	Wed 1/18/23	Tue 1/24/23
351	Configuration - Round 2	100%	5 days	Wed 1/25/23	Tue 1/31/23
352	Plan Test Activities and Review Test Plan	100%	5 days	Wed 2/1/23	Tue 2/7/23
353	Conduct System Testing	100%	3 days	Wed 2/8/23	Fri 2/10/23
354	Review initial design	100%	5 days	Mon 2/13/23	Fri 2/17/23
355	Remediate Issues	100%	5 days	Mon 2/20/23	Fri 2/24/23
356	Configuration - Round 3	100%	5 days	Mon 2/27/23	Fri 3/3/23
357	Configuration - Round 4	100%	5 days	Mon 3/6/23	Fri 3/10/23
358	Configuration - Round 5	100%	5 days	Mon 3/13/23	Fri 3/17/23
359	Conduct System Testing	100%	5 days	Mon 3/20/23	Fri 3/24/23
360	Review Configuration with DOEA	100%	11 days	Fri 5/19/23	Mon 6/5/23
361	Remediate Configuration Review Issues	100%	5 days	Tue 6/6/23	Mon 6/12/23
362	<a href="#">Configuration Complete</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Mon 6/12/23</a>	<a href="#">Mon 6/12/23</a>
363	<b>Deliver</b>	<b>13%</b>	<b>286 days</b>	<b>Tue 6/20/23</b>	<b>Mon 8/5/24</b>
364	<b>Validation</b>	<b>35%</b>	<b>234 days</b>	<b>Tue 6/20/23</b>	<b>Tue 5/21/24</b>
365	<b>Conduct Application Validation Testing</b>	<b>100%</b>	<b>28 days</b>	<b>Tue 6/20/23</b>	<b>Fri 7/28/23</b>
366	Application Validation Testing - Week 1	100%	7 days	Tue 6/20/23	Wed 6/28/23
367	Application Validation Testing - Week 2	100%	5 days	Thu 6/29/23	Thu 7/6/23
368	Application Validation Testing - Week 3	100%	5 days	Fri 7/7/23	Thu 7/13/23
369	Remediate Issues and Retest	100%	7 days	Mon 7/17/23	Tue 7/25/23
370	Application Validation Test Results Documented	100%	3 days	Wed 7/26/23	Fri 7/28/23
371	<a href="#">Application Validation Testing Complete</a>	<a href="#">100%</a>	<a href="#">0 days</a>	<a href="#">Fri 7/28/23</a>	<a href="#">Fri 7/28/23</a>
372	<b>Conduct User Acceptance Testing (UAT)</b>	<b>0%</b>	<b>53 days</b>	<b>Tue 1/30/24</b>	<b>Thu 4/11/24</b>
373	UAT - Week 1	0%	5 days	Tue 1/30/24	Mon 2/5/24
374	Remediate Issues and Retest	0%	5 days	Tue 2/6/24	Mon 2/12/24
375	UAT - Week 2	0%	5 days	Tue 4/2/24	Mon 4/8/24
376	UAT/End to End Test Results Documented	0%	3 days	Tue 4/9/24	Thu 4/11/24
377	<a href="#">UAT Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Thu 4/11/24</a>	<a href="#">Thu 4/11/24</a>
378	<b>Conduct Report Validation Testing</b>	<b>0%</b>	<b>33 days</b>	<b>Fri 4/5/24</b>	<b>Tue 5/21/24</b>
379	Report Validation Testing - Week 1	0%	5 days	Fri 4/5/24	Thu 4/11/24
380	Remediate Issues and Retest	0%	20 days	Fri 4/12/24	Thu 5/9/24
381	Report Validation Testing - Week 2	0%	5 days	Fri 5/10/24	Thu 5/16/24
382	Report Validation Test Results Documented	0%	3 days	Fri 5/17/24	Tue 5/21/24
383	<a href="#">Report Validation Testing Complete</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Tue 5/21/24</a>	<a href="#">Tue 5/21/24</a>
384	<a href="#">Validation Sign Off</a>	<a href="#">0%</a>	<a href="#">0 days</a>	<a href="#">Tue 5/21/24</a>	<a href="#">Tue 5/21/24</a>
385	<b>Training</b>	<b>0%</b>	<b>258 days</b>	<b>Mon 7/31/23</b>	<b>Mon 8/5/24</b>
386	<b>Review and Approve Training Plan</b>	<b>0%</b>	<b>10 days</b>	<b>Mon 7/31/23</b>	<b>Fri 8/11/23</b>
387	Review/Update Training Plan	0%	5 days	Mon 7/31/23	Fri 8/4/23

ID	Task Name	% Complete	Duration	Start	Finish
388	Approve Training Plan	0%	5 days	Mon 8/7/23	Fri 8/11/23
389	Review and Approve Training Plan Complete	0%	0 days	Fri 8/11/23	Fri 8/11/23
390	<b>Prepare Training Materials</b>	<b>0%</b>	<b>35 days</b>	<b>Mon 8/28/23</b>	<b>Mon 10/16/23</b>
391	Create Training Materials	0%	10 days	Mon 8/28/23	Mon 9/11/23
392	Review Training Materials	0%	10 days	Tue 9/12/23	Mon 9/25/23
393	Revise Training Materials	0%	10 days	Tue 9/26/23	Mon 10/9/23
394	Training Materials Approved	0%	5 days	Tue 10/10/23	Mon 10/16/23
395	<b>Train the Trainer (TTT)</b>	<b>0%</b>	<b>5 days</b>	<b>Fri 4/12/24</b>	<b>Thu 4/18/24</b>
396	TTT Session	0%	5 days	Fri 4/12/24	Thu 4/18/24
397	TTT Complete	0%	0 days	Thu 4/18/24	Thu 4/18/24
398	<b>End User Training Preparation</b>	<b>0%</b>	<b>45 days</b>	<b>Fri 4/19/24</b>	<b>Fri 6/21/24</b>
399	Prepare Training Materials	0%	15 days	Fri 4/19/24	Thu 5/9/24
400	Prepare Training Classes	0%	15 days	Fri 5/10/24	Fri 5/31/24
401	Training Registration	0%	15 days	Mon 6/3/24	Fri 6/21/24
402	End User Training Preparations Completed	0%	0 days	Fri 6/21/24	Fri 6/21/24
403	<b>End User Training</b>	<b>0%</b>	<b>30 days</b>	<b>Mon 6/24/24</b>	<b>Mon 8/5/24</b>
404	End User Training Week 1	0%	5 days	Mon 6/24/24	Fri 6/28/24
405	End User Training Week 2	0%	5 days	Mon 7/1/24	Mon 7/8/24
406	End User Training Week 3	0%	5 days	Tue 7/9/24	Mon 7/15/24
407	End User Training Week 4	0%	5 days	Tue 7/16/24	Mon 7/22/24
408	End User Training Week 5	0%	5 days	Tue 7/23/24	Mon 7/29/24
409	End User Training Week 6	0%	5 days	Tue 7/30/24	Mon 8/5/24
410	End User Training Completed	0%	0 days	Mon 8/5/24	Mon 8/5/24
411	<b>Go Live</b>	<b>0%</b>	<b>73 days</b>	<b>Mon 6/24/24</b>	<b>Fri 10/4/24</b>
412	Review Deployment Plan and Schedule	0%	5 days	Mon 6/24/24	Fri 6/28/24
413	<b>System Cutover</b>	<b>0%</b>	<b>43 days</b>	<b>Tue 8/6/24</b>	<b>Fri 10/4/24</b>
414	Review Cutover Preparations	0%	5 days	Tue 8/6/24	Mon 8/12/24
415	Go/No Go Decision	0%	0 days	Mon 8/12/24	Mon 8/12/24
416	<b>Prepare for Go Live</b>	<b>0%</b>	<b>7 days</b>	<b>Mon 8/12/24</b>	<b>Wed 8/21/24</b>
417	Deploy Production Build Update/Patches	0%	1 day	Tue 8/13/24	Tue 8/13/24
418	Migrate Production Configuration	0%	1 day	Wed 8/14/24	Wed 8/14/24
419	Manual Configuration Updates in Production	0%	1 day	Thu 8/15/24	Thu 8/15/24
420	Custom Reports Deployed to Production	0%	1 day	Thu 8/15/24	Thu 8/15/24
421	Stop data entry in REFER and CIRTS	0%	0 days	Mon 8/12/24	Mon 8/12/24
422	Provide Production Data Migration File	0%	2 days	Mon 8/12/24	Wed 8/14/24
423	Import Production Data Migration File & Run Scripts	0%	3 days	Thu 8/15/24	Mon 8/19/24
424	Validate Production Environment	0%	1 day	Tue 8/20/24	Tue 8/20/24
425	Log in Credentials Sent to Users	0%	1 day	Wed 8/21/24	Wed 8/21/24
426	Go Live Preparations Complete	0%	0 days	Wed 8/21/24	Wed 8/21/24
427	<b>Group 3 Go Live</b>	<b>0%</b>	<b>31 days</b>	<b>Thu 8/22/24</b>	<b>Fri 10/4/24</b>
428	Group 3 Go Live	0%	1 day	Thu 8/22/24	Thu 8/22/24
429	Group 3 Go Live Support	0%	30 days	Fri 8/23/24	Fri 10/4/24
430	Group 3 Go Live Complete	0%	0 days	Thu 8/22/24	Thu 8/22/24
431	<b>Group 4 - Enhancements &amp; Remaining Interfaces</b>	<b>38%</b>	<b>480 days</b>	<b>Fri 10/21/22</b>	<b>Thu 9/12/24</b>
432	<b>Design</b>	<b>100%</b>	<b>95 days</b>	<b>Fri 10/21/22</b>	<b>Wed 3/8/23</b>
433	Document Business Requirements	100%	10 days	Fri 10/21/22	Thu 11/3/22
434	Document Technical Requirements	100%	5 days	Fri 11/4/22	Thu 11/10/22
436	Requirements Gathering Complete	100%	0 days	Wed 3/8/23	Wed 3/8/23
437	<b>Development/Technical Tasks</b>	<b>62%</b>	<b>304 days</b>	<b>Thu 12/1/22</b>	<b>Mon 2/12/24</b>
438	<b>Product Development/Enhancements</b>	<b>62%</b>	<b>304 days</b>	<b>Thu 12/1/22</b>	<b>Mon 2/12/24</b>
440	sFAX Integration	100%	13 days	Wed 12/28/22	Fri 1/13/23
441	Workflow Automation	100%	75 days	Wed 1/11/23	Wed 4/26/23
442	Electronic Signature Mobile Assessment	100%	45 days	Thu 12/1/22	Thu 2/2/23
443	Bulk Word Merge on Enrollments Queue	50%	100 days	Fri 6/23/23	Mon 11/13/23
444	Outlook Integration	0%	60 days	Tue 11/14/23	Mon 2/12/24
445	Product Development complete	0%	0 days	Mon 2/12/24	Mon 2/12/24
454	Development Complete	0%	0 days	Mon 2/12/24	Mon 2/12/24
455	<b>Deliver</b>	<b>0%</b>	<b>125 days</b>	<b>Tue 1/23/24</b>	<b>Wed 7/17/24</b>
456	<b>Validation</b>	<b>0%</b>	<b>63 days</b>	<b>Tue 1/23/24</b>	<b>Thu 4/18/24</b>
457	Plan Test Activities and Review Test Plan	0%	5 days	Tue 1/23/24	Mon 1/29/24
458	Build Update for Testing	0%	2 days	Tue 2/13/24	Wed 2/14/24
459	<b>Conduct Integration and Interface (End to End) Testing</b>	<b>0%</b>	<b>28 days</b>	<b>Thu 2/15/24</b>	<b>Mon 3/25/24</b>
460	Integration/Interface Testing - Week 1	0%	5 days	Thu 2/15/24	Wed 2/21/24
461	Integration/Interface Testing - Week 2	0%	5 days	Thu 2/22/24	Wed 2/28/24
462	Integration/Interface Testing - Week 3	0%	5 days	Thu 2/29/24	Wed 3/6/24
466	Remediate Issues and Retest	0%	5 days	Thu 3/7/24	Wed 3/13/24
467	Regression Testing	0%	5 days	Thu 3/14/24	Wed 3/20/24
468	Interface Validation Test Results Documented	0%	3 days	Thu 3/21/24	Mon 3/25/24
469	Integration and Interface Testing Complete	0%	0 days	Mon 3/25/24	Mon 3/25/24
470	<b>Conduct User Acceptance Testing (UAT)</b>	<b>0%</b>	<b>18 days</b>	<b>Tue 3/26/24</b>	<b>Thu 4/18/24</b>



ID	Task Name	% Complete	Duration	Start	Finish
471	UAT - Week 1	0%	5 days	Tue 3/26/24	Mon 4/1/24
472	Remediate Issues and Retest	0%	5 days	Tue 4/2/24	Mon 4/8/24
473	UAT - Week 2	0%	5 days	Tue 4/9/24	Mon 4/15/24
474	UAT/End to End Test Results Documented	0%	3 days	Tue 4/16/24	Thu 4/18/24
475	UAT Complete	0%	0 days	Thu 4/18/24	Thu 4/18/24
476	Validation Sign Off	0%	0 days	Thu 4/18/24	Thu 4/18/24
477	<b>Training</b>	<b>0%</b>	<b>110 days</b>	<b>Tue 2/13/24</b>	<b>Wed 7/17/24</b>
478	<b>Review and Approve Training Plan</b>	<b>0%</b>	<b>10 days</b>	<b>Tue 2/13/24</b>	<b>Mon 2/26/24</b>
479	Review/Update Training Plan	0%	5 days	Tue 2/13/24	Mon 2/19/24
480	Approve Training Plan	0%	5 days	Tue 2/20/24	Mon 2/26/24
481	Training Plan Reviewed and Approved	0%	0 days	Mon 2/26/24	Mon 2/26/24
482	<b>Prepare Training Materials</b>	<b>0%</b>	<b>35 days</b>	<b>Tue 2/13/24</b>	<b>Mon 4/1/24</b>
483	Create Training Materials	0%	10 days	Tue 2/13/24	Mon 2/26/24
484	Review Training Materials	0%	10 days	Tue 2/27/24	Mon 3/11/24
485	Revise Training Materials	0%	10 days	Tue 3/12/24	Mon 3/25/24
486	Training Materials Approved	0%	5 days	Tue 3/26/24	Mon 4/1/24
487	Prepare Training Materials Complete	0%	0 days	Mon 4/1/24	Mon 4/1/24
488	<b>Train the Trainer (TTT)</b>	<b>0%</b>	<b>5 days</b>	<b>Tue 4/9/24</b>	<b>Mon 4/15/24</b>
489	TTT Session	0%	5 days	Tue 4/9/24	Mon 4/15/24
490	TTT Completed	0%	0 days	Mon 4/15/24	Mon 4/15/24
491	<b>End User Training Preparation</b>	<b>0%</b>	<b>45 days</b>	<b>Tue 4/16/24</b>	<b>Tue 6/18/24</b>
492	Prepare Training Materials	0%	15 days	Tue 4/16/24	Mon 5/6/24
493	Prepare Training Classes	0%	15 days	Tue 5/7/24	Tue 5/28/24
494	Training Registration	0%	15 days	Wed 5/29/24	Tue 6/18/24
495	End User Training Preparations Completed	0%	0 days	Tue 6/18/24	Tue 6/18/24
496	<b>End User Training</b>	<b>0%</b>	<b>20 days</b>	<b>Wed 6/19/24</b>	<b>Wed 7/17/24</b>
497	End User Training Week 1	0%	5 days	Wed 6/19/24	Tue 6/25/24
498	End User Training Week 2	0%	5 days	Wed 6/26/24	Tue 7/2/24
499	End User Training Week 3	0%	5 days	Wed 7/3/24	Wed 7/10/24
500	End User Training Week 4	0%	5 days	Thu 7/11/24	Wed 7/17/24
501	End User Training Completed	0%	0 days	Wed 7/17/24	Wed 7/17/24
502	<b>Go Live</b>	<b>0%</b>	<b>60 days</b>	<b>Wed 6/19/24</b>	<b>Thu 9/12/24</b>
503	Review Deployment Plan and Schedule	0%	5 days	Wed 6/19/24	Tue 6/25/24
504	<b>System Cutover</b>	<b>0%</b>	<b>40 days</b>	<b>Thu 7/18/24</b>	<b>Thu 9/12/24</b>
505	Review Cutover Preparations	0%	5 days	Thu 7/18/24	Wed 7/24/24
506	Go/No Go Decision	0%	0 days	Wed 7/24/24	Wed 7/24/24
507	<b>Prepare for Go Live</b>	<b>0%</b>	<b>4 days</b>	<b>Thu 7/25/24</b>	<b>Tue 7/30/24</b>
508	Deploy Production Build Update/Patches	0%	1 day	Thu 7/25/24	Thu 7/25/24
509	Migrate Production Configuration	0%	1 day	Fri 7/26/24	Fri 7/26/24
510	Manual Configuration Updates in Production	0%	1 day	Mon 7/29/24	Mon 7/29/24
511	Custom Reports Deployed to Production	0%	1 day	Mon 7/29/24	Mon 7/29/24
512	Validate Production Environment	0%	1 day	Tue 7/30/24	Tue 7/30/24
513	Go Live Preparations Complete	0%	0 days	Tue 7/30/24	Tue 7/30/24
514	<b>Group 4 Go Live</b>	<b>0%</b>	<b>31 days</b>	<b>Wed 7/31/24</b>	<b>Thu 9/12/24</b>
515	Conduct Group 4 Go Live	0%	1 day	Wed 7/31/24	Wed 7/31/24
516	Group 4 Post Go Live Support	0%	30 days	Thu 8/1/24	Thu 9/12/24
517	Group 4 Go Live Complete	0%	0 days	Wed 7/31/24	Wed 7/31/24
518	<b>Close-Out</b>	<b>0%</b>	<b>34 days</b>	<b>Fri 8/23/24</b>	<b>Thu 10/10/24</b>
519	Review WellSky Client Support Guide & Client Project Survey	0%	4 days	Fri 8/23/24	Wed 8/28/24
520	Transition to Support	0%	30 days	Thu 8/29/24	Thu 10/10/24
521	Phase 2 Complete	0%	0 days	Thu 10/10/24	Thu 10/10/24

**CIRTS**  
**(Client Information &  
Registration Tracking System)  
**User Guide****

**Florida Department of Elder Affairs**  
**May 2007**



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## Welcome to CIRT(S) (Client Information & Registration Tracking System)!

Double-click the CIRT(S) icon on the Desktop.



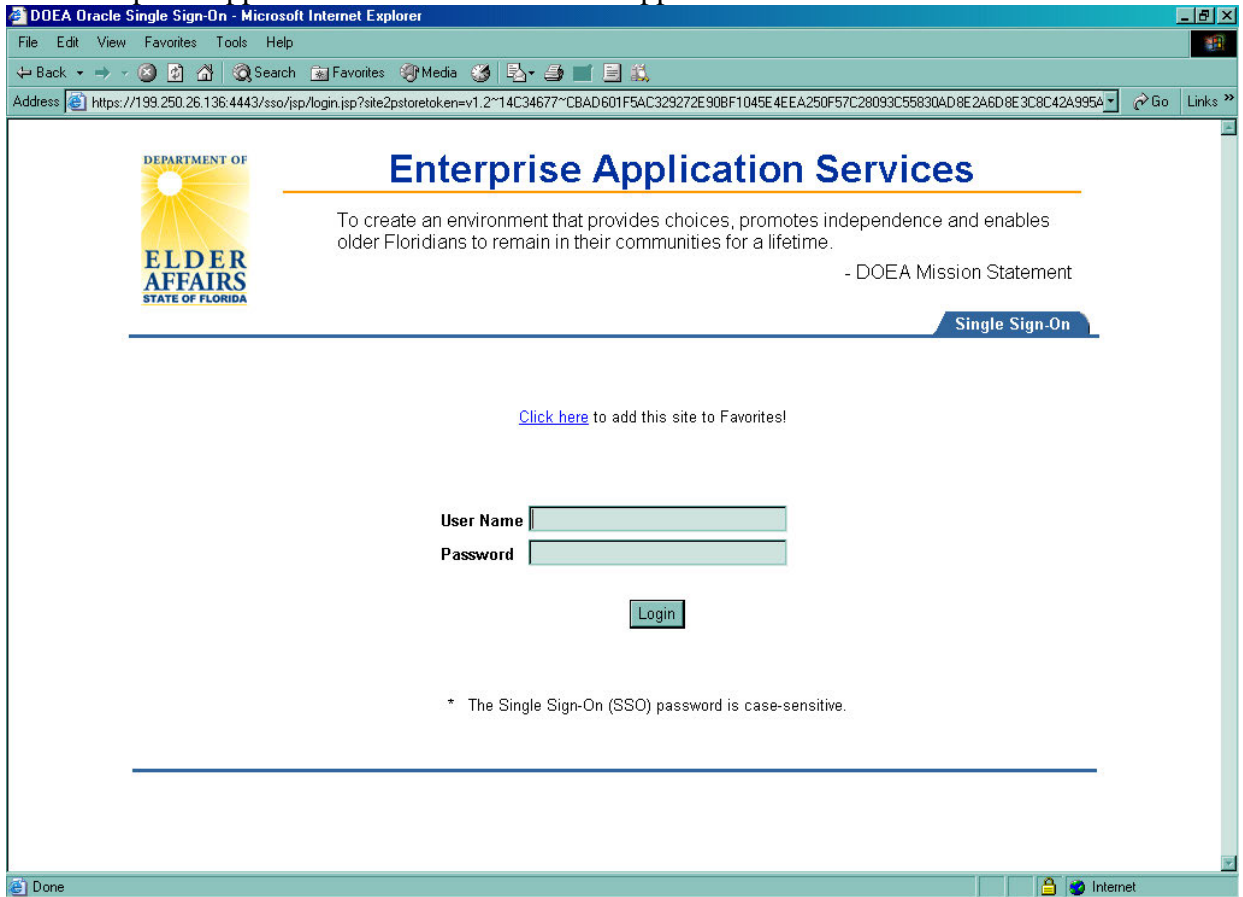
Or, select the CIRT(S) link from the Department of Elder Affairs Intranet site.

The screenshot shows the Florida Department of Elder Affairs Intranet site in a Microsoft Internet Explorer browser window. The browser title is 'DOEA Intranet - Microsoft Internet Explorer' and the address bar shows 'http://204.156.255.8/welcome/newsite/indw.jsp'. The page header includes the 'Florida Department of Elder Affairs Intranet' logo and navigation links: Home | Directories | Publications | Notices | Governor's Page | Sitemap. The main content area is divided into several sections:

- Browse:** A vertical list of links including Office of the Secretary, Office of the Deputy Secretary, Administrative Services, Statewide Community-Based Services, Volunteer and Community Services, Aging Network Links, Downloads, Enterprise Applications Portal, and CIRT(S). A yellow arrow points to the CIRT(S) link.
- Mission Statement:** To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.
- Vision: Golden Choice:** To lead the nation in assisting elders to age in place, with dignity, purpose, security, and in an elder-friendly community.
- DOEA Hot Topics:** A list of links including DOEA Digest (Issue 21, December 2006), Disaster Preparedness, and Other News from Communications new!
- Search:** A search bar with 'MyFlorida.com' and 'Google' logos, and a 'submit search' button.
- What's New:** A list of recent updates including DOEA Intranet, Long-Term Care Community Diversion Program Benefit Grid, Downloads, DOEA Directories (04032007), DOEA Internet, DOEA Media Center (033002007), Groundhog Tornadoes, and Ambassadors for Aging Day 2007.
- Quick Links:** A list of links including DOEA Policies and Procedures, MyFlorida.com, DOEA Intranet, PeopleFirst.com, DOEA Help Desk, and Disaster Preparedness.

The footer of the page includes the text 'Last updated: April 06, 2007' and 'This site is developed and maintained by the staff of the Department of Elder Affairs.' The browser status bar at the bottom shows 'Internet'.

The Enterprise Application Services screen will appear.



- 1) Enter your **CIRTS** User Name.
- 2) Enter your **CIRTS** Password. This password is case-sensitive. If an error occurs, check to see if the Caps Lock is on.
- 3) Click the Login button or press the Enter key.
- 4) The Applications screen will appear.

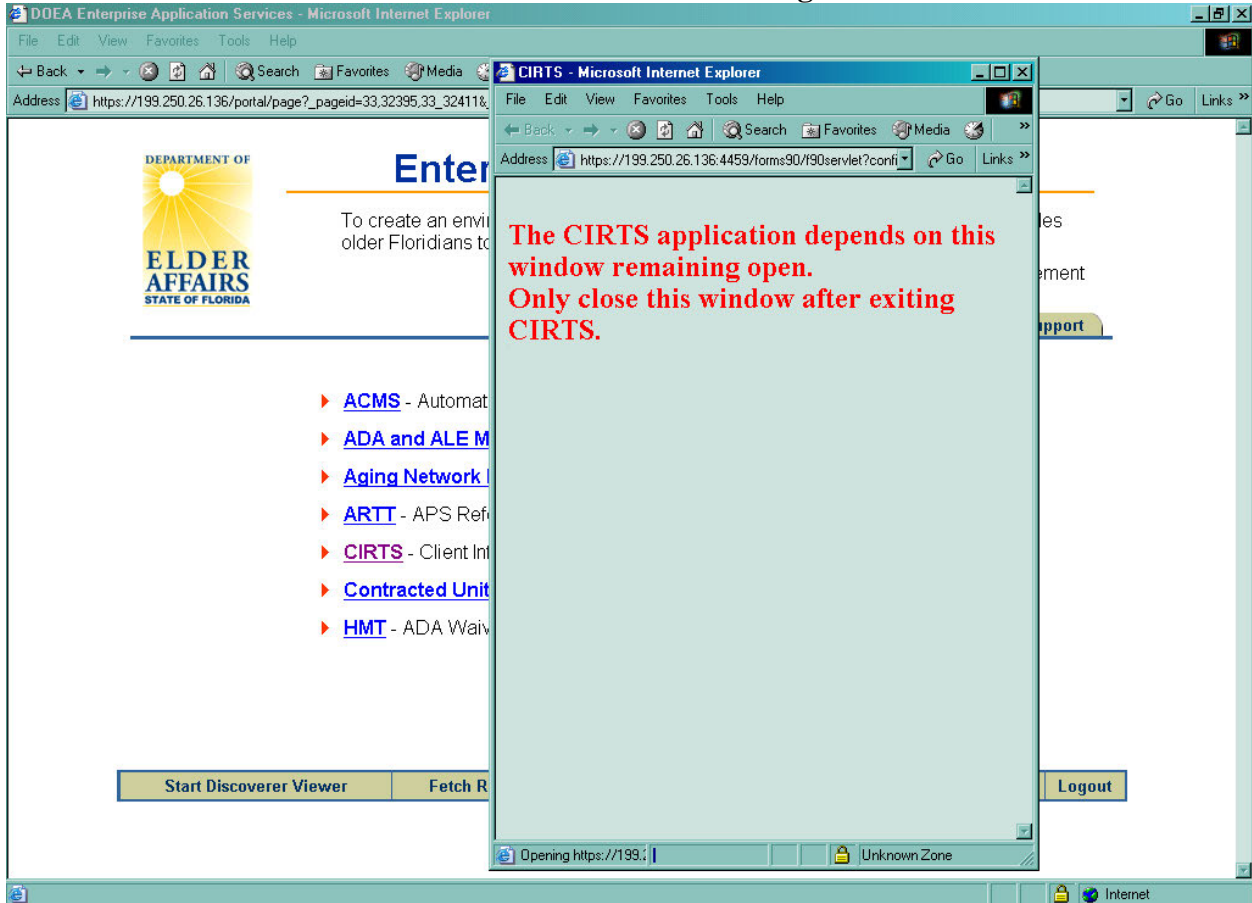
## Applications Screen



Click the CIRTS link.

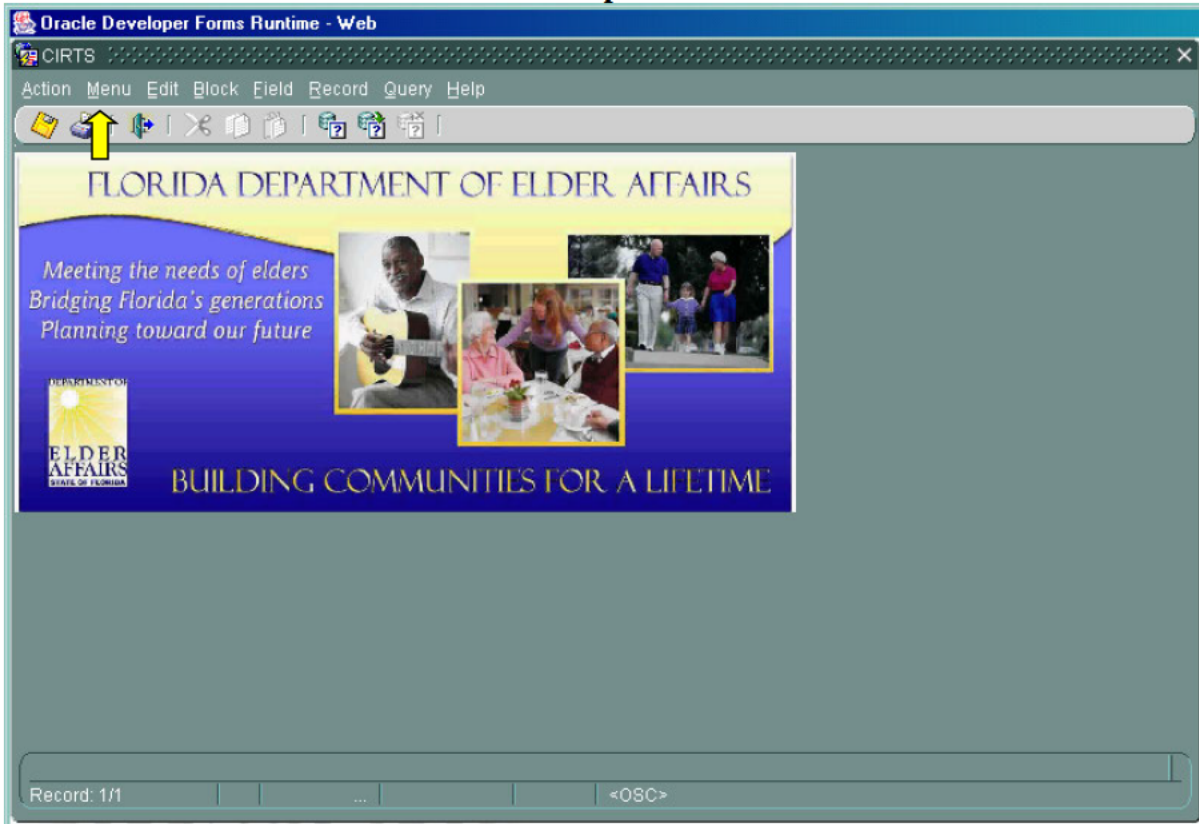
A window will appear with RED writing. This window must remain open while you are using CIRTS. If this window is closed, CIRTS will close.

## Window with RED writing



Wait a few moments for the CIRT splash screen to appear.

### CIRTS Splash Screen



To access client data, click Menu in the top left-hand corner of the screen.

\*\*\*\*\*

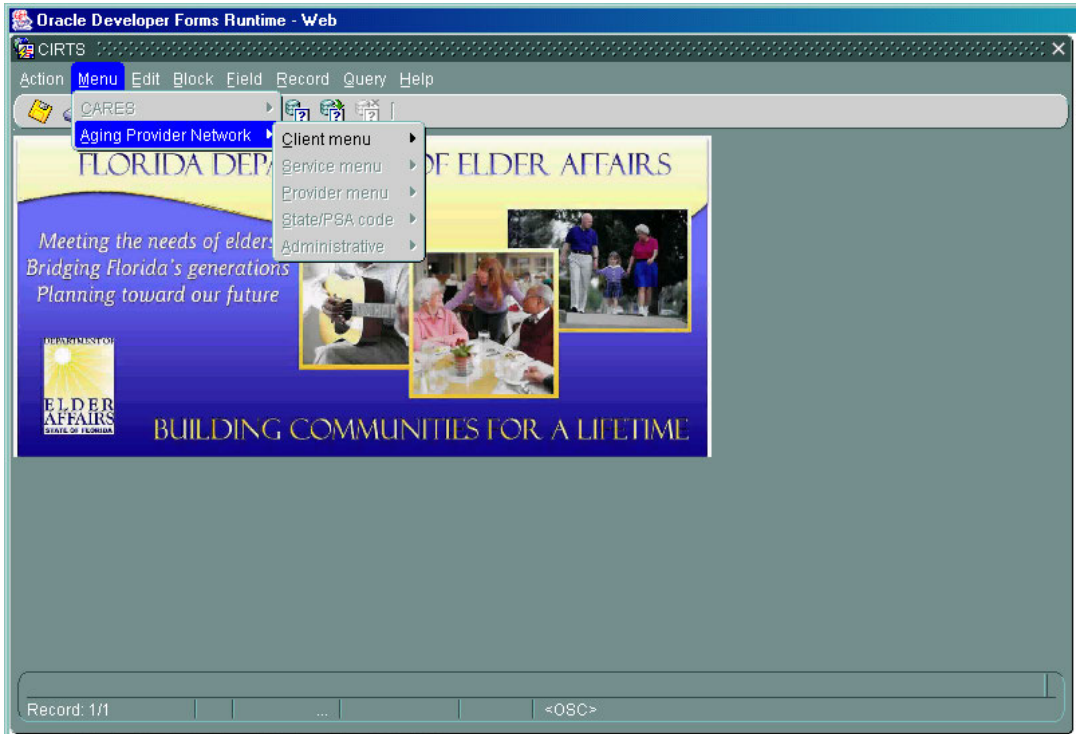
When the CIRTS splash screen appears, you should see three items in the Start bar.



- 1) This item will take you back to the Applications Screen.
- 2) This item will take you to the window with RED writing.
- 3) This item will take you to the CIRTS screen.

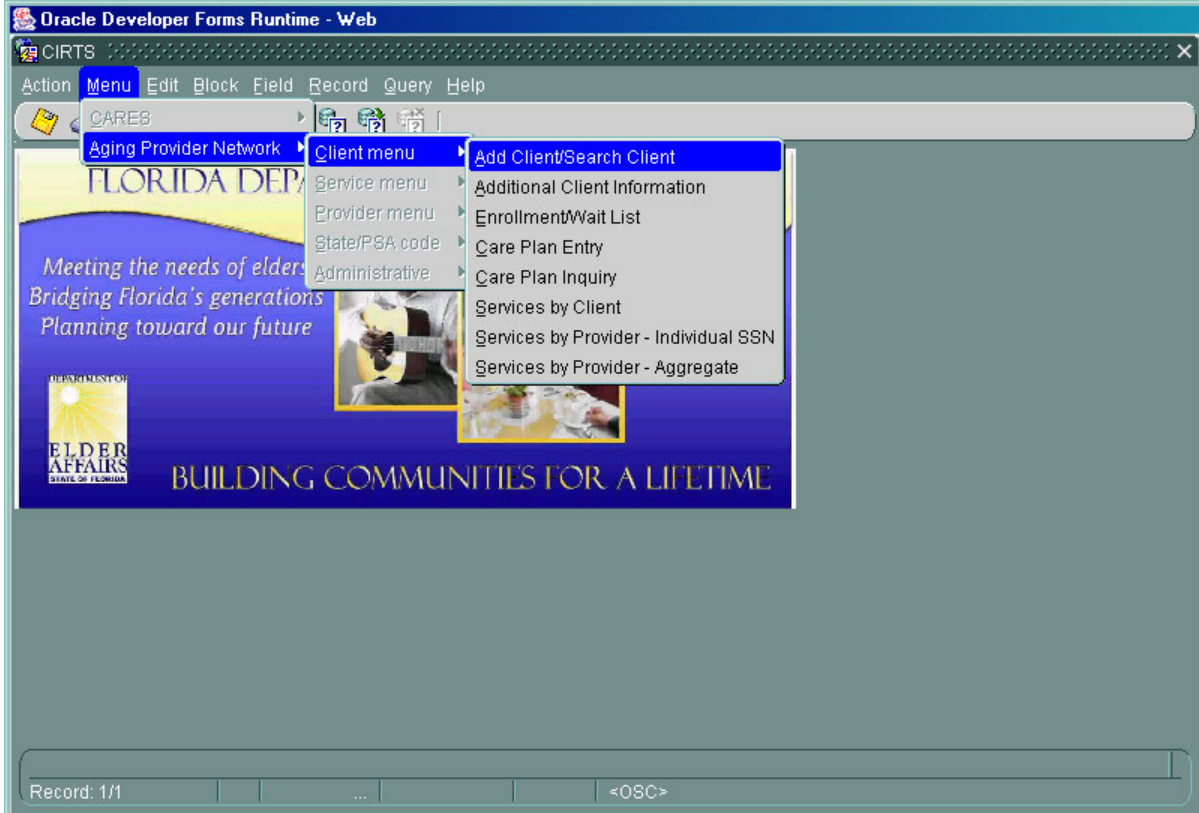


From Menu, select Aging Provider Network.



From Aging Provider Network, select Client menu.





From the Client Menu, you can – search for an existing client, add a new client, or access various screens to display client data.

To search for a client, select the Add Client/Search Client option. The search screen will appear.



## Search Screen

**Search for a Client**

SSN

Last Name

First Name

Medicaid Id

Enter all or part of any of these fields and search will return all clients who match everything entered.

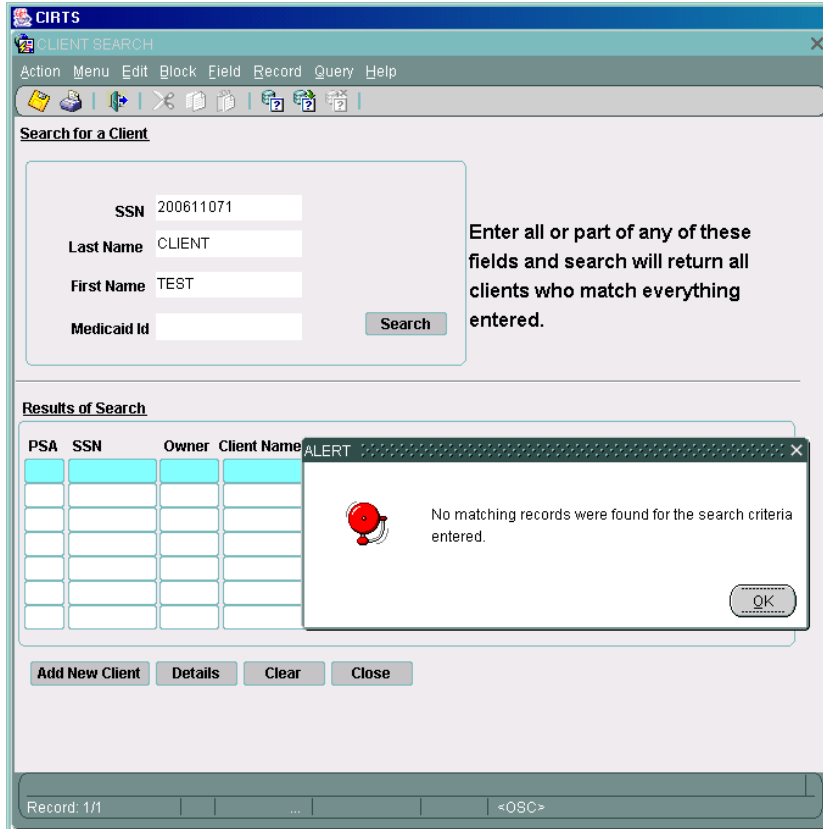
**Results of Search**

PSA	SSN	Owner	Client Name	Date of Birth	Address	Zip

Record: 1/1      ...      <OSC>

**NOTE:** *It is very important for users to perform a thorough search before adding a new client. CIRTIS is now shared by all area agencies on aging, lead agencies, and CARES (Comprehensive Assessment and Review for Long Term Care Services) offices in Florida. Another office could have added the same client with a different Social Security number, or a different variation of the client's name. After searching on the known information, try searching on partial Social Security numbers or partial names to make sure the client does not exist. If a search on the client's Social Security number reveals that it currently belongs to another client in CIRTIS, notify your LAN (Local Area Network) Administrator, and steps will be taken to verify and/or correct the Social Security number.*

## Search Screen



Enter the client’s Social Security number (SSN), last name, and first name. Click on the Search button.

If the client does not exist, a message will appear indicating no matching records were found. Click the OK button.

You can now click the Clear button and search for the client again or click the Add New Client button.

## Search Screen

**Search for a Client**

SSN 2006  
Last Name CLI  
First Name TE  
Medicaid Id

Search

Enter all or part of any of these fields and search will return all clients who match everything entered.

**Results of Search**

PSA	SSN	Owner	Client Name

ALERT

No matching records were found for the search criteria entered.

OK

Add New Client Details Clear Close

Record: 1/1 ... <OSC>

From the previous screen, this is a search with a partial SSN, last name, and first name. No clients in the system met the specified criteria. Click the OK button.

The client does not exist in CIRTS. Click the Add New Client button.

## Demographics Screen – Add New Client

The cursor will start in the SSN field. ***Fields with a pink background are required.*** CIRTS will generate an error message when the user tries to save a blank pink field. Enter the client's SSN, and then press the Tab or Enter key to move to the next field. List fields: County, Sex, Race, Ethnicity, Primary Language, and Marital Status can be accessed with the mouse, arrow keys, or type the first letter of the desired value. For example, to enter a Marital Status of Single, you can use the mouse to access the list and select Single, or use the "up" arrow key to find Single in the list, or type the letter "S." Typing the letter "S" will take the user to Separated, which is the first "S" alphabetically in the list. Typing "S" again will take the user to Single, the next value alphabetically in the list.

\*\*\*\*\*

**Search Button** – Takes you to the Search Screen.

**LOC Button** – Takes you to the CARES (Comprehensive Assessment and Review for Long Term Care Services) Level of Care screen.

**Referrals Button** – Takes you to a list of referrals CARES has made to the Aging Network.

**NHD Button** – Takes you to the Nursing Home Diversion screen.

**Assessments Button** – Takes you to a list of all Assessments related to the client. The Assessment list contains assessments from the user's Planning and Service Area (PSA) as well as PSAs throughout the state and assessments conducted by the CARES offices throughout the state.

The screenshot shows a web browser window titled "Oracle Developer Forms Runtime - Web" displaying a form for "CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM". The form is titled "CIRTS" and includes fields for "Date" (04/02/2007) and "User" (MCGLOHNSA). The form is divided into several sections:

- DEMOGRAPHICS\_1226**: Includes fields for "PSA" (02), "Owner" (empty), "SSN" (200611081), "First Name" (TEST), and "Last Name" (CLIENT). There are checkboxes for "Demographic Complete" and "PAS Complete".
- DEMOGRAPHIC INFORMATION**: Includes fields for "SSN" (200611081), "PSA" (02), "First Name" (TEST), "MI" (empty), "Last Name" (CLIENT), and "Medicaid Number" (empty).
- Home Address**: Includes fields for "Street" (1234 ANY STREET), "City" (ANY TOWN), "State" (FL), "Zip" (32311), and "County" (LE). There is also a "Date Address" field.
- Mailing Address**: Includes a "Street" field.
- City, State, Zip, County, Phone Number**: Includes fields for "City", "State", "Zip", "County", and "Phone Number" (with an "Extension" field).
- Date of Birth, Date of Death, Sex, Race, Ethnicity**: Includes fields for "Date of Birth" (11/08/1916), "Date of Death" (empty), "Sex" (FEMALE), "Race" (WHITE), and "Ethnicity" (OTHER).
- Primary Language, Marital Status, Need outside assistance to evacuate?**: Includes fields for "Primary Language" (ENGLISH), "Marital Status" (SINGLE), and "Need outside assistance to evacuate?" (N).
- Registered with County Special Needs Registry?**: Includes a field for "Registered with County Special Needs Registry?" (N).

An "ALERT" dialog box is overlaid on the form, containing a red speech bubble icon and the text "Please enter assessment information." with an "OK" button.

After you answer the question – Registered with County Special Needs Registry? – you can press the F10 key or click the Save button (yellow disk). The message above will appear.

**\*\*\*The client's demographic information has not saved at this point.** You must click OK with the mouse or press the Enter key to acknowledge this message. When the message clears, you should then press the Tab or Enter key to enter the client's Assessment.

## Assessment

Oracle Developer Forms Runtime - Web  
ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM

**CIRTS Assessment Information**

Owner Id Owner Assessor Id Assessment Date

Provider Id Provider Assessor Id Assessment Site

Assessor Name Assessment Type

Consumer Type: Are you the caregiver of a grandchild? Is this Public Housing?

Referral Source Primary Caregiver

Risk Level Living Situation

Referral Date

Record: 1/1 ... List of Valu... <OSC>

All Assessments begin with only the **ASSM** tab. The cursor will start in the Owner Id field. To access the list of available Owner Ids, press the F9 key.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA SSN Last Name Risk Score Priority Score Rank

02 200611081 CLIENT

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM

**CIRTS Assessment Information**

Owner Id Owner Assessor Id Assessment Date

List of Owner, Name

Find %

Provider	Name
20000	AREA AGENCY ON AGING FOR NORTH FLORIDA, INC.
20001	BAY COUNTY COUNCIL ON AGING, INC.
20002	CALHOUN COUNTY SENIOR CITIZENS ASSOCIATION, INC.
20003	FRANKLIN COUNTY SENIOR CITIZENS COUNCIL, INC.

Find OK Cancel

Referral Date

Choices in list: 21  
Record: 1/1 ... List of Valu... <OSC>

Press the Tab or Enter key to move to the other fields, using the F9 key to access the code list if needed.

When a non-owner user (user who does not work for the owner) enters an Update Assessment or a new Assessment, the Owner Id and Owner Assessor Id fields should be disabled. The non-owner user is required to select their provider from the Provider Id list or enter their Provider Id. The non-owner user is also required to select their Provider Assessor Id from the list or enter the Provider Assessor Id in the Provider Assessor Id field. The Assessment Site field is an alphabetical list, meaning the user can: 1) click the field with mouse and select the appropriate site; 2) use the up/down arrow keys to scroll through the list; or 3) type the first letter alphabetically of the Assessment Site. For example, if the client's Assessment Site was an Assisted Living Facility, the user would type "A" and Assisted Living Facility would appear in the field. **\*\*\*Notice – more tabs have appeared next to the ASSM Tab. The type of Assessment selected will determine how many tabs appear. Appendices A – F identify each Assessment type and the corresponding tabs.**



Press the Tab or Enter key to move to the Consumer Type field.

The screenshot shows the Oracle Developer Forms Runtime - Web interface for 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The form includes the following fields and controls:

- Header: ASSESSMENT INSTRUMENT AND PRIORITIZATION
- Menu: Action Menu Edit Block Field Record Query Help
- Navigation: Home, Back, Forward, Refresh, Print, Help, Search, Save, Cancel, Close
- Form Fields:
  - ASSESSMENT: [ASSESSMENT]
  - VERSION: [VERSION 10G.1]
  - CIRTS: [CIRTS]
  - Date: [11/08/2006]
  - User: [MCGLOHONSA]
  - PSA: [02]
  - SSN: [200611081]
  - Last Name: [CLIENT]
  - Risk Score: [ ]
  - Priority Score: [ ]
  - Rank: [ ]
- Buttons: Add Assessment, Update Assessment, Demographics, Assessment List, Search, Print Turnaround
- Category Selection: ASSM, INC, MEN, PHY, ADL, NUT, HEA, SPS, SOC
- Section: CIRTS Assessment Information
  - Owner Id: [20000]
  - Owner Assessor Id: [MCGLOHONSA]
  - Assessment Date: [11/08/2006]
  - Provider Id: [ ]
  - Provider Assessor Id: [ ]
  - Assessment Site: [CLIENT/RELATIVE'S HOME]
  - Assessor Name: [SHANDRA MCGLOHON]
  - Assessment Type: [INITIAL ASSESSMENT]
- Consumer Type: [ELDER.RECIPIENT] (dropdown)
- Are you the caregiver of a grandchild? [N] (checkbox)
- Is this Public Housing? [ ] (checkbox)
- Referral Source: [<NULL>] (dropdown)
- Primary Caregiver: [ ] (dropdown)
- Risk Level: [<NULL>] (dropdown)
- Living Situation: [<NULL>] (dropdown)
- Referral Date: [ ] (text field)

Record: 1/1 | ... | <OSC>

You can select the Consumer Type with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type “C” for Caregiver or “E” for Elder Recipient. Press the Tab or Enter key.

Are you the caregiver of a grandchild? – Enter a Y or N. Press the Tab or Enter key.

Is this Public Housing? – Enter a Y or N. Press the Tab or Enter key.

You can select the Referral Source with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. Press the Tab or Enter key.

**Referral Sources:**

A – Abuse/Neglect

C– CARES

D – DCF CCDA

D (pressed twice) – DCF HCDA

H – Hospital

- L – Lead Agency
- O – Other
- S – Self
- U – Upstreaming/CARES

You can select the Risk Level with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

**Risk Levels:**

- H – High
- I – Imminent Risk
- L – Low
- M – Moderate
- N – None
- T – Transition from ALF to Nursing Home
- T (pressed twice) – Transition from NH to Hospital FY 05-06

Enter the Referral Date – format: MMDDYYYY or MMDDYY. The dashes will be added automatically. Press the Tab or Enter key.

You can select Primary Caregiver with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

**Primary Caregiver:**

- N – No Caregiver
- U – Unknown
- Y – Yes

If you select No Caregiver, the Assessment tabs do not change.

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' form. The window title is 'Oracle Developer Forms Runtime - Web' and the form title is 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. The toolbar contains various icons for navigation and editing.

At the top, there are input fields for 'ASSESSMENT' (VERSION 10G.1), 'CIRTS', 'Date' (11/08/2006), and 'User' (MCGLOHONSA). Below this, there are fields for 'PSA' (02), 'SSN' (200611081), 'Last Name' (CLIENT), 'Risk Score', 'Priority Score', and 'Rank'. There are buttons for 'Add Assessment', 'Update Assessment', 'Demographics', 'Assessment List', 'Search', and 'Print Turnaround'.

A row of tabs is visible: 'ASSM', 'INC', 'MEN', 'PHY', 'ADL', 'NUT', 'HEA', 'SPS', and 'SOC'. The 'ASSM' tab is selected.

The main content area is titled 'CIRTS Assessment Information' and contains several sections:

- Owner Information:** Owner Id (20000), Owner Assessor Id (MCGLOHONSA), Assessment Date (11/08/2006).
- Provider Information:** Provider Id (empty), Provider Assessor Id (empty), Assessment Site (CLIENT/RELATIVE'S HOME).
- Assessor Information:** Assessor Name (SHANDRA MCGLOHON), Assessment Type (INITIAL ASSESSMENT).
- Consumer Type:** ELDER RECIPIENT.
- Are you the caregiver of a grandchild?:** N.
- Is this Public Housing?:** N.
- Referral Source:** OTHER.
- Primary Caregiver:** NO CAREGIVER.
- Risk Level:** HIGH.
- Living Situation:** ALONE.
- Referral Date:** 11/08/2006.

At the bottom, there is a status bar showing 'Record: 1/1' and '<OSC>'.

If you select Yes for Primary Caregiver, two new tabs are added to the Assessment. The CAR and CAR2 screen gather information about the client's caregiver.

The screenshot shows the Oracle Developer Forms Runtime - Web interface for the ASSESSMENT INSTRUMENT AND PRIORITIZATION form. The form is titled "ASSESSMENT INSTRUMENT AND PRIORITIZATION" and includes a menu bar with options: Action, Menu, Edit, Block, Field, Record, Query, Help. The form contains several sections and fields:

- Header Section:**
  - ASSESSMENT: VERSION 10G.1
  - CIRTS
  - Date: 11/08/2006
  - User: MCGLOHNSA
- Client Information Section:**
  - PSA: 02
  - SSN: 200611081
  - Last Name: CLIENT
  - Risk Score: [ ]
  - Priority Score: [ ]
  - Rank: [ ]
- Action Buttons:** Add Assessment, Update Assessment, Demographics, Assessment List, Search, Print Turnaround
- Navigation Tabs:** ASSM, INC, MEN, PHY, ADL, NUT, HEA, SPS, SOC, CAR, CAR2
- CIRTS Assessment Information Section:**
  - Owner Id: 20000
  - Owner Assessor Id: MCGLOHNSA
  - Assessment Date: 11/08/2006
  - Provider Id: [ ]
  - Provider Assessor Id: [ ]
  - Assessment Site: CLIENT/RELATIVE'S HOME
  - Assessor Name: SHANDRA MCGLOHON
  - Assessment Type: INITIAL ASSESSMENT
- Consumer Information Section:**
  - Consumer Type: ELDER RECIPIENT
  - Are you the caregiver of a grandchild?: N
  - Is this Public Housing?: N
- Referral and Caregiver Information Section:**
  - Referral Source: OTHER
  - Primary Caregiver: YES
  - Risk Level: HIGH
  - Living Situation: WITH CAREGIVER
  - Referral Date: 11/08/2006

The bottom of the form shows "Record: 1/1" and "<OSC>" navigation controls.

Press the Tab or Enter key.

You can select the Living Situation with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

**Living Situation:**

- A – Alone
- N – Not Required
- U – Unknown
- W – With Caregiver
- W (pressed twice) – With Other

Press the Tab or Enter key to move to the INC (Income) screen of the Assessment.

The cursor will start in the Individual Monthly Income field on the INC (Income) tab. Enter the client's monthly income. Press the Tab or Enter key.

You can select the Individual Assets with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the alphabetic code to select a value.

**Individual Assets:**

M – \$0 - \$2000

N – \$2001 - \$5000

P – Over \$5000

U – Unknown

Follow the same format for the Couple Monthly Income and Couple Assets when the information is required. Press the Tab or Enter key.

*\*\*\*For the OAA, Congregate Meals, and OA3E Assessments, the client's income can be left blank. If the income amount is left blank, the user will be required to enter a Y or N in the "Refused?" fields.*

Receiving Food Stamps? – Enter a Y or N. Press the Tab or Enter key.

You can select who is answering the questions with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

C – Client

O – Other

The cursor will automatically move to the next field. You can select the satisfaction with life with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

1 – Excellent

2 – Good

3 – Fair

4 – Poor

The cursor will automatically move to the next field. You can select the attitude on life with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

1 – Much Better

2 – Better

3 – About the same

4 – Worse

The cursor will automatically move to the next field.

Are behavior problems present? – Enter a Y or N. The cursor will automatically move to the next field.

Does behavior indicate a need for supervision? – Enter a Y or N. If you enter an N and press the Enter key, all of the fields below will populate with an N and the cursor will move to the next screen. To enter a Y for the individual behaviors, enter Y to “Does behavior indicate a need for supervision?” then Y or N for the individual behaviors. Press the Tab or Enter key to move to the MEN (Mental Health) screen.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Income Information**

Individual Monthly Income \$1,200.00 Refused?

Individual Assets M = \$0 - \$2000 Refused?

Couple Monthly Income Refused?

Couple Assets Refused?

Receiving Food Stamps?

Who is answering the questions?  
C - Client

How would you describe your satisfaction with life?  
2 - Good

Compared to a year ago, how is your attitude on life?  
3 - About the Same

ASSESSOR: Are behavioral problems present?  
 Y = Yes, N = No

ASSESSOR Y = Yes, N = No

Does behavior indicate a need for supervision?

Wandering

Significant memory problems

Depression

Lonely or dangerously isolated

Thoughts of suicide

Abusive, aggressive, or disruptive behavior

Other Problems

Record: 1/1 <OSC>

Enter a Y or N to indicate whether the client answered the date questions correctly or incorrectly.

Use the same procedure for the place questions.

Enter how many numbers the client missed while counting backward from 20 to 1. Ten (10) incorrect responses are the maximum allowed. Press the Tab or Enter key.

Are cognitive problems present? – Enter a Y or N.

Currently receiving mental health services? – Enter a Y or N.

Need for mental health referral? – Enter a Y or N.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Mental Health / Behavior / Cognition**

Ask the consumer the following questions: Y = Correct, N = Incorrect

What is today's date? Month  Day  Day of the week  Year

Where are we? Name  City  State  County

Count backwards from 20 to 1  
20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 Number of incorrect responses

Y = Yes, N = No

ASSESSOR: Are cognitive problems present?

Currently receiving mental health services?

ASSESSOR: Need for mental health referral?

ASSESSOR: Formal and/or informal resources proved services as needed to address the mental health/  
cognitive needs of the client.

ASSESSOR: Client oriented to time?

ASSESSOR: Client oriented to place?

Record: 1/1 <OSC>

You can select the formal and/or informal resources with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 1 – Always Available
- 2 – Sometimes Available
- 3 – Rarely Available
- 4 – Unavailable
- 5 – Not Needed

You can select the orientation to time with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 1 – Always
- 2 – Sometimes
- 3 – Rarely
- 4 – Never



You can select the orientation to place with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 1 – Always
- 2 – Sometimes
- 3 – Rarely
- 4 – Never

The cursor will automatically move to the PHY (Physical Health) screen.

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' application. The window title is 'Oracle Developer Forms Runtime - Web'. The application title bar shows 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. The toolbar contains various icons for navigation and editing.

The main form area contains the following fields and controls:

- ASSESSMENT**: VERSION 10G.1
- CIRTS**: Date 11/08/2006, User MCGLOHONSA
- PSA**: 02, **SSN**: 200611081, **Last Name**: CLIENT
- Risk Score**: [Empty], **Priority Score**: [Empty], **Rank**: [Empty]
- Buttons: Add Assessment, Update Assessment, Demographics, Assessment List, Search, Print Turnaround
- Navigation tabs: ASSM, INC, MEN, PHY (selected), ADL, NUT, HEA, SPS, SOC, CAR, CAR2
- Physical Health** section:
  - How would you rate your overall health at the present time? 2 - Good
  - Compared to a year ago, how would you rate your health? 3 - About the Same
  - How much do your physical problems stand in the way of your doing the things you want to do? 2 - Occasionally
  - Is medical care readily available? 3 - Sometimes
  - Is transportation to medical care readily available? 3 - Sometimes
  - Does your finances/insurance permit acces to healthcare and medications? 3 - Sometimes
- Footer: Record: 1/1, <OSC>

You can select the overall health with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 1 – Excellent
- 2 – Good

- 3 – Fair
- 4 – Poor
- 0 – Unknown

You can select the health rating with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 1 – Much better
- 2 – Better
- 3 – About the same
- 4 – Worse

You can select the physical limitations with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 1 – Not at all
- 2 – Occasionally
- 3 – Often
- 4 – All the time

You can select the medical availability with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 4 – Always
- 3 – Sometimes
- 2 – Rarely
- 1 – Never

You can select the transportation availability with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 4 – Always
- 3 – Sometimes
- 2 – Rarely
- 1 – Never

You can select the access to healthcare with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 4 – Always
- 3 – Sometimes
- 2 – Rarely
- 1 – Never

The cursor will automatically move to the ADL (Activities of Daily Living) screen.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

Codes: 0=No Help 1=No Help but relies on assistive device 2= Supervision/Coaching 3=Some Help 4=Total Help can't do  
Codes: 3=Always 2=Sometimes 1=Rarely 0=Never 0=No help needed

ADLS

Bathe 1 - Assistative Device  
Dress 0 - No Help  
Eat 0 - No Help  
Use Bathroom 0 - No Help  
Transfer 3 - Some Help  
Walking / Mobility 1 - Assistative Device

Resource ADLS

Bathe 3 - Always  
Dress 0 - Never/Not Needed  
Eat 0 - Never/Not Needed  
Use Bathroom 0 - Never/Not Needed  
Transfer 2 - Sometimes  
Walking / Mobility 2 - Sometimes

Need for Assistive Device? N

IADLS

Do heavy chores 4 - Total Help  
Do light housekeeping 0 - No Help  
Use Phone 0 - No Help  
Manage Money 0 - No Help  
Prepare Meals 0 - No Help  
Do Shopping 3 - Some Help  
Take Medication 1 - Assistative Device  
Use Transportation 4 - Total Help

Resource IADLS

Do heavy chores 3 - Always  
Do light housekeeping 1 - Rarely  
Use Phone 0 - Never/Not Need...  
Manage Money 0 - Never/Not Need...  
Prepare Meals 0 - Never/Not Need...  
Do Shopping 2 - Sometimes  
Take Medication 1 - Rarely  
Use Transportation 3 - Always

Need for Assistive Device? N

Record: 1/1 <OSC>

On the ADL (Activities of Daily Living) screen, you will answer the questions in this order: ADLS, Resource ADLS, IADLS (Independent Activities of Daily Living), Resource IADLS. The cursor will start in the ADLS section in the Bathe field. You can select the code with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

**ADLS and IADLS:**

- 0 – No Help
- 1 – No Help, but relies on assistive device
- 2 – Supervision/Coaching
- 3 – Some Help
- 4 – Total Help – can't do

**Resource ADLS and Resource IADLS:**

- 0 – Never/No Help needed
- 1 – Rarely

2 – Sometimes

3 – Always

Need for Assistive Device? – Enter a Y or N.

The cursor will automatically move to the NUT (Nutrition Status) screen.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Nutrition Status** Y = Yes, N = No

N Have you lost or gained 10 pounds or more in the last 6 months without trying?

N Do you take 3 or more kinds of medicine a day?

N Do you have 2 or more drinks of beer, wine, or liquor almost every day?

N Do you have an illness or condition that made you change the food you eat?

Y Do you eat at least 2 meals a day?

Y Do you eat some fruits and vegetables every day?

Y Do you have some milk products every day?

N Do you have any problems with your teeth, mouth, or throat that make it hard for you to chew or swallow?

Y Do you eat alone most of the time?

N Are you usually able to shop for yourself?

Y Are you usually able to cook for yourself?

Y Are you usually able to eat without help?

Y Do you have enough money to buy the food you need?

**ASSESSOR:**

N Does there appear to be a need for food stamps?

**Nutrition Score**

1.5

**Tobacco Use** Y = Yes, N = No

N Do you smoke or use tobacco products?

N Have you ever smoked or used tobacco?

N Do you live with others who smoke?

Record: 1/1 <OSC>

All of the NUT (Nutrition Status) questions require a Y or N. The cursor will move from field to field automatically.

When you enter a Y or N for “Do you live with others who smoke?” the cursor will automatically move to the HEA (Primary Diagnosis and Health Conditions) screen.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Primary Diagnosis and Health Conditions** Y = Yes, N = No

Arthritis  Y Diabetes  N Pneumonia  N

Bed Sores (Decubitis)  N Emphysema/COPD  N Stroke  Y

Cancer  N Heart Problems  Y Osteoporosis  N

Lung  N Skin  N Oral  N Other  N Incontinence (Bladder/Bowel)  N Parkinson's Disease  N

Dementia  N Liver Problems  N

Other

**Other Health Conditions** Y = Yes, N = No

Allergies  N Blood Pressure  N Falls  N Pacemaker  N Thyroid  N

Amputation  N Broken Bones  N Gallbladder  N Paralysis  N Ulcers  N

Asthma  N Dehydration  N Hearing  N Seizure Disorder  N Vision  N

Bladder/Kidney  N Dizziness  N Ostomy Care  N Sleep  N

Record: 1/1 <OSC>

The cursor will begin in the Arthritis field. Enter a Y or N for all Primary Diagnosis and Health Conditions. In the Cancer field, if you enter an N and press the Tab or Enter key the fields below Cancer – Lung, Skin, Oral, Other – will automatically populate with an N and the cursor will move to the Dementia field. To select one of the specific Cancer types, you should answer Y to Cancer and the cursor will move through the Lung, Skin, Oral, and Other fields.

When selecting a health condition from the Other list in the Primary Diagnosis and Health Conditions section, you should select the most problematic health condition for the client. You can select the other health condition with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

A – Allergies

A (pressed twice) – Amputation

A (pressed three times) – Anemia

A (pressed four times) – Asthma

B – Bladder or Kidney Problems

B (pressed twice) – Blood Pressure – High

B (pressed three times) – Blood Pressure – Low  
B (pressed four times) – Broken Bones  
D – Dehydration  
D (pressed twice) – Dialysis  
D (pressed three times) – Dizziness  
F – Falls  
G – Gallbladder Problems  
H – Hearing Problems  
H (pressed twice) – HIV/ARC/AIDS  
N – No  
O – Osteoporosis  
O (pressed twice) – Ostomy Care  
O (pressed three times) – Others  
P – Pacemaker  
P (pressed twice) – Paralysis  
P (pressed three times) – Parkinson’s Disease  
P (pressed four times) – Potassium/Sodium Imbalance  
S – Seizure Disorders  
S (pressed twice) – Shingles  
S (pressed three times) – Sleep Problems  
T – Thyroid Problems  
T (pressed twice) – Tuberculosis  
U – Ulcers  
U (pressed twice) – Unknown  
U (pressed three times) – Urinary Incontinence  
V – Vision Problems

The cursor will move to the Other Health Conditions section for you to enter any other health conditions affecting the client. If there aren’t any other health conditions affecting the client, other than what is listed in the Primary Diagnosis and Health Conditions section, select No from the Other list. Selecting No from the Other list will automatically populate the Other Health Conditions section with N and move to the SPS (Special Services) screen.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Special Services** Y = Yes, N = No

Physical Therapy  Occupational Therapy

Respiratory Therapy  Other

**Other Special Conditions** Y = Yes, N = No

Bowel/bladder rehab  Insulin Therapy  Skilled Nursing

Bowel Impaction Therapy  Lesion Irrigation  Speech Therapy

Catheter Care  Oxygen Therapy  Suctioning

Dialysis  Oxygen Treatment  Tube Feeding

Wound Care

Record: 1/1 <OSC>

The cursor will begin in the Physical Therapy field. Enter a Y or N for all questions on the SPS (Special Services) screen.

When selecting a special service from the Other list in the Special Services section, you should select the most significant Special Service need for the client. You can select the special service with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

- A – Aseptic Dressing
- B – Bedsores Treatment
- B (pressed twice) – Bowel Impaction Therapy
- B (pressed three times) – Bowel/Bladder Rehabilitation
- C – Catheter Care
- D – Dialysis
- I – Insulin Therapy
- I (pressed twice) – IV Fluids

I (pressed three times) – IV Medicines  
L – Lesion Irrigation  
N – No  
O – Ostomy Care  
O (pressed twice) – Others  
O (pressed three times) – Oxygen Therapy  
O (pressed four times) – Oxygen Treatment  
R – Respiratory Treatment  
S – Skilled Nursing  
S (pressed twice) – Speech Therapy  
S (pressed three times) – Suctioning  
T – Tube Feeding  
U – Unknown  
W – Wound Care

The cursor will move to the Other Special Conditions section for you to enter any other special conditions needed by the client. If there aren't any other special conditions needed by the client, other than what is listed in the Special Services section, select No from the Other list. Selecting No from the Other list will automatically populate the Other Special Conditions section with N and move to the SOC (Social Resources) screen.



Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Special Services** Y = Yes, N = No

Physical Therapy	Occupational Therapy
<input type="checkbox"/> N	<input type="checkbox"/> N
Respiratory Therapy	Other
<input type="checkbox"/> N	SKILLED NURSING

**Other Special Conditions** Y = Yes, N = No

Bowel/bladder rehab	<input type="checkbox"/> N	Insulin Therapy	<input type="checkbox"/> N	Skilled Nursing	<input checked="" type="checkbox"/> Y
Bowel Impaction Therapy	<input type="checkbox"/> N	Lesion Irrigation	<input type="checkbox"/> N	Speech Therapy	<input checked="" type="checkbox"/> N
Catheter Care	<input type="checkbox"/> N	Oxygen Therapy	<input type="checkbox"/> N	Suctioning	<input type="checkbox"/> N
Dialysis	<input type="checkbox"/> N	Oxygen Treatment	<input type="checkbox"/> N	Tube Feeding	<input type="checkbox"/> N
				Wound Care	<input type="checkbox"/> N

Record: 1/1 ... <OSC>

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611081 Last Name CLIENT Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Social Resources**

Does the client live alone?  N **SOCIAL RESOURCE SCORE**

Does client care for grandchildren on a permanent basis?  N 12

If needed, could you stay with someone, or they stay with you?  Y

Do you have someone you can talk to when you have a problem (other than caregiver)?  N

About how many times do you talk to friends, relatives, telephone reassurance volunteers or others on the telephone in a week, either they call you or you call them? N = NOT AT ALL

How many times during a week do you spend time with someone who does not live with you - you go see them, they come to visit you, or you do things together? N = NOT AT ALL

**ENVIRONMENTAL SCORE**

1.5 - MODERATE R...

Record: 1/1 <OSC>

Does the client live alone? – is answered automatically based on your response to Living Situation on the ASSM screen.

Does the client care for grandchildren on a permanent basis? – Enter a Y or N.

If needed, could you stay with someone, or they stay with you? – Enter a Y or N.

Do you have someone you can talk to when you have a problem (other than caregiver)? – Enter a Y or N.

You can select the telephone and personal contact with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the alphabetic or numeric code to select a value.

D – One a day or more

2 – 2 - 6 times a week

W – Once a week

N – Not at all

N (pressed twice) – No phone (Only applies to how many times the client talks on the telephone.)

You can select the environmental score with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value.

- 0 – No Risk
- 5 – Low Risk
- 15 – Moderate Risk
- 25 – High Risk

Press the F10 key or click the Save button (yellow disk) to save the Assessment.

*\*\*\*If the client has a caregiver, you must press the Tab or Enter key to move the cursor to the CAR (Caregiver) screen. Or, you can click the CAR (Caregiver) Tab and click the “HCE Caregiver?” field to move the cursor.*

The screenshot shows the 'Caregiver Assessment' screen in the Oracle Developer Forms Runtime - Web interface. The form is titled 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' and includes a menu bar with options like Action, Menu, Edit, Block, Field, Record, Query, and Help. The main form area contains several sections:

- Header:** ASSESSMENT, VERSION 10G.1, CIRTS, Date 04/02/2007, User MCGLOHONSA.
- Client Information:** PSA 02, SSN 200611081, Last Name CLIENT, Risk Score, Priority Score, Rank.
- Navigation:** Add Assessment, Update Assessment, Demographics, Assessment List, Search, Print Turnaround.
- Tabs:** ASSM, INC, MEN, PHY, ADL, NUT, HEA, SPS, SOC, CAR, CAR2.
- Caregiver Assessment Section:**
  - HCE Caregiver? (Y = Yes, N = No) and Is Caregiver new to the client? (N = Yes, Y = No).
  - Social Security Number: 200611082.
  - First Name: CARE, Last Name: GIVER.
  - Relationship: CHILD.
  - Address: Street 123 ANY STREET, City/State/Zip ANY TOWN FL 32311, County LEON.
  - Telephone#: [Empty]
  - Race: WHITE, Ethnicity: OTHER.
  - Primary Language: ENGLISH, Date of Birth: 11/08/1946, Sex: FEMALE.
  - Is Caregiver employed outside the home? (FT = FULL-TIME).
  - How is your own health? (2 = GOOD).
  - How long have you been providing care? (0 = OVER 2 YRS).
  - How likely is it that you continue to provide care? (1 = VERY LIKELY).
  - How likely is it that you will have the ability to continue to provide care? (1 = VERY LIKELY).
  - Caregiver (1 = VERY LIKELY), Assessor (2 = SOMEWHAT LI...).
  - If you were unable to provide care, who would? (N = NO ONE).
  - Initial Assessment or Reassessment (1 = INITIAL ASSESSMENT).

HCE Caregiver? – Enter a Y or N.

Caregiver’s Social Security number (SSN) – enter the Caregiver’s actual SSN or a pseudo SSN. Enter the Caregiver’s name and select the Caregiver’s relationship to the client. You can select the Caregiver’s relationship to the client with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value.

- C – Child
- F – Friend/Neighbor
- G – Grandchild
- O – Other
- O (pressed twice) – Other Relative
- P – Parent
- S – Spouse

Enter the Caregiver’s Address then press the Tab or Enter key to move to City/State/Zip. Press the Tab or Enter key.

You can select the Caregiver’s county with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically of the desired county. For instance, you would press the “L” key four times for Leon County. Press the Tab or Enter key.

Enter the Caregiver’s telephone number. Press the Tab or Enter key.

You can select the Caregiver’s race with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. Press the Tab or Enter key.

- A – Asian or Pacific Islander
- B – Black
- N – Native American
- N – Not Required
- O – Other Minority
- U – Unknown
- W – White

You can select the Caregiver’s ethnicity with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. Press the Tab or Enter key.

- H – Hispanic
- N – Not Required
- O – Other
- U – Unknown

You can select the Caregiver’s primary language with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. For example, you would press the “E” key once for English or the “S” key three times for Spanish. Press the Tab or Enter key.

Enter the Caregiver’s date of birth in the format – MMDDYYYY. Dashes will be added automatically. Press the Tab or Enter key.

You can select the Caregiver’s sex with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. Press the Tab or Enter key.

- F – Female
- M – Male
- U – Unknown

You can select the Caregiver’s employment status with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. The cursor will automatically move to the next field.

- F – Full-Time
- P – Part-Time
- N – N/A

You can select the Caregiver’s health with the arrow keys, or by clicking the list and selecting the value, or you can type the numeric code to select a value. The cursor will automatically move to the next field.

- 1 – Excellent
- 2 – Good
- 3 – Fair
- 4 – Poor

You can select the Length Providing Care with the arrow keys, or by clicking the list and select the value, or you can type the alphabetic or numeric code to select a value. The cursor will automatically move to the next field.

- L – Less than 6 months
- 6 – 6 months – 1 year
- 1 – 1 – 2 years
- O – Over 2 years

You can select the Continue Providing Care value with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the next field.

- 1 – Very Likely
- 2 – Somewhat Likely
- 3 – Unlikely

You can select the Ability to Continue Providing Care with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the next field.

- 1 – Very Likely
- 2 – Somewhat Likely
- 3 – Unlikely

You can select “Who Would Provide Care?” with the arrow keys, or by clicking the list and selecting the value, or you can type the alphabetic code to select a value. The cursor will automatically move to the next field.

N – No One  
 F – Friend/Neighbor  
 C – Close Relative  
 O – Other

You can select the Assessment type with the arrow keys, or by clicking the list and selecting the value, or you can type the alphabetic code to select a value.

I – Initial  
 R – Reassessment

The cursor will automatically move to the CAR2 (Caregiver, page 2) screen.

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA SSN Last Name Risk Score Priority Score Rank

02 200611081 CLIENT

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM INC MEN PHY ADL NUT HEA SPS SOC CAR CAR2

**Caregiver Assessment - continued**

Your relationship with client? 2 = SAME

Your relationship with other family members? 2 = SAME

Your relationship with friends? 2 = SAME

Your work (if applicable)? 2 = SAME

Your emotional well-being? 2 = SAME

Assessor: Is the caregiver in crisis?  Y = Yes, N = No

If yes, check all that apply  Financial  Emotional  Physical

Record: 1/1 ... <OSC>

You can select the Relationship with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the Relationship with Other Family field.

- 1 – Better
- 2 – Same
- 3 – Worse

You can select the Relationship with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the Relationship with Friends field.

- 1 – Better
- 2 – Same
- 3 – Worse

You can select the Relationship with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the Your Work field.

- 1 – Better
- 2 – Same
- 3 – Worse

You can select the Work value with the arrow keys, or by clicking on the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the Emotional Well-being field.

- 1 – Better
- 2 – Same
- 3 – Worse

You can select the Well-being with the arrow keys, or by clicking on the list and selecting the value with the mouse, or you can type the numeric code to select a value. The cursor will automatically move to the Caregiver in Crisis field.

- 1 – Better
- 2 – Same
- 3 – Worse

Is the caregiver in crisis? – Enter a Y or N. If you enter N, the remaining fields (Financial, Emotional, Physical) will automatically populate with N.

Press the F10 key or click the Save button (yellow disk) to save.

## Title Guardian

When the Assessment Type is Grandparent/Guardian, the Consumer Type is Caregiver, and “Are you the caregiver of a grandchild?” is Y, the TIG (Title Guardian) screen will appear.

The screenshot shows the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' form. The form is titled 'ASSESSMENT' and 'VERSION 10G.1'. The user is 'MCGLOHONSA' and the date is '11/08/2006'. The form is currently displaying the 'TIG' (Title Guardian) screen, which is selected over the 'ASSM' screen.

**CIRTS Assessment Information**

<b>Owner Id</b> 20000	<b>Owner Assessor Id</b> MCGLOHONSA	<b>Assessment Date</b> 11/07/2006
<b>Provider Id</b> 	<b>Provider Assessor Id</b> 	<b>Assessment Site</b> CLIENT/RELATIVE'S HOME
<b>Assessor Name</b> SHANDRA MCGLOHON		<b>Assessment Type</b> GRANDPARENT/GUARDIAN

**Consumer Type:** CAREGIVER

**Are you the caregiver of a grandchild?** Y

**Is this Public Housing?** N

**Referral Source:** SELF

**Primary Caregiver:** NO CAREGIVER

**Risk Level:** NONE

**Living Situation:** ALONE

**Referral Date:** 11/07/2006

Record: 1/1



Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 11/08/2006 User MCGLOHONSA

PSA 02 SSN 200611082 Last Name GUARDIAN Risk Score Priority Score Rank

Add Assessment Update Assessment Demographics Assessment List Search Print Turnaround

ASSM TIG

**Grandchild/Child Information**

First Name MI Last Name  
TIG  CHILD

Date of Birth  
11/08/1990

Is the child developmentally disabled?

Record: 1/1 <OSC>

Enter the child/grandchild's name, date of birth (Format: MMDDYYYY – dashes will appear automatically), and whether the child is developmentally disabled.

Press the F10 key or the Save button (yellow disk) to save.

### Viewing the Client's Assessments

The screenshot shows a web application window titled "Oracle Developer Forms Runtime - Web" with a sub-window "CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM". The main content area is titled "CIRTS" and contains the following information:

- DEMOGRAPHICS\_1226
- VERSION 10G.1
- Date: 11/08/2006
- User: MCGLOHONSA

Client Information:

PSA	Owner	SSN	First Name	Last Name	<input type="checkbox"/> Demographic Complete
02	20000	200611081	TEST	CLIENT	<input type="checkbox"/> PAS Complete

DEMOGRAPHIC INFORMATION

SSN	PSA	First Name	MI	Last Name	Medicaid Number
200611081	02	TEST		CLIENT	

Home Address

Street: 1234 ANY STREET

City: ANY TOWN, State: FL, Zip: 32311, County: LEON

Mailing Address

Date of Birth: 11/08/1916, Date of Death: , Sex: MALE, Race: WHITE, Ethnicity: OTHER

Primary Language: ENGLISH, Marital Status: SINGLE, Need outside assistance to evacuate? N, Registered with County Special Needs Registry? N

Buttons: Search, LOC, Referrals, **Assessments**

Click the Assessments button on the Demographic screen. A new screen with a list of the client's Assessments will appear.

## List of Assessments Screen

**Client Information**

TEST CLIENT 200-61-1081

Psa/Cares Office	Date	Assessor Name/ Caseworker	Assessment Site	Assessment Type	Priority Score	Rank
02	11/06/2006	SHANDRA MCGLOHON	CLIENT/RELATIVE'S HOM	INITIAL ASSESSMENT	16	1

Record: 1/1      <OSC>

All of the client's Assessments, statewide, will appear in the List of Assessments. To view an Assessment, click the Assessment in the list then click the Details button or double-click the Assessment in the list. To add a new Assessment, click the Add Assessment button. Click the Demographics button to go back to the Demographics screen. The Close button will also take you back to the Demographics screen. The Print Turnaround button generates the Assessment Report.

The following buttons are available on the Assessment screen:

- Add Assessment
- Update Assessment
- Demographics
- Assessment List
- Search
- Print Turnaround



The screenshot shows a web-based form titled "CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM" running in "Oracle Developer Forms Runtime - Web". The form is for a client named "TEST CLIENT" with SSN 200611081 and PSA 02. An alert dialog box is displayed over the form, containing a red speech bubble icon and the text "LEVEL OF CARE DOES NOT EXIST FOR THIS CLIENT". The form fields include:

- DEMOGRAPHICS\_1226 (VERSION 10G.1)
- CIRTS (Date: 04/02/2007, User: MCGLOHONSA)
- PSA: 02, Owner: 20001, SSN: 200611081, First Name: TEST, Last Name: CLIENT
- DEMOGRAPHIC INFORMATION: SSN: 200611081, PSA: 02, First Name: TEST, MI: [empty], Last Name: CLIENT, Medicaid Number: [empty]
- Home Address: Street: 1234 ANY STREET, City: ANY TOWN, State: FL, Zip: 32311
- Mailing Address: Street: [empty], City: [empty], State: [empty], Zip: [empty], County: [empty], Phone Number: [empty]
- Date of Birth: 11/08/1945, Date of Death: [empty], Sex: FEMALE, Race: WHITE, Ethnicity: OTHER
- Primary Language: ENGLISH, Marital Status: SINGLE, Need outside assistance to evacuate?: N, Registered with County Special Needs Registry?: N

Buttons at the bottom include Search, LOC, Referrals, NHD, and Assessments.

If the Level of Care (LOC) does not exist, you will receive the message seen above.

**Oracle Developer Forms Runtime - Web**  
LEVEL OF CARE

Action Menu Edit Block Field Record Query Help

**CARES LEVEL OF CARE**

**Client Information**  
TEST CLIENT 200-61-1081

Staffing Date	Effective Date	Level of Care	Program Recommendation
11/08/2006	11/08/2006	DOES NOT MEET WAIVER C	COMMUNITY CARE FOR THE ELDEF

**Demographics**

Record: 1/1 ... <OSC>

If the client has a Level of Care (LOC), you will see a screen with the levels listed. Click the Demographics button to return to the Demographics screen.

## CARES Referrals

Oracle Developer Forms Runtime - Web  
CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM

DEMOGRAPHICS\_1226      C I R T S      Date: 04/02/2007  
VERSION 100.1      User: MCGLOHONSA

PSA: 02    Owner: 20001    SSN: 200611081    First Name: TEST    Last Name: CLIENT     Demographic Complete  
 PAS Complete

**DEMOGRAPHIC INFORMATION**

SSN: 200611081    PSA: 02    First Name: TEST    MI:    Last Name: CLIENT    Medicaid Number:   

**Home Address**

Street: 1234 ANY STREET    Street con't:    Date Address Changed: 04/02/2007

City: ANY TOWN    State: FL    Zip: 32311    County: LEON    Phone Number:   

**Mailing Address**

Street:    Street con't:   

City:    State:    Zip:    County:    Phone Number:   

Date of Birth: 11/08/1945    Date of Death:    Sex: FEMALE    Race: WHITE    Ethnicity: OTHER

Primary Language: ENGLISH    Marital Status: SINGLE    Need outside assistance to evacuate?  N  
Registered with County Special Needs Registry?  N

...Search...    LOC    Referrals    NHD    Assessments

Click the Referrals button to view referrals from the CARES office to the area agency on aging (AAA) or the lead agency.

The screenshot shows a web-based form titled "CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM" running in "Oracle Developer Forms Runtime - Web". The form is for a client named "TEST CLIENT" with SSN 200611081 and PSA 02. The form includes sections for "DEMOGRAPHIC INFORMATION", "Home Address", "Mailing Address", and personal details like "Date of Birth", "Sex", "Race", and "Ethnicity". An "ALERT" dialog box is overlaid on the form, displaying a red speech bubble icon and the message: "There are no CARES Referrals for this client." The alert has an "OK" button. At the bottom of the form, there are buttons for "Search", "LOC", "Referrals", "NHD", and "Assessments". The status bar at the bottom of the window reads "FRM-40350: Query caused no records to be retrieved."

If CARES hasn't made a Referral to the area agency on aging (AAA) or the lead agency, you will receive the message seen above.



If the CARES office has made a referral to the area agency on aging (AAA) or the lead agency, you will see a screen with the referrals listed.

**CARES Referral Information**

**Client Information**  
 TEST CLIENT 200-61-1081

PSA	Employee Name	Referral Date	Imminent Risk	Referred To	Date Received by AAA or LA
02B	TESTING CASEWORKER	11/09/2006	N	LEAD AGENCY	

Demographics... Save

Record: 1/1 <OSC>

The Date Received should be entered, when the area agency on aging (AAA) or the lead agency receive the referral paperwork from the CARES office. After entering the Date Received, click the Save button. Then click the Demographics button to return to the Demographics screen.

**CARES Referral Information**

**Client Information**  
 TEST CLIENT 200-61-1081

PSA	Employee Name	Referral Date	Imminent Risk	Referred To	Date Received by AAA or LA
02B	TESTING CASEWORKER	11/09/2006	N	LEAD AGENCY	11/09/2006

Demographics Save

Record: 1/1 <OSC>

## Nursing Home Diversion

The screenshot shows a web-based form titled "CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM" running in Oracle Developer Forms Runtime. The form is divided into several sections:

- Header:** Includes "DEMOGRAPHICS\_1226", "VERSION 100.1", "CIRTS", "Date" (04/02/2007), and "User" (MCGLOHNSA).
- Client Information:** Fields for "PSA" (02), "Owner" (20001), "SSN" (200611081), "First Name" (TEST), "Last Name" (CLIENT), "Demographic Complete" (checkbox), and "PAS Complete" (checkbox).
- DEMOGRAPHIC INFORMATION:** Fields for "SSN" (200611081), "PSA" (02), "First Name" (TEST), "MI" (checkbox), "Last Name" (CLIENT), and "Medicaid Number" (empty).
- Home Address:** Fields for "Street" (1234 ANY STREET), "Street con't" (empty), "Date Address Changed" (04/02/2007), "City" (ANY TOWN), "State" (FL), "Zip" (32311), "County" (LEON), and "Phone Number" (empty).
- Mailing Address:** Fields for "Street" (empty), "Street con't" (empty), "City" (empty), "State" (empty), "Zip" (empty), "County" (empty), and "Phone Number" (empty).
- Personal Information:** Fields for "Date of Birth" (11/08/1945), "Date of Death" (empty), "Sex" (FEMALE), "Race" (WHITE), "Ethnicity" (OTHER), "Primary Language" (ENGLISH), "Marital Status" (SINGLE), "Need outside assistance to evacuate?" (N), and "Registered with County Special Needs Registry?" (N).
- Navigation:** A "Search..." button and four buttons: "LOC", "Referrals", "NHD" (highlighted), and "Assessments".

At the bottom of the window, a status bar reads: "FRM-40350: Query caused no records to be retrieved."

Click the NHD button to view the client's Nursing Home Diversion status.

Oracle Developer Forms Runtime - Web  
 CARES NURSING HOME DIVERSION HISTORY  
 Action Menu Edit Block Field Record Query Help  
 CARESNHD122620070314 04/02/2007  
 VERSION 10G.1 CARES Nursing Home Diversion History MCGLOHONSA  
 Client  
 ASSESSMENT,TEST  

CARES Office	PIPELINE		MEDICAID PENDING		
	Date Enter Pipeline	Date Leave Pipeline	Date Referred to Provider	Provider Referred To	Date Withdrawn from Med. Pending

 Add More Record(s)  
 When the individual is determined financially eligible, meets LOC and eligibility criteria, and the completed packet is sent to the Diversion provider, complete the Referral screen and set the Referred To field to 'MCO'.  
 SAVE DELETE CANCEL CLOSE  
 Record: 1/1 <OSC>

This is a view-only screen. Click the Close button to return to Demographics.

CARES Office – Office processing the client’s referral to the Nursing Home Diversion Waiver.

Date Enter Pipeline – Date the client is determined to be interested and suitable in the NH Diversion Waiver.

Date Leave Pipeline – Date the client, who was previously determined to be interested and suitable for the NH Diversion Waiver, is no longer interested or suitable.

Date Referred to Provider – Date the client, whose financial eligibility status is Medicaid Pending, is referred to the NH Diversion provider.

Provider Referred To – NH Diversion provider to whom the client, whose financial eligibility status is Medicaid Pending, is referred.

Date Withdrawn from Med. Pending – Date the client determines they are no longer interested in the Medicaid Pending option after being referred to a NH Diversion provider, but prior to being officially enrolled.

### Additional Client Information – Mini Menu (F12 – #2)

CIRTS

CICLIENT

Action Menu Edit Block Field Record Query Help

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<input type="text" value="CICLIENT_1226"/>	<b>CIRTS</b>	<b>Date</b> <input type="text" value="11/08/2006"/>
<input type="text" value="VERSION 10G.1"/>	<b>CLIENT DISPLAY AND LIMITED UPDATE</b>	<b>User</b> <input type="text" value="MCGLOHONSA"/>

<b>PSA</b> <input type="text" value="02"/>	<b>SSN</b> <input type="text" value="200811081"/>	<b>Intake Date</b> <input type="text"/>	<b>Medicaid #</b> <input type="text"/>
<b>First Name</b> <input type="text" value="TEST"/>	<b>MI</b> <input type="text"/>	<b>Last Name</b> <input type="text" value="CLIENT"/>	

<b>Addresses ?</b> <input type="checkbox" value="N"/>	<b>Birth Date</b> <input type="text" value="11/08/1916"/>	<b>DOBV</b> <input type="checkbox"/>
<b>Sex</b> <input type="checkbox" value="M"/>	<b>Race</b> <input type="checkbox" value="W"/> - WHITE	<b>Ethnicity</b> <input type="checkbox" value="O"/> - OTHER
<b>Citizen</b> <input type="checkbox"/>	<b>Marital Status</b> <input type="checkbox" value="S"/> SINGLE	
<b>Hosp/Emerg</b> <input type="checkbox"/>	<b>Emerg Evac</b> <input type="checkbox"/>	<b>Spcl-Shlfr</b> <input type="checkbox" value="N"/>
<b>Spcl-Reg</b> <input type="checkbox" value="N"/>	<b>Incomes ?</b> <input type="checkbox" value="N"/>	
<b>Refri Src</b> <input type="text"/> - <input type="text"/>		

<b>Contacts ?</b> <input type="checkbox" value="N"/>	<b>Comments ?</b> <input type="checkbox" value="N"/>	<b>Languages ?</b> <input type="checkbox" value="N"/>
<b>Handicaps ?</b> <input type="checkbox" value="N"/>	<b>OAA ?</b> <input type="checkbox" value="N"/>	<b>SSI ?</b> <input type="checkbox" value="N"/>
<b>Medicaid Waiver ?</b> <input type="checkbox" value="N"/>	<b>EHEAP ?</b> <input type="checkbox" value="N"/>	
<b>Earliest Intake Date</b> <input type="text"/>	<b>PSA Codes ?</b> <input type="checkbox" value="N"/>	

Enter Client's SSN (F9 for LOV) or F7 to Query on Last Name - Required

Record: 1/1 | ... | <OSC>

To access Additional Client Information for: Incomes, Contacts, Comments, Languages, Handicaps, OAA, SSI, Medicaid Waiver, EHEAP, and PSA Codes, enter a Y in the respective field and press the Enter key. A separate window will appear and will allow you to enter the additional information. On the individual screens, use the F9 key to access the codes list if needed.

### Additional Client Information - Incomes

CIRTS

CICLIENT

Action Menu Edit Block Field Record Query Help

**CIRTS**  
**CLIENT DISPLAY AND LIMITED UPDATE**

**Date**   
**User**

<b>PSA</b>	<input type="text" value="02"/>	<b>SSN</b>	<input type="text"/>	<b>Intake Date</b>	<input type="text"/>	<b>Medicaid #</b>	<input type="text"/>
------------	---------------------------------	------------	----------------------	--------------------	----------------------	-------------------	----------------------

<b>Addresses</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Sex</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Citizen</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Hosp/Emerg</b> <input type="checkbox"/>	<b>Emerg Evac</b> <input type="checkbox"/>	<b>Spcl-Shltr</b> <input type="text" value="N"/>	<b>Spcl-Reg</b> <input type="text" value="N"/>	<b>Incomes ?</b> <input type="text" value="Y"/>
<b>Refri Src</b> <input type="text"/> - <input type="text"/>				

<b>Contacts ?</b> <input type="text" value="N"/>	<b>Comments ?</b> <input type="text" value="N"/>	<b>Languages ?</b> <input type="text" value="N"/>
<b>Handicaps ?</b> <input type="text" value="N"/>	<b>OAA ?</b> <input type="text" value="N"/>	<b>SSI ?</b> <input type="text" value="N"/>
<b>Medicaid Waiver ?</b> <input type="text" value="N"/>	<b>EHEAP ?</b> <input type="text" value="N"/>	
<b>Earliest Intake Date</b> <input type="text"/>	<b>PSA Codes ?</b> <input type="text" value="N"/>	

Enter Code for Income Type (F9 for List) - Required

Record: 1/1    ...    List of Valu...    <OSC>

### Additional Information - Contacts

**CIRTS**  
CICLIENT

Action Menu Edit Block Field Record Query Help

CICLIENT\_1226 11/09/2006

VERSION 10

**CLIENT CONTACTS**

PSA	Code	HCE	CG SSN	Contact Relationship to Client
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
First Name				Last Name
<input type="text"/>				<input type="text"/>
Telephone	( <input type="text"/> )	<input type="text"/>	<input type="text"/>	
Race	Ethnicity	Sex	DOB	More? <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Refri Src  -

Contacts ?  Y Comments ?  N Languages ?  N

Handicaps ?  N OAA ?  N SSI ?  N Medicaid Waiver ?  N EHEAP ?  N

Earliest Intake Date  PSA Codes ?  N

Enter Code for Contact Type (F9 for List) - Required

Record: 1/1 ... List of Valu... <OSC>

### Additional Client Information - Comments

**CIRTS**  
CICLIENT

Action Menu Edit Block Field Record Query Help

CICLIENT\_1226      **CIRTS**      Date 11/08/2006  
VERSION 10G.1      CLIENT DISPLAY AND LIMITED UPDATE      User MCGLOHONSA

PSA	SSN	Intake Date	Medicaid #
02	20		
Fi	TE		

**COMMENTS**

PSA Use "CTL + e" To Toggle The Text Editor ON and OFF.

Addresses ?  N

Sex  M      Race  W - WHITE      Ethnicity  O - OTHER

Citizen       Marital Status  S SINGLE

Hosp/Emerg       Emerg Evac       Spcl-Shlfr  N      Spcl-Reg  N      Incomes ?  N

Refri Src  -

Contacts ?  N      Comments ?  Y      Languages ?  N

Handicaps ?  N      OAA ?  N      SSI ?  N      Medicaid Waiver ?  N      EHEAP ?  N

Earliest Intake Date       PSA Codes ?  N

Enter <ALT+E> to Enter Comments(upto 256 characters) on full size comment screen

Record: 1/1      ...      <OSC>

### Additional Client Information - Languages

CIRTS

CICLIENT

Action Menu Edit Block Field Record Query Help

**CIRTS**  
**CLIENT DISPLAY AND LIMITED UPDATE**

<b>PSA</b>	<b>SSN</b>	<b>First</b>	<b>Primary (Y/N)</b>	<b>Code</b>	<b>Description</b>	<b>More ?</b>
<input type="text" value="02"/>	<input type="text" value="2001"/>	<input type="text" value="TES"/>	<input checked="" type="checkbox"/>	<input type="text" value="EN"/>	<input type="text" value="ENGLISH"/>	<input type="checkbox"/>
<b>Addresses ?</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<b>Sex</b> <input type="text" value="M"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<b>Citizen</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

<b>Hosp/Emerg</b> <input type="checkbox"/>	<b>Emerg Evac</b> <input type="checkbox"/>	<b>Spcl-Shltr</b> <input type="checkbox"/>	<b>Spcl-Reg</b> <input type="checkbox"/>	<b>Incomes ?</b> <input type="checkbox"/>
--	--	--	--	---

**Refri Src**  -

<b>Contacts ?</b> <input type="checkbox"/>	<b>Comments ?</b> <input type="checkbox"/>	<b>Languages ?</b> <input checked="" type="checkbox"/>
--	--	--

<b>Handicaps ?</b> <input type="checkbox"/>	<b>OAA ?</b> <input type="checkbox"/>	<b>SSI ?</b> <input type="checkbox"/>	<b>Medicaid Waiver ?</b> <input type="checkbox"/>	<b>EHEAP ?</b> <input type="checkbox"/>
---	---------------------------------------	---------------------------------------	---	---

<b>Earliest Intake Date</b> <input type="text"/>	<b>PSA Codes ?</b> <input type="checkbox"/>
--	---

Enter the Language Code (F9 for List) - Required

Record: 1/1      ...      List of Valu...      <OSC>



### Additional Client Information - Handicaps

CIRTS

CICLIENT

Action Menu Edit Block Field Record Query Help

<input type="text" value="CICLIENT_1226"/>	<b>CIRTS</b>	<b>Date</b> <input type="text" value="03/26/2007"/>
<input type="text" value="VERSION 10G.1"/>	<b>CLIENT DISPLAY AND LIMITED UPDATE</b>	<b>User</b> <input type="text" value="CIRTSADMIN"/>

<b>PSA</b> <input type="text" value="02"/>	<b>SSN</b> <input type="text" value="200703241"/>	<b>Intake Date</b> <input type="text"/>	<b>Medicaid #</b> <input type="text"/>
<b>First Name</b> <input type="text" value="TEST"/>	<b>MI</b> <input type="text"/>	<b>Last Name</b> <input type="text" value="ASSESSMENT"/>	

<b>Addresses ?</b> <input type="checkbox" value="N"/>	<b>Birth Date</b> <input type="text"/>
<b>Sex</b> <input type="text" value="F"/>	<b>Race</b> <input type="text"/>
<b>Citizen</b> <input type="checkbox"/>	<b>Marital S</b> <input type="text"/>
<b>Hosp/Emerg</b> <input type="checkbox"/>	<b>Emerg Ev</b> <input type="text"/>
<b>Refri Src</b> <input type="text"/>	<input type="text"/>

<b>Contacts ?</b> <input type="checkbox" value="N"/>	<b>Comments ?</b> <input type="checkbox" value="N"/>	<b>Languages ?</b> <input type="checkbox" value="N"/>
<b>Handicaps ?</b> <input type="checkbox" value="Y"/>	<b>OAA ?</b> <input type="checkbox" value="N"/>	<b>SSI ?</b> <input type="checkbox" value="N"/>
<b>Medicaid Waiver ?</b> <input type="checkbox" value="N"/>	<b>EHEAP ?</b> <input type="checkbox" value="N"/>	
<b>Earliest Intake Date</b> <input type="text"/>	<b>PSA Codes ?</b> <input type="checkbox" value="N"/>	

Enter Code for Client's Handicap (F9 for List) - Required

Record: 1/1    ...    List of Valu...    <OSC>

CIRTS

CICLIENT

Action Menu Edit Block Field Record Query Help

<b>PSA</b> <input type="checkbox" value=""/>	<b>Handicap</b> <input type="text"/>	<b>Description</b> <input type="text"/>	<b>More?</b> <input type="checkbox" value="N"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

### Additional Client Information – OAA (Older Americans Act)

**CIRTS**  
CICLIENT

Action Menu Edit Block Field Record Query Help

CICLIENT\_1226      **CIRTS**      Date: 11/08/2006  
VERSION 10G.1      CLIENT DISPLAY AND LIMITED UPDATE      User: MCGLOHONSA

<b>PSA</b> 02	<b>SSN</b> 200611081	<b>Intake Date</b> 	<b>Medicaid #</b> 
<b>First Name</b> TEST	<b>MI</b> 	<b>Last Name</b> CLIENT	

Addresses ?  N      Birth Date: 11/08/1916      DOBV:

Sex:  M      Race:  OLDER AMERICANS ACT (OAA)

Citizen:       Marital:       County of Residence is Urban/Rural:

Hosp/Emerg:       Emerg:       Below Poverty Level:  -

Incomes ?  N

Refri Src:  -

Contacts ?  N      Comments ?  N      Languages ?  N

Handicaps ?  N      OAA ?  Y      SSI ?  N      Medicaid Waiver ?  N      EHEAP ?  N

Earliest Intake Date:       PSA Codes ?  N

Does Client Live in Urban/Rural Area? "U"= Urban, "R"=Rural - Optional

Record: 1/1      ...      <OSC>

### Additional Client Information – SSI (Supplemental Security Income)

CIRTS

CICLIENT

Action Menu Edit Block Field Record Query Help

CICLIENT_1226	<b>CIRTS</b>	Date 11/08/2006
VERSION 10G.1	<b>CLIENT DISPLAY AND LIMITED UPDATE</b>	User MCGLOHONSA

<b>PSA</b>	<b>SSN</b>	<b>Intake Date</b>	<b>Medicaid #</b>
02	2000110001		

<b>Addresses ?</b>	<input type="checkbox"/>	<b>Sex</b>	<input type="checkbox"/>	<b>Citizen</b>	<input type="checkbox"/>	<b>Hosp/Emerg</b>	<input type="checkbox"/>	<b>Refri Src</b>	<input type="checkbox"/>	<b>Contacts ?</b>	<input type="checkbox"/>
	<input type="checkbox"/>	M									

<b>Handicaps ?</b>	<input type="checkbox"/>	<b>OAA ?</b>	<input type="checkbox"/>	<b>SSI ?</b>	<input checked="" type="checkbox"/>	<b>Medicaid Waiver ?</b>	<input type="checkbox"/>	<b>EHEAP ?</b>	<input type="checkbox"/>

<b>Earliest Intake Date</b>	<input type="text"/>
<b>PSA Codes ?</b>	<input type="checkbox"/>

Enter SSI Inquiry Date (MM/DD/YYYY) - Optional  
 Record: 1/1

SUPPLEMENTAL SECURITY INCOME (SSI)

<b>PSA</b>	<b>Inquiry Date</b>	<b>Screening Date</b>	<b>Application Date</b>	<b>Awarded Date</b>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Denied Date</b>	<b>Screen Out Reason</b>		
	<input type="text"/>	<input type="text"/>		
<b>Screened Out Referral (Y/N)</b>				
	<b>Reason # 1 - SSA</b>	<input type="checkbox"/>	<b>Reason # 2 - State/Local Agency</b>	<input type="checkbox"/>
<b>Program Referred To (Y/N)</b>				
	<b>VR</b>	<input type="checkbox"/>	<b>Substance Abuse</b>	<input type="checkbox"/>
	<b>Housing Assistance</b>	<input type="checkbox"/>	<b>Food Stamps</b>	<input type="checkbox"/>
	<b>Other Programs</b>	<input type="checkbox"/>	<b>Medicaid or Other Medical Assistance</b>	<input type="checkbox"/>

### Additional Client Information – Medicaid Waiver

**CIRTS**  
CICLIENT

Action Menu Edit Block Field Record Query Help

CICLIENT\_1226      **CIRTS**      Date: 11/08/2006  
VERSION 10G.1      CLIENT DISPLAY AND LIMITED UPDATE      User: MCGLOHONSA

PSA	SSN	Intake Date	Medicaid #
02			

**MEDICAID WAIVER (MW)**

Medicaid Number: 200611081

Slot Number:

Slot Status:

Eligibility:

Eligibility Date:

MW Re-Determination Date:

CARES Redetermination Date:

Voter Registration Assistance:

Address: \_\_\_\_\_  
S: \_\_\_\_\_  
Citi: \_\_\_\_\_  
Hosp/En: \_\_\_\_\_ N

Refri Src: \_\_\_\_\_

Contacts ? N    Comments ? N    Languages ? N

Handicaps ? N    OAA ? N    SSI ? N    Medicaid Waiver ? Y    EHEAP ? N

Earliest Intake Date:     PSA Codes ? N

Enter Client's Medicaid Slot #-Optional(If Entered Status Must also be Entered).

Record: 1/1    ...    <OSC>

**Additional Client Information – EHEAP**  
**(Emergency Home Energy Assistance for the Elderly Program)**

**CIRTS**  
CICIEN1226      **CIRTS**      Date: 11/08/2006  
VERSION 10G.1      CLIENT DISPLAY AND LIMITED UPDATE      User: MCGLOHONSA

**PSA** 02      **SSN** 2006110      **First Name** TEST

**Addresses ?**  N      **Birth Date**      **Sex** M      **Race** W - WHITE      **Ethnicity** O - OTHER

**Citizen**       **Marital Status** S SINGLE

**Hosp/Emerg**       **Emerg Evac**       **Spcl-Shltr**  N      **Spcl-Reg**  N      **Incomes ?**  N

**Refrl Src**      -      \_\_\_\_\_

**Contacts ?**  N      **Comments ?**  N      **Languages ?**  N

**Handicaps ?**  N      **OAA ?**  N      **SSI ?**  N      **Medicaid Waiver ?**  N      **EHEAP ?**  Y

**Earliest Intake Date**      \_\_\_\_\_      **PSA Codes ?**  N

Enter Code for Most Often Used Fuel (F9 for List) - Required  
Record: 1/1      ...      List of Valu...      <OSC>

### Additional Client Information – Planning and Service Area Codes

CIRTS

CICLIENT

Action Menu Edit Block Field Record Query Help

**CIRTS**  
**CLIENT DISPLAY AND LIMITED UPDATE**

**Date**   
**User**

<b>PSA</b>	<input type="text" value="02"/>	<b>SCN</b>	<input type="text"/>	<b>Intake Date</b>	<input type="text"/>	<b>Medicaid #</b>	<input type="text"/>
------------	---------------------------------	------------	----------------------	--------------------	----------------------	-------------------	----------------------

<b>Addresses ?</b>	<input type="checkbox"/> N	<b>Sex</b>	<input type="text" value="M"/>	<b>Citizen</b>	<input type="checkbox"/>	<b>Hosp/Emerg</b>	<input type="checkbox"/>	<b>Emerg Evac</b>	<input type="checkbox"/>	<b>Spcl-Shltr</b>	<input type="checkbox"/> N	<b>Spcl-Reg</b>	<input type="checkbox"/> N	<b>Incomes ?</b>	<input type="checkbox"/> N
--------------------	----------------------------	------------	--------------------------------	----------------	--------------------------	-------------------	--------------------------	-------------------	--------------------------	-------------------	----------------------------	-----------------	----------------------------	------------------	----------------------------

<b>Refri Src</b>	<input type="text"/>	<b>Contacts ?</b>	<input type="checkbox"/> N	<b>Comments ?</b>	<input type="checkbox"/> N	<b>Languages ?</b>	<input type="checkbox"/> N
------------------	----------------------	-------------------	----------------------------	-------------------	----------------------------	--------------------	----------------------------

<b>Handicaps ?</b>	<input type="checkbox"/> N	<b>OAA ?</b>	<input type="checkbox"/> N	<b>SSI ?</b>	<input type="checkbox"/> N	<b>Medicaid Waiver ?</b>	<input type="checkbox"/> N	<b>EHEAP ?</b>	<input type="checkbox"/> N
--------------------	----------------------------	--------------	----------------------------	--------------	----------------------------	--------------------------	----------------------------	----------------	----------------------------

<b>Earliest Intake Date</b>	<input type="text"/>	<b>PSA Codes ?</b>	<input type="checkbox"/> Y
-----------------------------	----------------------	--------------------	----------------------------

Enter "Y" to Enter Another PSA Code, "N" to Return to Client Screen

Record: 1/1      ...      <OSC>

PSA	PSA Table	PSA Code	PSA Code Description	More?
<input type="checkbox"/>	EHEAP	HM5Y	CHILD AGE 5 OR YOUNGER	<input type="checkbox"/> N
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

### Client Enrollment Screen – Mini Menu (F12 - #3)

CIENTROLL\_1226      CIRT'S      Date 11/08/2006  
 VERSION 10G.1      CLIENT ENROLLMENTS      User MCGLOHONSA  
 (Press Ctrl+Page Down to access Waitlist)

PSA 02      SSN 200611081      DOB 11/08/1916      Owner Provider 20000

First Name TEST      MI      Last Name CLIENT

PSA	Program Comp.	Status	Enrollment Start	Enrollment End	Elig. Code	Provider	Loc	Worker

Enter Client's SSN or F7 to Query on Last Name  
 Record: 1/1      ...      <OSC>

#### Adding a new Enrollment:

Click on a blank row or press the F6 key.

The cursor will begin in the Program Comp. field.

Type the three or four letter code for Program and Status, if known; if not, press the F9 key for a list of values.

Enter the Enrollment Start Date – format: MMDDYYYY or MMDDYY. The dashes will be added automatically.

Enter the three or four letter code for Eligibility, if known; if not, press the F9 key for a list of values.

Enter the Provider Number and Location, if known; if not, press the F9 key for a list of values.

Enter the Worker ID, if known; if not, press the F9 key for a list of values.

#### Editing an Enrollment:

Click the Enrollment in the list.

Update the Enrollment information, i.e., Enrollment Start or End Date.

Press the F10 key or click the Save button (yellow disk) to save.

### Accessing the Waitlist screen:

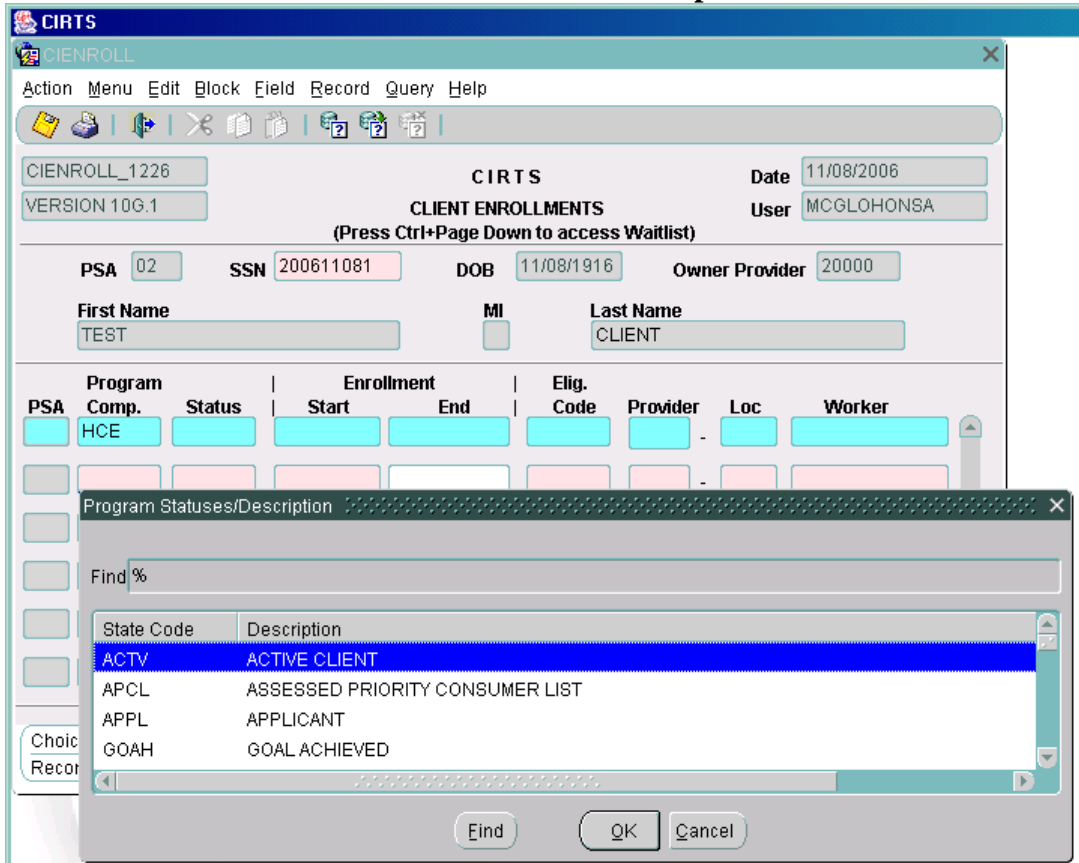
Press [Ctrl][Page Down] to access the Waitlist screen.

The screenshot displays the 'CIRT S CLIENT ENROLLMENTS' application. The main window title is 'CIENROLL'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. The toolbar contains various icons for file operations. The main area shows client information: 'CIENROLL\_1226', 'VERSION 10G.1', 'CIRT S', 'Date 04/02/2007', and 'User CIRTADMIN'. Below this, it says 'CLIENT ENROLLMENTS (Press Ctrl+Page Down to access Waitlist)'. Client details include: 'PSA 02', 'SSN 200703241', 'DOB 03/24/1945', 'Owner Provider 20002', 'First Name TEST', 'MI', and 'Last Name ASSESSMENT'. A table below has columns: 'Program Comp', 'Status', 'Enrollment Start', 'Enrollment End', 'Elig. Code', 'Provider', 'Loc', and 'Worker'. A 'Wait List Information' dialog box is open, showing input fields for 'PSA', 'Program Comp' (with 'CCE' entered), 'Service', 'Begin Date' (with '03/24/2007' entered), and 'End Date'. A 'Clear' button is at the bottom of the dialog.

Enter the client's Waitlist information; press the F10 key to save the Waitlist information. The Waitlist screen will automatically disappear after the record is saved.



### Enrollment Screen Examples



F9 key list of values for Status

The screenshot shows the CIRTS CIENTROLL application window. The title bar reads "CIRTS CIENTROLL". The menu bar includes "Action", "Menu", "Edit", "Block", "Field", "Record", "Query", and "Help". Below the menu bar is a toolbar with various icons, including a yellow disk icon for saving. The main form area contains the following fields and data:

- Top left: CIENTROLL\_1226, VERSION 10G.1
- Top right: Date: 11/08/2006, User: MCGLOHONSA
- Center: CIRTS CLIENT ENROLLMENTS (Press Ctrl+Page Down to access Waitlist)
- Form fields: PSA: 02, SSN: 200611081, DOB: 11/08/1916, Owner Provider: 20000
- Personal info: First Name: TEST, MI: [empty], Last Name: CLIENT
- Table with columns: PSA, Program Comp., Status, Enrollment Start, Enrollment End, Elig. Code, Provider, Loc, Worker
- Table data:

PSA	Program Comp.	Status	Enrollment Start	Enrollment End	Elig. Code	Provider	Loc	Worker
02	HCE	ACTV	11/07/2006		AGE	20005	04	CIRTSADMIN
	MW	ACTV	11/07/2006		AGE	20005	04	CIRTSADMIN

An "ALERT" dialog box is overlaid on the table, displaying a red alarm icon and the message: "FRM-40400: Transaction complete: 1 records applied and saved." with an "OK" button.

At the bottom of the application window, there is a text input field with the prompt "Enter Worker Code; Upto 14 Characters (F9 for List) - Required" and a "Record: 2/2" indicator.

Press the F10 key or click the yellow disk to save the new Enrollment record.

### Care Plan Data Entry – Mini Menu (F12 - #4)

The Care Plan Date Entry screen will begin in the Services Needed section.

Enter the Service, Units, and Frequency needed by the client, using the F9 key to access the code lists if needed.

Type will populate automatically.

When finished adding Services Needed, press [Ctrl][Page Down] to enter Services Planned.

Enter the Program, Units, Frequency, Start Date, and End Date (if known, or when services are terminated). Multiple entries for Services Planned can be entered for each Service Needed.

Use the F9 key to access the code lists if needed.

Press the F10 key or click the Save button (yellow disk) to save.

### Care Plan Date Entry Screen Examples

The screenshot shows the CIRTSCARE PLAN DATA ENTRY application window. The title bar reads "CIRTSCARE PLAN DATA ENTRY". The menu bar includes "Action", "Menu", "Edit", "Block", "Field", "Record", "Query", and "Help". The window contains several data entry fields: "CICPDE\_1226" and "VERSION 10G.1" in the top left; "Date" (11/08/2006) and "User" (MCGLOHONSA) in the top right; "PSA" (02), "SSN" (200611081), "DOB" (11/08/1916), and "Owner Provider" (20000) in the middle; and "First Name" (TEST), "MI", and "Last Name" (CLIENT) in the lower middle. Below these are two tables: "SERVICES NEEDED" and "SERVICES PLANNED". The "SERVICES PLANNED" table has columns for "Prog", "Units", "Type", "Frq", "Start Date", and "End Date". A pop-up window titled "List of Description, Program" is overlaid on the "SERVICES PLANNED" table. It has a "Find %" search field and a list with two columns: "Description" and "Program". The list items are: "ASSISTED LIVING WAIVER" (ALW), "CCE DIVERSION SERVICES" (CCED), "CCE PILOT PROGRAM (PSA 7)" (CPY), and "COMMUNITY CARE FOR THE ELDERLY" (CCE). The "ASSISTED LIVING WAIVER" row is highlighted. At the bottom of the pop-up are "Find", "OK", and "Cancel" buttons. The main window also shows "Choices in list: Record: 1/1" at the bottom left.

F9 key list of values for Services Planned Program

CIRTSCARE PLAN DATA ENTRY

PSA 02 SSN 200611081 DOB 11/08/1916 Owner Provider 20000

First Name TEST MI Last Name CLIENT

SERVICES NEEDED					SERVICES PLANNED					
Date	Service	Units	Type	Frq	Prog	Units	Type	Frq	Start Date	End Date
11/07/2006	COMP	1	HRS	DA	MW	1	HRS	DA	11/07/2006	12/31/2010

ALERT

FRM-40400: Transaction complete: 2 records applied and saved.

OK

Enter Program which is to Provide the Service (F9 for List) - Required.

Record: 1/1 ... List of Valu... <OSC>

Press F10 or click the Save button (yellow disk) to save the Care Plan information.



## Services by Client – Mini Menu (F12 - #6)

**CIRTS**

**RECEIVED SERVICES BY CLIENTS**

PSA 02    SSN 200611081    DOB 11/08/1916    County LEON    Owner/Provider 20000

First Name TEST    MI    Last Name CLIENT

PSA	Provider	Loc	Worker	Program	Service	Service Date	Units	Unit Type	Payment Amount

Enter Provider Id (F9 for List) - Required

Record: 1/1    ...    List of Valu...    <OSC>

The Services by Client screen is used to enter services for individual clients.

### **Adding new Services:**

The cursor will start in the Provider field.

Enter all required information using the Tab or Enter key to move to the next field.

Use the F9 key to access the code lists if needed.

Press the F10 key or click the Save button (yellow disk) to save the services.

### **Editing Services:**

Click on the service row to be edited.

Update the client's service information.

Press the F10 key or click the Save button (yellow disk) to save the services.

### Services by Client Screen Examples

The screenshot shows the CIRTS application window titled "CIRTS" and "CISRVRL". The main window displays the "RECEIVED SERVICES BY CLIENTS" screen. At the top, there is a menu bar with "Action", "Menu", "Edit", "Block", "Field", "Record", "Query", and "Help". Below the menu is a toolbar with various icons. The main data entry area includes fields for "CISRVRL\_1226", "VERSION 10G.1", "Date" (11/08/2006), and "User" (CIRTSADMIN). Client information fields include "PSA" (02), "SSN" (200611081), "DOB" (11/08/1916), "County" (LEON), and "Owner/Provider" (20000). Name fields are "First Name" (TEST), "MI" (empty), and "Last Name" (CLIENT). A table below shows service records with columns: PSA, Provider, Loc, Worker, Program, Service, Service Date, Units, Unit Type, and Payment Amount. The first row is highlighted in cyan and contains: PSA: 02, Provider: 20009, Loc: 01, Worker: CIRTSADMIN, Program: (empty), Service: (empty), Service Date: (empty), Units: (empty), Unit Type: (empty), Payment Amount: (empty). A "List of Program Information" dialog box is open in the foreground, featuring a "Find %" search field and a list of programs with descriptions:

Program	Description
MW	MEDICAID WAIVER/HCBS
NDP	NON-DOEA PROGRAM
O3C1	TITLE IIIC1 OF OAA
O3C2	TITLE IIIC2 OF OAA
OA3B	TITLE IIIB OF OAA

The dialog box also has "Find", "OK", and "Cancel" buttons. At the bottom of the main window, a status bar shows "Record: 1/1" and "List of Valu...".

F9 key list of values for Program





### Query Services by Client

Enter the client’s SSN and press the Enter key or press the F7 key to move to the Last Name field.

Enter the client's last name and press the F9 key to search.  
 Select the client's name from the list then click OK or press the Enter key.

The screenshot shows the CIRTS software interface. At the top, there is a menu bar with 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. Below the menu bar is a toolbar with various icons. The main window displays client information for 'CIRTS' with the title 'RECEIVED SERVICES BY CLIENTS'. The client information includes: PSA 02, SSN 200703241, DOB 03/24/1945, County LEON, Owner/Provider 20002, First Name TEST, MI, and Last Name ASSESSMENT. The date is 04/02/2007 and the user is CIRTSADMIN. Below the client information is a table with the following columns: PSA, Provider, Loc, Worker, Program, Service, Service Date, Units, Unit Type, and Payment Amount. The table contains several rows of data, with the first row highlighted in blue. The first row shows: PSA 02, Provider 20001, Loc 01, Worker CIRTSADMIN, Program MW, Service HDM, Service Date 04/02/2007, Units 2.00, Unit Type MEL, and Payment Amount. Below the table is a status bar with the text 'Enter Provider Id (F9 for List) - Required' and 'Record: 1/8'.

Press the F8 key (twice) to retrieve the client's information.  
 Press the F7 key to activate Enter Query mode or click the first canister with a question mark (?) on the Tool Bar.

The screenshot shows the CIRTS software interface in 'Enter Query' mode. The client information and table are the same as in the previous screenshot. The status bar now displays 'Enter a query; press F8 to execute, Ctrl+Q to cancel.' and 'Record: 1/1'. The 'Service' column in the table is highlighted in blue, and the value 'CM' is visible in the first row of the table.



### Services by Provider – Individual – Mini Menu (F12 - #7)

**CIRTS**  
CISRVPR

Action Menu Edit Block Field Record Query Help

CISRVPR\_1226      **CIRTS**      Date 11/06/2008  
VERSION 10G.1      RECEIVED SERVICES - INDIVIDUAL SSN      User CIRTSADMIN

PSA	Provider	Worker ID.	Prog.	Serv.	Service Date	Units	Unit Type
02							

PSA	Client SSN	Prog Comp	Svc Code	Service Date	Units	Unit Type	Payment Amount
<input type="checkbox"/>							
	Client Name						
<input type="checkbox"/>							
	Client Name						
<input type="checkbox"/>							
	Client Name						
<input type="checkbox"/>							
	Client Name						
<input type="checkbox"/>							
	Client Name						

Enter Provider Id (F9 for List) - Required

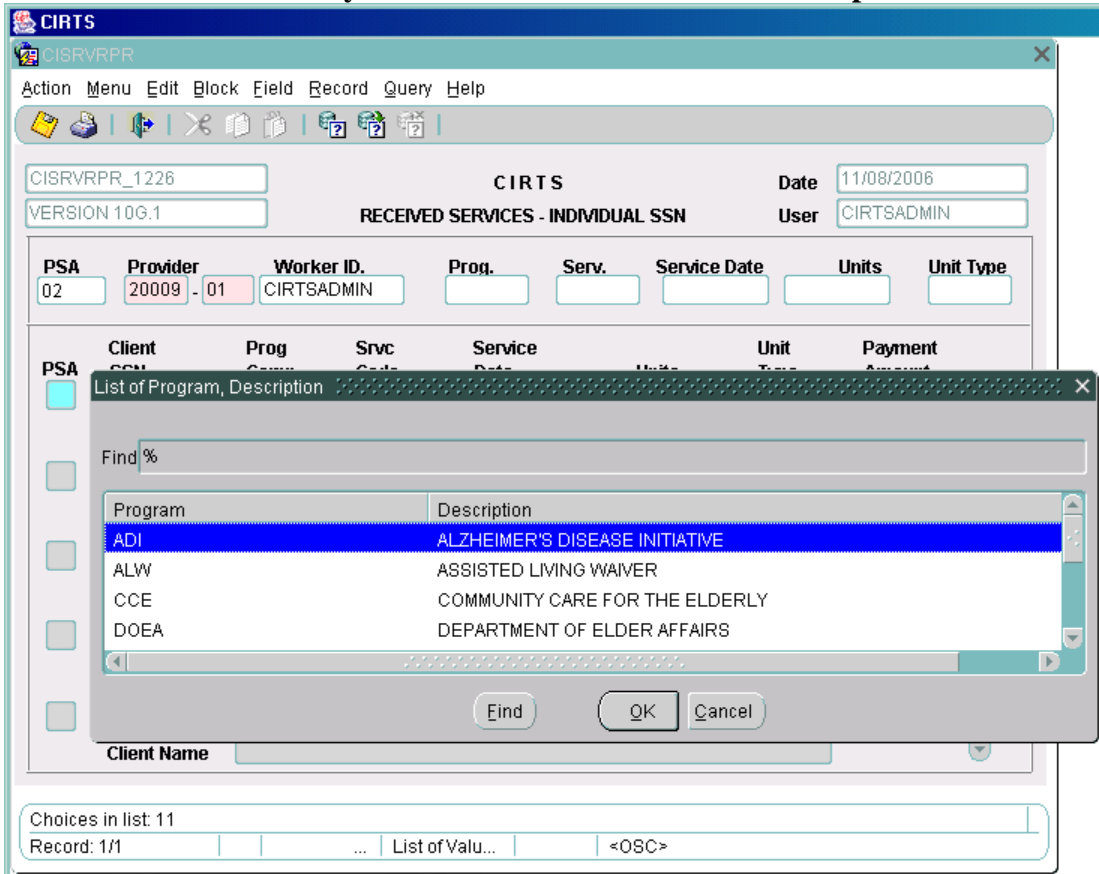
Record: 1/1      ...      List of Valu...      <OSC>

The Services by Provider - Individual screen allows you to enter services performed by a single provider for individual clients.

The cursor will start in the Provider field. Use the Tab or Enter key to move to the other fields and enter the related service information. Use the F9 key to access the code lists if needed.

Service information entered in the fields at the top of the screen will be transferred to the service fields related to the individual client.

### Services by Provider – Individual Screen Examples



F9 key list of values for Program

**CIRTS**  
 CIRSVRPR

Action Menu Edit Block Field Record Query Help

CIRSVRPR\_1226      **CIRTS**      Date: 03/26/2007  
 VERSION 10G.1      RECEIVED SERVICES - INDIVIDUAL SSN      User: CIRTSADMIN

PSA	Provider	Worker ID.	Prog.	Serv.	Service Date	Units	Unit Type
02	20001	01	CIRTSADMIN	MWV	CM	03/24/2007	1.00 HRS

PSA	Client SSN	Prog Comp	Svc Code	Service Date	Units	Unit Type	Payment Amount
02	200703241	MWV	CM	03/24/2007	2.00	HRS	
	Client Name: ASSESSMENT, TEST,						
02	200703151	MWV	CM	03/24/2007	1.00	HRS	
	Client Name: ASSESSMENT, TEST,						
	Client Name:						
	Client Name:						
	Client Name:						

Enter Payment Amount - Required for HCE Services  
 Record: 1/2      ...      <OSC>

Changes can be made to the individual client service information if needed. For example, you enter services for one hour of case management. Four out of five clients entered received one hour of case management, but one client received two hours. On the service line for the one client, you can change the one-hour to two hours.

**CIRTS**  
CISVRPR

Action Menu Edit Block Field Record Query Help

CISVRPR\_1226      **CIRTS**      Date: 03/26/2007  
VERSION 10G.1      RECEIVED SERVICES - INDIVIDUAL SSN      User: CIRTSADMIN

PSA	Provider	Worker ID.	Prog.	Serv.	Service Date	Units	Unit Type	
02	20001	01	CIRTSADMIN	MW	CM	03/24/2007	1.00	HRS


  

PSA	Client SSN	Prog Comp	Svc Code	Service Date	Units	Unit Type	Payment Amount
02	200703241	MW	CM	03/24/2007	2.00	HRS	
	Client Name	ASSESSMENT, TEST,					
02	200703151	MW	CM	03/24/2007	1.00	HRS	
	Client Name	ASSESSMENT, TEST,					
	Client Name						
	Client Name						
	Client Name						

Enter Payment Amount - Required for HCE Services

Record: 1/2      ...      <OSC>

**ALERT**

 FRM-40400: Transaction complete: 2 records applied and saved.

OK

Press the F10 key or click the Save button (yellow disk) to save the service information.



### Services by Provider – Aggregate – Mini Menu (F12 - #8)

The screenshot shows the 'RECEIVED SERVICES - AGGREGATE' screen in the CIRTS application. The interface includes a menu bar, a header section with application and user information, and a main data entry area. The data entry area consists of a top section with individual fields for service details and a table below for recording multiple services. The table has columns for PSA, AGGREGATE SSN, Prog Comp, Srv Code, Service Date, Units, Unit Type, and Payment Amount. A status bar at the bottom indicates the current record is 1 of 1.

The Services by Provider – Aggregate screen allows you to enter services performed by a single provider for many (AGGREGATE) clients. Clients are not identified individually on this screen.

The cursor will start in the Provider field. Use the Tab or Enter key to move to the other fields and enter the related service information.

Service information entered in the fields at the top of the screen will be transferred to the service fields related to the Aggregate SSN.

### Services by Provider – Aggregate Screen Examples

The screenshot shows the CIRTS software interface. The main window title is 'CIRTS' and the application name is 'CISRVRPR'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. The toolbar contains various icons for file operations and navigation. The main data entry area has the following fields:

- PSA: 02
- Provider: 20009 - 01
- Worker ID: CIRTSADMIN
- Prog.: 03C1
- Serv.: (empty)
- Service Date: (empty)
- Units: (empty)
- Unit Type: (empty)

The main table has the following columns: PSA, AGGREGATE SSN, Prog Comp, Svc Code, Service Date, Units, Unit Type, and Payment Amount. A pop-up window titled 'List of Service, Description' is open, showing a search field and a table of services:

Service	Description	Hipaa CPT Co...
CNML	CONGREGATE MEALS	98928
NTED	NUTRITION EDUCATION	97804

The pop-up window has 'Find' buttons for 'Find', 'OK', and 'Cancel'. At the bottom of the main window, it shows 'Choices in list: 2' and 'Record: 1/1'.

F9 key list of values for Service

The screenshot shows the CIRTSA application window titled "CIRTSA" with a sub-window "CISRVRPR". The menu bar includes "Action", "Menu", "Edit", "Block", "Field", "Record", "Query", and "Help". The toolbar contains icons for saving (yellow disk), undo, redo, and other functions. The main form displays the following information:

- Form ID: CISRVRPR\_AGG\_1226
- Version: VERSION 10G.1
- Title: RECEIVED SERVICES - AGGREGATE
- Date: 11/08/2006
- User: CIRTSAADMIN

PSA	Provider	Worker ID.	Prog.	Serv.	Service Date	Units	Unit Type
02	20009 - 01	CIRTSAADMIN	O3C1	CNML	11/08/2006	100.00	MEL

PSA	AGGREGATE SSN	Prog Comp	Svc Code	Service Date	Units	Unit Type	Payment Amount
<input type="checkbox"/>	AGGREGATE	O3C1	CNML	11/08/2006	100.00	MEL	
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

An "ALERT" dialog box is overlaid on the table, displaying a red alarm icon and the message: "FRM-40400: Transaction complete: 1 records applied and saved." with an "OK" button.

At the bottom of the window, there is a text input field: "Enter Date of Service (Format MM/DD/YYYY) - Required" and a status bar showing "Record: 1/1" and "<OSC>".

Press the F10 key or click the Save button (yellow disk) to save the service information.



### Query Results

CIRTS

CISRVPR

Action Menu Edit Block Field Record Query Help

CISRVPR\_AGG\_1226 CIRTS Date   
VERSION 10G.1 RECEIVED SERVICES - AGGREGATE User

PSA	Provider	Worker ID.	Prog.	Serv.	Service Date	Units	Unit Type
02	20001 - 01						

PSA	AGGREGATE SSN	Prog Comp	Svc Code	Service Date	Units	Unit Type	Payment Amount
02	AGGREGATE	O3C1	CNML	12/29/2006	1911.00	MEL	
02	AGGREGATE	LSP	CNML	12/29/2006	551.00	MEL	
02	AGGREGATE	O3C1	CNML	11/30/2006	2031.00	MEL	
02	AGGREGATE	LSP	CNML	11/30/2006	613.00	MEL	
02	AGGREGATE	LSP	CNML	10/31/2006	710.00	MEL	

Record: 1/?
<OSC>

## Change Owner and Change Planning and Service Area (PSA)

When you try to add an Assessment for a client or update the Demographic record and receive a message that the client does not reside in your PSA or is owned by another provider, contact your LAN Administrator. The LAN Administrator has the ability to move the client's record into your PSA and change the owner.

Examples of when to contact your LAN Administrator:

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the CLIENT INFORMATION AND REGISTRATION TRACKING SYSTEM. The main form contains the following fields and sections:

- DEMOGRAPHICS\_1226** (Form Name)
- VERSION 10G.1** (Version)
- CIRTS** (Client Information and Registration Tracking System)
- Date:** 11/10/2006
- User:** MCGLOHONSA
- PSA:** 03
- Owner:** 20009
- SSN:** 200611091
- First Name:** TEST
- Last Name:** CLIENT
- Demographic Complete
- PAS Complete
- DEMOGRAPHIC INFORMATION**
  - SSN:** 200611091
  - PSA:** 03
  - First Name:** TEST
  - MI:** [Empty]
  - Last Name:** CLIENT
  - Medicaid Number:** 200611081
- Home Address**
  - Street:** 1234 ANY STREET
  - Street con't:** [Empty]
  - City:** ANY TOWN
  - State:** FL
  - Zip:** 32311
  - County:** COLUMBIA
  - Phone Number:** [Empty]
- Mailing Address**
  - Street:** [Empty]
  - Street con't:** [Empty]
  - City:** [Empty]
  - State:** [Empty]
  - Zip:** [Empty]
  - County:** [Empty]
- Date of Birth:** 11/08/1916
- Date of Death:** [Empty]
- Sex:** MALE
- Race:** WHITE
- Primary Language:** ENGLISH
- Marital Status:** SINGLE
- Need outside assistance to evacuate?** N
- Registered with County Special Needs Registry?** N

At the bottom of the form, there are several buttons: Search, LOC, Referrals, Assessments, Change Owner, Change SSN, Delete Client, and Change PSA.

A warning dialog box titled "Forms" is overlaid on the form, containing the message: "This client owned by another provider. Update restrictions apply." with an "OK" button.

At the bottom of the form, a status bar displays the message: "This client owned by another provider. Update restrictions apply."

Oracle Developer Forms Runtime - Web

ASSESSMENT LISTS

Action Menu Edit Block Field Record Query Help

**LIST OF ASSESSMENTS**

**Client Information**


TEST CLIENT 200-61-1091

Psa/Cares Office	Date	Assessor Name/ Caseworker	Assessment Site	Assessment Type	Priority Score	Rank
02	11/09/2006	CIRTS ADMIN		CHANGE OWNER ASSESMEN		
02B	11/08/2006	TEST CASEWORKER	OFFICE / MEDICAL CASE	OTHER		
02	11/06/2006	SHANDRA MCGLOHON	CLIENT/RELATIVE'S HOM	INITIAL ASSESSMENT	16	1

Details Add Assessment Demogra

Record: 1/3 ... <OSC>

ALERT



Add Assessment is not allowed. Client does not reside in your psa.

OK

## Clear Screen

If you want to view a new client on any screen, you must clear the screen by:

- Going to “Action” on the Menu Bar and selecting “Clear All,” or
- Pressing [Shift][F7].

You can then enter a new SSN or client name to query. Once the client information has been retrieved, using F12 to move from screen to screen will keep the client’s information. You will need to clear the screen again to view a different client.

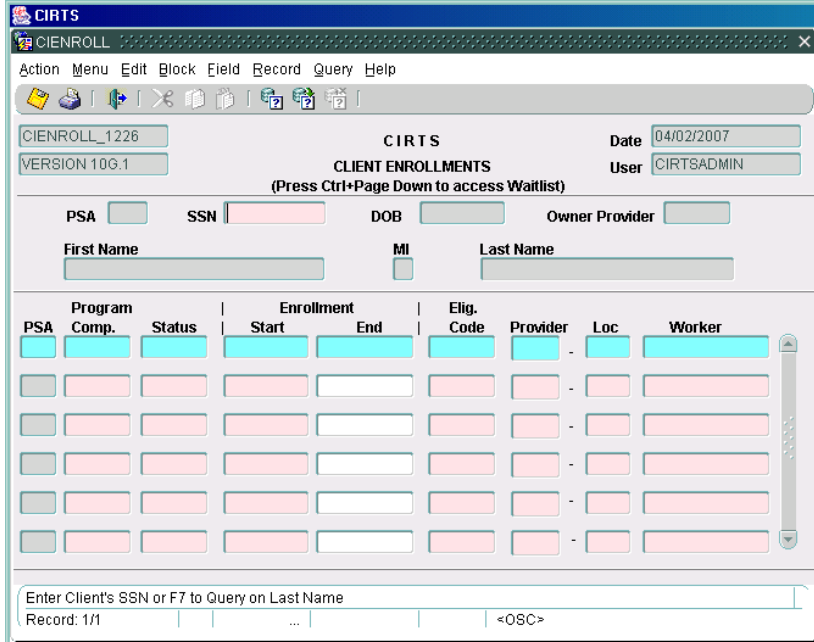
Clear Screen example:

The screenshot shows the CIRTS CLIENT ENROLLMENTS screen. At the top, there is a menu bar with 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. Below the menu bar, there are several input fields for client information: 'PSA' (02), 'SSN' (200703241), 'DOB' (03/24/1945), 'Owner Provider' (20002), 'First Name' (TEST), 'MI' ( ), and 'Last Name' (ASSESSMENT). The date is 04/02/2007 and the user is CIRTSADMIN. Below this information is a table of enrollments with columns: PSA, Program Comp., Status, Enrollment Start, Enrollment End, Elig. Code, Provider, Loc, and Worker. The first row shows a CCE enrollment for PSA 02, status ACTV, starting on 03/24/2007, with provider 20001, loc 01, and worker CIRTSADMIN. The second row shows an MWV enrollment for PSA 02, status ACTV, starting on 03/24/2007, with provider 20001, loc 01, and worker CIRTSADMIN. Below the table, there is a search prompt: 'Enter Client's SSN or F7 to Query on Last Name' and a record indicator 'Record: 1/1'.

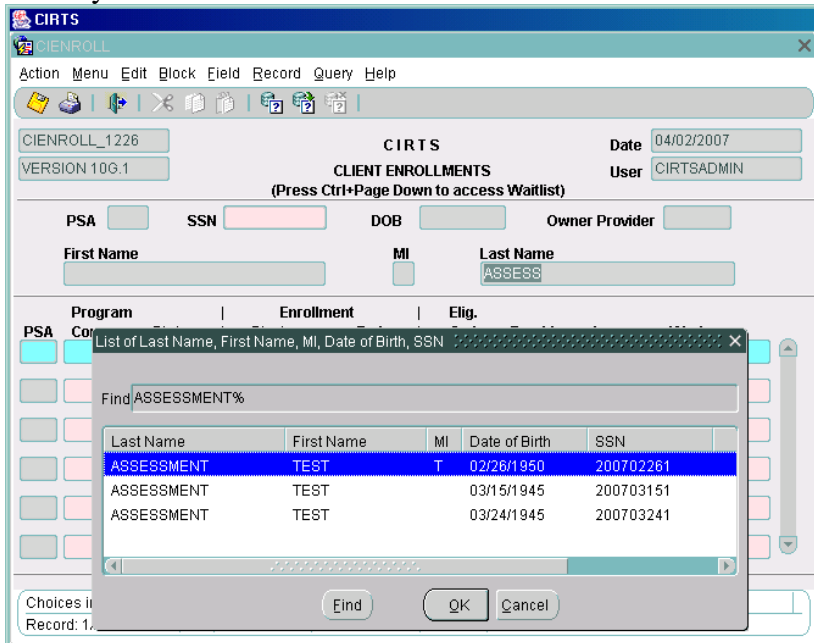
PSA	Program Comp.	Status	Enrollment Start	Enrollment End	Elig. Code	Provider	Loc	Worker
02	CCE	ACTV	03/24/2007		AGE	20001	01	CIRTSADMIN
02	MWV	ACTV	03/24/2007		AGE	20001	01	CIRTSADMIN

You have added the client’s CCE enrollment and now need to add enrollment information for another client. Instead of going back to the Search screen, press [Shift][F7] or go to Action, Clear All on the Menu Bar.





The Enrollment Screen has been cleared. Now search for your next client – enter the client’s SSN or press the F7 key to search on the Last Name.



Press the F8 key to retrieve the client’s information, then add the new enrollment information and save [press the F10 key or click the Save button (yellow disk)].

The screenshot shows the CIRTS CIENROLL application window. The title bar reads "CIRTS CIENROLL". The menu bar includes "Action", "Menu", "Edit", "Block", "Field", "Record", "Query", and "Help". Below the menu bar is a toolbar with various icons. The main form area contains the following fields and data:

- CIENROLL\_1226 (ID)
- VERSION 10G.1 (Version)
- CIRTS (System Name)
- Date: 04/02/2007
- User: CIRTSADMIN
- PSA: 02B
- SSN: 200702261
- DOB: 02/26/1950
- Owner Provider: (empty)
- First Name: TEST
- MI: T
- Last Name: ASSESSMENT

Below these fields is a table with the following columns: PSA, Program Comp., Status, Enrollment Start, Enrollment End, Elig. Code, Provider, Loc, and Worker. The first row contains the following data:

PSA	Program Comp.	Status	Enrollment Start	Enrollment End	Elig. Code	Provider	Loc	Worker
	MW	ACTV	04/02/2007		AGE	20001	01	CIRTSADMIN

At the bottom of the window, there is a text input field with the prompt "Enter Program Component (F9 for List) - Required" and a status bar showing "Record: 1/1" and navigation options like "... List of Valu..." and "<OSC>".

Repeat the same process for your next client.

## Reports Tab Screen

The screenshot shows a web browser window titled "DOEA Enterprise Application Services - Microsoft Internet Explorer". The address bar contains the URL: [https://199.250.26.136/portal/page?\\_pageid=33\\_32395.33\\_32415&\\_dad=portal&\\_schema=PORTAL](https://199.250.26.136/portal/page?_pageid=33_32395.33_32415&_dad=portal&_schema=PORTAL). The page header features the Department of Elder Affairs logo and the title "Enterprise Application Services". Below the title is the DOEA Mission Statement: "To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime." A yellow arrow points to the text "- DOEA Mission Statement". A navigation bar contains tabs for "Applications", "Reports", "Documents", and "Support". The "Reports" tab is active. A list of report links is displayed, with a yellow arrow pointing to the "CIRTS" link. At the bottom, there is a row of buttons: "Start Discoverer Viewer", "Fetch Report Output", "Ad Hoc Query", "Change SSO Password", and "Logout".

**Enterprise Application Services**

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.

- DOEA Mission Statement

**Applications Reports Documents Support**

- ▶ [ACMS](#) - Automated Contract Management System
- ▶ [Aging Network Providers](#)
- ▶ [APS Exception Reports](#)
- ▶ [CARES](#) - Long-Term Care Services
- ▶ [CIRTS](#) - Client Information and Registration Tracking System
- ▶ [Contracted Unit Rate](#)
- ▶ [HMT Completion Report](#) - ADA Waiver Holistic Monitoring Tool
- ▶ [Medicaid Waiver Reports for Clients Under 60 or 60 and Older](#)
- ▶ [Nursing Home Diversion Reports](#)
- ▶ [Outcome Measurement Reports](#)

**Start Discoverer Viewer Fetch Report Output Ad Hoc Query Change SSO Password Logout**

Click the CIRTS link.

## Outcome Measurement Reports

To run Outcome Measurement Reports:  
Click the Outcome Measurement Reports link.



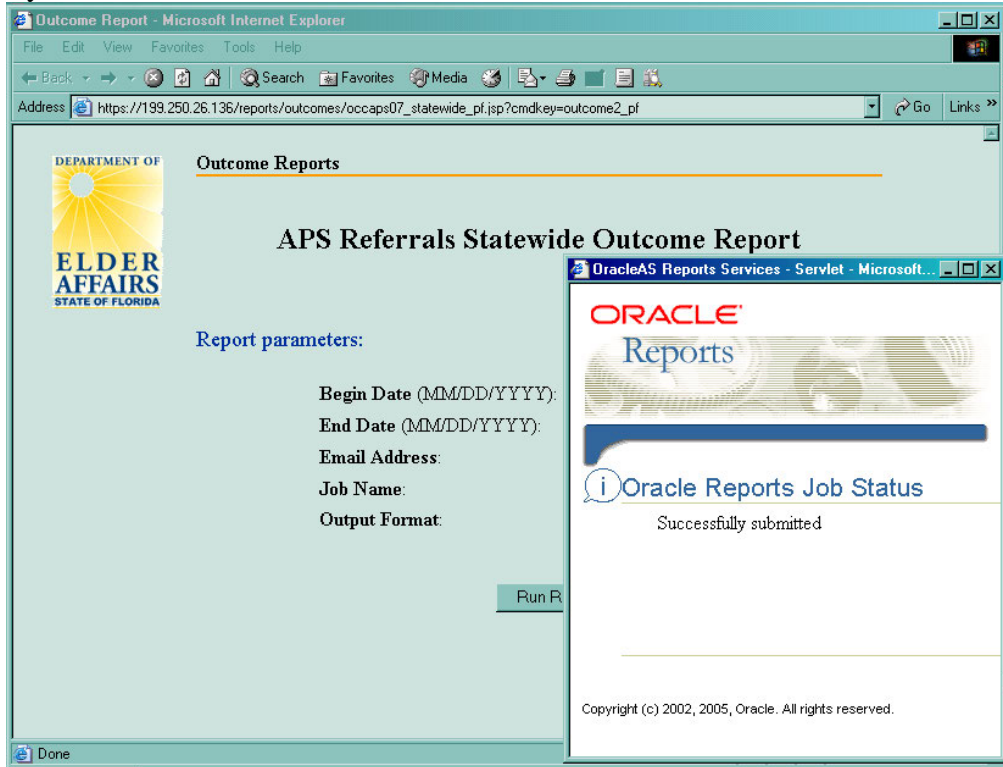


Click the “Run” link for the appropriate report.

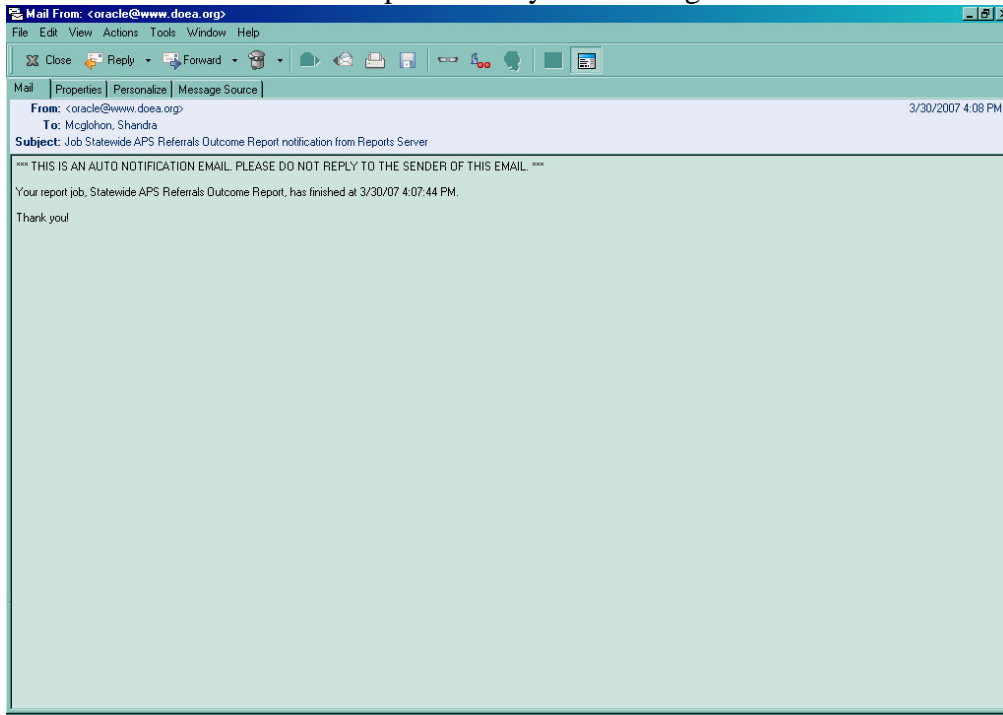
Enter the requested parameters (i.e., PSA, Provider, Begin Date, End Date, E-mail Address) for the report selected. **\*\* Parameters vary depending on the report selected.**

**Start Date**- The Start Date parameter for each outcome report should be the beginning of the Fiscal Year, i.e., 07/01/2006.

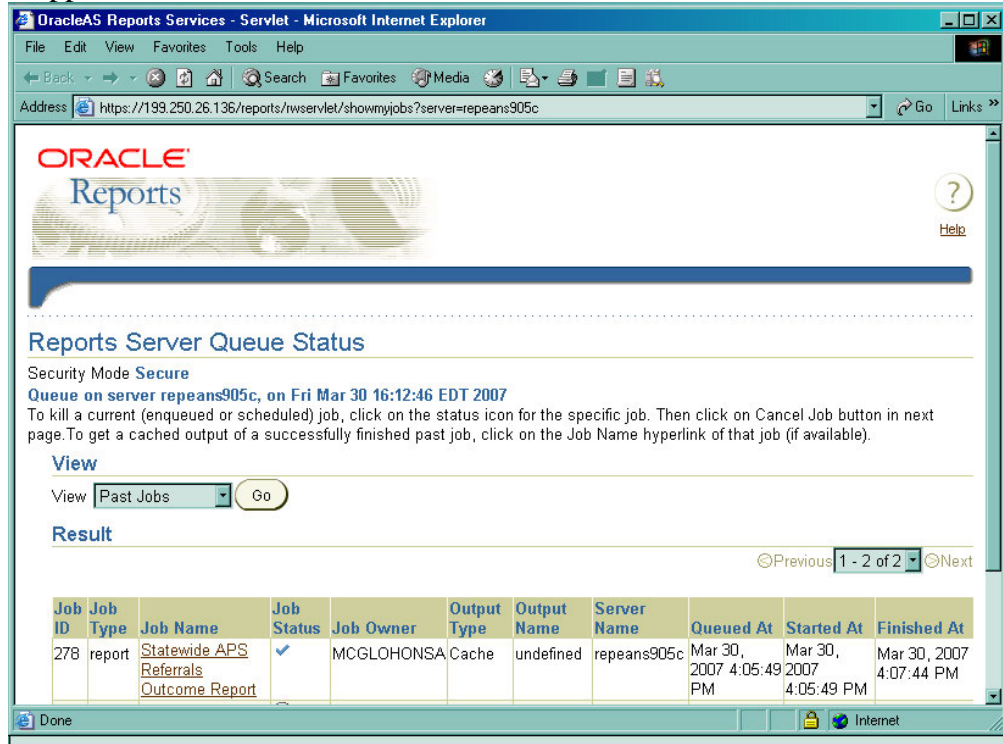
Click the Run Report button. The following screen will appear, indicating the report was successfully submitted.



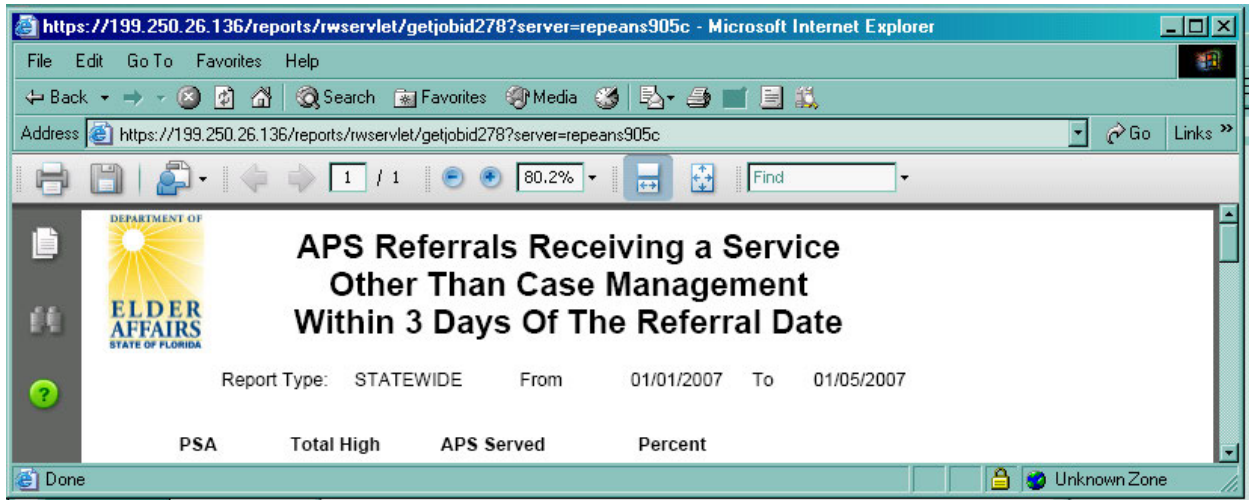
You will receive an e-mail when the report is ready for viewing.



Go back to the Reports page and click the “View” link for the appropriate report. The following screen will appear.



Find the name of your report and your user name as the “Job Owner.” Click the report name to view the results.



## Documentation Tab Screen

User manuals and enhancement documents will be posted on this screen.

DOEA Enterprise Application Services - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address [https://199.250.26.136/portal/page?\\_pageid=33.32395.33\\_32419&\\_dad=portal&\\_schema=PORTAL](https://199.250.26.136/portal/page?_pageid=33.32395.33_32419&_dad=portal&_schema=PORTAL) Go Links »

 **Enterprise Application Services**

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.

- DOE Mission Statement

**Applications** Reports Documents Support

- ▶ [ARTT](#) - Link to the APS Referral Tracking Tool manual, newsletters, MOA and model MOU
- ▶ [HMT Manual](#) - ADA Waiver Holistic Monitoring Tool manual
- ▶ [Long-Term Care Community Diversion Program Enrollment Management Document](#)

Start Discoverer Viewer Fetch Report Output Ad Hoc Query Change SSO Password Logout

Internet



## Support Tab Screen

**DOEA Enterprise Application Services - Microsoft Internet Explorer**

Address: [https://199.250.26.136/portal/page?\\_pageid=33.32395.33\\_32423&\\_dad=portal&\\_schema=PORTAL](https://199.250.26.136/portal/page?_pageid=33.32395.33_32423&_dad=portal&_schema=PORTAL)

**DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA**

# Enterprise Application Services

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.  
- DOE Mission Statement

[Applications](#) | [Reports](#) | [Documents](#) | **[Support](#)**

**▶ Download**

1. [PC Setup Instructions](#)
2. [Website Certificate](#)
3. [JInitiator](#)
4. [JInitiator Certificate](#)
5. [Adobe Reader](#)

[Items 1-4 in a single file](#)

**▶ FYI**

1. **Steps to prepare a PC for this website:**
  - (a) Configure the Web browser.
  - (b) Install a website certificate.
  - (c) Install JInitiator and JInitiator certificate, if needed.
  - (d) Install Adobe Reader, if needed.

See [PC Setup Instructions](#) for details.
2. **Restrictions on the Single Sign-On (SSO) password:**
  - (a) It is case-sensitive.
  - (b) It must have at least 8 characters with at least 1 numeric.
  - (c) It has a lifetime of 120 days.

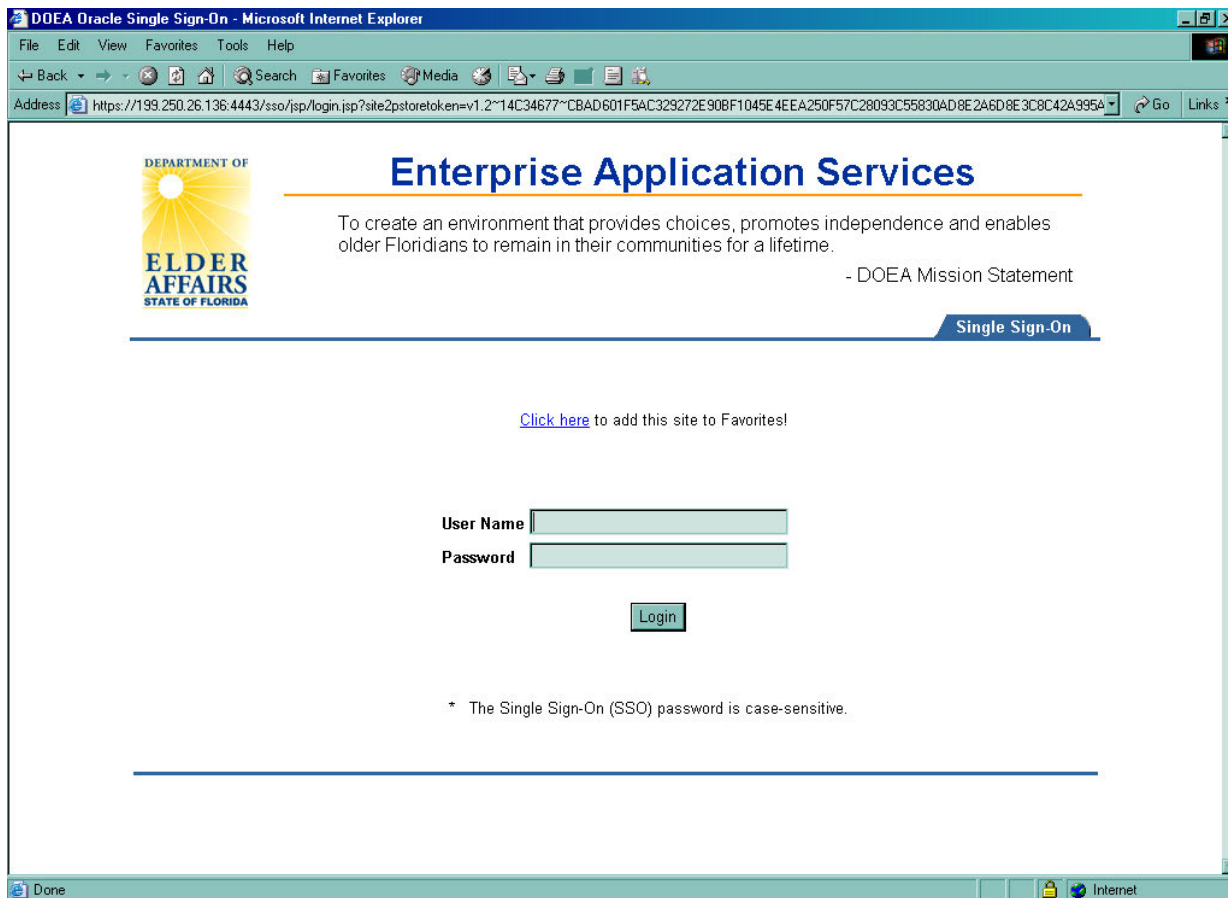
**▶ Contact**  
[enterprise\\_support@elderaffairs.org](mailto:enterprise_support@elderaffairs.org)

[Start Discoverer Viewer](#) | [Fetch Report Output](#) | [Ad Hoc Query](#) | [Change SSO Password](#) | [Logout](#)

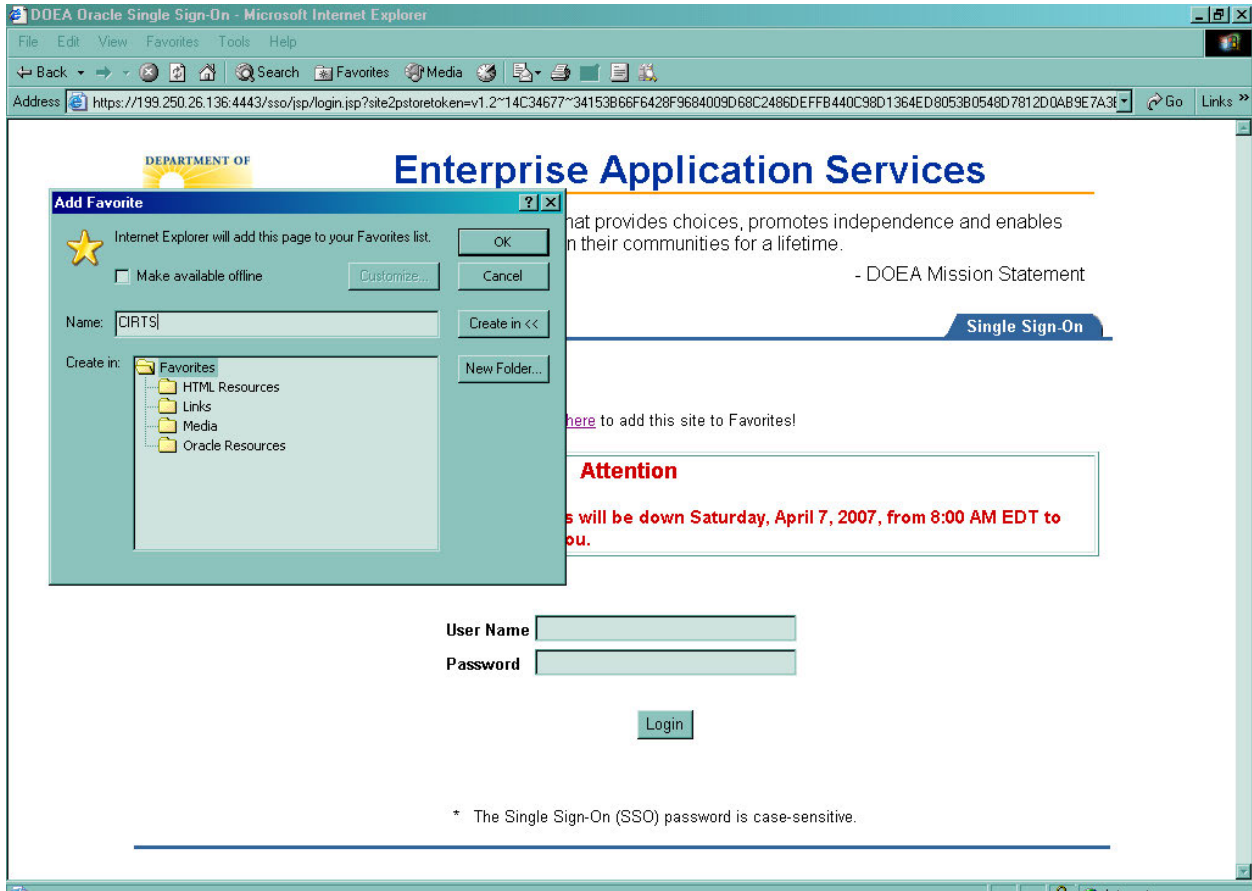
In the event CIRTS stops working on your computer:

- 1) Start at Item 1 in the Download section and click the PC Setup Instructions link.
- 2) Follow all instructions for installing the Web site Certificate, JInitiator (close your Web browser after this step and re-open before running the JInitiator Certificate), and the JInitiator Certificate.
- 3) If CIRTS still does not run on your computer, contact your LAN Administrator.

## Add CIRTIS Icon to Your Desktop



Click the “Click here” link to add the CIRTIS login screen to your Favorites.



- Give your new Favorite a meaningful name, i.e., CIRTS, New CIRTS, etc. Click OK.
- Click Favorites from the Menu Bar.
- Find the Favorite icon for CIRTS.
- Right-click the link and select, Send To -> Desktop (create shortcut).
- Your icon should be visible on the Desktop.

## Changing Your CIRTS Password

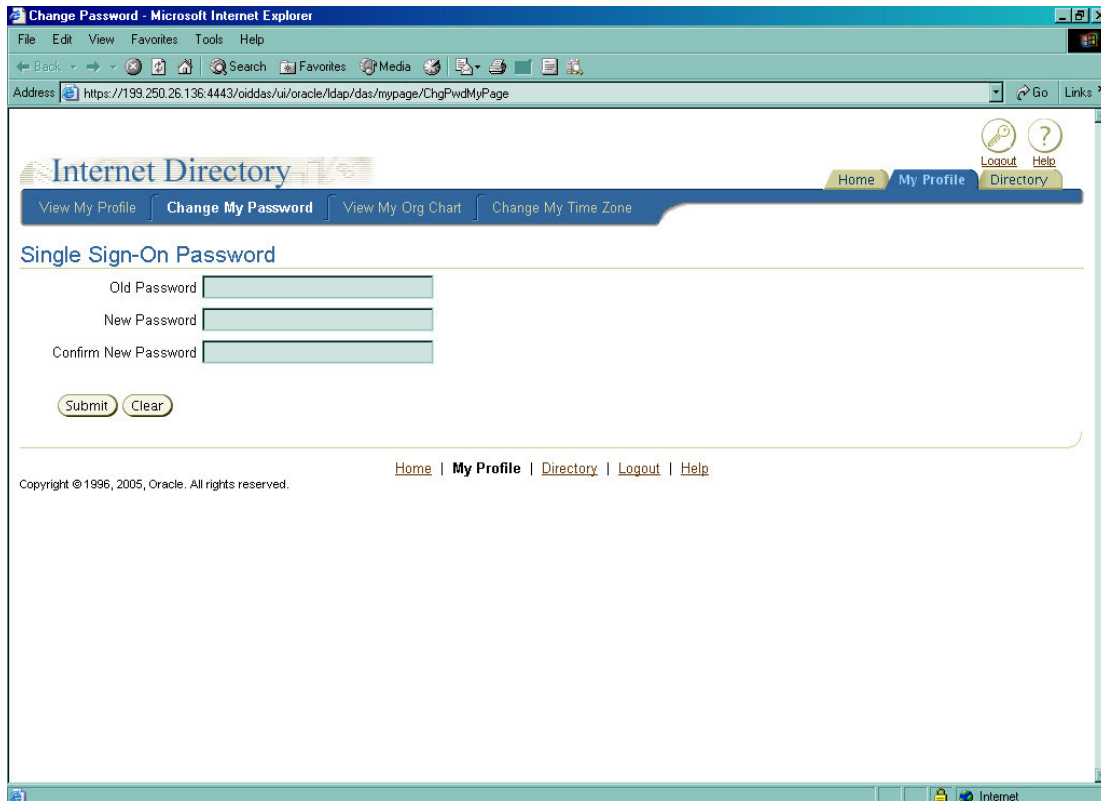
CIRTS will automatically prompt you to change your password every 120 days.

### **Change your password -**

If you want to change your password at any other time, click the Change SSO Password link in the bottom right-hand corner of the screen.



The following screen will appear.



- Type your current password in the Old Password field.
- Type your new password in the New Password field (the password is case-sensitive).
- Type your new password in the Confirm New Password field.
- Click the Submit button.

## Appendix A

**Assessment Type:** Annual, Initial, Update, Wait List

**Tabs:** ASSM, INC (Income), MEN (Mental Health), PHY (Physical Health), ADL (Activities of Daily Living), NUT (Nutrition), HEA (Health Conditions), SPS (Special Services), SOC (Social Resources)

The screenshot displays the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' form in Oracle Developer Forms Runtime. The form is titled 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' and includes a menu bar with 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. Below the menu bar is a toolbar with various icons. The main form area contains several sections:

- Header Section:** Includes fields for 'ASSESSMENT' (value: ASSESSMENT), 'VERSION 10G.1', 'CIRTS', 'Date' (value: 11/08/2006), and 'User' (value: MCGLOHONSA).
- Personal Information Section:** Includes fields for 'PSA' (value: 02), 'SSN' (value: 200611081), 'Last Name' (value: CLIENT), 'Risk Score', 'Priority Score', and 'Rank'.
- Action Buttons:** 'Add Assessment', 'Update Assessment', 'Demographics', 'Assessment List', 'Search', and 'Print Turnaround'.
- Assessment Categories:** A row of tabs for 'ASSM', 'INC', 'MEN', 'PHY', 'ADL', 'NUT', 'HEA', 'SPS', and 'SOC'. 'ASSM' is currently selected.
- CIRTS Assessment Information Section:**
  - Owner Information:** 'Owner Id' (value: 20000), 'Owner Assessor Id' (value: MCGLOHONSA), 'Assessment Date' (value: 11/08/2006).
  - Provider Information:** 'Provider Id' (empty), 'Provider Assessor Id' (empty), 'Assessment Site' (value: CLIENT/RELATIVE'S HOME).
  - Assessor Information:** 'Assessor Name' (value: SHANDRA MCGLOHON), 'Assessment Type' (value: INITIAL ASSESSMENT).
- Demographics Section:**
  - 'Consumer Type' (value: ELDER RECIPIENT), 'Are you the caregiver of a grandchild?' (value: N), 'Is this Public Housing?' (checkbox).
  - 'Referral Source' (value: <NULL>), 'Primary Caregiver' (empty).
  - 'Risk Level' (value: <NULL>), 'Living Situation' (value: <NULL>).
  - 'Referral Date' (empty).
- Footer:** 'Record: 1/1' and '<OSC>'.

## Appendix B

**Assessment Type:** CARES Non\_Com, EHEAP, Other

**Tabs:** ASSM, INC (Income), MEN (Mental Health), ADL (Activities of Daily Living), NUT (Nutrition), HEA (Health Conditions), SPS (Special Services)

**Oracle Developer Forms Runtime - Web**  
**ASSESSMENT INSTRUMENT AND PRIORITIZATION**

Action Menu Edit Block Field Record Query Help

ASSESSMENT: [ ] VERSION 10G.1      CIRTS      Date: 11/08/2006      User: MCGLOHONSA

PSA: 02      SSN: 200611081      Last Name: CLIENT      Risk Score: [ ]      Priority Score: [ ]      Rank: [ ]

Add Assessment    Update Assessment    Demographics    Assessment List    Search    Print Turnaround

ASSM    INC    MEN    ADL    NUT    HEA    SPS

**CIRTS Assessment Information**

<b>Owner Id</b> 20000	<b>Owner Assessor Id</b> MCGLOHONSA	<b>Assessment Date</b> 11/08/2006
<b>Provider Id</b> [ ]	<b>Provider Assessor Id</b> [ ]	<b>Assessment Site</b> CLIENT/RELATIVE'S HOME
<b>Assessor Name</b> SHANDRA MCGLOHON		<b>Assessment Type</b> CARES_NON_COM

**Consumer Type:** ELDER RECIPIENT      **Are you the caregiver of a grandchild?** N      **Is this Public Housing?** [ ]

**Referral Source:** <NULL>      **Primary Caregiver:** [ ]

**Risk Level:** <NULL>      **Living Situation:** <NULL>

**Referral Date:** [ ]

Record: 1/1      ...      <OSC>

## Appendix C

**Assessment Type:** Change Owner, Demographic, Grandparent/Guardian

**Tabs:** ASSM

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' application. The window title is 'Oracle Developer Forms Runtime - Web' and the application title is 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. The toolbar contains various icons for navigation and editing.

The main form area is titled 'ASSESSMENT' and includes the following fields and controls:

- VERSION 10G.1** (Text field)
- CIRTS** (Text field)
- Date** (Text field): 11/08/2006
- User** (Text field): MCGLOHONSA
- PSA** (Text field): 02
- SSN** (Text field): 200611081
- Last Name** (Text field): CLIENT
- Risk Score** (Text field)
- Priority Score** (Text field)
- Rank** (Text field)

Buttons below the form include: **Add Assessment**, **Update Assessment**, **Demographics**, **Assessment List**, **Search**, and **Print Turnaround**.

The **ASSM** tab is active, showing the **CIRTS Assessment Information** section:

- Owner Id** (Text field): 20000
- Owner Assessor Id** (Text field): MCGLOHONSA
- Assessment Date** (Text field): 11/08/2006
- Provider Id** (Text field)
- Provider Assessor Id** (Text field)
- Assessment Site** (Dropdown menu): CLIENT/RELATIVE'S HOME
- Assessor Name** (Text field): SHANDRA MCGLOHON
- Assessment Type** (Dropdown menu): CHANGE\_OWNER\_ASSES...

Additional fields and checkboxes:

- Consumer Type:** ELDER RECIPIENT (Dropdown menu)
- Are you the caregiver of a grandchild?** (Checkbox): N
- Is this Public Housing?** (Checkbox)
- Referral Source** (Dropdown menu): <NULL>
- Primary Caregiver** (Text field)
- Risk Level** (Dropdown menu): <NULL>
- Living Situation** (Dropdown menu): <NULL>
- Referral Date** (Text field)

The bottom status bar shows 'Record: 1/1' and '<OSC>'.



## Appendix D

**Assessment Type:** Congregate Meals

**Tabs:** ASSM, INC (Income), NUT (Nutrition)

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' application. The window title is 'Oracle Developer Forms Runtime - Web' and the application title is 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The interface includes a menu bar (Action, Menu, Edit, Block, Field, Record, Query, Help) and a toolbar with various icons. The main form area contains several input fields and buttons.

**Form Fields and Values:**

- ASSESSMENT:** ASSESSMENT
- VERSION:** VERSION 10G.1
- CIRTS:** CIRTS
- Date:** 11/08/2006
- User:** MCGLOHONSA
- PSA:** 02
- SSN:** 200611081
- Last Name:** CLIENT
- Risk Score:** [Empty]
- Priority Score:** [Empty]
- Rank:** [Empty]

**Buttons:** Add Assessment, Update Assessment, Demographics, Assessment List, Search, Print Turnaround

**Tabs:** ASSM, INC, NUT

**CIRTS Assessment Information:**

- Owner Id:** 20000
- Owner Assessor Id:** MCGLOHONSA
- Assessment Date:** 11/08/2006
- Provider Id:** [Empty]
- Provider Assessor Id:** [Empty]
- Assessment Site:** CLIENT/RELATIVE'S HOME
- Assessor Name:** SHANDRA MCGLOHON
- Assessment Type:** CONGREGATE MEALS
- Consumer Type:** ELDER RECIPIENT
- Are you the caregiver of a grandchild?:** N
- Is this Public Housing?:** [Empty]
- Referral Source:** <NULL>
- Primary Caregiver:** [Empty]
- Risk Level:** <NULL>
- Living Situation:** <NULL>
- Referral Date:** [Empty]

**Footer:** Record: 1/1, ... , <OSC>

## Appendix E

**Assessment Type:** OA3E, OAA

**Tabs:** ASSM, INC (Income), MEN (Mental Health), PHY (Physical Health), ADL (Activities of Daily Living), NUT (Nutrition), HEA (Health Conditions), SPS (Special Services)

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' form. The window title is 'Oracle Developer Forms Runtime - Web' and the page title is 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The interface includes a menu bar (Action, Menu, Edit, Block, Field, Record, Query, Help) and a toolbar with various icons. The main form area contains several sections:

- Header Section:** Includes fields for 'ASSESSMENT' (VERSION 10G.1), 'CIRTS', 'Date' (11/08/2006), and 'User' (MCGLOHONSA).
- Personal Information Section:** Includes fields for 'PSA' (02), 'SSN' (200611081), 'Last Name' (CLIENT), 'Risk Score', 'Priority Score', and 'Rank'.
- Action Buttons:** 'Add Assessment', 'Update Assessment', 'Demographics', 'Assessment List', 'Search', and 'Print Turnaround'.
- Assessment Type Selection:** A row of tabs for 'ASSM', 'INC', 'MEN', 'PHY', 'ADL', 'NUT', 'HEA', and 'SPS'.
- CIRTS Assessment Information Section:**
  - Owner Id:** 20000
  - Owner Assessor Id:** MCGLOHONSA
  - Assessment Date:** 11/08/2006
  - Provider Id:** (empty)
  - Provider Assessor Id:** (empty)
  - Assessment Site:** CLIENT/RELATIVE'S HOME
  - Assessor Name:** SHANDRA MCGLOHON
  - Assessment Type:** OA3E
- Consumer Information Section:**
  - Consumer Type:** ELDER RECIPIENT
  - Are you the caregiver of a grandchild?:** N
  - Is this Public Housing?:** (checkbox)
- Referral and Caregiver Information Section:**
  - Referral Source:** <NULL>
  - Primary Caregiver:** (empty)
  - Risk Level:** <NULL>
  - Living Situation:** <NULL>
  - Referral Date:** (empty)

The bottom of the form shows a status bar with 'Record: 1/1' and '<OSC>'.

## Appendix F

**Assessment Type:** Telephone, Wait List Screening

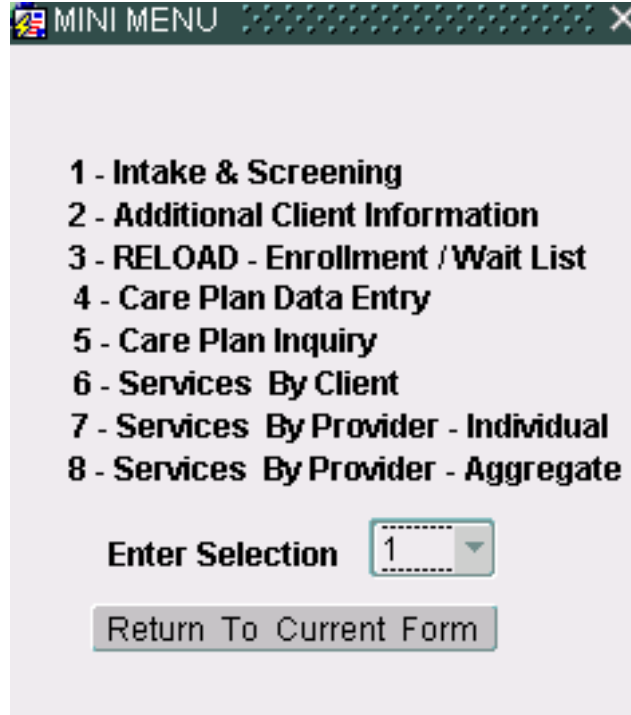
**Tabs:** ASSM, INC (Income), PHY (Physical Health), ADL (Activities of Daily Living), NUT (Nutrition)

The screenshot displays the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' form. The window title is 'Oracle Developer Forms Runtime - Web' and the browser address bar shows 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The form includes a menu bar (Action, Menu, Edit, Block, Field, Record, Query, Help) and a toolbar with various icons. The main form area contains several sections:

- Header Section:** Includes fields for 'ASSESSMENT' (VERSION 10G.1), 'CIRTS', 'Date' (11/08/2006), and 'User' (MCGLOHONSA).
- Client Information:** Fields for 'PSA' (02), 'SSN' (200611081), 'Last Name' (CLIENT), 'Risk Score', 'Priority Score', and 'Rank'.
- Navigation Buttons:** 'Add Assessment', 'Update Assessment', 'Demographics', 'Assessment List', 'Search', and 'Print Turnaround'.
- Assessment Type Selection:** Tabs for 'ASSM', 'INC', 'PHY', 'ADL', and 'NUT'.
- CIRTS Assessment Information:** A large section containing:
  - Owner Id:** 20000
  - Owner Assessor Id:** MCGLOHONSA
  - Assessment Date:** 11/08/2006
  - Provider Id:** (empty)
  - Provider Assessor Id:** (empty)
  - Assessment Site:** CLIENT/RELATIVE'S HOME
  - Assessor Name:** SHANDRA MCGLOHON
  - Assessment Type:** TELEPHONE
- Consumer Information:**
  - Consumer Type:** ELDER RECIPIENT
  - Are you the caregiver of a grandchild?:** N
  - Is this Public Housing?:** (checkbox)
- Referral and Caregiver Information:**
  - Referral Source:** <NULL>
  - Primary Caregiver:** (empty)
  - Risk Level:** <NULL>
  - Living Situation:** <NULL>
  - Referral Date:** (empty)

The bottom status bar shows 'Record: 1/1' and '<OSC>'.

## Appendix G – Mini Menu



Press the F12 key to access the Mini Menu.

Type the number of the screen you would like to see and press the Enter key, or click the selection list, select the number with your mouse, and press the Enter key.

Click the “Return To Current Form” button to exit the Mini Menu.

NASPO ValuePoint  
**PARTICIPATING ADDENDUM**

**CLOUD SOLUTIONS**

Administered by the State of Utah (hereinafter "Lead State")

**Alternative Contract Source No: 43230000-NASPO-16-ACS**

**WellSky Corporation**

Master Agreement No: AR2472  
(hereinafter "Contractor")

And

**Florida Department of Management Services**  
(hereinafter "Department/Participating State/Entity")

The State of Utah, acting by and through the National Association of State Procurement Officials (NASPO) ValuePoint, competitively procured and awarded a Request for Proposal resulting in Master Agreement number AR2472. The Master Agreement was created as a cooperative purchasing agreement for Cloud Solutions. This Participating Addendum is entered into pursuant to Section 287.042, Florida Statutes.

The Department is authorized by subsection 287.042(16), Florida Statutes, "to evaluate contracts let by the Federal Government, another state, or a political subdivision for the provision of commodities and contract services, and, if it is determined in writing to be cost-effective and in the best interest of the state, to enter into a written agreement authorizing an agency to make purchases under such contract." Accordingly, agencies (Customer) may make purchases from this Participating Addendum pursuant to the terms and conditions herein.

The Department evaluated the Master Agreement, and hereby acknowledges that use of the Master Agreement as an alternative source contract is cost-effective and in the best interest of the State.

This Participating Addendum and all incorporated Exhibits, set forth the entire understanding of the Parties and supersedes all prior agreements.

Accordingly, the Parties agree as follows:

**1. Term and Effective Date**

The initial term of this Participating Addendum will become effective on the date the document is signed by all Parties, and shall be effective through September 30, 2020, unless terminated earlier in accordance with the General Contract Conditions.

**2. Renewal**

Upon agreement of the Parties, the Department and the Contractor may renew this Participating Addendum for a term that does not exceed the initial or renewal term of the Master Agreement. Renewals must be in writing and are subject to the same terms, conditions, and modifications set forth in this Participating Addendum. Renewal determinations will be based upon utilization and achieved savings.

**3. Modifications or Additions to Master Agreement**

The following changes are modifying or supplementing the Master Agreement terms and conditions.

a. Scope:

The Contractor's Master Agreement products or services listed on the Contractor's page of the NASPO ValuePoint website are included in this contract only if they are not offered on a State Term Contract or not available as a SUNCOM service. A state agency granted an exemption pursuant to Section 282.703, Florida Statutes, may purchase the exempted product(s) and/or service(s) offered on the Contractor's Master Agreement under this Participating Addendum pursuant to the terms and conditions herein.

b. Exhibits: All Exhibits attached and listed below are incorporated in their entirety into, and form part of this Participating Addendum. The Participating Addendum Exhibits are labeled as follows:

- 1) Exhibit A: Contract Conditions, Florida General
- 2) Exhibit B: Contract Conditions, Florida Special
- 3) Exhibit C: NASPO ValuePoint Master Agreement Number AR2472
- 4) Exhibit D: Contractor Selection Justification Form

If a conflict exists among any of the documents, the following shall have priority in the order listed below:

- 1) The Addendum
- 2) Exhibit D: Contractor Selection Justification Form
- 3) Exhibit B: Florida Special Contract Conditions
- 4) Exhibit A: Florida General Contract Conditions
- 5) Exhibit C: NASPO ValuePoint Master Agreement Number AR2472

- c. Participation: Use of specific NASPO ValuePoint cooperative contracts by agencies, political subdivisions, and other entities (including cooperatives) authorized by an individual state's statutes are subject to the prior approval of the respective State Chief Procurement Official. Issues of interpretation and eligibility for participation are solely within the authority of the State Chief Procurement Official.
- d. Cloud Computing Requirements: Contractor agrees to cooperate with the Department and Customers and perform all actions necessary to assist with all tasks in furtherance of the Department's and/or Customer's efforts to comply with the obligations under Titles 60FF and 60GG of the Florida Administrative Code, as applicable. This includes, but is not limited to, adherence to the cloud computing requirements set forth in Rule Chapter 60GG-4, F.A.C.
- e. Authorization: Approval of this Participating Addendum by the State Chief Procurement Official and State Chief Information Officer is an authorization for participation in the NASPO cooperative contract process, it is not intended as an approval of any specific purchase or solution. It is the responsibility of the Customer to validate all terms and conditions and to ensure compliance with all applicable statutes and rules.
- f. Request for Quotes: Customers purchasing Cloud Solutions from this Participating Addendum shall create a Request for Quote (RFQ), each time they desire to purchase Cloud Solutions. The Customer shall issue a detailed RFQ to the ACS Contractor(s) who offer the applicable cloud solutions(s). The specific format of the RFQ is left to the discretion of the Customer, but must contain the following:
- 1) Applicable service and deployment model(s);
  - 2) Data security classification;
  - 3) Service level agreement requirements; and
  - 4) Exit strategy considerations.
- g. Enterprise Agreements: The Contractor shall honor any Volume or Enterprise Agreement(s) established between a State of Florida agency and the manufacturer of products or services offered under their Master Agreement.

- h. **Purchase Orders:** Customers shall issue purchase orders under this Participating Addendum to their awarded RFQ Contractor using this State of Florida ACS number 43230000-NASPO-16-ACS. The purchase order period survives the expiration of the Contract. The duration of purchase orders must not exceed the expiration of the Contract by more than 12 months.
- i. **Contractor Selection Justification Form:** Customers purchasing Cloud Solutions from this Participating Addendum shall attach to the purchase order a completed Contractor Selection Justification Form (Exhibit D of this Participating Addendum, incorporated herein by reference and accessible at:  
[https://www.dms.myflorida.com/business\\_operations/state\\_purchasing/state\\_contracts\\_and\\_agreements/alternate\\_contract\\_source/cloud\\_solutions/forms](https://www.dms.myflorida.com/business_operations/state_purchasing/state_contracts_and_agreements/alternate_contract_source/cloud_solutions/forms)).
- 4. Warranty of Authority**  
 Each person signing this document warrants that he or she is duly authorized to do so and to bind the respective party.
- 5. Entire Agreement of the Parties**  
 This document and the attached exhibits constitute the Participating Addendum and the entire understanding of the parties.
- 6. Amendments**  
 All modifications to this Participating Addendum must be in writing and signed by all Parties. No oral modifications to this Participating Addendum are permitted.

Notwithstanding the order listed in section 3b, amendments executed after the Participating Addendum is executed may expressly change the provisions of the Participating Addendum. If they do so expressly, then the most recent amendment will take precedence over anything else that is part of the Participating Addendum.

**IN WITNESS THEREOF**, the Parties hereto have caused this agreement, which includes the attached and incorporated Exhibits, to be executed by their undersigned officials as duly authorized. This agreement is not valid and binding until signed and dated by the Parties.

<b>Participating State: Florida</b>	<b>Contractor:</b>
By: <i>Pat Gillespie</i>	By: <i>Steve Greenberg</i>
Name: Tami Fillyaw	Name: Steve Greenberg
Title: Chief of Staff	Title: Sr. Vice President
Date: 8/3/2020   9:14 AM EDT	Date: 7/24/2020   11:49 AM EDT

**Alternate Contract Source No. 43230000-NASPO-16-ACS**

**Exhibit A**

**GENERAL CONTRACT CONDITIONS**

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**These General Contract Conditions supersede and replace in their entirety all General Contract Conditions, Form PUR 1000, which is incorporated by reference in Rule 60A-1.002, Florida Administrative Code (F.A.C.)**

**SECTION 1. DEFINITIONS.**

The following definition applies in addition to the definitions in Chapter 287, Florida Statutes, (F.S.) and Rule Chapter 60A-1, F.A.C.:

**1.1 Customer.**

The agency or eligible user that purchases commodities or contractual services pursuant to the Contract.

**SECTION 2. TERMINATION.**

**2.1 Termination for Convenience.**

The Contract may be terminated by the Department in whole or in part at any time, in the best interest of the State of Florida. If the Contract is terminated before performance is completed, the Contractor will be paid only for that work satisfactorily performed for which costs can be substantiated. Such payment, however, may not exceed an amount which is the same percentage of the Contract price as the amount of work satisfactorily performed. All work in



progress will become the property of the Customer and will be turned over promptly by the Contractor.

## **2.2 Termination for Cause.**

If the Department determines that the performance of the Contractor is not satisfactory, the Department may, at its sole discretion, (a) immediately terminate the Contract, (b) notify the Contractor of the deficiency with a requirement that the deficiency be corrected within a specified time, otherwise the Contract will terminate at the end of such time, or (c) take other action deemed appropriate by the Department.

## **SECTION 3. PAYMENT AND FEES**

### **3.1 Payment Invoicing.**

The Contractor will be paid upon submission of properly certified invoices to the Customer after delivery and acceptance of commodities or contractual services is confirmed by the Customer. Invoices must contain detail sufficient for an audit and contain the Contract Number and the Contractor's Federal Employer Identification Number.

### **3.2 Travel.**

Travel expenses are not reimbursable unless specifically authorized by the Customer in writing, and may be reimbursed only in accordance with section 112.061, F.S.

### **3.3 Annual Appropriation.**

Pursuant to section 287.0582, F.S., if the Contract binds the State of Florida or an agency for the purchase of services or tangible personal property for a period in excess of one fiscal year, the State of Florida's performance and obligation to pay under the Contract is contingent upon an annual appropriation by the Legislature.

### **3.4 Transaction Fees.**

The State of Florida, through the Department of Management Services, has instituted MyFloridaMarketPlace, a statewide eProcurement system pursuant to section 287.057(22), Florida Statutes. All payments issued by Customers to registered Vendors for purchases of commodities or contractual services will be assessed Transaction Fees as prescribed by rule 60A-1.031, Florida Administrative Code, or as may otherwise be established by law. Vendors must pay the Transaction Fees and agree to automatic deduction of the Transaction Fees, when automatic deduction becomes available. Vendors will submit any monthly reports required pursuant to the rule. All such reports and payments will be subject to audit. Failure to comply with the payment of the Transaction Fees or reporting of transactions will constitute grounds for declaring the Vendor in default and subject the Vendor to exclusion from business with the State of Florida.

### **3.5 Taxes.**

The State of Florida is not required to pay any taxes, including customs and tariffs, on commodities or contractual services purchased under the Contract.

### **3.6 Return of Funds.**

Contractor will return any overpayments due to unearned funds or funds disallowed pursuant to the terms of the Contract that were disbursed to the Contractor by the Department or Customer. The Contractor must return any overpayment within 40 calendar days after either discovery by the Contractor, its independent auditor, or notification by the Department or Customer of the overpayment.

**SECTION 4. CONTRACT MANAGEMENT.****4.1 Composition and Priority.**

The Contractor agrees to provide commodities or contractual services to the Customer within the manner and at the location specified in the Purchase Order and any attachments to the Purchase Order.

**4.2 Notices.**

All notices required under the Contract must be delivered to the designated Contract Manager by certified mail, return receipt requested, by reputable air courier service, email, or by personal delivery, or as otherwise identified by the Department.

**4.3 Department's Contract Manager.**

The Department's Contract Manager, is primarily responsible for the Department's oversight of the Contract. In the event that the Department changes the Contract Manager, the Department will notify the Contractor. Such a change does not require an amendment to the Contract.

**4.4 Contractor's Contract Manager.**

The Contractor's Contract Manager is primarily responsible for the Contractor's oversight of the Contract performance. In the event that the Contractor changes its Contract Manager, the Contractor will notify the Department. Such a change does not require an amendment to the Contract.

**4.5 Diversity Reporting.**

The State of Florida supports its diverse business community by creating opportunities for woman-, veteran-, and minority-owned small business enterprises to participate in procurements and contracts. The Department encourages supplier diversity through certification of woman-, veteran-, and minority-owned small business enterprises, and provides advocacy, outreach, and networking through regional business events. For additional information, please contact the Office of Supplier Diversity (OSD) at [osdinfo@dms.myflorida.com](mailto:osdinfo@dms.myflorida.com).

Upon request, the Contractor will report to the Department its spend with business enterprises certified by the OSD. These reports must include the time period covered, the name and Federal Employer Identification Number of each business enterprise utilized during the period, commodities and contractual services provided by the business enterprise, and the amount paid to the business enterprise on behalf of each Customer purchasing under the Contract.

**4.6 RESPECT.**

Subject to the agency determination provided for in Section 413.036, F.S., the following statement applies:

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT ANY ARTICLES THAT ARE THE SUBJECT OF, OR REQUIRED TO CARRY OUT, THIS CONTRACT SHALL BE PURCHASED FROM A NONPROFIT AGENCY FOR THE BLIND OR FOR THE SEVERELY HANDICAPPED THAT IS QUALIFIED PURSUANT TO CHAPTER 413, FLORIDA STATUTES, IN THE SAME MANNER AND UNDER THE SAME PROCEDURES SET FORTH IN SECTION 413.036(1) AND (2), FLORIDA STATUTES; AND FOR PURPOSES OF THIS CONTRACT THE PERSON, FIRM, OR OTHER BUSINESS ENTITY CARRYING OUT THE PROVISIONS OF THIS CONTRACT SHALL BE DEEMED TO BE SUBSTITUTED FOR THE STATE AGENCY INSOFAR AS DEALINGS WITH SUCH QUALIFIED NONPROFIT AGENCY ARE CONCERNED.

Additional information about the designated nonprofit agency and the commodities or contractual services it offers is available at <http://www.respectofflorida.org>.

#### **4.7 PRIDE.**

Subject to the agency determination provided for in Sections 946.515 and 287.042(1), F.S., the following statement applies:

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT ANY ARTICLES WHICH ARE THE SUBJECT OF, OR REQUIRED TO CARRY OUT, THIS CONTRACT SHALL BE PURCHASED FROM THE CORPORATION IDENTIFIED UNDER CHAPTER 946, F.S., IN THE SAME MANNER AND UNDER THE SAME PROCEDURES SET FORTH IN SECTION 946.515(2) AND (4), F.S.; AND FOR PURPOSES OF THIS CONTRACT THE PERSON, FIRM, OR OTHER BUSINESS ENTITY CARRYING OUT THE PROVISIONS OF THIS CONTRACT SHALL BE DEEMED TO BE SUBSTITUTED FOR THIS AGENCY INSOFAR AS DEALINGS WITH SUCH CORPORATION ARE CONCERNED.

Additional information about PRIDE and the commodities or contractual services it offers is available at <http://www.pride-enterprises.org>.

### **SECTION 5. COMPLIANCE WITH LAWS.**

#### **5.1 Department of State Registration.**

The Contractor and any subcontractors that assert corporate status must provide the Department with conclusive evidence, per section 607.0127, F.S., of a certificate of status, not subject to qualification, if a Florida business entity, or of a certificate of authorization if a foreign business entity and maintain such status or authorization through the life of the Contract and any resulting contract or purchase order.

#### **5.2 Convicted and Discriminatory Vendor Lists.**

In accordance with sections 287.133 and 287.134, F.S., an entity or affiliate who is on the Convicted Vendor List or the Discriminatory Vendor List may not perform work as a contractor, supplier, subcontractor, or consultant under the Contract. The Contractor must notify the Department if it or any of its suppliers, subcontractors or consultants have been placed on the Convicted Vendor List or the Discriminatory Vendor List during the term of the Contract.

#### **5.3 Contractor Certification.**

If the Contract exceeds \$1,000,000.00 in total, not including renewal years, Contractor certifies that it is not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List created pursuant to sections 215.473, F.S. and 215.4725 F.S, respectively. Pursuant to section 287.135(5), F.S., and 287.135(3), F.S., Contractor agrees the Department may immediately terminate the Contract for cause if the Contractor is found to have submitted a false certification or if Contractor is placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel during the term of the Contract.

#### **5.4 Cooperation with Inspector General.**

Pursuant to subsection 20.055(5), F.S., Contractor, and any subcontractor to the Contractor, understand and will comply with their duty to cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing. Upon request of the Inspector General or

any other authorized State official, the Contractor must provide any type of information the Inspector General deems relevant to the Contractor's integrity or responsibility. Such information may include, but will not be limited to, the Contractor's business or financial records, documents, or files of any type or form that refer to or relate to the Contract. The Contractor will retain such records for five years after the expiration of the Contract, or the period required by the General Records Schedules maintained by the Florida Department of State (available at: <http://dos.myflorida.com/library-archives/records-management/general-records-schedules/>), whichever is longer. The Contractor agrees to reimburse the State of Florida for the reasonable costs of investigation incurred by the Inspector General or other authorized State of Florida official for investigations of the Contractor's compliance with the terms of this or any other agreement between the Contractor and the State of Florida which results in the suspension or debarment of the Contractor. Such costs will include, but will not be limited to: salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees.

## **SECTION 6. MISCELLANEOUS.**

### **6.1 Notice of Legal Actions.**

The Contractor must notify the Department of any legal actions filed against it for a violation of any laws, rules, codes, ordinances or licensing requirements within 30 days of the action being filed. The Contractor must notify the Department of any legal actions filed against it for a breach of a contract of similar size and scope to this Contract within 30 days of the action being filed. Failure to notify the Department of a legal action within 30 days of the action will be grounds for termination for cause of the Contract.

### **6.2 Subcontractors.**

All contactors, dealers, and resellers authorized by the Department, as shown on the dedicated Contractor NASPO ValuePoint website, are approved to provide sales and service support to participants in the Master Agreement. The Contractor's dealer participation will be in accordance with the terms and conditions set forth in the Master Agreement. The Contractor is fully responsible for satisfactory completion of all subcontracted work. The Department supports diversity in its procurements and contracts, and requests that Contractor offer subcontracting opportunities to certified woman-, veteran-, and minority-owned small businesses. The Contractor may contact the OSD at [osdhelp@dms.myflorida.com](mailto:osdhelp@dms.myflorida.com) for information on certified small business enterprises available for subcontracting opportunities.

### **6.3 Assignment.**

The Contractor will not sell, assign or transfer any of its rights, duties or obligations under the Contract without the prior written consent of the Department. In the event of any assignment, the Contractor remains secondarily liable for performance of the Contract. The Department may assign the Contract to another state agency.

### **6.4 Independent Contractor.**

The Contractor and its employees, agents, representatives, and subcontractors are not employees or agents of the Department and are not entitled to the benefits of State of Florida employees. The Department will not be bound by any acts or conduct of the Contractor or its employees, agents, representatives, or subcontractors. The Contractor agrees to include this provision in all of its subcontracts under the Contract.

### **6.5 Ombudsman.**

A Vendor Ombudsman has been established within the Department of Financial Services. The duties of this office are found in section 215.422, F.S., which include disseminating information relative to prompt payment and assisting contractors in receiving their payments in

a timely manner from a Customer. The Vendor Ombudsman may be contacted at (850) 413-5516.

## **SECTION 7. WORKERS' COMPENSATION AND GENERAL LIABILITY INSURANCE, AND INDEMNIFICATION**

### **7.1 Workers' Compensation Insurance.**

To the extent required by law, the Contractor must be self-insured against, or must secure and maintain during the life of the contract, Worker's Compensation Insurance for all its employees connected with the work of this project, and in case any work is subcontracted, the Contractor must require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees engaged in work under the resulting contract are covered by the Contractor's insurance program. Self-insurance or insurance coverage must comply with the Florida Worker's Compensation law. In the event hazardous work is being performed by the Contractor under the resulting contract or purchase order and any class of employees performing the hazardous work is not protected under Worker's Compensation statutes, the Contractor must provide, and cause each subcontractor to provide adequate insurance satisfactory to the Department for the protection of employees not otherwise protected.

### **7.2 General Liability Insurance.**

The Contractor must secure and maintain Commercial General Liability Insurance including bodily injury, property damage, product-liability, personal & advertising injury and completed operations. This insurance must provide coverage for all claims that may arise from the services, and operations completed under the Contract and any resulting contract or purchase order, whether such services or operations are by the Contractor or anyone directly or indirectly employed by them. Such insurance must include a Hold Harmless Agreement in favor of the State of Florida and also include the State of Florida as an Additional Named Insured for the entire length of the Contract and any resulting contract or purchase order. The Contractor is responsible for determining the minimum limits of liability necessary to provide reasonable financial protections to the Contractor and the State of Florida under the Contract and any resulting contract or purchase order.

All insurance policies must be with insurers licensed or eligible to transact business in the State of Florida. The Contractor's current certificate of insurance must contain a provision that the insurance must not be canceled for any reason except after thirty (30) days written notice to the Department's Contract Manager.

The Contractors must submit insurance certificates evidencing such insurance coverage prior to execution of a contract with the Department.

The Contractor must require its insurance carrier to add the Department to the insurance policies as an additional insured, as provided below:

Florida Department of Management Services  
c/o Division of State Purchasing  
4050 Esplanade Way, Suite 36060  
Tallahassee, Florida 32399-0950

## **SECTION 8. PUBLIC RECORDS, TRADE SECRETS, DOCUMENT MANAGEMENT AND INTELLECTUAL PROPERTY.**

## 8.1 Public Records.

The Department may unilaterally cancel this Contract for refusal by the Contractor to comply with this section by not allowing public access to all documents, papers, letters or other material made or received by the Contractor in conjunction with the Contract, unless the records are exempt from section 24(a) of Article I of the State Constitution and section 119.07(1), F.S.

Solely for the purposes of this section the contract manager is the agency custodian of public records, unless another is designated per (e), below.

If, under a resulting contract or purchase order, the Contractor is providing services and is acting on behalf of a public agency, as provided by section 119.0701, Florida Statutes. The Contractor shall:

- (a) Keep and maintain public records required by the public agency to perform the service;
- (b) Upon request from the public agency's custodian of public records, provide the public agency with a copy of the requested records or allow the records to be inspected or copied within reasonable time and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;
- (c) Ensure that public records that are exempt or confidential and exempt from public records disclosure are not disclosed except as authorized by law for the duration of the contract term and following the completion of the contract if the contractor does not transfer the records to the public agency;
- (d) Upon completion of the contract, transfer, at no cost, to the public agency all public records in possession of the Contractor or keep and maintain public records required by the public agency to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency; and
- (e) **IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT THE TELEPHONE NUMBER, EMAIL ADDRESS AND MAILING ADDRESS PROVIDED IN THE RESULTING CONTRACT OR PURCHASE ORDER.**

## 8.2 Protection of Trade Secrets or Confidential Information.

If the Contractor considers any portion of materials made or received in the course of performing the Contract ("contract-related materials") to be trade secret under section 812.081, F.S., or otherwise confidential under Florida or federal law, the Contractor must clearly designate that portion of the materials as "confidential" when submitted to the Department.

If the Department receives a public records request for contract-related materials designated by the Contractor as "confidential," the Department will provide only the portions of the contract-related materials not designated as "confidential." If the requester asserts a right to examine contract-related materials designated as "confidential," the Department will notify the

Contractor. The Contractor will be responsible for responding to and resolving all claims for access to contract-related materials it has designated “confidential.”

If the Department is served with a request for discovery of contract-related materials designated “confidential,” the Department will promptly notify the Contractor about the request. The Contractor will be responsible for filing the appropriate motion or objection in response to the request for discovery. The Department will provide materials designated “confidential” only if the Contractor fails to take appropriate action, within timeframes established by statute and court rule, to protect the materials designated as “confidential” from disclosure.

The Contractor will protect, defend, and indemnify the Department for claims, costs, fines, and attorney’s fees arising from or relating to its designation of contract-related materials as “confidential.”

### **8.3 Document Management.**

The Contractor must retain sufficient documentation to substantiate claims for payment under the Contract and all other records, electronic files, papers and documents that were made in relation to this Contract. Contractor must retain all documents related to the Contract for five years after expiration of the Contract, or, if longer, the period required by the General Records Schedules maintained by the Florida Department of State available at:

<http://dos.myflorida.com/library-archives/records-management/general-records-schedules/>.

## **SECTION 9. DATA SECURITY AND SERVICES.**

### **9.1 Warranty of Security.**

Unless otherwise agreed in writing by the agency head or designee, the Contractor and its subcontractors will not perform any of the services from outside of the United States, and the Contractor will not allow any State of Florida Data to be sent by any medium, transmitted or accessed outside of the United States.

Notwithstanding any provision of this Contract to the contrary, the Contractor must notify the Department as soon as possible, in accordance with the requirements of section 501.171, F.S., and in all events within one (1) business day in the event Contractor discovers any Data is breached, any unauthorized access of Data occurs (even by persons or companies with authorized access for other purposes), any unauthorized transmission of Data or any credible allegation or suspicion of a material violation of the above. This notification is required whether the event affects one agency/customer or the entire population. The notification must be clear and conspicuous and include a description of the following:

- (a) The incident in general terms.
  - (b) The type of information that was subject to the unauthorized access and acquisition.
  - (c) The type and number of entities who were, or potentially have been affected by the breach.
  - (d) The actions taken by the Contractor to protect the Data from further unauthorized access.
- However, the description of those actions in the written notice may be general so as not to further increase the risk or severity of the breach.

### **9.2 Remedial Measures.**

Upon becoming aware of an alleged security breach, Contractor’s Contract Manager must set up a conference call with the Department’s Contract Manager. The conference call invitation must contain a brief description of the nature of the event. When possible, a 30 minute notice will be given to allow Department personnel to be available for the call. If the designated time is not practical for the Department, an alternate time for the call will be scheduled. All available information must be shared on the call. The Contractor must answer all questions based on

the information known at that time and answer additional questions as additional information becomes known. The Contractor must provide the Department with final documentation of the incident including all actions that took place. If the Contractor becomes aware of a security breach or security incident outside of normal business hours, the Contractor must notify the Department's Contract Manager and in all events, within one business day.

**9.3 Indemnification (Breach of Warranty of Security).**

The Contractor agrees to defend, indemnify and hold harmless the Department, Customer, the State of Florida, its officers, directors and employees for any claims, suits or proceedings related to a breach of the Warranty of Security. The Contractor will include credit monitoring services at its own cost for those individuals affected or potentially affected by a breach of this warranty for a two year period of time following the breach.

**9.4 Annual Certification.**

The Contractor is required to submit an annual certification demonstrating compliance with the Warranty of Security to the Department by December 31 of each Contract year.

**SECTION 10. GRATUITIES AND LOBBYING.**

**10.1 Gratuities.**

The Contractor will not, in connection with this Contract, directly or indirectly (1) offer, give, or agree to give anything of value to anyone as consideration for any State of Florida officer or employee's decision, opinion, recommendation, vote, other exercise of discretion, or violation of a known legal duty, or (2) offer, give, or agree to give to anyone anything of value for the benefit of, or at the direction or request of, any State of Florida officer or employee.

**10.2 Lobbying.**

In accordance with sections 11.062 and 216.347, F.S., Contract funds are not for the purpose of lobbying the Legislature, the judicial branch, or the Department. Pursuant to subsection 287.058(6), F.S., the Contract does not prohibit the Contractor from lobbying the executive or legislative branch concerning the scope of services, performance, term, or compensation regarding the Contract, after the Contract execution and during the Contract's term.

**SECTION 11. CONTRACT MONITORING.**

**11.1 Financial Consequences of Non-Performance.**

If the corrective action plan is unacceptable to the Department or Customer, or fails to remedy the performance deficiencies, the Contractor will be assessed a non-performance retainage equivalent to 10% of the total invoice amount or as specified in the Contract. The retainage will be applied to the invoice for the then-current billing period. The retainage will be withheld until the Contractor resolves the deficiency. If the deficiency is subsequently resolved, the Contractor may invoice the Customer for the retained amount during the next billing period. If the Contractor is unable to resolve the deficiency, the funds retained will be forfeited.

**SECTION 12. CONTRACT AUDITS.**

**12.1 Payment Audit.**

Records of costs incurred under terms of the Contract will be maintained. Records of costs incurred will include the Contractor's general accounting records, together with supporting documents and records of the Contractor and all subcontractors performing work, and all other records of the Contractor and subcontractors considered necessary by the Department, State of Florida's Chief Financial Officer or the Office of the Auditor General for audit.



## **SECTION 13. BACKGROUND SCREENING AND SECURITY.**

### **13.1 E-Verify.**

In accordance with Executive Order 11-116, the Contractor agrees to utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired during the term of the Contract for the services specified in the Contract. The Contractor must also include a requirement in subcontracts that the subcontractor must utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the Contract term. In order to implement this provision, the Contractor must provide a copy of its DHS Memorandum of Understanding (MOU) to the Contract Manager within five days of Contract execution. If the Contractor is not enrolled in DHS E-Verify System, it will do so within five days of notice of Contract award, and provide the Contract Manager a copy of its MOU within five days of Contract execution. The link to E-Verify is provided below. <http://www.uscis.gov/e-verify>. Upon each Contractor or subcontractor new hire, the Contractor must provide a statement within five days to the Contract Manager identifying the new hire with its E-Verify case number.

### **13.2 Disqualifying Offenses.**

If at any time it is determined that a person has a criminal misdemeanor or felony record regardless of adjudication (e.g., adjudication withheld, a plea of guilty or nolo contendere, or a guilty verdict) within the last six years from the date of the court's determination for the crimes listed below, or their equivalent in any jurisdiction, the Contractor is required to immediately remove that person from any position with access to State of Florida Data or directly performing services under the Contract. The disqualifying offenses are as follows:

- (a) Computer related or information technology crimes
- (b) Fraudulent practices, false pretenses and frauds, and credit card crimes
- (c) Forgery and counterfeiting
- (d) Violations involving checks and drafts
- (e) Misuse of medical or personnel records
- (f) Felony theft

### **13.3 Communications and Confidentiality.**

The Contractor agrees that it will make no statements, press releases, or publicity releases concerning the Contract or its subject matter or otherwise disclose or permit to be disclosed any of the data or other information obtained or furnished in compliance with the Contract, or any particulars thereof, during the period of the Contract, without first notifying the Department's Contract Manager or the Department designated contact person and securing prior written consent. The Contractor must maintain confidentiality of all confidential data, files, and records related to the services and commodities provided pursuant to the Contract and must comply with all state and federal laws, including, but not limited to sections 381.004, 384.29, 392.65, and 456.057, F.S. The Contractor's confidentiality procedures must be consistent with the most recent version of the Department security policies, protocols, and procedures. The Contractor must also comply with any applicable professional standards with respect to confidentiality of information.

**Alternate Contract Source  
No. 43230000-NASPO-16-ACS**

**EXHIBIT B  
FLORIDA SPECIAL CONTRACT CONDITIONS**

This Exhibit contains the Special Contract Conditions. If a conflict exists between the Special Contract Conditions and the General Contract Conditions, the Special Contract Conditions shall take precedence over the General Contract Conditions unless the conflicting term in the General Contract Conditions is required by Florida law, in which case the General Contract Conditions term will take precedence.

Special Contract Conditions are as follows:

**Section 1 Delays and Complaints**

Delivery delays and service complaints will be monitored on a continual basis. Documented inability to perform under the conditions of the contract, via the established Complaint to Vendor process (PUR 7017 form), may result in default proceedings and cancellation.

**Section 2 Monthly Transaction Fee Report**

The Contractor is required to submit monthly Transaction Fee Reports electronically through MFMP VIP. All such reports and payments shall be subject to audit. Failure to comply with the payment of the Transaction Fees or reporting of transactions shall constitute grounds for declaring the Contractor in default and subject the Contractor to exclusion from business with the State of Florida.

For information on how to submit Transaction Fee Reports online, please reference the detailed fee reporting instructions and Vendor training presentations available online through MFMP U on the MyFloridaMarketPlace website (located at <http://dms.myflorida.com/mfmp>). Assistance is also available from the MyFloridaMarketPlace Customer Service Desk at [feeprocessing@myfloridamarketplace.com](mailto:feeprocessing@myfloridamarketplace.com) or 866-FLA-EPRO (866-352-3776) between the hours of 8:00 AM to 6:00 PM, Eastern Time.

**Section 3 Quarterly Sales Reports**

Each Contractor shall submit a sales report to the Department on a Quarterly basis.

Contract Sales Reports must include the Contractor's name, the dates of Quarter covered, each Customer's name, services provided (to include identification of the cloud solution and service model), and the amount paid by the Customer.

Initiation and submission of the Contract Sales Reports are to be the responsibility of the Contractor. The Contractor will submit the completed Sales Report forms by email to the Department Contract Manager no later than the due date indicated in Section 10. Submission of these reports is considered a material requirement of this Contract and the Contractor.

Failure to provide quarterly sales reports, including those indicating no sales, within thirty (30) calendar days following the end of each quarter (January, April, July and October) is considered as Non-Performance by the Contractor. Exceptions may be made if a delay in submitting reports is attributable to circumstances that are clearly beyond the control of the Contractor. The burden of proof of unavoidable delay shall rest with the Contractor and shall be supplied in a written form and submitted to the Department.

The Department reserves the right to request additional sales information as needed.

**Section 4 Quarterly Reporting Timeframes**

Quarterly reporting timeframes coincide with the State Fiscal Year as follows:

- Quarter 1 - (July-September) – Due by October 10
- Quarter 2 - (October-December) – Due by January 10
- Quarter 3 - (January-March) – Due by April 10
- Quarter 4 - (April-June) – Due by July 10

**Section 5 Business Review Meetings**

The Department reserves the right to schedule business review meetings as frequently as necessary. The Department will provide the format for the Contractor's agenda. Prior to the meeting, the Contractor shall submit the completed agenda to the Department for review and acceptance. The Contractor shall address the agenda items and any of the Department's additional concerns at the meeting. Failure to comply with this section may result in the Contractor being found in default and contract termination.

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## Attachment F - Cost Proposal Form

Solicitation #: SK18008

NASPO ValuePoint Cloud Solutions RFP

**Cloud Service Model: Platform as a Service (PaaS)**

**Vendor Name: Mediware Information Systems, Inc.**

**Instructions**

1. Notice, this spreadsheet is divided into multiple tabs below. Offeror must complete all gray shaded fields within this Attachment F. If a gray field does not apply to your solution, enter N/A.
2. The cost for the SaaS, IaaS, and PaaS service categories will be evaluated and scored independent of each other.
3. Offeror shall provide a Minimum Discount % for each service model (SaaS, IaaS, or PaaS) it is seeking an award in. A vendor will be deemed non-responsive for any service model it does not provide a Minimum Discount % of at least greater than 0%.
4. When proposing your minimum discount % off, **do not provide a percentage range**. Provide single values.
5. Complete **only** Section 1 or Section 2 below, **not both**. Any deviation from this format may result in disqualification of your proposal.
6. Minimum Discount % provided herein shall apply to all products offered/referenced in detail listings for the given service model of SaaS, IaaS, PaaS, or Value Added Services.
7. In a separate document, provide a detailed product offering for each service model with the Minimum Discount % reflected therein. Title this document "Solicitation # - Vendor Name - Detailed Product Offering". Offeror's proposed Minimum Discount % for a given Cloud Service Model, must be reflected within NVP Price of Offeror's offered catalog.

**Minimum Discount % Off**

<b>Section 1</b>	PaaS Minimum Discount % * (applies to all OEM's offered within this PaaS model)	N/A
------------------	--	-----

**OR Individual OEM Discount (if different)**

<b>Section 2</b>	N/A	N/A	
	N/A	N/A	
	N/A	N/A	
	N/A	N/A	
	N/A	N/A	
	N/A	N/A	
	N/A	N/A	
	N/A	N/A	
	N/A	N/A	
	N/A	N/A	
	<b>Average PaaS OEM Discount Off*</b>		-

\*The Offeror with the highest proposed minimum discount % (or Average discount off) for the given service category (SaaS, IaaS, or PaaS) will receive 100% of the cost points possible for that service category. All other Offerors will receive a percentage of the cost points possible based on the percentage by which their proposed discount % is lower than the highest discount % in the given category. The formula to compute cost points is: (Maximum Proposed % / Proposed Price) \* Total Cost Points Available.

### Attachment F - Cost Proposal Form

Solicitation #: SK18008

NASPO ValuePoint Cloud Solutions RFP

#### Additional Value Added Services

Vendor Name: Mediware Information Systems, Inc.

#### Instructions

1. Offeror must complete all gray shaded fields within this Attachment F. If a gray field does not apply to your solution, enter N/A.
2. Pricing provided within this Value Added Services tab is for reference only and will be used by Purchasing Entities in making a best value selection. Costs provided below will not be factored into the Master Agreement cost evaluation.

#### Additional Value Added Services

<u>Item Description</u>	<u>Onsite Hourly Rate</u>		<u>Remote Hourly Rate</u>	
	<u>NVP Price</u>	<u>Catalog Price</u>	<u>NVP Price</u>	<u>Catalog Price</u>
Maintenance Services	187.50	197.00	187.50	197.00
Professional Services	187.50	197.00	187.50	197.00
Deployment Services	187.50	197.00	187.50	197.00
Integration Services	187.50	197.00	187.50	197.00
Consulting/Advisory Services	187.50	197.00	187.50	197.00
Architectural Design Services	187.50	197.00	187.50	197.00
Statement of Work Services	187.50	197.00	187.50	197.00
Partner Services	187.50	197.00	187.50	197.00
Training Deployment Services	187.50	197.00	187.50	197.00
Post-Implementation Service Packages				
Managed Upgrade Services	5% Discount	Depends on Scope	5% Discount	Depends on Scope
Annual Wellness Checks	5% Discount	Depends on Scope	5% Discount	Depends on Scope
System Administration Services	5% Discount	Depends on Scope	5% Discount	Depends on Scope
*Travel costs for implementation and professional services to be billed separately				

#### Deliverable Rates

	<u>NVP Price</u>	<u>Catalog Price</u>
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		

# WellSky

## NASPO ValuePoint Cloud Solutions

### WellSky - NASPO ValuePoint - Cloud Solutions Price List

Product Name	Product Category	Unit of Measure	MSRP	NASPO Price (maximum)	Product Description
<b>WellSky Aging &amp; Disability</b>					
WellSky Aging & Disability State Annual Fee	SaaS	Year	\$21,000.00	\$20,000.00	Case management software for Aging and Adult Services, including Older Americans Act programs, and Frail Elder Waivers; Annual fee for State use.
WellSky Aging & Disability Agency License	SaaS	Year	\$5,250.00	\$5,000.00	Annual fee for use by Area Agencies on Aging
WellSky Aging & Disability User Fee	SaaS	Year	\$735.00	\$700.00	Named user access to WellSky Aging & Disability; Per license cost includes hosting, maintenance, updates
WellSky Aging & Disability Set up Fee	Services	One-time	\$367.50	\$350.00	One-time set up fee per user license
WellSky Aging & Disability Information and Referral (I/R) Annual Fee	SaaS	Year	\$1,575.00	\$1,500.00	Annual fee for State or Agency access to I/R functions
WellSky Aging & Disability I/R User Fee	SaaS	Year	\$262.50	\$250.00	Named user access to I/R functions Flexible assessment design module, allowing authorized users to create assessments for use in WellSky Aging & Disability; Annual fee for Agency or State access to
Assessment Designer Agency License	SaaS	Year	\$1,575.00	\$1,500.00	Assessment Designer
Assessment Designer - Each Named User	SaaS	Year	\$210.00	\$200.00	Named user access to Assessment Designer
WellSky Resource Directory	SaaS	Year	\$61,792.50	\$58,850.00	Public-facing statewide Aging and Disability Resource Center web module; Annual fee for State use.
SHIP Reporter	SaaS	Year	\$13,125.00	\$12,500.00	Module for tracking and reporting State Health Insurance Plan contracts; Annual fee for State or Agency use.



<b>Product Name</b>	<b>Product Category</b>	<b>Unit of Measure</b>	<b>MSRP</b>	<b>NASPO Price (maximum)</b>	<b>Product Description</b>
interRAI HC - to be included as separate line item	SaaS	Year	\$2,625.00	\$2,500.00	Access to interRAI HC Assessment tool configured for use in WellSky Aging & Disability; Annual fee for State or Agency use
WellSky Aging & Disability Financial Management - Agency License	SaaS	Year	\$5,250.00	\$5,000.00	Financial management software for Aging and Adult Services, including Older Americans Act programs, and Frail Elder Waivers; Annual fee for State or Agency use
WellSky Aging & Disability Financial Management - Per User Fee	SaaS	Year	\$1,050.00	\$1,000.00	Named user access to WellSky Aging & Disability Financial Management; Per license cost includes hosting, maintenance, updates
File Attachments	SaaS	Year	\$1,575.00	\$1,500.00	Module allowing attachment of electronic files in WellSky Aging & Disability; Annual fee for State or Agency use
WellSky Aging & Disability Caregiver Module	SaaS	Year	\$63.00	\$60.00	Collaboration module allowing consumers and caregivers to communicate with Agency staff; Annual fee per consumer care team
WellSky HS Mobile Assessments	SaaS	Year	\$315.00	\$300.00	Mobile device access to assessments in WellSky Aging & Disability; Annual named user license.
<b>WellSky Human Services</b>					
WellSky HS Base - Case Management - Annual Fee	SaaS	Year	\$150,000.00	\$120,000.00	Case Management module for management of home- and community-based long-term services and support delivered under Medicaid Waivers. Annual fee.
WellSky HS Base - Financial Management - Annual Fee	SaaS	Year	\$250,000.00	\$220,000.00	Financial Management module for management of home- and community-based long-term services and support delivered under Medicaid Waivers. Annual fee.
WellSky HS Named User License	SaaS	Year	\$1,050.00	\$1,000.00	Named user access to WellSky Human Services; Annual per license cost includes hosting, maintenance, updates.
WellSky HS Named Provider User License	SaaS	Year	\$630.00	\$600.00	Named Provider user access to WellSky Human Services; Annual per license cost includes hosting, maintenance, updates.
One-Time User Set-Up Fee	Services	One-time	\$367.50	\$350.00	One-time set up fee per user and provider user license.

<b>Product Name</b>	<b>Product Category</b>	<b>Unit of Measure</b>	<b>MSRP</b>	<b>NASPO Price (maximum)</b>	<b>Product Description</b>
WellSky HS Mobile Assessments	SaaS	Year	\$315.00	\$300.00	Mobile device access to assessments in WellSky Human Services; Annual named user license.
WellSky Consumer Portal	SaaS	Year	\$63.00	\$60.00	Collaboration module allowing consumers and caregivers to communicate with agency staff; Annual fee per consumer care team.
WellSky EVV (Electronic Visit Verification)	SaaS	Visit	N/A	\$0.22	EVV through staff mobile devices for services ordered in WellSky Human Services; pricing is per visit, based on volume.
WellSky Data Replication	SaaS	Year	\$165,000.00	\$150,000.00	Module to optimize data availability and maximize the efficiency of data applications and functions through real-time or near real-time data replication. Professional services fees not included in this line item.
WellSky Additional Program User Add-On	SaaS	Year	\$175.00	\$150.00	Per User fee adding additional program functionality to existing users.
<b>WellSky Early Intervention Services (EIS)</b>					
WellSky EIS Base - Case Management - Annual Fee	SaaS	Year	\$150,000.00	\$120,000.00	Case Management module for Early Intervention Services. Annual fee.
WellSky EIS Base - Financial Management - Annual Fee	SaaS	Year	\$250,000.00	\$220,000.00	Financial Management module for Early Intervention Services. Annual fee.
WellSky EIS Named User License	SaaS	Year	\$1,050.00	\$1,000.00	Named user access to WellSky EIS; Annual per license cost includes hosting, maintenance, updates.
WellSky EIS Named Provider User License	SaaS	Year	\$630.00	\$600.00	Named Provider user access to WellSky EIS; Annual per license cost includes hosting, maintenance, updates.
One-Time User Set-Up Fee	Services	One-time	\$367.50	\$350.00	One-time set up fee per named user and provider user license.
WellSky EIS Mobile Assessments	SaaS	Year	\$315.00	\$300.00	Mobile device access to assessments in WellSky EIS; Annual named user license.
WellSky Consumer Portal	SaaS	Year	\$63.00	\$60.00	Collaboration module allowing consumers and caregivers to communicate with agency staff; Annual fee per consumer care team.
WellSky EVV (Electronic Visit Verification)	SaaS	Visit	N/A	\$0.22	EVV through staff mobile devices for services ordered in WellSky EIS; pricing is per visit, based on volume.

Product Name	Product Category	Unit of Measure	MSRP	NASPO Price (maximum)	Product Description
<b>WellSky Vocational Rehabilitation (VR)</b>					
WellSky VR Base - Case Management - Annual Fee	SaaS	Year	\$150,000.00	\$120,000.00	Case Management module for WellSky Vocational Rehabilitation. Annual fee.
WellSky VR Base - Financial Management - Annual Fee	SaaS	Year	\$250,000.00	\$220,000.00	Financial Management module for WellSky Vocational Rehabilitation. Annual fee.
WellSky VR Named User License	SaaS	Year	\$1,050.00	\$1,000.00	Named user access to WellSky Vocational Rehabilitation; Annual per license cost includes hosting, maintenance, updates.
WellSky EIS Named Provider User License	SaaS	Year	\$630.00	\$600.00	Named Provider user access to WellSky Vocational Rehabilitation; Annual per license cost includes hosting, maintenance, updates.
One-Time User Set-Up Fee	Services	One-time	\$367.50	\$350.00	One-time set up fee per named user and provider user license.
WellSky VR Mobile Assessments	SaaS	Year	\$315.00	\$300.00	Mobile device access to assessments in WellSky Vocational Rehabilitation; Annual named user license.
WellSky Consumer Portal	SaaS	Year	\$63.00	\$60.00	Collaboration module allowing consumers and caregivers to communicate with agency staff; Annual fee per consumer care team.
WellSky EVV (Electronic Visit Verification)	SaaS	Visit	N/A	\$0.22	EVV through staff mobile devices for services ordered in WellSky VR; pricing is per visit, based on volume.
<b>WellSky Incident Management (IM)</b>					
WellSky IM Base Cost	SaaS	Year	\$26,250.00	\$25,000.00	Incident management module; Annual fee for access by State or Agency.
WellSky IM Named User License	SaaS	Year	\$550.00	\$500.00	Named agency user access to WellSky Incident Management functionality; Annual per license cost includes hosting, maintenance, updates.
One-Time User Set-Up Fee	Services	One-time	\$367.50	\$350.00	One-time set up fee per user license.

Product Name	Product Category	Unit of Measure	MSRP	NASPO Price (maximum)	Product Description
WellSky IM Web Incident Form	SaaS	Year	\$5,250.00	\$5,000.00	Public-facing web incident form; Annual fee for State or Agency access.
<b>WellSky Protective Services (PS)</b>					
WellSky PS Base Cost	SaaS	Year	\$26,250.00	\$25,000.00	WellSky Protective Services intake and investigation management module; Annual fee for access by State or Agency.
WellSky PS Named User License	SaaS	Year	\$1,050.00	\$1,000.00	Named user access to WellSky Protective Services; Annual per license cost includes hosting, maintenance, updates.
One-Time User Set-Up Fee	Services	One-time	\$367.50	\$350.00	One-time set up fee per user license.
WellSky PS Web Intake Form	SaaS	Year	\$5,250.00	\$5,000.00	Public-facing web intake form for mandated or public reporting of protective services incidents; Annual fee for State or Agency access.
<b>WellSky Advanced Reporting</b>					
WellSky Advanced Reporting - Base Fee - State	SaaS	Year	\$15,750.00	\$15,000.00	Ad hoc and business intelligence reporting module using reporting database for WellSky Aging & Disability, WellSky Human Services, WellSky Vocational Rehabilitation, WellSky Early Intervention Services, WellSky Protective Services, WellSky Incident Management and WellSky Ombudsman; Annual fee for State.
WellSky Advanced Reporting - Base Fee - Agency/County	SaaS	Year	\$2,750.00	\$2,500.00	Ad hoc and business intelligence reporting module using reporting database for WellSky Aging & Disability, WellSky Human Services, WellSky Vocational Rehabilitation, WellSky Early Intervention Services, WellSky Protective Services, WellSky Incident Management and WellSky Ombudsman; Annual fee for Agency/County.
WellSky Advanced Reporting - Report Writer License	SaaS	Year	\$262.50	\$250.00	Annual named user access to create reports in WellSky Advanced Reporting.
WellSky Advanced Reporting - Report Runner License	SaaS	Year	\$157.50	\$150.00	Annual named user access to generate reports in WellSky Advanced Reporting.

Product Name	Product Category	Unit of Measure	MSRP	NASPO Price (maximum)	Product Description
<b>WellSky Ombudsman (OMB)</b>					
WellSky OMB Base Cost	SaaS	Year	\$10,500.00	\$10,000.00	Nursing Home complaint tracking system for State Long-Term Care Ombudsman programs; includes reporting to National Ombudsman Reporting System (NORS); Annual State WellSky Ombudsman access.
WellSky OMB Site License	SaaS	Year	\$2,073.75	\$1,975.00	Annual WellSky Ombudsman access per named site/office.
WellSky OMB Named User License	SaaS	Year	\$675.15	\$643.00	Named user access to WellSky Ombudsman; Annual per license cost includes hosting, maintenance, updates.
One-Time User Set Up Fee	Services	One-time	\$411.60	\$392.00	One-time set up fee per user license.
<b>Professional Services</b>					
Project Leader	Services	Hour	\$197.00	\$187.50	
Senior Business Consultant	Services	Hour	\$197.00	\$187.50	
Technical Consultant	Services	Hour	\$197.00	\$187.50	
Associate Technical Architect	Services	Hour	\$197.00	\$187.50	
Functional/Technical Analysts	Services	Hour	\$197.00	\$187.50	
Trainers	Services	Hour	\$197.00	\$187.50	
<b>Miscellaneous Implementation Services</b>					
Custom Assessments	Services	One-time	\$1,050.00	\$1,000.00	Custom assessment created using WellSky assessment design utility in WellSky product.
Custom Assessments with Simple Custom Printable Output	Services	One-time	\$1,575.00	\$1,500.00	Custom assessment with printable output configured in WellSky product.
Custom Assessments with Complex Custom Printable Output	Services	One-time	\$2,100.00	\$2,000.00	Custom assessment with printable output configured in WellSky product.
WellSky PS Custom Intake Report	Services	One-time	\$1,575.00	\$1,500.00	Custom report on PS intakes for use in WellSky Protective Services
WellSky PS Custom Investigation Summary	Services	One-time	\$1,575.00	\$1,500.00	Custom report on PS investigations for use in WellSky Protective Services
Custom Merge Letters using Standard Views	Services	One-time	\$1,050.00	\$1,000.00	Custom merge document for use in WellSky products created using WellSky merge utility.

<b>Product Name</b>	<b>Product Category</b>	<b>Unit of Measure</b>	<b>MSRP</b>	<b>NASPO Price (maximum)</b>	<b>Product Description</b>
Custom Merge Letters using Custom Views	Services	One-time	\$1,575.00	\$1,500.00	Custom merge document for use in WellSky products created using WellSky merge utility.
Standard Data Conversion	Services	One-time	\$15,750.00	\$15,000.00	Migration of single data source using standard tools and workbooks. Limited to a defined set of tables.
Post Implementation Audit	Services	One-time	\$10,500.00	\$10,000.00	Consultation and audit of implemented WellSky implementation; includes interviews and findings/recommendations report.
Web Form Configuration	Services	One-time	\$5,250.00	\$5,000.00	Implementation of public-facing web form (i.e., PS Web Intake Form, Web Incident Form).

All annual fees may be increased by WellSky once annually commencing one (1) year following the Effective Date of the Order at a rate equal to 5%. Maintenance, Software Subscription and Cloud Services fees may further be increased upon prior written notice to Customer in the event WellSky's third party supplier increases such fees.



**Mission Statement:**

*To promote the well-being, safety, and independence of Florida's seniors, their families, and caregivers.*

**Vision:**

*For all Floridians to live well and age well*

**Richard Prudom, SECRETARY**

**DEPARTMENT OF ELDER AFFAIRS**

**Operational Work Plan**

**Overall Project Plan**

**Project Charter**

**for**

**ENTERPRISE CLIENT INFORMATION AND**

**REGISTRATION TRACKING SYSTEM (eCIRTS) PROJECT**

**June 9, 2021**



# Document Control

This is a controlled document. The control and release of this document are the responsibility of the document owner.

Issue Control				
Project	Enterprise Client Information and Registration Tracking System (eCIRTS)			
Agency	Florida Department of Elder Affairs (DOEA)			
Issue	3.0	Date	9 June 2021	Author Gary E. Didio
Document Title	Operational Work Plan			
Revision History				
Issue	Date	Author	Comment	
1.0	17 August 2020		• Initial version	
1.1	08 September 2020		• Revised	
2.0	15 December 2020	G. Didio	• Revised based on latest information	
2.1	23 December 2020	G. Didio	• Incorporated feedback from DOEA Budget Director	
2.2	29 December 2020	G. Didio	• Minor revisions to dates	
2.3	15 February 2021	G. Didio	<ul style="list-style-type: none"> <li>• Added OPS training staff</li> <li>• Revised WBS and schedule</li> <li>• Added high-level timeline</li> </ul>	
3.0	9 June 2021	G. Didio	<ul style="list-style-type: none"> <li>• Updated for FY 2021-2022 first quarter budget release request</li> </ul>	









**Mission Statement:**  
*To promote the well-being, safety, and independence of Florida's seniors, their families, and caregivers.*

**Vision:**  
*For all Floridians to live well and age well*

<b>CONTACTS</b>	
<b>Project Name:</b>	Enterprise Client Information and Registration Tracking System (eCIRTS)
<b>Request or Submit Date:</b>	August 17, 2020
<b>Estimated Project Duration:</b>	Large Over 2 Years
<b>Executive Sponsor:</b>	Richard Prudom
<b>Project Sponsor:</b>	Lynn Griffin / Glenn Elmer
<b>Business Functional Sponsor:</b>	Ginnifer Barber
<b>Technology Sponsor:</b>	Shandra McGlohon
<b>Contract Administrator:</b>	Justin Taylor
<b>Contract Manager:</b>	Jenny Rojas
<b>Budget Manager:</b>	Sonya Smith
<b>DOEA Project Manager:</b>	Gary E. Didio
<b>Impacted Business Divisions/Stakeholders</b>	<ul style="list-style-type: none"> <li>• DOEA Division of Financial and Support Services</li> <li>• DOEA Office of Strategic Initiatives</li> <li>• DOEA Division of Statewide Community-Based Services</li> <li>• DOEA Communications</li> <li>• DOEA Legislative Affairs</li> <li>• Area Agencies on Aging (AAAs) / Aging and Disability Resource Centers (ADRCs)</li> <li>• Agency for Health Care Administration (AHCA)</li> <li>• Department of Children and Families (DCF)</li> <li>• Agency for Persons with Disabilities (APD)</li> </ul>



By signing this document, you indicate that you understand the scope, goals, and objectives of the proposed project and are providing authority for project leadership to use the Department's resources to execute the project's activities.

APPROVALS			
Name	Title	Date	Signature
Richard Prudom	Secretary/Executive Sponsor	6/30/2021	
Lynn Griffin / Glenn Elmer	Revenue Management/Project Sponsor	6/24/21	
Ginnifer Barber	Business Functional Sponsor	6/24/2021	
Justin Taylor	Contract Administrator	6/24/21	



**Mission Statement:**  
*To promote the well-being, safety, and independence of Florida's seniors, their families, and caregivers.*

**Vision:**  
*For all Floridians to live well and age well*

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# 1 Executive Summary

## 1.1 Project Purpose

The purpose of the Enterprise Client Information and Registration Tracking System (eCIRTS) Project is to replace the current legacy Client Information and Registration Tracking System (CIRTS), which is almost 30 years old, with a flexible, cloud-based, statewide client management system that will allow the Department of Elder Affairs (DOEA) and its partner organizations to better organize, define and standardize its client services processes. Further, in 2019 the Florida Legislature passed HB 5301 Information Technology Reorganization adopting a cloud-first policy, and the move to a Software-as-a-Service (SaaS) solution complies with this Florida law. DOEA has chosen to select a Cloud Solution Partner through the Florida Cloud Solutions National Association of State Procurement Officials (NASPO) contract – see the link below:

[https://www.dms.myflorida.com/business\\_operations/state\\_purchasing/state\\_contracts\\_and\\_agreements/alternate\\_contract\\_source/cloud\\_solutions](https://www.dms.myflorida.com/business_operations/state_purchasing/state_contracts_and_agreements/alternate_contract_source/cloud_solutions)

## 1.2 DOEA Background

The Department of Elder Affairs was created in 1991 through the enactment of the “Department of Elderly Affairs Act” (Chapter 430, Florida Statutes), after the 1988 passage of a constitutional amendment creating Section 12 of the Florida Constitution allowing the Legislature to create the Department and prescribe its duties. Since 1992, DOEA’s mission has been successfully serving and advocating for elder Floridians acting as the primary state agency for administering human services programs for elders and developing policy recommendations for long-term care. DOEA’s primary goal is to use resources efficiently and effectively to help ensure the greatest possible number of elders and persons with disabilities can spend their years living healthy, active, and fulfilling lives in their communities.

As reported by DOEA in its 2020 Summary of Programs and Services, Florida is home to nearly 5.5 million residents aged 60 and older. Among the 50 states, Florida has the highest percentage of elders aged 65 and older and the second highest percentage of elders aged 60 and older (26.5 percent) compared with a national percentage of 21.3 percent. Florida’s future is linked to the financial, health, and physical security of the elder population. DOEA serves a population of over 900,000 Florida residents comprising almost 20 percent of the elder population in Florida. DOEA provides these services through its Division of Statewide Community-Based Services, which works through the state’s eleven Area Agencies on Aging/Aging and Disability Resource Centers (AAAs/ADRCs), Service Provider Lead Agencies, and other local service providers. DOEA also administers a wide range of programs from the Long-Term Care Ombudsman Program (LTCOP), Office of Public and Professional Guardians, Office of Strategic Initiatives, SHINE (Serving Health Insurance Needs of Elders), and CARES (Comprehensive Assessment and Review for Long-Term Care Services).



**Mission Statement:**  
*To promote the well-being, safety, and independence of Florida's seniors, their families, and caregivers.*

**Vision:**  
*For all Floridians to live well and age well*

By 2030, Florida's older adult population is estimated to increase to 7.6 million, or about 30 percent of the state's population. The anticipated growth in seniors, combined with our current population of seniors growing older, will place significant demands on Florida's budget resources. It will be essential for the DOEA, AAAs, and service providers to efficiently manage all available resources entrusted to them by the Florida Legislature. Effectively managing hundreds of millions of dollars in funding for home and community care services for seniors requires antiquated, inefficient technologies to be replaced with cost-efficient, easily implemented cloud-based technologies that do not require large technology infrastructure investments and that are easy to maintain. Such technology is essential to the Department's success in meeting the challenges ahead and ensuring that Florida's seniors have the resources they need to remain at home and in their communities, safely and with dignity.

eCIRTS is central to DOEA's process improvement strategy. The new system, combined with business process improvements, will eliminate/reduce manual processes, increase staff efficiencies, enhance client access, and provide better analytics and reporting capabilities for workforce management and planning.



## **2 About this Document**

The eCIRTS Operational Work Plan describes the eCIRTS Project activities for the Florida State Fiscal Year 2021-2022. This plan has been written and modified based on previous versions and documented sections.

### **2.1 Who Should Use this Document?**

The Florida Executive Office of the Governor's Office of Policy and Budget, the Florida Legislature, and the eCIRTS Project Team should use the eCIRTS Operational Work Plan.

### **2.2 Related Documents**

This document should be used in conjunction with the following documents.

- State of Florida eCIRTS Spending Plan
- WellSky Statement of Work for the eCIRTS Implementation

### **2.3 Distribution**

This document shall be distributed to all eCIRTS Project Team staff, the Florida Executive Office of the Governor's Office of Policy and Budget, and any other personnel as required.





### 3 Project Charter

The eCIRTS Project Charter defines the scope and authority for the eCIRTS Project. The Project Charter is the underlying foundation for all project related decisions.

#### 3.1 Scope Statement

The project scope for eCIRTS provides a baseline understanding of the scope and project deliverables to ensure a common understanding among stakeholders. The overall scope of the eCIRTS Project is as follows and will be implemented in two phases.

##### 3.1.1 Phase 1 Scope

Phase 1 will encompass core Older Americans Act (OAA) and State General Revenue funded programs, as well as data migration for clients in these programs.

- OAA
- Community Care for the Elderly (CCE)
- Home Care for the Elderly (HCE)
- Alzheimer's Disease Initiative (ADI)
- Local Service Programs (LSP)

##### 3.1.2 Phase 2 Scope

Phase 2 will deliver the remaining eCIRTS functionality such as the following.

- CARES processes
- Replacement of the ADRC integrated resource searching and public facing online resource directory
- SHINE
- Quality and contract monitoring
- Automated AAA Area Plans
- Operational reporting
- Integrations with other state data systems
- Development and delivery of enhancements to the WellSky software

##### 3.1.3 Out-of-Scope

The following items are out-of-scope for the eCIRTS Project.

- Changes to the Provider Network computer configurations to enable providers access to eCIRTS
- Changes to the Provider Network electronic data interchange (EDI) format for submitting data to eCIRTS
- Implementing staffing or organizational changes associated with eCIRTS



### 3.2 Business Need and Justification

The current technology used by DOEA to provide services, including determining medical eligibility of the state's elderly population for cost-effective home and community-based services, is the antiquated legacy CIRTS. CIRTS is a 25+ year old system using an obsolete and no longer supported technology. The impact of continuing to use older technology is reduced stability, dependability, extensibility, and supportability of DOEA's most critical application.

In addition, years of extensive programmatic changes have resulted in conflicting modifications and workarounds in code, creation of additional external "shadow" databases, and paper-based processes severely convoluting the workflow, data management, and security processes. This has resulted in significant inefficiencies in the system thereby reducing employee efficiency and productivity. All of this has been made apparent during DOEA's response to the COVID-19 pandemic, preventing the Department from quickly or easily tracking COVID-19 related system changes.

### 3.3 Business Objectives

The overall purpose of the eCIRTS Project is to optimize business processes and align the optimized process with the best value technology solution available to support DOEA's drive for increased efficiency. The key goals and objectives of the eCIRTS Project are identified in the following table.

<b>Table 1. Key Goals and Objectives</b>	
<b>Goals and Objectives</b>	<b>Description</b>
Business Process Reengineering, Requirements Definition, and Market Analysis	<p>DOEA's primary goal for Phase 1 is to re-evaluate the ways DOEA provides services, keeping those processes that work and redesigning those that can provide more efficiency. In addition, evaluating technology options to assist DOEA with implementing the improved processes. The following objectives are identified:</p> <ul style="list-style-type: none"> <li>• Document the "as-is" processes to identify areas for improvement.</li> <li>• Document "to-be" processes that are actionable and more efficient in the provision of services to the elder citizens of the State of Florida.</li> <li>• Define the detailed requirements that support the more efficient "to-be" processes.</li> <li>• Develop a market analysis to identify the best value technology solutions that best aligns with DOEA's more efficient "to-be" processes.</li> </ul>



<b>Table 1. Key Goals and Objectives</b>	
<b>Goals and Objectives</b>	<b>Description</b>
Schedule IV-B, Advance Planning Document, Use Cases, Organizational Change Management, and Workforce Transition	<p>DOEA's primary goal is to secure funding for the eCIRTS Project. The following objectives are:</p> <ul style="list-style-type: none"> <li>• Develop a Schedule IV-B and ancillary documents for submission to the Executive Office of the Governor and the Legislature.</li> <li>• Develop an Advanced Planning Document for submission to the U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS).</li> <li>• Develop Use Cases.</li> <li>• Develop an Organizational Change Management Plan and Workforce Transition Plan.</li> <li>• Select a solution and vendor partner that provides the least risk and the best value for DOEA and the citizens it serves.</li> </ul>
Replace Antiquated Technology Aligned with New Business Processes	<p>DOEA's primary goal is to replace the current 25+ year old legacy technology with a current cloud-based technology that is reliable, supportable, easily expandable, and extensible, increases data integrity, enhances security (both Federal and State requirements), increases mobile capabilities, and aligns with enhanced business processes. The following objectives are:</p> <ul style="list-style-type: none"> <li>• Select a Cloud Solution Partner.</li> <li>• Work with the selected Cloud Solution Partner to deliver the required scope, on schedule and within budget.</li> <li>• Implement Organizational Change Management activities.</li> </ul>
Operations and Maintenance	<p>The primary goal of operations and maintenance is to use the implemented cloud solution to increase the efficiency and effectiveness of DOEA's resources in the provision of services to the elder citizens in the State of Florida. The primary objectives are:</p> <ul style="list-style-type: none"> <li>• Manage operations and maintenance service level agreements to meet or exceed service level expectations.</li> <li>• Minimize operations and maintenance cost.</li> <li>• Measure and report expected benefits to ensure benefit realization.</li> </ul>



### 3.4 Project Benefits

The high-level benefits for DOEA of the eCIRTS Project are listed below.

<b>Table 2. High Level Benefits</b>			
<b>No.</b>	<b>Benefit</b>	<b>How is Benefit Realized?</b>	<b>How Assessed and Measured?</b>
1	Implementation of a centralized client data management system with master data management thereby increasing data integrity, standardization, and security and enhancing overall DOEA staff efficiency.	<ul style="list-style-type: none"> <li>• Enhanced client management, access, and service</li> <li>• Increased data integrity</li> <li>• Reduced data duplication</li> </ul>	Compare against baselined current system data management
2	Enhanced functionality for mobile access to systems and information thereby ensuring accuracy, integrity, and timeliness of services delivered in HCBS settings.	<ul style="list-style-type: none"> <li>• Enhanced mobile workforce functionality and efficiency</li> <li>• Access to application via Wi-Fi, cellular, and offline functionality</li> <li>• Addition of route-based scheduling</li> </ul>	Compare against baselined current system functionality and accessibility
3	Enhanced workflow and workforce management capabilities increasing intra- and inter-departmental collaboration thereby allowing DOEA and AHCA staff to oversee delivery of Medicaid and other services with greater efficiency.	<ul style="list-style-type: none"> <li>• Reduction or elimination of manual processes</li> <li>• Increased staff efficiency</li> <li>• Increased management oversight, staff accountability, and resource planning</li> </ul>	Compare against baselined current processing times
4	Addition of advanced reporting and analytics functionality thereby providing DOEA leadership the tools to plan resource allotments and operational efficiencies and reduce operational costs.	<ul style="list-style-type: none"> <li>• Improved staff productivity and efficiency</li> <li>• Enhanced strategic planning, forecasting, and reporting capabilities</li> </ul>	Compare against baselined current reporting capabilities



<b>Table 2. High Level Benefits</b>			
<b>No.</b>	<b>Benefit</b>	<b>How is Benefit Realized?</b>	<b>How Assessed and Measured?</b>
5	Improved system scalability to accommodate increased resource capacity needs, improved system modularity and extensibility with a business rules engine to expand system functionality.	<ul style="list-style-type: none"> <li>Enhanced ability to quickly address changing resource capacity needs</li> <li>More flexible system configuration capabilities to address the dynamic request for modifications</li> </ul>	Compare against baselined capacity planning and development time

### 3.5 Critical Success Factors

Some of the factors critical to the success of the eCIRTS Project are as follows.

- The project allows DOEA to meet the October 2021 deadline for new reporting and data sets established by the federal Administration for Community Living (ACL) office within CMS.
- The project allows DOEA to comply with the Cloud-First policy established by the Florida Legislature.
- Enhanced intra-departmental and interagency workflow functionality.
- Decreased data entry processing time.
- Elimination of duplicate data entry within disparate systems.
- Consolidated client central record.
- Improved data reporting and analytics.
- Migration toward paperless processes.
- Increased ability for staff efficiencies and accountability.



### 3.6 Key Dates

Below are the key dates related to the eCIRTS Project. The dates for Phase 2 are preliminary and will be adjusted based on the Phase 1 work.

<b>Table 3. Key Dates</b>		
<b>Item</b>	<b>Start Date</b>	<b>End Date</b>
<b>1.0 - Phase 1</b>		
1.1 - Start eCIRTS Project Phase 1	09/01/20	09/01/20
1.2 - Plan	09/01/20	12/02/20
1.3 - Design	10/05/20	03/19/21
1.4 - Development/Technical Tasks	03/22/21	07/22/21
1.5 - Configure	11/09/20	07/09/21
1.6 - Deliver	01/07/21	08/13/21
1.7 - Go Live	07/15/21	09/27/21
1.8 - Phase 1 Complete	09/27/21	09/27/21
<b>2.0 - Phase 2</b>		
2.1 - Start eCIRTS Project Phase 2	07/23/21	07/23/21
2.2 - Plan	07/26/21	08/06/21
2.3 - Design	08/09/21	12/03/21
2.4 - Development/Technical Tasks	12/06/21	03/25/22
2.5 - Configure	11/12/21	08/05/22
2.6 - Deliver	01/31/22	11/25/22
2.7 - Go Live	09/26/22	01/13/23
2.8 - Phase 2 Complete	01/13/23	01/13/23



### 3.7 Major Deliverables

Below are the major deliverables related to the eCIRTS Project.

<b>Table 4. Major Deliverables</b>	
<b>Major Deliverable</b>	<b>Associated Tasks</b>
Project Charter	<ul style="list-style-type: none"> <li>• Verify project scope and goals</li> <li>• Identify and assign project resources</li> </ul>
Project Schedule, Status Reports and Project Status Meetings	<ul style="list-style-type: none"> <li>• Approve project charter and schedule</li> <li>• Conduct project kick-off</li> <li>• Attend training (if applicable)</li> </ul>
Technical Documentation	<ul style="list-style-type: none"> <li>• Perform technical review</li> <li>• Environment set-up</li> </ul>
Go Live Schedule, Status Reports and Project Status Meetings	<ul style="list-style-type: none"> <li>• Complete validation testing</li> <li>• Conduct training</li> <li>• Finalize go live plans</li> <li>• Approval</li> </ul>
Live Solution WellSky Client Support Guide Client Project Survey	<ul style="list-style-type: none"> <li>• Support go live</li> <li>• Transition to WellSky client support</li> <li>• Complete client project survey</li> <li>• Project closure</li> </ul>





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### 3.8 Major Milestones

The milestones for the eCIRTS Project are listed below. Phase 0 has been completed, and the milestone targets for Phases 1 and 2 are estimated.

<b>Table 5. Major Milestones</b>	
<b>Milestone</b>	<b>Completion Date</b>
<b>Phase 0</b>	
<b>Milestone I</b> – Statement of Work created and approved, procurement completed, and Contract approved	December 2016
<b>Milestone II</b> – Project Kick-Off, Project Management Plan finalized, Project Schedule created, and Discovery completed	January 2017
<b>Milestone III</b> – Business process Reengineering and Requirements defined and approved to include the following. <ul style="list-style-type: none"> <li>• Business Process Analysis Process Flows (As-Is and To-Be)</li> <li>• Joint Requirements Definition (Requirements Defined)</li> <li>• Validate System Interfaces</li> </ul>	April 2017
<b>Milestone IV</b> – Solution Analysis documented and finalized including the following. <ul style="list-style-type: none"> <li>• Market Analysis for Best Value Solution</li> <li>• Solution Recommendation</li> <li>• Legislative Budget Request (LBR) Support</li> </ul>	June 2017
<b>Phase 1</b>	
<b>Milestone I</b> – Project Kickoff	September 2020
<b>Milestone II</b> – Phase 1: Approval of Solution Design	December 2020
<b>Milestone III</b> – Phase 1: Completion of System Configuration	June 2021
<b>Milestone IV</b> – Phase 1: Completion of System Validation	July 2021
<b>Milestone V</b> – Phase 1: Go Live	August 2021
<b>Phase 2</b>	
<b>Milestone I</b> – Phase 2: Approval of Solution Design	December 2021
<b>Milestone II</b> – Phase 2: Completion of Configuration	August 2022
<b>Milestone III</b> – Phase 2: Completion of System Validation	September 2022
<b>Milestone IV</b> – Phase 2: Go Live	November 2022





### 3.9 Key Stakeholders

Below are the key stakeholders and impacted business divisions related to the eCIRTS Project.

- DOEA Division of Financial and Support Services
- DOEA Office of Strategic Initiatives
- DOEA Division of Statewide Community-Based Services
- DOEA Communications
- DOEA Legislative Affairs
- AAAs/ADRCs

### 3.10 Project Assumptions and Constraints

Below are the significant project assumptions and constraints related to the eCIRTS Project.

#### 3.10.1 Assumptions

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

- The project is the top initiative for DOEA.
- There is support from the DOEA Executive Project Sponsor, Business Sponsor, and External Stakeholders.
- There is an understanding of and a commitment from all DOEA stakeholders to the project's goals and objectives.
- DOEA's business functional and technical subject matter resources (SMRs) will be made available by Division Directors to ensure DOEA project tasks and milestones are successfully completed in line with the project schedule.
- DOEA's Deliverable Review Team will provide timely reviews as agreed to in the DOEA approved Master Project Schedule for project deliverables.
- There will be collaboration and communication among project teams, DOEA regional offices, and project stakeholders.
- Changes to the scope or assumptions defined in this document could result in a change order and contractual amendment.



### 3.10.2 Constraints

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

- There is limited budget for this project.
- There is a dependency on federal matching funds for this project.
- There is finite staff availability for this project as the project is cross-matrixed.



## 4 Work Breakdown Structure

A detailed Work Breakdown Structure (WBS) has been developed for the eCIRTS Project. The WBS is deliverable-oriented and identifies the organization of the work to be completed in support of the project's deliverables.

This WBS defines, organizes, and graphically displays the total work necessary to successfully complete the project. In addition, the WBS serves as a framework for planning, scheduling, estimating, budgeting, configuring, monitoring, reporting, directing, implementing, and controlling the entire project.

The WBS for Phase 1, Phase 2, and Project Management is shown in the figures on the following pages and is included in Section 13.2, Work Breakdown Structure.

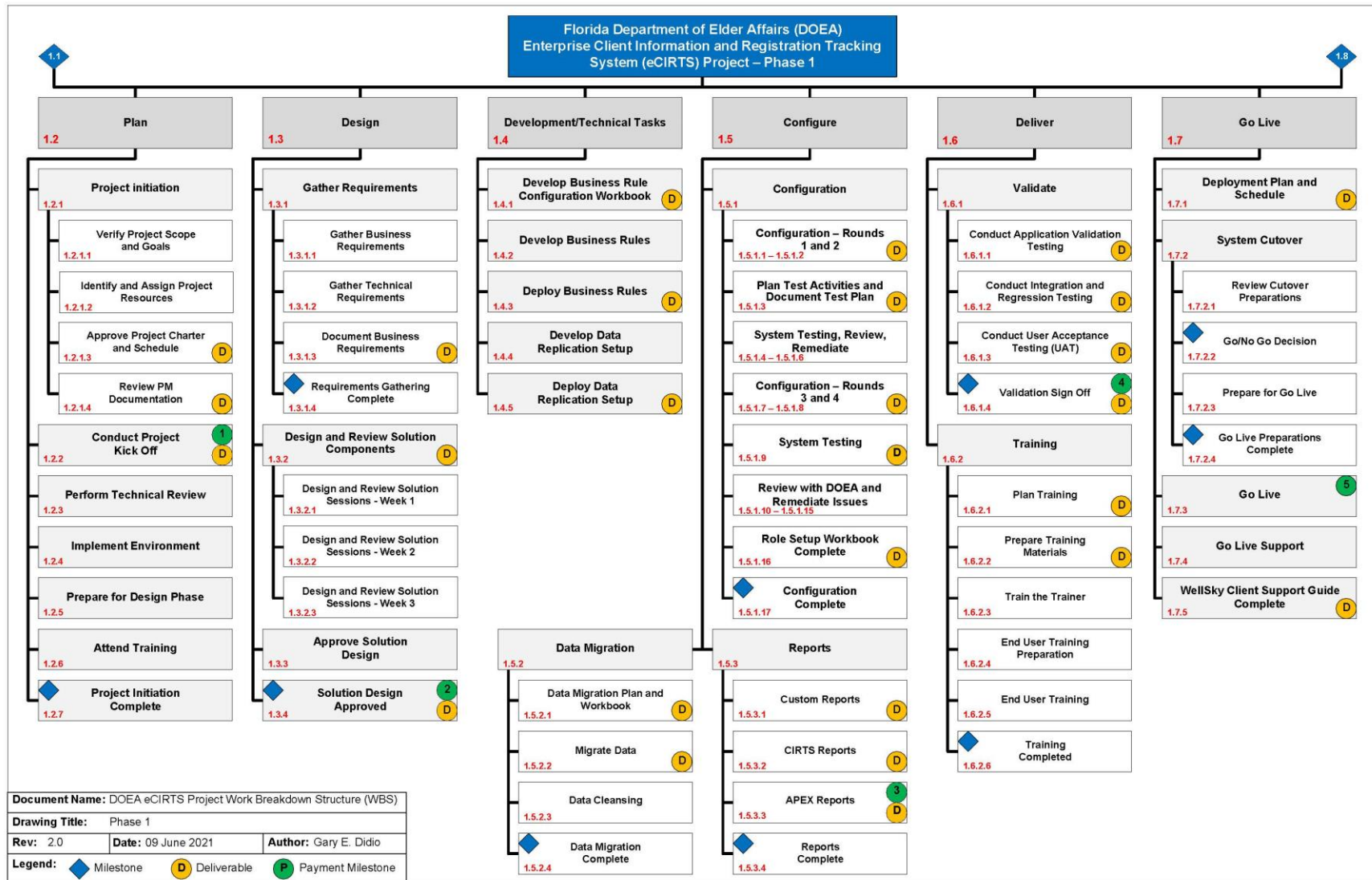


Figure 1. Phase 1 WBS



**Mission Statement:**  
To promote the well-being, safety, and independence of Florida's seniors, their families, and caregivers.  
**Vision:**  
For all Floridians to live well and age well

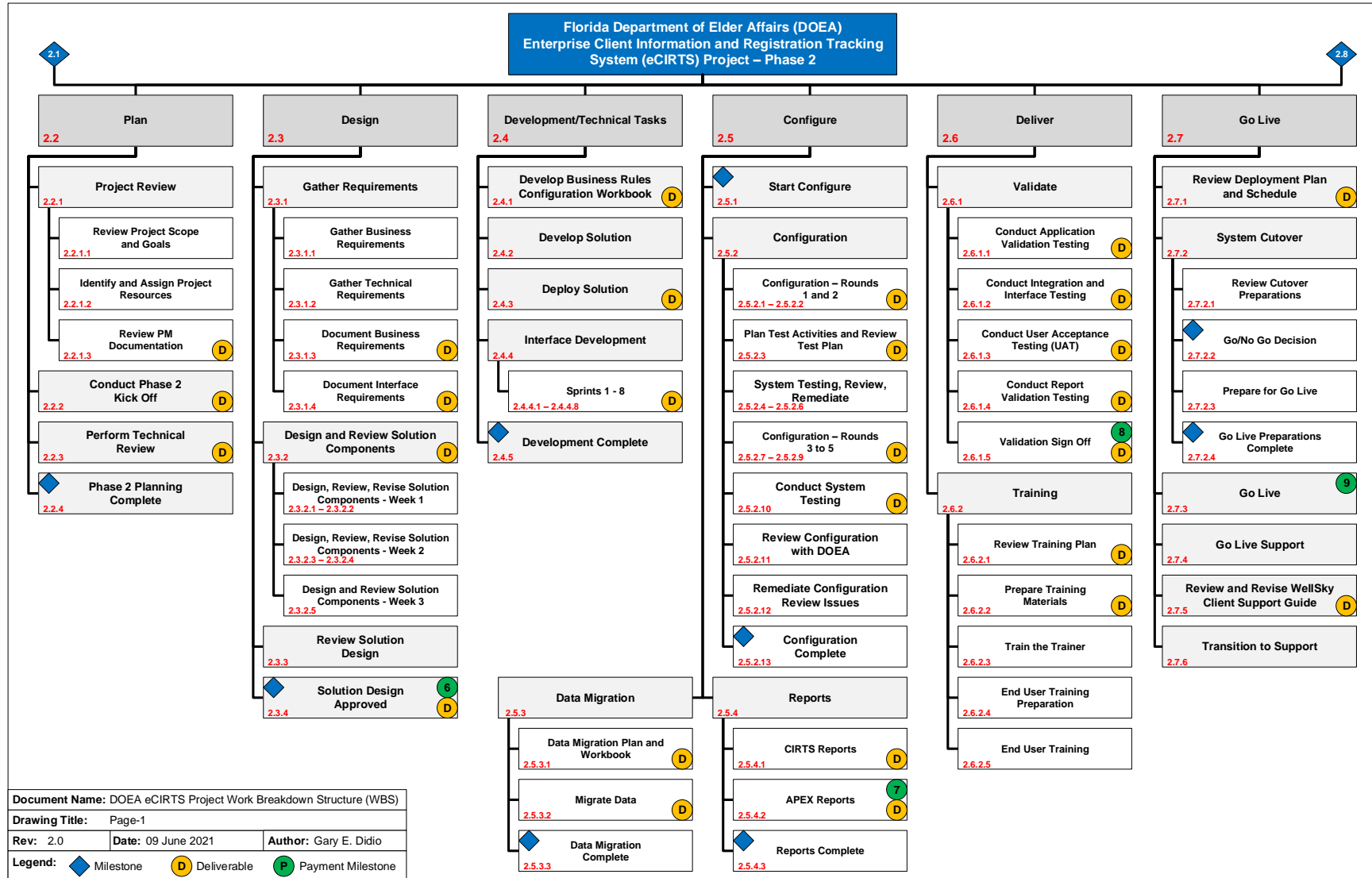


Figure 2. Phase 2 WBS



**Mission Statement:**  
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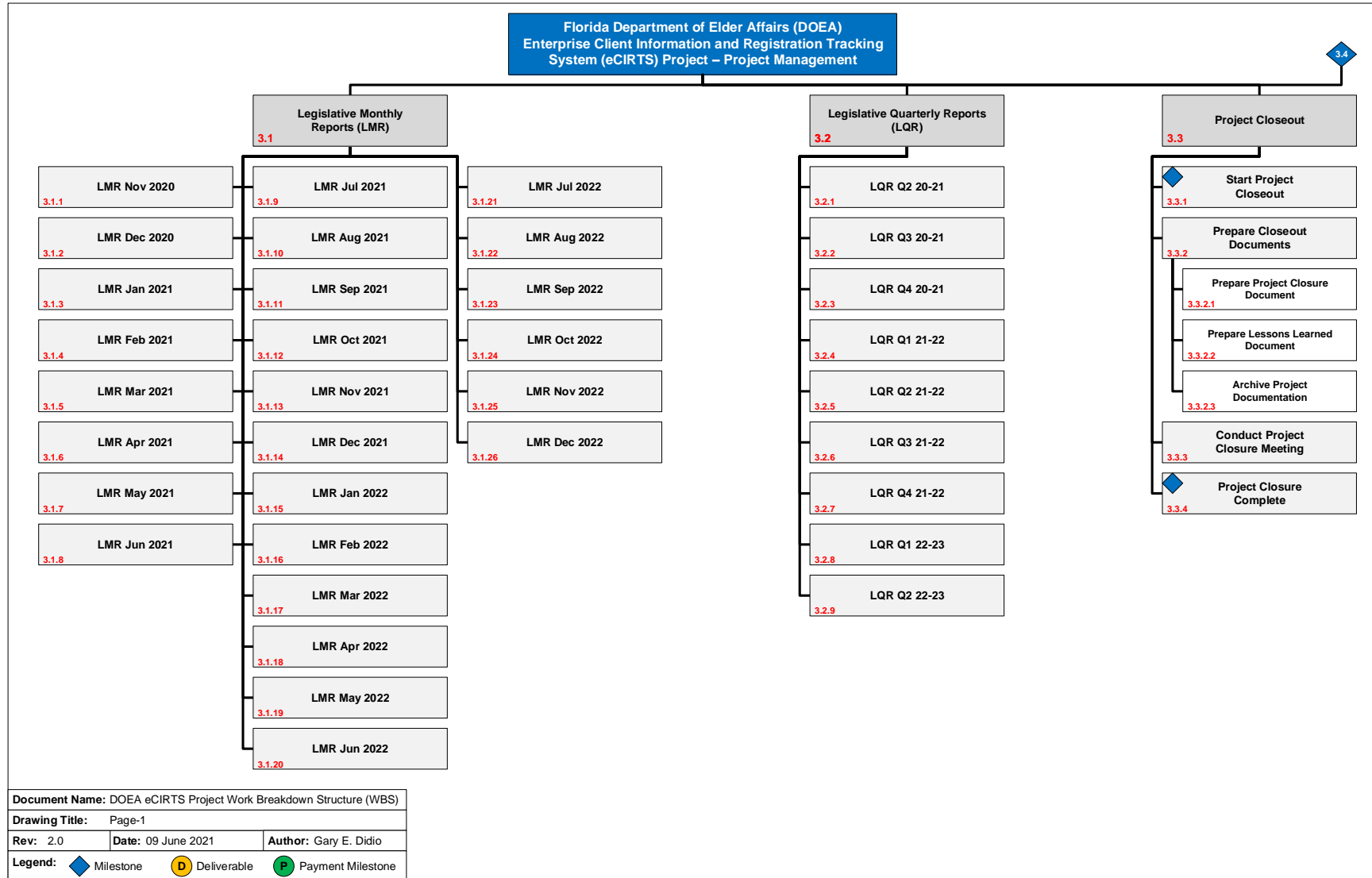


Figure 3. Project Management WBS



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## 5 Project Schedule

Schedule management encompasses the policies, procedures, and documentation for planning, developing, managing, executing, and controlling timely completion of the project. The eCIRTS Project Schedule is available as a separate document and will be managed by the DOEA and WellSky Project Managers. The figure below provides a high-level timeline for the eCIRTS Project. This timeline is derived from the MS Project Schedule which is used to manage the project and report its status.

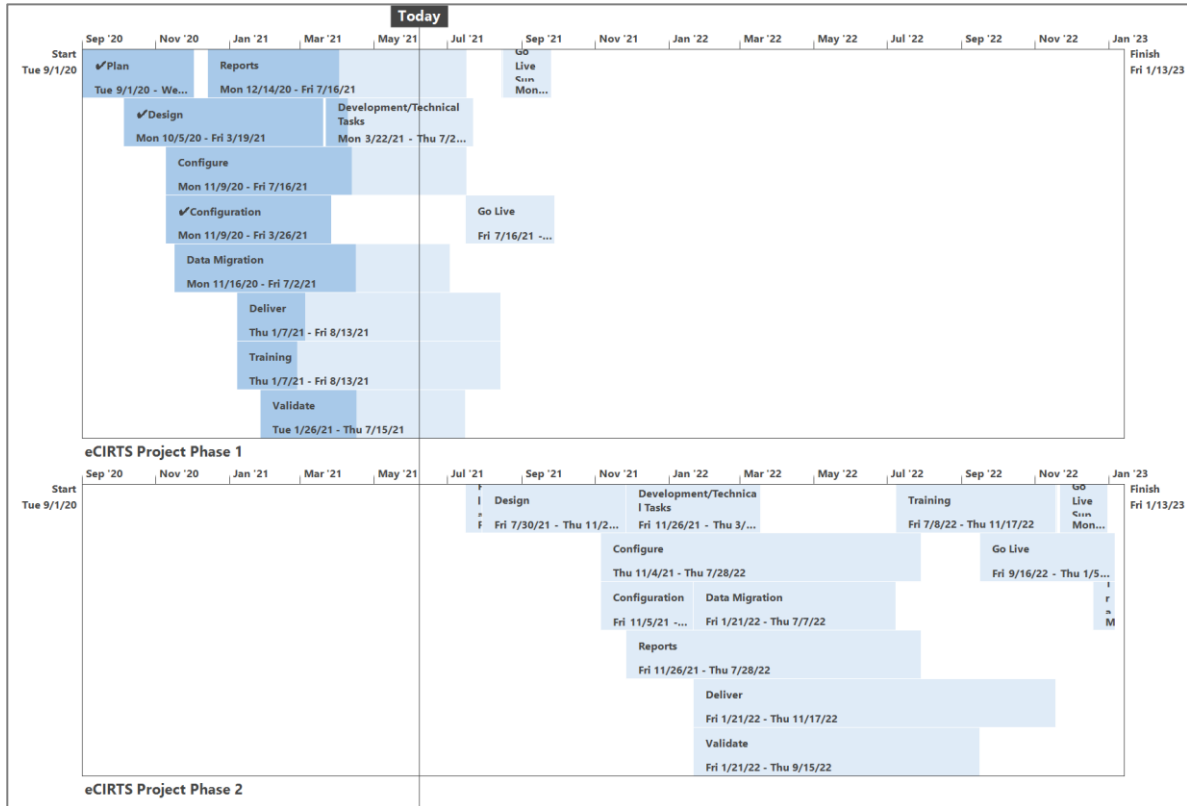


Figure 4. High-Level Project Timeline



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The high-level dates for the eCIRTS Project are listed in the table below. The eCIRTS Project Schedule is included in Section 13.3, Project Schedule. The dates for Phase 2 are preliminary and will be adjusted based on the Phase 1 work.

<b>Table 6. High-Level Schedule</b>			
<b>Item</b>	<b>Start</b>	<b>End</b>	<b>Status</b>
<b>Phase 0</b>			
Initiation	01/2017	01/2017	Complete
Planning	01/2017	02/2017	Complete
Execution/Controlling	01/2017	05/2017	Complete
Closing	06/2017	06/2017	Complete
<b>1.0 - Phase 1</b>			
1.1 - Start eCIRTS Project Phase 1	09/01/20	09/01/20	Complete
1.2 - Plan	09/01/20	12/02/20	Complete
1.3 - Design	10/05/20	03/19/21	Complete
1.3.1 - Gather Requirements	10/05/20	01/07/21	Complete
1.3.2 - Design and Review Solution Components	11/02/20	12/04/20	Complete
1.3.3 - Approve Solution Design	12/07/20	03/19/21	Complete
1.3.4 - Solution Design Approved	03/19/21	03/19/21	Complete
1.4 - Development/Technical Tasks	03/22/21	07/22/21	In progress
1.5 - Configure	11/09/20	07/09/21	In progress
1.5.1 - Configuration	11/09/20	03/26/21	Complete
1.5.2 - Data Migration	11/16/20	06/24/21	In progress
1.5.3 - Reports	12/14/20	07/09/21	In progress
1.6 - Deliver	01/07/21	08/13/21	In progress
1.6.1 - Validate	01/26/21	07/15/21	In progress
1.6.2 - Training	01/07/21	08/13/21	In progress
1.7 - Go Live	07/15/21	09/27/21	
1.7.1 - Deployment Plan	07/15/21	08/03/21	
1.7.2 - System Cutover	08/03/21	08/14/21	
1.7.3 - Go Live	08/14/21	08/15/21	
1.7.4 - Go Live Support	08/15/21	09/24/21	
1.8 - Phase 1 Complete	09/27/21	09/27/21	





<b>Table 6. High-Level Schedule</b>			
<b>Item</b>	<b>Start</b>	<b>End</b>	<b>Status</b>
<b>2.0 – Phase 2</b>			
2.1 – Start eCIRTS Project Phase 2	07/23/21	07/23/21	
2.2 – Plan	07/26/21	08/06/21	
2.3 – Design	08/09/21	12/03/21	
2.3.1 – Gather Requirements	08/09/21	11/19/21	
2.3.2 – Design and Review Solution Components	10/11/21	11/12/21	
2.3.3 – Review Solution Design	11/15/21	12/03/21	
2.3.4 – Solution Design Approved	12/03/21	12/03/21	
2.4 – Development/Technical Tasks	12/06/21	03/25/22	
2.5 – Configure	11/12/21	08/05/22	
2.5.1 – Start Configuration	11/12/21	11/12/21	
2.5.2 – Configuration	11/15/21	01/28/22	
2.5.3 – Data Migration	01/31/22	07/15/22	
2.5.4 – Reports	12/06/21	08/05/22	
2.6 – Deliver	01/31/22	11/25/22	
2.6.1 – Validate	01/31/22	09/23/22	
2.6.2 – Training	07/18/22	11/25/22	
2.7 – Go Live	09/26/22	01/13/23	
2.7.1 – Review Deployment Plan and Schedule	09/26/22	09/30/22	
2.7.2 – System Cutover	10/03/22	11/25/22	
2.7.3 – Go Live	11/28/22	11/28/22	
2.7.4 – Go Live Support	11/29/22	01/09/23	
2.8 – Phase 2 Complete	01/13/23	01/13/23	



## 6 Project Spending Plan

The eCIRTS Project Spending Plan is an Excel workbook developed in cooperation with the Florida Department of Management Services (DMS), Florida Digital Service (FLDS) office which reflects the funding and defines the planned and incurred expenditures for each of the below categories as well as each fiscal year (FY) of the eCIRTS Project (FY 2020-21 to FY 2026-27).

- Project Staffing Costs – includes State Staff, Other Personal Services (OPS) Staff, and Contractors
- Project Deliverables and Other Expenses – includes Project Deliverables, Major Project Tasks, Hardware, Software, Miscellaneous Expense/Travel/Other, and Other Costs
- Independent Verification and Validation (IV&V) – includes IV&V Deliverables, Recurring IV&V Costs, and Other IV&V Costs

The figures on the following pages summarize the planned expenditures by category for each fiscal year of the eCIRTS Project. Total planned costs for each of the above categories are shown in the below table.

<b>Category</b>	<b>Amount</b>	<b>Note</b>
Project Staffing Costs	\$828,520.00	Project Management and Training
Project Deliverables and Other Expenses	\$17,750,337.28	WellSky Contract
IV&V	\$0.00	
<b>Total</b>	<b>\$18,578,857.28</b>	



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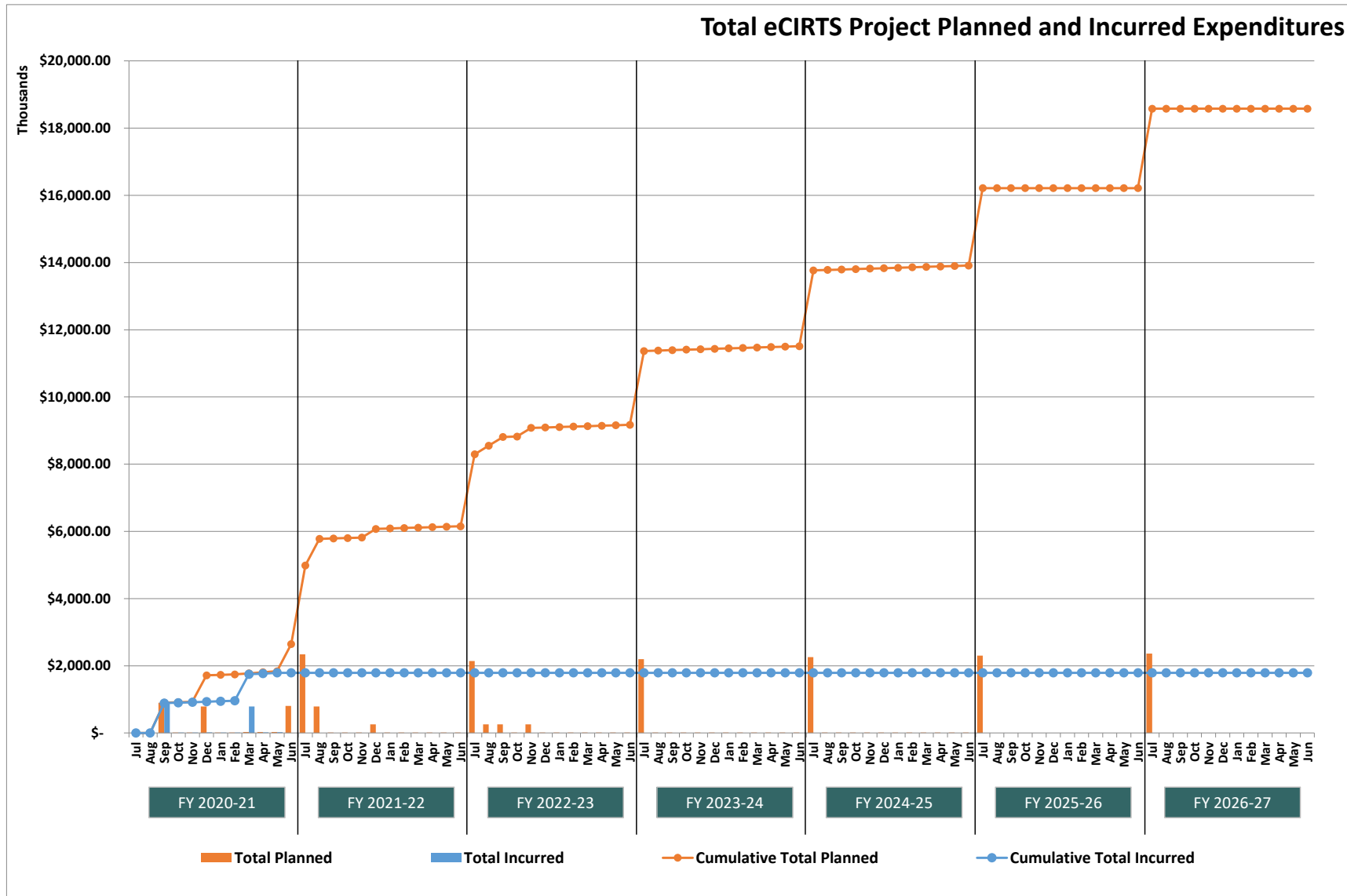


Figure 5. Total eCIRTS Project Planned and Incurred Expenses



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Project Spending Plan Summary								
Item	SFY 2020-21	SFY 2021-22	SFY 2022-23	SFY 2023-24	SFY 2024-25	SFY 2025-26	SFY 2026-27	Total
<b>Project Staffing Costs</b>								
State Staff	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OPS Staff	\$ 74,520.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 74,520.00
Contractors	\$ 130,000.00	\$ 156,000.00	\$ 156,000.00	\$ 156,000.00	\$ 156,000.00	\$ -	\$ -	\$ 754,000.00
<b>Total</b>	<b>\$ 204,520.00</b>	<b>\$ 156,000.00</b>	<b>\$ 156,000.00</b>	<b>\$ 156,000.00</b>	<b>\$ 156,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 828,520.00</b>
<b>Cumulative</b>	<b>\$ 204,520.00</b>	<b>\$ 360,520.00</b>	<b>\$ 516,520.00</b>	<b>\$ 672,520.00</b>	<b>\$ 828,520.00</b>	<b>\$ 828,520.00</b>	<b>\$ 828,520.00</b>	<b>\$ 828,520.00</b>
<b>Project Deliverables and Other Expenses</b>								
Project Deliverables	\$ 1,552,424.14	\$ 1,797,343.41	\$ 734,757.88	\$ -	\$ -	\$ -	\$ -	\$ 4,084,525.43
Major Project Tasks	\$ 776,212.07	\$ 103,125.00	\$ 240,625.00	\$ 240,625.00	\$ 240,625.00	\$ 240,625.00	\$ 240,625.00	\$ 2,082,462.07
Hardware	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ 112,832.67	\$ 1,449,480.80	\$ 1,887,508.00	\$ 1,944,133.24	\$ 2,002,457.24	\$ 2,062,530.95	\$ 2,124,406.88	\$ 11,583,349.78
Misc Expense Travel, other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 2,441,468.88</b>	<b>\$ 3,349,949.21</b>	<b>\$ 2,862,890.88</b>	<b>\$ 2,184,758.24</b>	<b>\$ 2,243,082.24</b>	<b>\$ 2,303,155.95</b>	<b>\$ 2,365,031.88</b>	<b>\$ 17,750,337.28</b>
<b>Cumulative</b>	<b>\$ 2,441,468.88</b>	<b>\$ 5,791,418.09</b>	<b>\$ 8,654,308.97</b>	<b>\$ 10,839,067.21</b>	<b>\$ 13,082,149.45</b>	<b>\$ 15,385,305.40</b>	<b>\$ 17,750,337.28</b>	<b>\$ 17,750,337.28</b>
<b>IV&amp;V Costs</b>								
IV&V Deliverables	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Recurring IV&V Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other IV&V Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Cumulative</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>FY Totals</b>								
<b>Grand Total</b>	<b>\$ 2,645,988.88</b>	<b>\$ 3,505,949.21</b>	<b>\$ 3,018,890.88</b>	<b>\$ 2,340,758.24</b>	<b>\$ 2,399,082.24</b>	<b>\$ 2,303,155.95</b>	<b>\$ 2,365,031.88</b>	<b>\$ 18,578,857.28</b>
<b>Cumulative</b>	<b>\$ 2,645,988.88</b>	<b>\$ 6,151,938.09</b>	<b>\$ 9,170,828.97</b>	<b>\$ 11,511,587.21</b>	<b>\$ 13,910,669.45</b>	<b>\$ 16,213,825.40</b>	<b>\$ 18,578,857.28</b>	<b>\$ 18,578,857.28</b>

Figure 6. Project Spending Plan Summary



## 6.1 WellSky Budget

The below figure provides a summary of the planned expenses associated with the WellSky contract. The total value of this contract including all DDI and M&O costs is \$17,750,337.28 for the entire eCIRTS Project including the base and renewal periods.

Item	Base Contract					Total
	Year 1 9/1/20 - 6/30/21	Year 2 7/1/21 - 6/30/22	Year 3 7/1/22 - 6/30/23	Year 4 7/1/23 - 6/30/24	Year 5 7/1/24 - 6/30/25	
<b>Implementation</b>						
Phase 1 Implementation	\$ 2,328,636.21	\$ 1,552,424.12	\$ -	\$ -	\$ -	\$ 3,881,060.33
Phase 2 Implementation	\$ -	\$ 244,919.29	\$ 734,757.88	\$ -	\$ -	\$ 979,677.17
Subtotal	\$ 2,328,636.21	\$ 1,797,343.41	\$ 734,757.88	\$ -	\$ -	\$ 4,860,737.50
<b>Licensing and Support Fees</b>						
Annual Cloud Services	\$ 112,832.67	\$ 1,449,480.80	\$ 1,887,508.00	\$ 1,944,133.24	\$ 2,002,457.24	\$ 7,396,411.95
Annual Managed Support Services	\$ -	\$ 103,125.00	\$ 137,500.00	\$ 137,500.00	\$ 137,500.00	\$ 515,625.00
Annual Interface Assurance	\$ -	\$ -	\$ 103,125.00	\$ 103,125.00	\$ 103,125.00	\$ 309,375.00
Subtotal	\$ 112,832.67	\$ 1,552,605.80	\$ 2,128,133.00	\$ 2,184,758.24	\$ 2,243,082.24	\$ 8,221,411.95
<b>Total</b>	\$ 2,441,468.88	\$ 3,349,949.21	\$ 2,862,890.88	\$ 2,184,758.24	\$ 2,243,082.24	\$ 13,082,149.45

Item	Renewal Contract			Grand Total
	Year 1 7/1/25 - 6/30/26	Year 2 7/1/26 - 6/30/27	Total	
<b>Implementation</b>				
Phase 1 Implementation	\$ -	\$ -	\$ -	\$ 3,881,060.33
Phase 2 Implementation	\$ -	\$ -	\$ -	\$ 979,677.17
Subtotal	\$ -	\$ -	\$ -	\$ 4,860,737.50
<b>Licensing and Support Fees</b>				
Annual Cloud Services	\$ 2,062,530.95	\$ 2,124,406.88	\$ 4,186,937.83	\$ 11,583,349.78
Annual Managed Support Services	\$ 137,500.00	\$ 137,500.00	\$ 275,000.00	\$ 790,625.00
Annual Interface Assurance	\$ 103,125.00	\$ 103,125.00	\$ 206,250.00	\$ 515,625.00
Subtotal	\$ 2,303,155.95	\$ 2,365,031.88	\$ 4,668,187.83	\$ 12,889,599.78
<b>Total</b>	\$ 2,303,155.95	\$ 2,365,031.88	\$ 4,668,187.83	\$ 17,750,337.28

Figure 7. WellSky Contract Expenses

The WellSky expenses are delineated in the FL eCIRTS WellSky Payment Milestones workbook contained in Section 13.5, WellSky Payment Milestones.



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### 6.2 State FY Funding

The below figures show the planned and incurred expenditures for SFY 2020 – 21 and SFY2021 – 22 as identified in Section 6, Project Spending Plan.

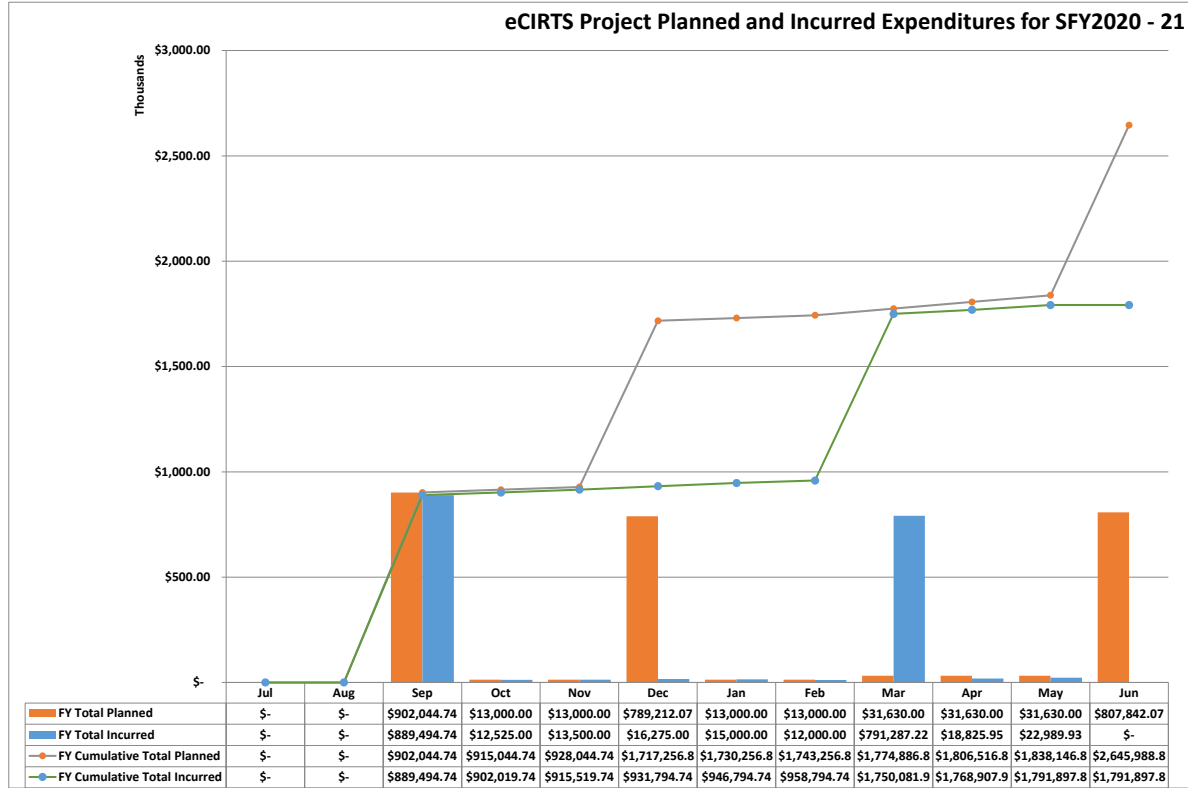


Figure 8. Finances for FY 2020 – 21



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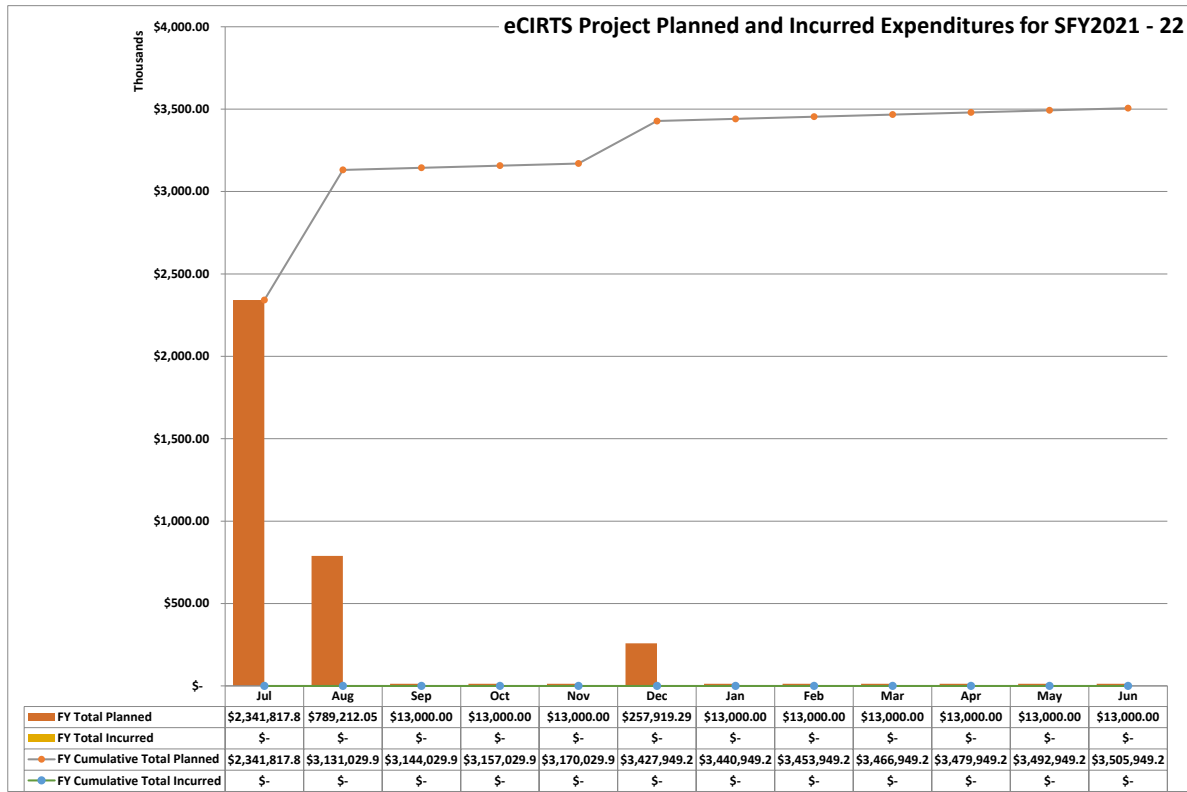


Figure 9. Finances for FY 2021 – 22

### 6.3 Funding Sources

DOEA intends to use a combination of state and federal funding for the eCIRTS Project based on an approved cost allocation methodology.

Item	Source	Percentage
Design, Development, and Implementation (DDI) Services	State of Florida	10%
	Federal Funding Sources (CMS & OAA)	90%
Maintenance and Operations (M&O) Services	State of Florida	25%
	Federal Funding Sources (CMS & OAA)	75%



## 6.4 Previous Funding

During FY 2016 to 2020, the eCIRTS Project had funding for the development of a previous procurement and associated materials including business process documentation and required CMS materials for funding approval. The table below summarizes the previous eCIRTS funding. Refer to Section 13.6, Previous Funding for a complete accounting of previous funding.

Fiscal Year	Appropriation	Expenditures	Remaining	
			Fiscal Year	Cumulative
2016-2017	\$250,000.00	(\$151,884.00)	\$98,116.00	\$98,116.00
2017-2018	\$0.00	(\$414,525.75)	(\$414,525.75)	(\$316,409.75)
2018-2019	\$1,294,373.00	(\$444,893.62)	\$849,479.38	\$533,069.63
2019-2020	\$3,094,538.00	(\$104,810.50)	\$2,989,727.50	\$3,522,797.13
<b>Total</b>	<b>\$4,638,911.00</b>	<b>(\$1,116,113.87)</b>	<b>\$3,522,797.13</b>	<b>\$3,522,797.13</b>





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## 6.5 Federal Funding

In accordance with CMS requirements and as outlined in Section 6.3, Funding Sources, funding has been requested from and approved by CMS at the designated FFP rates. The following table lists the Advanced Planning Documents submitted to CMS, as well as the approvals received and the associated amounts.

<b>Table 10. Spending Plan Total Budget</b>					
<b>APD</b>	<b>Total Request</b>	<b>FFP Amount</b>	<b>State Amount</b>	<b>Federal FY</b>	<b>CMS Reference / Summary</b>
IAPD dated January 5, 2018	\$12,206,645.00	\$10,306,453.00	\$1,900,192.00	2018 - 23	<b>FL-18-002:</b> Approved for development and operation of the eCIRTS solution
IAPD-U dated June 4, 2019	\$9,307,822.00	\$8,240,452.00	\$1,067,370.00	2018 - 21	<b>FL-2019-04-29-MMIS-IAPDU-DOEA:</b> Includes changes to the project scope, schedule, budget, and expenditures
IAPDU dated March 21, 2021	\$4,615,739.00	\$3,778,305.00	\$837,434.00	2021 - 23	<b>FL-2021-03-21-DOEA-eCIRTS-Project-IAPDU v3.2 Final:</b> Approved for implementation of eCIRTS solution
IAPDU dated March 21, 2021	\$17,750,337.00	\$8,664,472.00	\$9,085,865.00	Contract Term: 09/10/20 to 06/30/27	<b>FL-2020-11-24-MMIS-CNT-eCIRTS Project Apprvl Ltr 03-31-21:</b> Approved use of WellSky for eCIRTS solution
Reconsideration Request dated April 22, 2021	\$1,665,256.81	\$1,498,731.13	\$166,525.68	09/10/20 to 02/01/21	<b>FL-2021-04-22-MMIS-CNT-eCIRTS Reconsideration Apprvl Ltr 05-18-21:</b> Approval of reconsideration request for WellSky contract during period 09/10/20 through 02/01/21

## 7 Project Organization and Governance

This section identifies the project's organization structure, roles, and responsibilities, as well as the governance structure and decision framework for controlling and making decisions for the eCIRTS Project.

### 7.1 Project Structure

The figure below shows the organization structure for the eCIRTS Project. It was developed to provide an effective level of structure and discipline for DOEA to achieve the quality and success of the project. The main objectives of this structure are to establish efficient and effective team collaboration throughout the eCIRTS Project and to enable effective communication between all team members and stakeholders, so they are kept informed of the project's status.

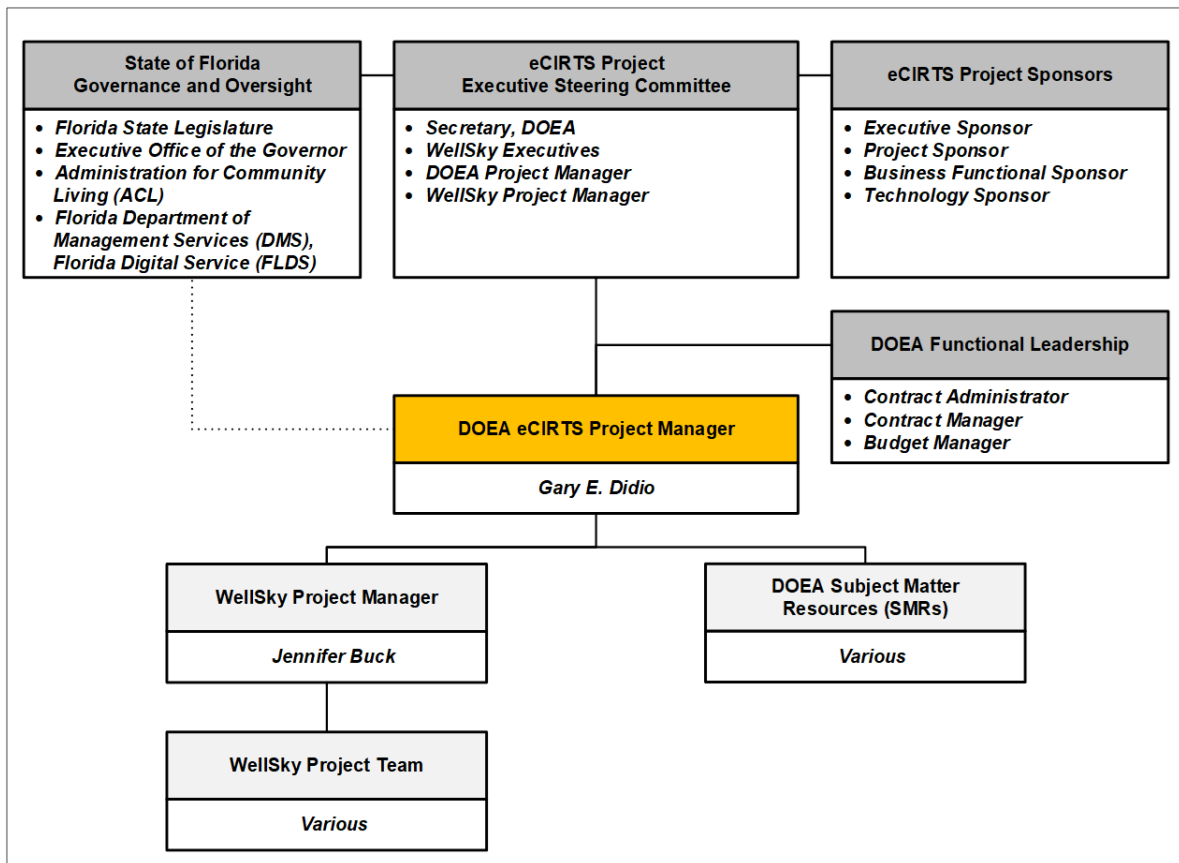


Figure 10. Project Organization

The project will be governed by the Executive Steering Committee (ESC) who sets policies, regulations, functions, processes, procedures, and responsibilities which define the establishment, management, and control of the eCIRTS Project. This team will be a point of escalation for decisions related to the project.

## 7.2 Project Roles and Responsibilities

The following table identifies the responsibilities for each of the elements identified in the project organization.

<b>Table 11. Project Roles and Responsibilities</b>	
<b>Role</b>	<b>Responsibility</b>
Executive Steering Committee (ESC)	<ul style="list-style-type: none"> <li>• Provide overall guidance and direction for the eCIRTS Project.</li> <li>• Conduct any required coordination, communication, and document distribution with any entities external to the Department, including the Florida Legislature, DMS, House and Senate staff, other State agencies, the Executive Office of the Governor, and other entities as required.</li> <li>• Review and accept project deliverables.</li> <li>• Make decisions regarding identified risks and issues.</li> </ul>
Project Sponsors	<ul style="list-style-type: none"> <li>• Provide guidance and overall direction for the eCIRTS Project.</li> <li>• Act as a liaison to other groups.</li> <li>• Monitor ongoing eCIRTS activities and progress to verify that all activities are being performed in accordance with the eCIRTS Project.</li> <li>• Review and provide comments on draft deliverables.</li> </ul>
DOEA Functional Leadership	<ul style="list-style-type: none"> <li>• Monitor ongoing eCIRTS activities and progress to verify that all activities are being performed in accordance with the eCIRTS contracts.</li> <li>• Provide guidance, direction, and support for all eCIRTS contractual and financial management activities.</li> </ul>
DOEA eCIRTS Project Manager	<ul style="list-style-type: none"> <li>• Overall eCIRTS Project administration and management and is responsible for contract compliance, including project activities, deliverables, and performance.</li> <li>• Monitor, present and support overall project status.</li> <li>• Provide guidance to the eCIRTS Project team.</li> <li>• Completion of all eCIRTS activities and preparing all reports.</li> </ul>
WellSky Project Manager	<ul style="list-style-type: none"> <li>• Overall WellSky eCIRTS Project administration and management and is responsible for contract compliance, including project activities, deliverables, and performance.</li> <li>• Monitor, present and support overall WellSky eCIRTS Project status.</li> <li>• Provide guidance to the WellSky eCIRTS Project team.</li> <li>• Completion of all WellSky eCIRTS activities and preparing all reports.</li> </ul>

<b>Table 11. Project Roles and Responsibilities</b>	
<b>Role</b>	<b>Responsibility</b>
WellSky Project Team	<ul style="list-style-type: none"> <li>• Support all WellSky eCIRTS Project activities.</li> <li>• Adhere to all project processes and procedures.</li> </ul>
DOEA SMRs	<ul style="list-style-type: none"> <li>• Participate in all requested solution mapping, data migration, and other sessions to facilitate the design and implementation of the eCIRTS.</li> <li>• Support all testing efforts.</li> <li>• Provide guidance and support as necessary.</li> </ul>

### 7.3 Project Governance

To provide for the quality and success of the eCIRTS Project, a well-defined Governance Structure has been developed that will establish the necessary linkage, oversight, and control of the eCIRTS Project. This Governance Structure will provide the means to identify, assess, and respond to internal and external events and enable effective project oversight and decision making. The Governance Structure is key to the effective functioning of the eCIRTS Project and is the basic framework used for all processes and procedures used throughout the project. The Governance Structure is comprised of the following levels.

- ESC
- eCIRTS Contract and Budget Management
- eCIRTS Project Management
- eCIRTS Project Team

Figure 11. Project Governance Structure, shows the eCIRTS Project Governance Structure and identifies the members, drivers, accountability, decision rights, and performance for each level. Figure 12. Project Decision Framework, shows the decision framework to be used by each of the governance groups for high, medium, and low priority decisions regarding the schedule, scope, budget, risks and issues, and resources.



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Group	Members	Drivers	Accountability	Decision Rights	Performance
<b>Executive Steering Committee</b>	<ul style="list-style-type: none"> <li>Secretary, DOEA</li> <li>WellSky Executives</li> <li>DOEA Project Manager</li> <li>WellSky Project Manager</li> </ul>	<ul style="list-style-type: none"> <li>Contract compliance</li> <li>Benefits realization</li> <li>Regulatory compliance</li> </ul>	<ul style="list-style-type: none"> <li>Overall project performance</li> <li>External entity coordination</li> <li>DOEA and WellSky personnel coordination</li> <li>Deliverable review</li> <li>Risk and issue management</li> </ul>	<ul style="list-style-type: none"> <li>Risk mitigation and issue resolution</li> <li>Deliverable acceptance</li> <li>Key personnel assignment</li> <li>Project change requests</li> </ul>	<ul style="list-style-type: none"> <li>Overall project performance</li> </ul>
<b>eCIRTS Contract and Budget Management</b>	<ul style="list-style-type: none"> <li>Contract Administrator</li> <li>Contract Manager</li> <li>Budget Manager</li> </ul>	<ul style="list-style-type: none"> <li>Contract compliance</li> <li>Regulatory compliance</li> </ul>	<ul style="list-style-type: none"> <li>Overall project administration</li> <li>Deliverable review</li> <li>Budget and staffing</li> <li>Status reviews</li> </ul>	<ul style="list-style-type: none"> <li>Project objectives, budget and schedule</li> <li>Invoice and deliverable acceptance</li> <li>Project change requests</li> </ul>	<ul style="list-style-type: none"> <li>Contract performance</li> <li>Budget performance</li> </ul>
<b>eCIRTS Project Management</b>	<ul style="list-style-type: none"> <li>DOEA Project Manager</li> <li>WellSky Project Manager</li> </ul>	<ul style="list-style-type: none"> <li>Contract compliance</li> <li>Benefits realization</li> <li>Regulatory compliance</li> <li>Project objectives and business requirements</li> <li>Project budget and schedule</li> <li>Deliverable quality</li> </ul>	<ul style="list-style-type: none"> <li>Project administration and management</li> <li>Project performance</li> <li>Resource management</li> <li>Deliverable quality</li> </ul>	<ul style="list-style-type: none"> <li>Project objectives, budget and schedule</li> <li>Project status</li> <li>Invoice and deliverable submission</li> <li>Personnel assignments</li> <li>Project change requests</li> <li>Issue resolution and escalation</li> <li>Deliverable submission</li> </ul>	<ul style="list-style-type: none"> <li>Overall project performance</li> <li>Deliverable submission</li> <li>Cost performance</li> <li>Schedule performance</li> <li>Quality of deliverables</li> </ul>
<b>eCIRTS Project Team</b>	<ul style="list-style-type: none"> <li>WellSky Project Team</li> <li>DOEA SMRs</li> </ul>	<ul style="list-style-type: none"> <li>Project objectives and business requirements</li> <li>Regulatory compliance</li> <li>Applicable professional standards</li> </ul>	<ul style="list-style-type: none"> <li>Deliverable quality</li> <li>Adherence to project processes and procedures</li> <li>Activity and deliverable completion</li> <li>Deliverable quality</li> <li>Issue and risk identification</li> </ul>	<ul style="list-style-type: none"> <li>Realistic cost and schedule estimates</li> <li>Status assessments</li> <li>Issue resolution and escalation</li> </ul>	<ul style="list-style-type: none"> <li>Deliverable submission</li> <li>Cost performance</li> <li>Schedule performance</li> <li>Quality of deliverables</li> </ul>

Figure 11. Project Governance Structure



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Group	Schedule	Scope	Budget	Risks and Issues	Resources
<b>High Priority Items</b>					
<b>Executive Steering Committee</b>	<ul style="list-style-type: none"> <li>Missed phase gate</li> <li>Schedule variances that will impact schedule baseline</li> <li>Significant schedule slippage that may include missing key deliverables or milestones</li> <li>Schedule variances that will cause a delay in the critical path</li> <li>SPI trending less than 0.90</li> </ul>	<ul style="list-style-type: none"> <li>Changes in scope that impact the overall project</li> <li>Legislative or policy directives</li> <li>Unstable project scope</li> <li>Deferral of functionality that impacts business objectives</li> <li>Go/No Go decision</li> </ul>	<ul style="list-style-type: none"> <li>Spending variances for an established period (+/- 10%)</li> <li>Changes to overall project budget including allocation, distribution, etc.</li> <li>CPI trending less than 0.95 across three or more months</li> </ul>	<ul style="list-style-type: none"> <li>Escalating or new risks that will most likely impact project success</li> <li>Escalating or new issues that are impacting project success</li> </ul>	<ul style="list-style-type: none"> <li>Enterprise-level staffing and resource management</li> </ul>
<b>Medium Priority items</b>					
<b>eCIRTS Project Management</b>	<ul style="list-style-type: none"> <li>Schedule slippages of 5 to 10 business days that can be managed within the working team, unless on the critical path</li> <li>Schedule variances that will not impact schedule baseline</li> <li>Schedule variances that will not impact the critical path</li> </ul>	<ul style="list-style-type: none"> <li>Minor changes to project scope that can be managed within the project</li> </ul>	<ul style="list-style-type: none"> <li>Spending variances for an established period (+/- 5%)</li> <li>Impacts that can be managed with the project budget</li> </ul>	<ul style="list-style-type: none"> <li>New risks and issues that do not pose a significant threat to project success and can be managed within the project</li> </ul>	<ul style="list-style-type: none"> <li>Inter-project resource management</li> </ul>
<b>Low Priority Items</b>					
<b>eCIRTS Project Team</b>	<ul style="list-style-type: none"> <li>Schedule slippages of less than 5 business days that can be managed within the workstream, unless on the critical path</li> <li>Schedule variances that will not impact schedule baseline</li> <li>Schedule variances that will not impact the critical path</li> </ul>	<ul style="list-style-type: none"> <li>Minor changes to workstream scope that can be managed within the workstream</li> </ul>	<ul style="list-style-type: none"> <li>Impacts that can be managed with the workstream</li> </ul>	<ul style="list-style-type: none"> <li>New risks and issues that do not pose a significant threat to workstream success and can be managed within the workstream</li> </ul>	<ul style="list-style-type: none"> <li>Inter-project resource management</li> </ul>

Figure 12. Project Decision Framework



## 8 Implementation Methodology

Through its previous work implementing healthcare solutions for other states, WellSky Corporation has developed its implementation methodology which will be used for the eCIRTS Project. The overall methodology is shown in the below figure.



Figure 13. WellSky Implementation Methodology

### 8.1 Plan

During Plan, WellSky's Professional Services team works with the customer to confirm project scope, define the project schedule, and identify project resources. This phase requires Project Management, Information Technology, and Business Owner resources. Customer approval of the project scope and schedule is critical in this phase and is required to move to the Design phase to ensure all parties agree on the path forward.

Tasks	Deliverables
<input type="checkbox"/> Verify project scope and goals	<input type="checkbox"/> Project charter
<input type="checkbox"/> Identify and assign project resources	<input type="checkbox"/> Project schedule
<input type="checkbox"/> Approve project charter and schedule	<input type="checkbox"/> Status reports and project status meetings
<input type="checkbox"/> Perform technical review	<input type="checkbox"/> Technical documentation
<input type="checkbox"/> Conduct project kick-off	
<input type="checkbox"/> Environment set-up	
<input type="checkbox"/> Attend training (if applicable)	

Figure 14. Plan Tasks and Deliverables

### 8.2 Design

During Design, WellSky implementation consultants coordinate and lead design discussions based on best practices while maintaining awareness of project scope. All solution requirements are documented through an iterative design and configuration process. If applicable, client resources are actively engaged in design discussions, screen mockup reviews, and the generation of requested deliverables prior to the final design requirements approval. Design approval allows the project team to predict and create validation artifacts, as well as give key stakeholders a vision of the to-be solution.

Tasks	Deliverables
<ul style="list-style-type: none"> <li><input type="checkbox"/> Define and document business and technical requirements</li> <li><input type="checkbox"/> Design and review solution components</li> <li><input type="checkbox"/> Approve solution design</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Client-provided artifacts</li> <li><input type="checkbox"/> Design documents</li> <li><input type="checkbox"/> Status reports and project status meetings</li> </ul>

*Figure 15. Design Tasks and Deliverables*

### 8.3 Configure

During Configure, the solution components are built and tested based on the design document details. The process may repeat during this phase as the initial configuration is finalized. During the configuration process, WellSky performs system testing activities on the configured solution to ensure each setting functions as defined according to what is in the design documents. WellSky will perform a final round of system testing on the final configured solution to ensure all design components are addressed and functioning as defined prior to exiting the Configure phase. The Department will assign a System Administrator prior to the start of the Configure phase to allow for the knowledge transfer to begin.

Tasks	Deliverables
<ul style="list-style-type: none"> <li><input type="checkbox"/> Review Design</li> <li><input type="checkbox"/> Configure solution components</li> <li><input type="checkbox"/> System testing</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Status reports and project status meetings</li> <li><input type="checkbox"/> Configured solution ready for validation</li> </ul>

*Figure 16. Configure Tasks and Deliverables*

### 8.4 Deliver

During Deliver, the system's validation and training are completed. The team validates the solution and provides approval for training. Training will consist of train-the-trainer as well as end-user training if applicable.

Tasks	Deliverables
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete validation testing</li> <li><input type="checkbox"/> Conduct training</li> <li><input type="checkbox"/> Finalize go-live plans</li> <li><input type="checkbox"/> Approval</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Go-Live Schedule</li> <li><input type="checkbox"/> Status reports and project status meetings</li> </ul>

*Figure 17. Deliver Tasks and Deliverables*



## 8.5 Go Live

Go Live follows delivery of the finalized solution to production. The Client System Administrator plays a key role in initial support with WellSky resources providing the support and tools to allow for successful ongoing support of the solution. WellSky's clients are encouraged to designate their system administrator as the first line of support during this phase, but the Professional Services team remains available as needed. Once all go live tasks are completed, a formal transition to WellSky Client Support occurs. A hand-off call introduces the WellSky Support Team to the Client Project Team and establishes processes for contacting, managing, and tracking any ongoing support items.

Tasks	Deliverables
<input type="checkbox"/> Support go-live	<input type="checkbox"/> Live solution
<input type="checkbox"/> Transition to WellSky Client Support	<input type="checkbox"/> WellSky Client Support Guide
<input type="checkbox"/> Complete client project survey	<input type="checkbox"/> Client project survey
<input type="checkbox"/> Project closure	

*Figure 18. Go Live Tasks and Deliverables*



## 9 Organizational Change Management

Organizational change of a strategic nature requires a clear vision, relentless focus, vocal sponsorship, and the collective effort of many individuals to ensure success. The eCIRTS Project will involve multiple DOEA offices, AAAs, hundreds of providers, and numerous other stakeholders whose daily lives will be impacted by the project.

The eCIRTS Project Team understands how to manage change to achieve the desired business transformation. A major systems replacement project crosses funding sources, functional areas, organizational units, and even external organizations in the provider network.

The status quo may be antiquated, inadequate, and even frustrating at times, but to the user base, the existing system is a known variable in their busy operational lives. It will be challenging to help stakeholders feel engaged and excited about the changes unless they clearly understand the change and ultimately see themselves as beneficiaries.

The eCIRTS Project Team understands the importance of business integration when replacing a legacy system. They achieve and maintain alignment, agreement, and timely action on project matters through direct engagement with stakeholders and the organization's leaders, sponsors, and key influencers. Communication is a significant part of the project team's ongoing responsibility. Communication is critical, because to accept change, stakeholders first and foremost need information. Providing adequate detail regarding the proposed change leads to understanding, which can dramatically improve the level of user cooperation.

The DOEA eCIRTS Project Manager will work with DOEA and project staff to address organizational change management issues. They will coordinate with DOEA on any needed business process engineering effort, including the design of any new business processes in support of the system and assisting with integration of the process changes into the organization. The eCIRTS Project Team will consult with stakeholders to coordinate the organizational change management effort, develop strategies, communicate with stakeholders, assist business users to acclimate to new tools and processes, and champion the change.



## 10 Risk Management Plan

The Risk and Issue Management Plan contained in the eCIRTS Project Management Plan (PMP) defines the processes by which the eCIRTS Project Management Office (PMO) will identify, document, and address risks and issues (refer to Section 13.7, Project Management Plan).

- Risks are potential events or actions that will have a negative effect on the project's ability to meet its goal for designing and implementing eCIRTS.
- Issues are events or actions that have already occurred and are currently impacting the project in a negative way.

Risks are addressed through actions that aim to mitigate them by reducing their probability and/or impact. Issues are addressed through actions that aim to resolve them by reducing or eliminating their impact. Risks can become issues if they are realized rather than mitigated. Both risks and issues are tracked in a risk and issue register managed by the PMO.



## 11 Capacity Planning

Capacity planning involves planning, measuring, and monitoring of system capacity in support of delivering a service. When implemented correctly, capacity planning allows an enterprise to manage system costs tightly by capitalizing on the just-in-time availability of hardware. A focus on capacity planning will ensure an appropriate use of resources and sufficient capability is available in time to meet production workload needs.

WellSky provides its solution as a cloud-hosted, SaaS solution. WellSky regularly tests its SaaS solution to ensure there is sufficient scalability and performance. WellSky will design the solution architecture based on estimated post-implementation peak user counts and annual anticipated user growth rates, established by data provided to WellSky by DOEA to ensure optimal performance and response times are achieved. WellSky conducts performance testing for each implementation by using simulated load profiles based on expected post-implementation peaks to ensure adequate sizing and environmental specifications are in place to handle the anticipated user load on the system. These tests are conducted by using automated testing tools and associated monitoring tools based on WellSky's best practices to meet DOEA's processing demands. Additional virtual servers can be quickly and easily added to provide additional capacity as the Department's needs grow and evolve over time.



## 12 Transition Plan

As part of the WellSky SaaS model, DOEA retains rights to their data but retains no rights to continued use of said solutions following termination of the underlying agreements. As such, WellSky has proposed a process for transition of customer data as part of a termination process, as applicable. Unless otherwise specified in the applicable contractual documents, all work product developed, conceived, introduced, and/or delivered by WellSky while performing services are owned by WellSky.

WellSky will prepare and provide an initial version of a specific and detailed Exit Transition Plan to DOEA for exit transition services within 120 business days of contract execution. Thereafter, WellSky shall update the Exit Transition Plan on a yearly basis, as necessary.

Within 10 business days following the commencement of transition, WellSky will update the Exit Transition Plan to account for transition of any remaining activities.

WellSky's initial Transition Plan is outlined below and reflects the activities and responsibilities to complete the transition to another vendor.

### 12.1 General Approach

If DOEA decides to discontinue its service with WellSky, DOEA is entitled to be provided with its data. In summary, WellSky will prepare a set of files containing the DOEA data using a standard process and will make these files available to DOEA for secure download.

The data includes all DOEA data from all modules of WellSky Human Services and Documents attachments databases as well as WellSky Advanced Reporting database.

### 12.2 WellSky Responsibilities

The following are WellSky responsibilities as part of the transition.

1. Disable access to all WellSky applications when advised
2. Establish accounts and assure access to the WellSky SFTP/FTPS site
3. Prepare DOEA data files and passwords
4. Provide data dictionary
5. Make files available for download on SFTP/FTPS
6. Provide one overview meeting of not more than two hours explaining files to DOEA staff
7. Provide an initial set of files for testing and the final set of files after production data in the WellSky systems has stopped

For any tasks, milestones or other transition tasks or services, consultation that is not detailed under "WellSky Responsibilities" above will be on time and the materials contract is not scoped as part of this proposal.

The above files including the data dictionary are compressed, encrypted (AES 256), password protected by using 7-ZIP and placed in a single 7-ZIP archive. This file is made available for download on the WellSky SFTP site using an SFTP account created for a single designated point of contact. WellSky reserves the right to change the formats as technology platforms are updated and would advise DOEA of any such format changes, as necessary.

The above files contain DOEA data only and will not contain:

- The existing WellSky schema;
- Keys and constraints;
- Stored procedures;
- Triggers; or
- Any other non-data element, property, component, or code that is proprietary to the WellSky solution.

### **12.3 DOEA Responsibilities**

The following are DOEA responsibilities as part of the transition.

1. Disable end user access to all WellSky applications using the WellSky Customer Portal
2. Provide a single point of contact for accessing files
3. Assure infrastructure is in place to enable download and storage of files
4. Communicate shutoff date for data entry in production system
5. Download and test files provided by WellSky
6. Validate files by comparing on premise files to production database via the existing interfaces in WellSky Human Services or via WellSky Advanced Reporting; WellSky will not provide any special validation scripts or access method for this purpose
7. Coordinate with the new vendor as needed for data mapping, conversion, and migration to the non-WellSky system

For any tasks, milestones or other transition tasks or services, consultation that is not detailed under "WellSky Responsibilities" above will be on time and the materials contract is not scoped as part of this proposal.

### **12.4 New Vendor Responsibilities**

The following are the new vendor responsibilities as part of the transition.

1. All other data mapping, conversion, migration analysis and tasks related to transition to the new vendor

## 12.5 Steps and Milestones

The following process will be used to create and deliver the DOEA data.

<b>Table 12. Transition Steps and Milestones</b>		
<b>No.</b>	<b>Description</b>	<b>Responsibility</b>
1	Establish single point of contact for SFTP/FTPS	DOEA
2	Establish cutoff date for live data entry and communicate to end users	DOEA
3	Provide written authorization to appoint individual(s) for SFTP access and enable WellSky to prepare and place files on SFTP/FTPS	DOEA
4	Prepare SFTP/FTPS site and accounts for the State	WellSky
5	Authorized personnel are provided with credentials to access SFTP and password for file encryption	WellSky
6	Prepare batch one of files before cutoff of live data	WellSky
7	Prepare the State data files	WellSky
8	Make Batch 1 files available for download on SFTP/FTPS	WellSky
9	Download/test batch one of files before cutoff of live data	DOEA
10	Disable end user access to all WellSky applications using the WellSky Customer Portal	DOEA
11	Prepare and make Batch 2 (final batch) files available for download on SFTP/FTPS	WellSky
12	Download batch two (final batch) of files after cutoff of live data	DOEA

## 12.6 Contingency

If there is a failure to transition to a new vendor, WellSky will discuss the process for re-enabling WellSky products with DOEA and the associated subscription fees.

## 13 Appendices

The following appendices are included in this section.

- Acronyms and Abbreviations
- WBS
- Project Schedule
- Project Spending Plan
- WellSky Payment Milestones
- Previous Funding
- PMP

### 13.1 Acronyms and Abbreviations

A consolidated list of acronyms and abbreviations which are used in this document will follow.

<b>Table 13. Acronyms and Abbreviations</b>	
<b>Acronym or Abbreviation</b>	<b>Meaning</b>
AAA	Area Agency on Aging
ACL	Administration for Community Living
ADI	Alzheimer's Disease Initiative
ADRC	Aging and Disability Resource Center
AHCA	Agency for Health Care Administration
APD	Agency for Persons with Disabilities
CARES	Comprehensive Assessment and Review for Long-Term Care Services
CCE	Community Care for the Elderly
CMS	Centers for Medicare and Medicaid Services
DCF	Department of Children and Families
DDI	Design, Development, and Implementation
DMS	Department of Management Services





<b>Table 13. Acronyms and Abbreviations</b>	
<b>Acronym or Abbreviation</b>	<b>Meaning</b>
DOEA	Department of Elder Affairs
eCIRTS	Enterprise Client Information and Registration Tracking System
ESC	Executive Steering Committee
FLDS	Florida Digital Service
FY	Fiscal Year
HCE	Home Care for the Elderly
HHS	U.S. Department of Health and Human Services
IV&V	Independent Verification and Validation
LBR	Legislative Budget Request
LSP	Local Service Programs
LTCOP	Long-Term Care Ombudsman Program
M&O	Maintenance and Operations
NASPO	National Association of State Procurement Officials
OAA	Older Americans Act
OPS	Other Personal Services
PMO	Project Management Office
PMP	Project Management Plan
SaaS	Software-as-a-Service
SFY	State Fiscal Year
SHINE	Serving Health Insurance Needs of Elders
SMR	Subject Matter Resource
WBS	Work Breakdown Structure

### 13.2 Work Breakdown Structure



FL eCIRTS WBS v2.0  
- 20210609.pdf

### 13.3 Project Schedule



FL eCIRTS Schedule  
20210608 - BASELINE



FL eCIRTS Schedule  
20210608 - BASELINE

### 13.4 Project Spending Plan



FL eCIRTS Spending  
Plan - 20210609.xlsx

### 13.5 WellSky Payment Milestones



FL eCIRTS WellSky  
Payment Milestones

### 13.6 Previous Funding

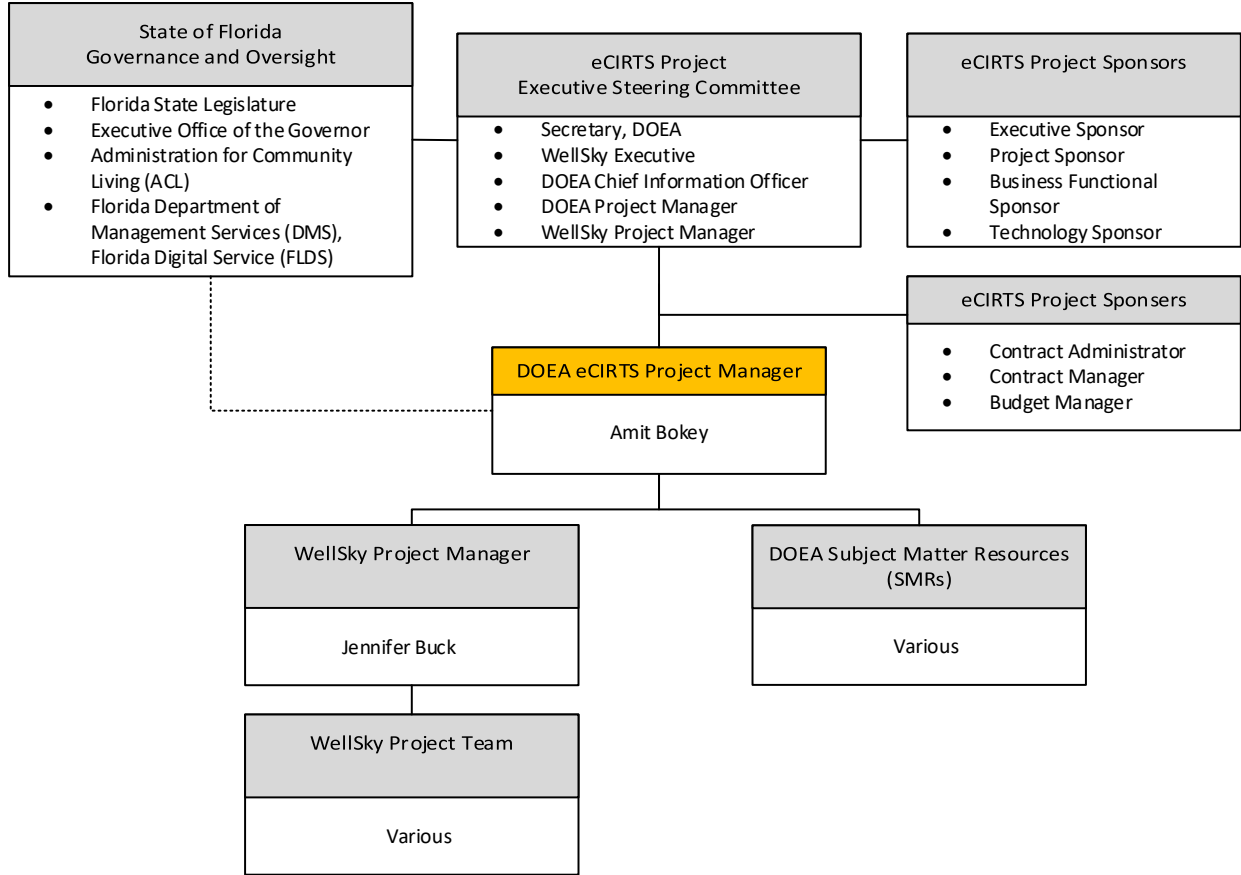


eCIRTS Project -  
Appropriation and E

### 13.7 Project Management Plan



FL eCIRTS PMP v2.1  
- 20210609.pdf



## **WellSky Transition Plan Approach for DOEA eCIRTS**

As part of the WellSky SaaS model, the DOEA retains rights to their data but retains no rights to continued use of said solutions following termination of the underlying Agreements. As such, WellSky has proposed a process for transition of customer data as part of a termination process, as applicable. Unless otherwise specified in the applicable contractual documents, all work product developed, conceived, introduced, and/or delivered by WellSky in the course of performing services are owned by WellSky.

WellSky will prepare and provide an initial version of a specific and detailed Exit Transition Plan to DOEA for exit Transition Services within 120 Business Days of Contract execution. Thereafter, WellSky shall update the Exit Transition Plan on a yearly basis as necessary.

Within 10 Business Days following the commencement of transition, WellSky will update the Exit Transition Plan to account for transition of any remaining activities.

WellSky's initial Transition Plan is outlined below, showing the activities and responsibilities to complete the transition to another vendor.

### **Transition Plan**

If DOEA decides to discontinue their service with WellSky, DOEA is entitled to be provided with their data. In summary, WellSky will prepare a set of files containing the DOEA data using a standard process and will make these files available to DOEA for secure download.

The data includes

- All the DOEA data from all modules of *WellSky Human Services* and Documents attachments databases; and
- WellSky Advanced Reporting* database.

### WellSky Responsibilities:

1. Disable access to all WellSky applications when advised
2. Establish accounts and assure access to the WellSky SFTP/FTPS site
3. Prepare DOEA data files and passwords
4. Provide data dictionary
5. Make files available for download on SFTP/FTPS
6. Provide one overview meeting of not more than two hours explaining files to DOEA staff.
7. Provide:
  - a. an initial set of files for testing and
  - b. the final set of files after production data in WellSky systems has stopped.

***Any tasks, milestones or other transition tasks or services, consultation that are not detailed under “WellSky Responsibilities” above will be on time and materials contract is not scoped as part of this proposal.***

All of the above files including the data dictionary are compressed, and encrypted (AES 256), and password protected using 7-ZIP and placed in a single 7-ZIP archive. This file is made available for download on the WellSky SFTP site using an SFTP account created for a single designated point of contact. WellSky reserves the right to change the formats as technology platforms are updated and would advise the DOEA of any such format changes as necessary.

The above files contain DOEA data only and will not contain:

- the existing WellSky schema;
- keys and constraints,
- stored procedures
- triggers; or
- any other non-data element/property/component/code that is proprietary to the WellSky solution.

#### DOEA Responsibilities

1. Disable end user access to all WellSky applications using the WellSky Customer Portal
2. Provide a single point of contact for accessing files
3. Assure infrastructure is in place to enable download and storage of files
4. Communicate shutoff date for data entry in production system
5. Download and test files provided by WellSky
6. Validate files by comparing on premise files to production database via the existing interfaces in *WellSky Human Services* or via *WellSky Advanced Reporting*. WellSky will not provide any special validation scripts or access method for this purpose
7. Coordinate with new vendor as needed for data mapping, conversion, and migration to non-WellSky system

***Any tasks, milestones or other transition tasks or services, consultation that are not detailed under “WellSky Responsibilities” above will be on time and materials contract is not scoped as part of this proposal.***

#### New Vendor Responsibilities

1. All other data mapping, conversion, migration analysis and tasks related to transition to the new vendor.

### Steps/Milestones

We use the following process to create and deliver their data:

1. DOEA: Establish single point of contact for SFTP/FTPS
2. DOEA: Establish cutoff data for live data entry and communicate to end users
3. DOEA: Provide written authorization to appoint individual(s) for SFTP access and enable WellSky to prepare and place files on SFTP/FTPS
4. WellSky: Prepare SFTP/FTPS site and accounts for the State
5. WellSky: Authorized personnel is provided with credentials to access SFTP and password for file encryption
6. WellSky: Prepare batch one of files before cutoff of live data
8. WellSky: Prepare the State data files
9. WellSky: Make batch 1 files available for download on SFTP/FTPS
10. DOEA: Download/test batch one of files before cutoff of live data
11. DOEA: Disable end user access to all WellSky applications using the WellSky Customer Portal
12. WellSky: Prepare and make batch 2 (final batch) files available for download on SFTP/FTPS
13. DOEA: Download batch 2 (final batch) of file after cutoff of live data

### Contingency

If there is a failure to transition to a new vendor, WellSky will be pleased to discuss the process for re-enabling WellSky products with DOEA and associated subscription fees.



Software for Realizing Care's Potential

# State of Florida Department of Elder Affairs

Statement of Work: Implementation of WellSky  
Human Services for eCIRTS

July 2020

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## Executive Summary

WellSky is pleased to present this Statement of Work for implementation of its *WellSky Human Services* software suite (*WellSky Human Services* or solution) for the Florida Department of Elder Affairs' (the Department or DOEA) enterprise Client Information and Registration Tracking System (eCIRTS) Project. The overarching goal is replacement of the current CIRTS system with a flexible, cloud-based, statewide client management system that will allow the Department and its partner organizations to better organize, define, and standardize its client services processes.

WellSky's understanding of the goals, objectives, business processes, and desired functional requirements of the eCIRTS project is informed by the comprehensive information carefully documented and organized by the Department on its eCIRTS Project webpage found at <http://elderaffairs.state.fl.us/doea/eCIRTS.php>. Specifically, WellSky will implement the general workstreams identified in the Department's "eCIRTS Use Case Scenarios" document and implement the functionality specified in the "Requirements Traceability Matrix (RTVM)" document (see related assumptions in this statement of work). WellSky's understanding is also informed by its depth of expertise regarding Older Americans Act (OAA) program management and the changing requirements for OAA data collection and reporting mandated by DOEA's federal partner the Administration for Community Living (ACL). On October 1, 2021, DOEA is required by ACL to begin collecting a new dataset to comply with ACL's Older Americans Act Performance System (OAAPS).

WellSky shares DOEA's vision that eCIRTS will be a national model for an innovative and best-practice aging services technology platform. As such, WellSky's approach for eCIRTS is defined by three key stages:

- Pre-implementation Process Consultation to inform the initial configuration of eCIRTS to drive reporting and future analytics that align with DOEA strategic initiatives
- A two-phased implementation designed to first meet ACL's deadline and then deploy the balance of desired eCIRTS functionality
- Post-implementation Continuous Quality Improvement and Optimization of eCIRTS

### Pre-implementation Process Consultation

WellSky's subject matter experts (SMEs) will engage with DOEA-designated SMEs at the start of the project to identify and recommend the types of data that need to be collected by eCIRTS to help DOEA track its performance against its strategic initiatives, including but not limited to:

- Better planning, preparing, and responding to the many disasters that have a disproportionately negative impact to older Floridians, including the COVID-19 outbreak.



- Identifying and addressing social determinants of health (SDOH) as a predictor of better health outcomes and enablement of whole person care.
- Furthering the Department’s Livable Florida Initiative in connection to its designation as an Age-Friendly State by AARP.
- Screening and improved early identification of seniors at risk for re-hospitalization and/or institutionalization, which will facilitate nursing home diversion, improved quality of life, and achieve savings to Florida’s Medicaid program.

## Two-Phased Implementation of eCIRTS

Because of ACL’s mandated deadline, WellSky is proposing a two-phased implementation to deliver the overall desired functionality for eCIRTS. The focus of each phase will be as follows:

- **Phase 1: Core OAA and State General Revenue-funded Programs**

WellSky understands that all client processes are driven from the screening assessment initiated by the Aging and Disability Resource Center (ADRC). From that screening, clients are scored and ranked for placement on a waiting list for the appropriate program (e.g., OAA, Community Care for the Elderly, Home Care for the Elderly, etc.). Because the ADRC screening process is required for OAA program enrollment and because the state general revenue-funded programs are both essential and closely tied into the screening and waitlist process, Phase 1 will include:

- ADRC Client Data Collection and Screening
- ACL OAAPS Data Collection
- Core workstreams for:
  - OAA
  - Community Care for the Elderly (CCE)
  - Home Care for the Elderly (HCE)
  - Alzheimer’s Disease Initiative (ADI)
  - Local Service Programs (LSP)
- Data Migration for clients in these programs

Phase 1 will feature a “go-live” date on or before October 1, 2021, to align with ACL’s OAAPS deadline. **To mitigate the risk of missing the October 1, 2021, go-live date, the following are presented as requirements:**



- **The WellSky eCIRTS project must begin on or before September 1, 2020.**
- Phase 1 includes only functionality available in the current version of *WellSky Human Services*. All enhancements to the core product will be delivered and rolled out in quarterly releases during Phase 2.
- **Phase 2: Delivery of Remaining eCIRTS Functionality**  
Phase 2 will include delivery of the remaining desired functionality as described in the RTVM and will also include delivery of the following workstreams and functionality:
  - CARES processes
  - ADRC
    - Integrated resource searching and public-facing online resource directory (to replace REFER)
    - SHINE (State Health Insurance Program) and ACL SHIP Tracking and Reporting System (STARS) reporting
  - Quality/Contract Monitoring
  - Automated AAA Area Plan Annual Fiscal Planning and Reimbursement Processes
  - Operational reporting
  - Integrations with other state data systems (e.g., FMMIS, FLAIR, etc.)
  - Development and delivery of enhancements to the WellSky software (see, Implementation Overview section for details)

WellSky anticipates Phase 2 will require a timeline of 14 months and should conclude in December of 2022.

Both phases will include comprehensive training services that features WellSky and the Department working together to ensure the eCIRTS user base is well trained and supported to encourage adoption of the new technology.

### Post-implementation Continuous Quality Improvement and Optimization

Post-go-live, WellSky's Professional Services team will lead a continuous quality improvement program, in collaboration with DOEA, that focuses on optimization of the workflows, user experience, and data quality within eCIRTS. WellSky will facilitate meetings with DOEA leadership and SMEs to identify areas for improved data quality/capture and reporting to optimally measure the impact of DOEA's programs, inform policy, predict need, advocate for funding, and drive preparedness.

A strategic advantage of the *WellSky Human Services* solution is its configurability, which empowers DOEA to quickly adapt eCIRTS to changing business needs without a reliance on



contractor consultants or specially-trained technology staff to make changes. With *WellSky Human Services*, a well-trained DOEA WellSky System Administrator (who can be program staff, not IT) will be able to:

- Make ongoing changes to eCIRTS to adapt to changing program requirements via a comprehensive, self-service set of configuration tools (no coding or customization needed).
- Modify data collection screens and most automated workflow without relying on external resources.
- Create custom reports as needs for business intelligence change.

This capability will maximize DOEA's ability to respond quickly to legislative mandates and requests for information and minimize the need for vendor change orders, ensuring that DOEA has predictable annual IT costs.

Further, in context of COVID-19, this high level of configurability will benefit DOEA as DOEA WellSky System Administrators can quickly make changes to data collection screens, workflows, and reporting to rapidly respond to changing needs for data. Given how challenging it has been to make COVID-19 related changes to DOEA's current CIRTS system, it is imperative that DOEA 'go-live' with the WellSky eCIRTS solution as quickly as possible so to be able to flexibly respond to evolving COVID-19 data needs.

In the first months of the pandemic, the WellSky eCIRTS Solution was quickly configured to collect COVID-19 data for WellSky's other state-level Human Services clients. An example of a data collection screen that was rapidly configured and deployed is shown below.



## WellSky Human Services COVID-19 Screening Tool

1. Is this call related to a COVID-19 Related event?	No
2. Please describe how this call is related to COVID-19.	
3. Are you experiencing any of the symptoms consistent with COVID-19 (fever, cough, shortness of breath, loss of appetite or diarrhea)?	Yes
4. When did your symptoms begin?	
5. Have you (or anyone in the home), had contact with someone who has had the flu, pneumonia, or confirmed COVID-19 in the last 14 days?	Yes

In summary, the WellSky eCIRTS implementation enables the Department to implement a reliable, best-in-class solution to immediately meet the ACL 2021 mandated data collection deadline while also building a “data first” approach to revolutionizing aging services from the ground up. The flexibility of the WellSky eCIRTS solution will enable continued adaptability and refinement to further the Department’s core initiatives. This capability allows the Department’s programming and technology to be “future proof” and positions Florida to be a national leader in using data to better predict and respond to the unique needs of older adults living within Florida’s diverse communities. eCIRTS will be the enabling technology to help ensure older Floridians receive the right support in the right setting at the right time to maximize independence, choice, community integration, and improved outcomes. The WellSky eCIRTS solution will be a national model for accountability, innovation, and best practices in a statewide aging services technology platform.



## Solution Overview

WellSky proposes to meet the business needs of DOEA through implementation of the *WellSky Human Services* software suite. *WellSky Human Services* is a proven Client Management Software Solution **built specifically for State Aging and Disability Services Agencies** and includes functionality to automate the entire client management lifecycle. The Solution contains high-value features that provide a strategic advantage to DOEA.

### Description of Functions and Associated Value to DOEA

1. **Software-as-a-Service:** *WellSky Human Services* is delivered over the internet to DOEA and its users. WellSky is responsible for all hosting, security, recovery, and performance of the software. This benefits DOEA as its IT staff can be freed up to focus on other critical IT tasks instead of maintaining eCIRTS, thereby maximizing DOEA IT resources.
2. **Purpose-built, Commercial-off-the-Shelf (COTS) Software:** Unlike generic client management software products offered by system integrators or software products initially developed for providers and positioned as a state-level aging services solution, *WellSky Human Services* is a true purpose-built solution for state-level, multi-program client management, fiscal control, and quality oversight. **This benefits DOEA** by mitigating the risk of a problematic implementation by leveraging features that already have proven successful with similar size and scope implementations with State Units on Aging (SUAs). Guided by the feedback of WellSky's large human services customer base, coupled with an understanding and anticipation of future needs, **WellSky continually enhances its software with new features at no additional cost, ensuring DOEA's unique and evolving needs are met while enjoying predictable annual costs.**
3. **Self-Service Configuration Tools:** Upon eCIRTS go-live, a well-trained DOEA *WellSky Human Services* program administrator (program staff, not IT) will be able to make ongoing changes to eCIRTS to adapt to changing business needs. As noted above, the configurability of *WellSky Human Services* was leveraged by WellSky's state clients to quickly configure and deploy COVID-19 screening tools in the early months of the pandemic. This configurability will help DOEA quickly set up new COVID-19 services and data collection processes as DOEA was required to do earlier in 2020 to help seniors safely shelter at home. Examples include: making changes to screen layout and fields according to user role, modifying assessment forms, modifying program-specific workflow, and managing user roles and group permissions – all without relying on an expensive vendor or internal IT staff. **This benefits DOEA as it can quickly adapt eCIRTS to changing business needs without being dependent on costly contractor consultants or specially-trained technology staff to make changes.** DOEA will not be stuck with their initial eCIRTS implementation and forced to pay for vendor intervention to make changes over time. This minimizes change orders, results in savings and ROI to the state, and ensures DOEA has predictable annual costs.





4. **Integrated ADRC Features:** *WellSky Human Services* offers easy to use call tracking and searching of an integrated resource directory that features the AIRS taxonomy to efficiently handle increasing ADRC call volume and requests for Information, Referral, and Assistance. Built-in workflow/task automation **helps ADRC staff keep pace with time-sensitive follow up tasks, especially with their work in Medicaid Managed Care** whereby the ADRCs are performing multiple tasks, many time-sensitive, in helping frail seniors or adults with disabilities with access and eligibility for Medicaid LTC services. Other ADRC features **include an online resource directory** where clients and caregivers can search the same integrated resource directory, achieving a core ADRC goal of consistent information and can **self-refer online via a “self-assessment” feature**. Basic information submitted securely online can create a call record in *WellSky Human Services* and help **pre-populate a 701S Screening Assessment, significantly streamlining ADRC processes**.
5. **Mobile, Online/Offline Assessments:** One of the strongest features of *WellSky Human Services* is its ability to create and design any data collection form (e.g., screening forms like the 701S, comprehensive assessments like the 701B, quality assurance monitoring checklists, PASRR, and client surveys) and then make that form available electronically to specific user groups. Users will conduct those assessments in the field on any mobile device in either online or full offline mode. **This benefits DOEA by empowering workers to cover their entire service area with no duplicate data entry and without internet connectivity, which is especially critical during weather emergencies**. Assessments can be used as the basis of automated determination of clinical eligibility and level of care.
6. **Waitlist Management:** *WellSky Human Services* helps ensure clients are enrolled in appropriate care timely and in accordance with severity of need. *WellSky Human Services* will be used by the AAA/ADRC for enrollment and maintenance on the **Assessed Prioritized Consumer List (APCL)**. Potential clients will be assessed via the 701S Screening Form. Using algorithms and automation, completion of this form will generate a Priority Score and Rank, which will automate placement of the potential client on the waitlist within *WellSky Human Services*. *WellSky Human Services* accommodates a variety of waitlist scenarios ranging from manual, FIFO (First In-First Out) placement to the automatic placement of clients on a waitlist, prioritized by the criticality of their need as determined by assessment data. **This benefits DOEA by providing full visibility into and control over its statewide client waiting list**.
7. **Central Client Record for ALL Client Information Management:** *WellSky Human Services*' client-centric model supports the use of a comprehensive, central client record, offering a holistic view of crucial client information, while allowing each level of user to access information and functions essential to its role. Through this central client record, clients can be managed across multiple programs, each program with its own workflow, documents, user roles, data collection screens, and more. Workers can use *WellSky Human Services*' functionality to capture demographic and family information; conduct detailed assessments; record medications and diagnoses; record progress notes; and build multi-level care plans, including goals, objectives, interventions, and planned services. Plans are driven by assessment information and adhere to agency policies as well as program budgetary constraints. Planned Services and detailed service schedules are



created from the care plan which can also automate the creation of service authorizations to providers who will then record service delivery against those authorizations. This benefits DOEA by solving a long-standing pain point with CIRTS in that care plans, client notes, and other important information are not collected in CIRTS, preventing meaningful quality oversight. Having a configurable, comprehensive, and standardized central client record also helps DOEA collect better data and will **give better insight and data to inform DOEA's next State Plan on Aging**, which aligns with the Solution Goal on strategic analysis. *WellSky Human Services* will empower DOEA to organize, define, and standardize its client management processes across its user base, ensuring all users of eCIRTS can efficiently perform the variety of tasks required to provide and manage services to their clients, while tracking against program-specific federal/state/local budgets and funding streams.

8. **Federal Older Americans Act compliance:** *WellSky Human Services* effectively and efficiently supports the maintenance and reporting of State Unit on Aging (SUA) clients and service delivery information in a manner that satisfies all applicable state and federal requirements, including automated grant reporting for the National Aging Program Information System (NAPIS), soon to be the Older Americans Act Performance System (OAAPS). *WellSky Human Services* includes the complex functionality to enable states and AAAs to plan, track, manage, and invoice for services delivered to its clients under OAA programs and to create and upload the NAPIS State Report. *WellSky Human Services* will be configured to comply with ACL's new data guidelines, which all SUAs are required to begin collecting on October 1, 2021. *WellSky Human Services* will provide fully automated OAAPS reporting.
  
9. **Contract Monitoring, Compliance and Quality Monitoring:** The WellSky solution will benefit **DOEA Contract Management Staff** by having all the information required for overseeing compliance issues and conducting routine desk reviews/provider quality monitoring in a single solution, **eliminating the need for AAAs and other provider contractors to manually send information to DOEA**. Like the Georgia Division of Aging Services, DOEA will be able to gain valuable insights and improve its continuous quality monitoring program as a result of data available in *WellSky Human Services*. *WellSky Human Services* features both a **comprehensive client record and provider record, which are the single repositories for all DOEA-required information**. The WellSky solution empowers DOEA staff to manage its network of service providers from application to termination using verifiable data, not available today, which will provide statewide insight on contract monitoring, compliance, and quality issues. Service provider applications can be recorded and processed in *WellSky Human Services*, ensuring complete and easily accessible documentation is collected. *WellSky Human Services* tracks certifications and inspections, as well as complaints and critical incidents through integrated functionality. *WellSky Human Services* fully supports agency Quality Assurance Review processes to ensure Clients receive appropriate services and that providers are in full compliance with agency requirements. Quality reviews can be conducted at specified intervals, remediation/corrective action plans established, and, if necessary, sanctions imposed.



10. **AAA Area Plans/Annual Fiscal Plan and Budget Automation:** Another strategic advantage of the WellSky solution is a fully automated AAA Area Plan/Annual fiscal plan, Annual Budgeting and Monthly Reimbursement Process. **This will significantly streamline the labor intensive and time-consuming Excel-based process DOEA has in place today.** With *WellSky Human Services*, the entire creation, submission and approval of the AAA Annual Budgeting process and monthly AAA reimbursement process is automated and strictly enforced.
11. **Document Management:** *WellSky Human Services* enables staff to scan documents and attach them to the client and provider record and produce output documents such as letters, forms, or other communication. This functionality can assist DOEA with desktop contract monitoring and compliance by enabling staff to quickly see if important documents have been uploaded to the appropriate location.

## Reporting Capabilities

WellSky's eCIRTS implementation includes the following reporting capabilities:

1. **Standard Reports:** *WellSky Human Services* includes nearly 200 standard operational reports to support core business processes. Standard reports can be published in "packets" available only to users with the appropriate role-based privileges. The standard reports cover all data areas, providing detailed reports at the client level and aggregate reports with filtering and grouping available as applicable, for example, by case manager, provider, program, or statewide. Standard reports include a "face sheet" report for the individual record, including demographics and emergency data; individual service plan reports; intake and enrollment reports; case management notes; and a variety of claims reports. *WellSky Human Services* provides a library of report files and the stored procedures that populate the standard reports to serve as templates for the creation of similar reports.
2. ***WellSky Advanced Reporting Module:*** Fully integrated platform for self-service report creation that pairs a copy of the transactional database, refreshed nightly, with easy-to-use reporting tools to allow DOEA report developers to:
  - Dynamically query and extract data without assistance from WellSky
  - Create, publish, schedule, and distribute ad hoc and custom reports for unprecedented access to data
  - Reports created in *WellSky Advanced Reporting* can be made available to run within *WellSky Human Services*
  - Meet unique agency data requirements
  - **Respond to "last minute" stakeholder requests for data such as from the Legislature or Governor's Office**



Powered by industry-standard applications including Microsoft SQL Server and Microsoft SQL Report Builder, *WellSky Advanced Reporting*:

- Features a user-friendly, Microsoft Office-style interface for “drag & drop” report development
- Includes “wizards” to guide novice report writers while allowing experts to work unimpeded
- Allows for consolidated State-level view of data, as well as agency-specific views of data

3. **WellSky Data Replication Service:** A SaaS SQL data replication service which optimizes data availability and maximizes the efficiency of data applications and functions through real-time data replication. This service will provide DOEA with real-time access to all the data collected in the *WellSky Human Services* database by creating a mirror image from the source database to the destination database (a location of DOEA’s choosing) and then capturing and applying change data from the source database to the destination database. This service includes the “Push Architecture” approach as described in the “WellSky Data Replication Service Technical Overview” document included as an attachment to this Statement of Work.

WellSky is confident these reporting and data access capabilities will meet DOEA’s needs for critical operational reporting and data sharing with other state partners (e.g. AHCA, DCF, APD, DOH, DFS) upon eCIRTS go-live.

**PLEASE NOTE:** WellSky’s eCIRTS implementation will enable DOEA to begin collecting data for specified programs in October 2021. Data will be collected across all programs in late 2022. Given that timeline, WellSky is not including its data visualization tools or analytics solutions in this Statement of Work as doing so would not provide DOEA an immediate return on investment (as DOEA would not have a complete dataset across all its programs to leverage these solutions for until Year 3 or 4 of the contract).

WellSky’s data visualization tools and applied analytics solutions can be added to the eCIRTS implementation in the future.



## WellSky Resource Directory Module

The *WellSky Resource Directory* module is a public-facing, online website that enables citizens to perform searches for resources and services that they or their loved ones may be eligible to receive and, optionally, to “self-refer” online to the ADRC.

### How It Works

The *WellSky Resource Directory* module exposes the integrated resource directory stored in the *WellSky Human Services* database (described earlier in this section) to an easy-to-use ADA-compliant website, with multi-language support, where clients, caregivers, and loved ones can quickly search for local provider organizations and available services within their communities. Using a simple search box or an advanced search feature, resources and provider services can be found using a variety of parameters (e.g., service name, service area, provider name, etc.).

The design and layout of the public facing *WellSky Resource Directory* website is intentionally simple with the goal of offering the easiest possible user experience to meet the needs of Florida’s citizens who may have varying levels of experience navigating websites. Accessibility features allow users to adjust font size and change the view to a high-contrast color scheme via easy to access buttons on the landing page. The *WellSky Resource Directory* module offers multi-language support via a simple selection box. DOEA administrators select the types of data from *WellSky Human Services* to publish to the online resource directory so it is automatically and routinely updated with the latest information.

Inclusion of the *WellSky Resource Directory* module aligns with the core ADRC goal of offering consistent information regardless of how a citizen chooses to interact with the Florida ADRC (call in, online search, walk-in) and streamlining access to services. The *WellSky Resource Directory* can be accessed anywhere, anytime and on any mobile device.

### Self-Assessment and Self-Referral Feature

The *WellSky Resource Directory* self-assessment and referral feature is a powerful tool available to DOEA and the ADRCs. This feature allows potential service recipients (or their caregivers) to self-refer to the ADRC online and from the privacy of their own home, without making a phone call. A simple screen allows users to share basic information, in accordance with DOEA’s preferences (meaning DOEA decides what information a user can share using this tool and what questions appear on the form and can make changes as needed). Once users have shared information by answering the questions on the form, they can decide to submit the referral. Once submitted, that information flows into the *WellSky Human Services* module and creates a call record (with the potential service recipient’s information pre-populated – potentially giving ADRC staff a head start on the 701S screening assessment via pre-population of data) and shows in a queue for the ADRC staff to contact the potential



service recipient for next steps. This empowers the ADRCs to meet the growing demand for services by providing a new way to streamline the capture of initial client data, allowing ADRCs to serve more people with existing staff resources.

### **How this module addresses the business needs of DOEA**

With the WellSky Resource Directory Module and self-screening/self-referral features, DOEA:

1. Empowers citizens to independently perform their own resource searching as they explore care options.
2. Streamlines access to Long Term Services and Supports in Florida
3. Maximizes Florida ADRC staff resources by enabling citizens to perform self-service interactions with the ADRC
4. Achieves a core ADRC goal of offering consistent information regardless of how a citizen chooses to interact with the Florida ADRC (e.g., call in, online search, walk-in, etc.)

### **Considerations of timing for deploying Resource Directory:**

To deploy the *WellSky Resource Directory*, the WellSky Technical Services data migration specialist will migrate an agreed upon set of data from the system used by the ADRC's today (ReferNET) into the *WellSky Human Services* module database. The WellSky project team will then work with DOEA-designated staff to design the simple layout of the WellSky Resource Directory website (e.g., what features DOEA wants to expose to the public and DOEA branding/logo preferences) using the existing/embedded design tools. This work will occur during WellSky Implementation Phase 2.

### **Solution Overview Conclusion**

The *WellSky Human Services* suite of solutions as described above will be uniquely configured to help DOEA achieve the desired functionality, business outcomes and capabilities as described in this Statement of Work. Upon go-live of the fully implemented solution, WellSky's Professional Services team will then begin its "Managed Support Services" to help DOEA with critical support and continuous quality improvement/optimization of eCIRTS as described in the following section.





## WellSky Managed Support Services Overview

WellSky's Professional Services team will work with DOEA's team for continual optimization efforts of *WellSky Human Services* post-go-live. Services such as updates to configuration, assistance with custom report development, ongoing training and/or consultation as needed for *WellSky Human Services* are provided under the WellSky Managed Support Services portion of this contract.

Managed Support Services allows DOEA flexibility to use budgeted hours in a manner most beneficial to them post initial implementation. It allows these hours to be planned for in advance and budgeted on a yearly basis.

- **Managed Consulting Services ("MCS"):** WellSky will update existing content and make configuration updates as requested by DOEA.
- **Application Management Services:** WellSky will assist DOEA with application administration activities such as user clean-up / provisioning, system administration, custom specific tasks (interface modifications, etc.).
- **Optimization & Readiness Services:** WellSky can perform Operational Assessments to assess the DOEA current business processes to identify opportunities for solution improvements and business process efficiencies.
- **Learning Services:** WellSky can provide Learning Services to assist the DOEA with resource onboarding efforts and/or continual learning.

### Managed Consulting Services

Configuration within *WellSky Human Services* can be updated as DOEA's business needs change. While it is critical for clients to diligently maintain and update their content, they may require additional resources or expertise to perform the required activities. WellSky can provide the following services to assist with maintaining their content:

- Regulatory update configuration
- Content configurations and/or modifications (new templates, programs)
- Application configuration and/or modifications (data maintenance, dictionaries)
- Newly released features requiring configuration

### Application Management Services

Configuration within *WellSky Human Services* may need periodic updates based on changes in the client requirements. DOEA can use the assistance of WellSky to make updates including the following:

- General Application Administration updates based on client requests
- Creation of Users



- Update User Permissions
- System Administrator and End User assistance as requested by client

### Optimization & Readiness Services

WellSky can perform Operational Assessments of the solutions in order to identify opportunities for solution improvements and business process efficiencies as part of these services. The WellSky assessment may include the following:

- Conduct application and workflow reviews
- Review workflow and recommend new features
- Review workflow and recommend content changes
- Review content releases and recommend changes
- Consult on data and reporting needs
- Lead formal change control board meetings

### Learning Services

WellSky can provide DOEA with Learning Services to assist with resource onboarding or continual learning efforts. The Learning Services may include the following:

- Refresher training
- Advanced user training
- Workflow training
- Super-user refresher training

WellSky Professional Services will assign a specific point of contact to the account to coordinate these activities.





## Implementation Overview

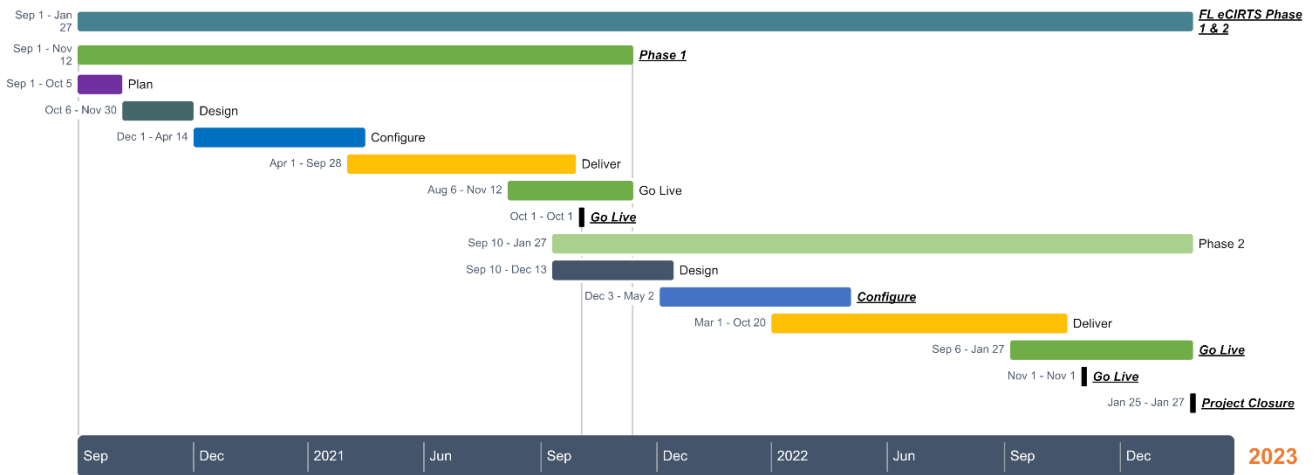
### WellSky's Planned Implementation Timeline for the eCIRTS Project

The WellSky implementation approach has resulted in successful implementations with over 25 State Units on Aging and multiple state waiver management agencies. WellSky is confident in its proposed timeline, phases, stages, associated solution deliverables and approach as described below.

**24 Month Timeline** comprised of 2 Phased go-lives. Once go-live is complete for Phase 2, there is time allocated for post implementation tasks, such as transitioning to Product Support and updating of final deliverables.

**Product Enhancements:** WellSky's eCIRTS implementation requires some enhancements to the *WellSky Human Services* software product. WellSky's plan for developing and deploying these product enhancements is to deploy them in quarterly releases throughout the duration of the implementation. WellSky and DOEA will collaborate on a mutually agreeable plan to prioritize the product enhancements. This plan will be documented in updates to the project plan.

## FL eCIRTS Proposed Plan





## WellSky's Implementation Methodology

The WellSky Professional Services team delivers a combination of product expertise and best practices to provide industry-specific solutions to maximize business value. WellSky's flexible delivery is focused on fulfilling each client's needs and achieving a high level of client satisfaction, accommodating basic to complex implementations.

The foundation of WellSky's services is an implementation methodology that has been developed, fine-tuned, and proven through years of experience and successful projects.

While the specific goals, tasks, and deadlines around each customer's implementation are unique, the structure of WellSky's methodology aligns expectations and helps drive solutions through a series of five phases developed to ensure high quality and predictable delivery. Through all the phases, WellSky's goal is to educate and empower clients, producing greater independence and positioning the client for ongoing success.

WellSky is envisioning utilizing the tried and tested methodology detailed below within both phases of the project. However, during Phase 2, WellSky and DOEA may mutually agree to move features to Production as they are available, tested and validated.





## Plan Phase

During the Plan phase, WellSky's Professional Services team works with the customer to confirm project scope, define the project schedule, and identify project resources. This phase requires Project Management, Information Technology, and Business Owner resources. Customer approval of the project scope and schedule is critical in this phase and is required to move to the Design phase to ensure all parties agree on the path forward.

### Tasks

- Verify project scope and goals
- Identify and assign project resources
- Approve project charter and schedule
- Perform technical review
- Conduct project kick-off
- Environment set-up
- Attend training (if applicable)

### Deliverables

- Project charter
- Project schedule
- Status reports and project status meetings
- Technical documentation

## Design Phase

During the Design phase, WellSky implementation consultants coordinate and lead design discussions based on best practices, while maintaining awareness of project scope. All solution requirements are documented through an iterative design and configuration process. If applicable, client resources are actively engaged in design discussions, screen mockup reviews, and the generation of requested deliverables prior to final design requirements approval. Design approval allows the project team to predict and create validation artifacts, as well as give key stakeholders a vision of the to-be solution.

### Tasks

- Define and document business and technical requirements
- Design and review solution components
- Approve solution design

### Deliverables

- Client-provided artifacts
- Design documents
- Status reports and project status meetings



## Configure Phase

During the Configure phase, the solution components are built and tested based on the design document details. The process may repeat during this phase as the initial configuration is finalized. During the configuration process, WellSky performs system testing activities on the configured solution to ensure each setting functions as defined according to what is in the design documents. WellSky will perform a final round of system testing on the final configured solution to ensure all design components are addressed and functioning as defined prior to exiting the Configure phase. The Department will assign a System Administrator prior to the start of the Configure phase to allow for the knowledge transfer to begin.

### Tasks

- Review Design
- Configure solution components
- System testing

### Deliverables

- Status reports and project status meetings
- Configured solution ready for validation

## Deliver Phase

During the Deliver phase, the system validation and training is completed. The team validates the solution and provides approval for training. Training will consist of train-the-trainer as well as end-user training if applicable.

### Tasks

- Complete validation testing
- Conduct training
- Finalize go-live plans
- Approval

### Deliverables

- Go-Live Schedule
- Status reports and project status meetings



## Go-Live Phase

The Go-Live phase follows delivery of the finalized solution to production. The Client System Administrator plays a key role in initial support with WellSky resources providing the support and tools to allow for successful ongoing support of the solution. WellSky's clients are encouraged to designate their system administrator as the first line of support during this phase, but Professional Services remains available as needed. Once all go-live tasks are completed, a formal transition to WellSky Client Support occurs. A hand-off call introduces the WellSky Support team to the Client Project Team and establishes processes for contacting, managing, and tracking any ongoing support items.

### Tasks

- Support go-live
- Transition to WellSky Client Support
- Complete client project survey
- Project closure

### Deliverables

- Live solution
- WellSky Client Support Guide
- Client project survey



## Tasks by Phase



### Plan

Initiation · Roles & responsibilities · Project charter · Project schedule  
Kick-off · Technical readiness · Design phase preparation · Training



### Design

Gather requirements · Document requirements  
Review requirements · Approve requirements



### Configure

Application · Interface(s) · Data migration  
Reports · System testing



### Deliver

**Validate:** Plan test activities · Application · Interface(s)  
Data conversion · Reports · Remediate issues  
**Training:** Plan training · Prepare training materials · End user training



### Go-Live

Plan deployment · Go-live · Go-live support  
Transition to support · Project closure

Please see Attachment 2 of this Statement of Work for a detailed description of WellSky's implementation methodology.



## Training Services and Plan

### System Administration Training

WellSky's standard implementation approach includes the concept of real time knowledge transfer throughout the project. WellSky recommends that DOEA identify and have in place system administrators prior to the start of design. By doing this, these system administrators can take part in these activities and start to learn the system functionality and capability. WellSky also recommends that during the testing and pre-go live events that DOEA system administrators be heavily involved in these events. It is WellSky's best practice that by leveraging a model that heavily involves DOEA's administrator staff, these individuals will gain an awareness and knowledge capability that will allow them to successfully own and manage the system post go live. WellSky will also accompany this hands-on learning and ongoing knowledge transfer with prepared, structured, super-user training documentation and sessions during the testing and training events to ensure a thorough knowledge transfer has occurred. Further knowledge transfer and or training can be provided as needed based on feedback between DOEA and WellSky as needed during the project. WellSky's goal is to fully enable DOEA to own and manage the *WellSky Human Services* solution upon go live.

WellSky's solution mapping approach is interactive and requires DOEA's participation. This provides an opportunity for DOEA to observe and participate in the solution mapping analysis to understand how the WellSky solution functionality and workflows align to DOEA's overall business needs.

WellSky's standard implementation will allow for processes and work to be completed within manageable timelines. As part of the implementation approach, WellSky proposes that the implementation consist of 5 "stages." Each stage will be organized by customer business needs and priority and focus on a set of specific workflow processes. As part of each stage, the WellSky project team will provide knowledge sharing with the DOEA team and designated Subject Matter Experts on a weekly basis.

Prior to go-live and during the Deliver Phase, WellSky will conduct a System Administrator Training that will focus on the Utilities within the solution. The System Administrator Training will contain curriculum that includes best practice recommendations and practice exercises. WellSky follows the Train the Trainer methodology, which will allow for the System Administrators to be trained prior to End User Training. The DOEA System Administrators would then take an active role in completing the End User Training with WellSky providing support to ensure the System Administrators and DOEA Trainers are trained and ready to lead a successful End User Training.

WellSky's post implementation support involves a gradual transition for DOEA. During post implementation support, the WellSky team will help bridge the transition between go live and



handoff to operations support. WellSky's goal is to have DOEA's administrative team ready to fully support the *WellSky Human Services* system prior to go live so that during this post implementation window, WellSky is serving as a backstop to any unplanned issues, helping overcome any identified training gaps, and helping to ensure further knowledge transfer to the DOEA team. The number one goal of the post-implementation support window is ensuring transition to production happens successfully with minimal issues and no major issues. The WellSky experience has been that this additional support often is the difference between a successful roll out and one littered with challenges.

## End User Training

Effective end user training is a key success factor for user adoption, complete and accurate data entry early in the business transition, and overall project success for new system implementation projects. WellSky will provide a comprehensive training program for end users informed by organizational readiness assessments, built upon validated solution workflows and functionality, incorporating the train-the-trainer model, and integrating training delivery with the progressive rollout across three deployment waves.

## Training Planning

WellSky will work with DOEA to conduct a Training Needs Assessment that builds upon the Organizational Readiness Assessment process. The Training Needs Assessment will identify user roles, define key training needs by role, estimate volume of users to be trained by role and agency, gauge the user community's computer literacy and proficiency with web-based applications, and consider anticipated business transition learning objectives, challenges, and risks. The Training Needs Assessment will inform WellSky's Training Strategy.

In the Training Strategy, WellSky will propose a specific approach to training delivery that addresses the identified needs and uses a variety of training delivery methods, such as classroom, live webinar, and on-demand access to training videos, webinar recordings, and a practice application environment.

WellSky's project manager and organizational change management lead will prepare a detailed Training Plan that elaborates on the accepted Training Strategy and addresses:

- Schedule
  - An end-user training schedule of facilitated classroom and webinar training sessions across deployment waves and agencies
  - A train-the-trainer approach and schedule that prepares DOEA and partner trainers
- Curriculum
  - A proposed course catalog of training topics and sessions





- An approach for training beyond go-live for new user onboarding, refresher training, and training for existing users on system changes and additions
- An approach to distributing training materials and updating training materials over time
- Approach for a centralized repository of online training content, such as a learning management system like Blackboard or Moodle
- Logistics
  - A delineation of roles and responsibilities for executing the Training Plan
  - An approach to training facility and travel logistics
  - Recommendations for tracking user registration, attendance, participation, and feedback
- Evaluation
  - Training success criteria
  - An approach for collecting evaluation data
  - An approach to analyzing evaluation data to measure training quality and effectiveness and identify opportunities for improvement

WellSky recommends that DOEA's training team include both professional trainers as well as subject matter experts (SMEs) from business and the project team who have participated in Solution Mapping. SME knowledge of DOEA business processes and the workflows prior to eCIRTS provides insight into the user perspective, and their awareness of, and familiarity with, the *WellSky Human Services* solution configuration and functionality for the to-be workflows. SME participation in end-user training planning, training material design and review, and training delivery will enhance the training program's effectiveness in addressing user needs and concerns.

### Training Curriculum

WellSky's user-centered approach to training curriculum and training material development is based on deep experience in successfully transitioning users to the *WellSky Human Services* solution. Training content must be relevant to the user's job responsibilities, accessible, and easy-to-understand. In the development and delivery of training curriculum, WellSky seeks to answer the key questions users bring to new system training, including:

- What is required: What is the simplest path to getting my work done?
- What has changed: How does the new system and workflow compare to what I've been doing before?
- What is new: What will I need to start doing what I haven't been doing before?
- What is better: How will the new system benefit me, my organization, and my clients?

WellSky will deliver training course agendas, training guides, and quick reference training materials. WellSky's introductory training guide will cover system login access, layout,



navigation, and standard functionality specific to eCIRTS configuration but generic across user roles. Beyond the introductory content, WellSky's eCIRTS training guides will be built around the body of business process workflows produced through Solution Mapping and validated through User Acceptance Testing. Training guides will be tailored to specific user role audiences, focused on priority workflows and day-to-day user tasks, and augmented with content on alternate workflows and exception scenarios. Interactive workflows between different user roles will be distilled into role-specific content. Training guides will employ plain language and provide definitions for any jargon or special terms.

WellSky will design and deliver training materials that include:

- Business process background for context
- Targeted learning objectives
- Step-by-step user workflows
- Instructions at the level of pages, fields, and clicks
- Application screenshots
- Visual diagrams
- Callouts for key points and tips
- Practice exercises
- Self-directed quizzes

DOEA will be responsible for providing any relevant additional training material content to address topics including policies and procedures, processes outside eCIRTS, and messaging to promote user adoption and champion the system transition. WellSky and DOEA will collaborate to create any online videos and content included in the Training Plan.

### **Training Delivery**

Consistent with WellSky's standard approach, WellSky will train DOEA's trainers to facilitate end user training. Train-the-trainer curriculum will include content on the *WellSky Human Services* solution and eCIRTS workflows as well as general training, skill-building content: best-practice strategies for working with adult learners, tips on facilitating webinar training, and practice facilitation activities.

WellSky will co-facilitate end user training with DOEA's trainers. WellSky will take the lead in the first wave as DOEA's trainers navigate the learning curve, gradually increasing responsibility for leadership to DOEA trainers.

WellSky estimates 3-4 training teams delivering training courses of 2-4 days through classroom and webinar training in parallel during the three, one-month training windows during each of the three deployment waves. WellSky recommends 6-8 DOEA trainers to staff end user training, with additional support of 4-8 SMEs.



End user training will be scheduled in close coordination with deployment waves so users can “use it” before they “lose it.” Users will be given access to a nonproduction environment for practice and review after training and before go-live to maintain and reinforce their recent learning.

WellSky uses a “see/do” approach to end user training where users first watch the presenter demonstrate a workflow segment and then repeat those steps to practice the workflow. Users will need access to a workstation that meets the hardware, software, and configuration requirements for the *WellSky Human Services* solution and a high-speed internet connection. Users will be logged into a training environment seeded with representative test data allowing them to run through a scenario at the initiation point of the workflow for that training. Users can then carry their test case data through the remainder of the workflow process segments in that training course. Users will be trained to access context-specific online help content customized to eCIRTS configuration and aligned with training materials. In the training classroom setting, the co-facilitators provide individualized support as needed to keep the class moving and on schedule.



## Implementing During COVID-19

Because WellSky's implementation leverages a purpose-built COTS solution and a proven methodology to deploy the solution, WellSky can shift all project activities that were planned to occur onsite at DOEA to occur remotely (e.g., using online meetings, working sessions, etc.). Therefore, for WellSky, the COVID-19 situation will not impact WellSky's proposed implementation timeline, and WellSky does not need to adjust the project timeline.

This shift from onsite to remote project work will not impact the amount of time required for DOEA project staff to dedicate to the project beyond what is in this Statement of Work. Should those DOEA staff become unable to participate or dedicate the required time needed to complete their assigned tasks, that can present a risk to the project timeline.

### **Travel Considerations**

WellSky's fixed fee implementation includes potential travel activities listed in the table below. WellSky will work collaboratively with the Department in accordance with Florida Department of Health and Federal Centers for Disease Control guidance.

Table 1: Travel Activities

<b>Project Phase</b>	<b>Key Activities</b>	<b>Number of Anticipated Trips to DOEA</b>	<b>Number of WellSky Staff Per Trip</b>
Plan	Project Kickoff	1	4
Design	Solution Mapping Sessions	2	4
Configure	User Acceptance Testing	3	4
Deliver	Training	3	4
Go-Live	Go-Live Support	1	4



## Technical Services

WellSky Technical Services is a WellSky team within Professional Services that focuses on the technical development and implementation of custom interfaces, custom reports, and data migration. WellSky Technical Services work is planned and managed by the WellSky Professional Services Project Manager with tasks and dates in the implementation project plan.

### Interfaces

WellSky's eCIRTS implementation will feature integrations between the WellSky Human Services software and the following Florida state data systems.

Table 2: Interfaces

eCIRTS Required Interface	WellSky Approach
1. DOH Office of Vital Statistics Interface (RTVM Req. 172, 471)	WellSky will consume the existing data file made available by the Florida DOH to identify the date of death for matching clients in the WellSky solution. WellSky will also interface directly with Florida DOH as is currently in place for Florida APD to receive additional client specific information such as cause of death.
2. FLAIR Interface (RTVM Reqs. 568, 569)	WellSky has multiple existing FLAIR interfaces in place with Florida APD. WellSky receives and loads provider data through a fixed width file delivered by FLAIR through SFTP. WellSky also sends Authorization and Payment data to FLAIR through fixed width data files via SFTP.
3. AHCA FMMIS via EDI Files (RTVM Req. 473)	WellSky will deliver PGP encrypted EDI files for transactions such as 837 and 270 to the identified FMMIS SFTP site. WellSky will process EDI acknowledgement files and decrypt and import corresponding EDI response files such as 835 and 271.
4. DCF APS referrals (RTVM Req 437)	WellSky currently provides DCF with an export of all active consumers. DCF responds with summary information regarding any intakes as well as the Community Based Care status for each consumer. This integration is accomplished through data files exchanged by SFTP. WellSky will look to reuse and amend this approach as necessary to facilitate requests made by DCF APS staff.
5. Provider Upload Assessments (RTVM Req. 339)	WellSky will provide an XML file specification and documentation for provider assessment uploads into the solution. Providers can access the application and upload the XML files via a menu option as well as get results from processing the files. If a provider is a larger provider and/or has technical capabilities, these same files can be sent to an SFTP site where an automated job will pick them up and process them.
6. 837 File Upload (RTVM Req. 563)	WellSky has an existing interface for consuming 837 EDI files which will be amended as needed to suit requirements for use in this solution.
7. Synchronize data to data warehouse	WellSky will deploy its standard data replication service which delivers real-time data replication/synchronization.



eCIRTS Required Interface	WellSky Approach
(RTVM Req. 559)	
8. Interface to receive direct faxes – CenturyLink Cloud Fax (RTVM Req. 464, 469)	WellSky will deploy its standard sFAX integration.
9. Outlook Integration for e-mails in-bound and out-bound (RTVM Reqs. 173, 461, 694)	WellSky will develop a standard product integration.
10. Export to ICSP complaint database (RTVM Req. 444)	WellSky will provide an interface that allows the exchange of data to the ICSP database. WellSky can offer multiple methods of integration such as files over SFTP or Web Services and will work with Florida DOEA and partners to identify and implement the best approach.
11. Integration to export Level of Care (LOC) data to Department of Children and Families (DCF) ACCESS System, Enrollment Broker, Agency for Health Care Administration's (AHCA) HealthTrack, AHCA FMMIS via API (RTVM Req. 457)	WellSky will download LOC data via a standard API and prepare the data in a single, consistent format. This format will be used to deliver the data to all required external parties.
12. Interface with external document/check scanning software (RTVM Req. 463)	WellSky will expose the ability for users to bring up the external document/check scanning software user interface through context-based actions within specific application screens. The external software will manage its own user authentication and authorization.



## Data Migration

WellSky performs data migration in almost every system implementation and, therefore, has experience in hundreds of successful data migration efforts. WellSky acknowledges this will be a complex data migration due to the large number of records (approximately 1,000,000,000) and years invested in the current solution. WellSky is confident in its expertise and ability to deliver a successful data migration for the DOEA. WellSky's Data Migration Methodology is outlined in Attachment 2: WellSky Implementation Methodology. Key aspects of the DOEA data migration are listed in the Technical Implementation Assumptions section below.

## Technical Implementation Assumptions

### Reporting Assumptions

- WellSky implementation resources will work with the client to identify up to 10 custom reports to be built by WellSky Professional Services.
- WellSky will work with DOEA to document report requirements within a Custom Reports Specification document for each report identified.

### Data Migration Assumptions

- WellSky expects to migrate the record types listed below
  - Setup/General
    - Places data (state, region, county, city, zip code)
    - Service Codes
    - Users
    - Roles
  - Consumer Data
    - Name
    - Address(es)
    - Phone Number(s) / Email Address(es)
    - IDs (e.g., SSN, Medicaid #, Federal ID, legacy system ID)
    - Misc. (e.g., race, ethnicity, gender, DOB)
    - Diagnoses (i.e., vocational rehabilitation disability taxonomy)
    - Program/Provider Enrollments
    - Notes – WellSky Notes refer to text-based notes or digital files related to the consumer
    - Authorizations
    - Plans (includes planned services, plan assessments, and needs/goals/objectives)
  - Provider (Vendor) Data
    - Name



- Address(es)
  - Phone Number(s) / Email Address(es)
  - IDs (e.g., EIN, Medicaid #s, NPI, legacy system ID)
  - Service Codes
  - Languages
  - Accessibility
- Core Worker Demographics
  - Name
  - Address
  - Phone Number/Email Address
  - Misc. (e.g., SSN, race, ethnicity, gender)
  - Supervisor
- WellSky will create a data conversion workbook that documents the fields to be migrated and the source DOEA file/fields that populate them including mappings and translations where required.
- DOEA will provide the source files as Excel documents or .csv files to WellSky
- WellSky will transform data from the source DOEA files into the format and mappings described by the data conversion workbook
- DOEA will be responsible for making decisions based on WellSky recommendations about how or where source DOEA fields should be mapped where a mapping is not obvious between solutions.
- WellSky will identify potential duplicate records, missing required fields, and other legacy data issues that must be solved for before those records can be migrated.
- WellSky will offer possible solutions for resolving those issues for DOEA to consider.
- DOEA will make decisions on how WellSky should move forward with those records.
- WellSky will provide three rounds of data migration validation within the solution prior to running the production migration.
- WellSky will track data migration validation issues during each round of validation to ensure issues, resolutions and impact are tracked appropriately.
- WellSky will perform post-test import clean-up where possible to allow DOEA to see resolutions without the need to perform a new round of data migration.

## Interface Assumptions

- WellSky's approach and value is based on work previously completed for the Florida Agency for Persons with Disabilities.
- WellSky will leverage existing integration functionality where possible as the base for integration requirements for the eCIRTS implementation.





## Attachment 1: Cost Proposal and Budget Narrative

WellSky's Budget Narrative describes WellSky's justification and evidence of need for all fees listed. WellSky has made every effort to contain costs for DOEA while maintaining leading edge and high-quality software and services to provide best value. WellSky will provide the services described in accordance with the Statement of Work, for the fees described within WellSky's cost proposal. WellSky's proposed fees are comprised of four primary required fee categories. The following describes the reason each category is required:

- **One-time Implementation Fees:** Includes all fees associated with implementing and deploying the *WellSky Human Services* software. Key deliverables include requirements gathering/business analysis, solution mapping, configuration services, user acceptance testing, training, go-live support, and technical services such as data migration and system interface deployment.
- **Annual Cloud Services Fees:** Includes the annual subscription fee to the *WellSky Human Services* software suite, delivered as Software as a Service (SaaS). See the "Description of Proposed Software" table for details about what specific software products are included in the Cloud Services. Cloud Services also include WellSky hosting services, disaster recovery, client support, and ongoing software enhancements. Cloud Services include one production environment, one non-production training environment, and one non-production (e.g., "sandbox") environment which will be refreshed monthly to mirror the production environment.
- **Annual Managed Support Services:** Managed Support Services will provide DOEA with a set number of WellSky Professional Services hours annually (post-go-live) to use to address DOEA requests for WellSky assistance. Tasks can include custom report development, system administration, system configuration/ongoing optimization, consultation, periodic "refresher" training, assistance deploying new software versions, and other tasks as requested by DOEA. Enhancements to the core software product are not in scope for Managed Support Services. In WellSky's experience, State agencies require some level of ongoing assistance or consultation to help continually optimize the solution and augment state staff resources.
- **Annual Interface Assurance Services:** As part of ongoing maintenance of the various integrations established between the WellSky Human Services software and other external data systems as listed in Table 2 of the Statement of Work, WellSky will provide a set number of hours annually to update the various integrations as ongoing changes and updates are required.



## Description of Proposed Software Products

Table 3: Proposed Software

Product Name	Description
<i>WellSky Human Services Case Management Module</i>	The <i>WellSky Human Services</i> client case management module uniquely configured to support ADRC, OAA, CCE, HCE, ADI, LSP, and CARES core business processes and related ACL OAAPS and ACL SHIP data collection and reporting.
<i>WellSky Human Services Area Plans Module</i>	The <i>WellSky Human Services Area Plans</i> module is a fully integrated component of the <i>WellSky Human Services</i> software suite. The Area Plans module automates the creation, submission, modification, and approval of AAA annual fiscal plans and monthly reimbursement processes. This module facilitates fiscal oversight and quality/contract monitoring over OAA, State, and Local funding sources and ties the funding to the client/program administration.
<i>WellSky Mobile Assessments Module</i>	The <i>WellSky Mobile Assessments</i> module enables workers to access data collection screens (e.g. client assessments) designed in <i>WellSky Human Services</i> using any mobile device in online or offline mode.
<i>WellSky Resource Directory</i>	The <i>WellSky Resource Directory</i> is a fully integrated component of the <i>WellSky Human Services</i> software suite. The Resource Directory provides a public-facing, online webpage and searchable database containing community resources to enable citizens to search for services using an array of easy-to-use searching tools.
WellSky Data Replication Service	A SaaS SQL Data Replication Service which optimizes data availability and maximizes the efficiency of data applications and functions through real-time data replication. This service will provide DOEA with real-time access to all the data collected in the <i>WellSky Human Services</i> database by creating a mirror image from the source database to the destination database (a location of DOEA's choosing) and then capturing and applying change data from the source database to the destination database. This service includes the "Push Architecture" approach as described in the "WellSky Data Replication Service Technical Overview" document included as an attachment to this Statement of Work.
<i>WellSky Advanced Reporting</i> module	Fully integrated ad-hoc/custom report development tool. This tool enables the reporting of any and all data collected in the <i>WellSky Human Services</i> solution.
<i>WellSky Advanced Reporting</i> "Report Writer" access	Report Writers have access to the full report writing capabilities of the tool to create custom, ad hoc reports.
<i>WellSky Advanced Reporting</i> "Report Runner" access	Report Runners are able to access developed reports to modify filters (like date ranges) and run the reports and distribute them to appropriate users of the report.



These solutions, collectively, specifically configured for statewide electronic client information, registration, and tracking system (eCIRTS) intended for state use with specific characteristics unique to the Florida Department of Elder Affairs and its user base.

### Fee Summary: Base Contract

WellSky's pricing is based on WellSky's Price Catalog as part of its NASPO Value Point Master Agreement (AR3110) found at: <https://www.naspovaluepoint.org/portfolio/cloud-solutions-2016-2026/wellsky-corporation/>

Item Description	Year 1 9/1/2020 through 6/30/21 Phase 1 Implementation	Year 2 (7/1/21 - 6/30/22) Phase 1 M&O and Phase 2 Implementation	Year 3 (7/1/22 – 6/30/23) M&O	Year 4 (7/1/23 – 6/30/24) M&O	Year 5 (7/1/24 – 6/30/25) M&O
One-time Implementation Fees	\$3,881,060.33	\$979,677.17	\$0.00	\$0.00	\$0.00
Annual Cloud Services Fees	\$112,832.67	\$1,449,480.80	\$1,887,508.00	\$1,944,133.24	\$2,002,457.24
Annual Managed Support Services Fees	\$0.00	\$103,125.00	\$137,500.00	\$137,500.00	\$137,500.00
Annual Interface Assurance Fees	\$0.00	\$0.00	\$103,125.00	\$103,125.00	\$103,125.00
<b>Total Fees</b>	<b>\$3,993,893.00</b>	<b>\$2,532,282.97</b>	<b>\$2,128,133.00</b>	<b>\$2,184,758.24</b>	<b>\$2,243,082.24</b>



## Fee Summary: Contract Renewal Years

Item Description	Contract Renewal Year 1 (7/1/26 – 6/30/27)	Contract Renewal Year 2 (7/1/27 – 6/30/28)
One-time Implementation Fees	\$0.00	\$0.00
Annual Cloud Services Fees	\$2,062,530.95	\$2,124,406.88
Annual Managed Support Services Fees	\$137,500.00	\$137,500.00
Annual Interface Assurance Fees	\$103,125.00	\$103,125.00
<b>Total Fees</b>	<b>\$2,303,155.95</b>	<b>\$2,365,031.88</b>

## Crosswalk to NASPO Software License Pricing

Item Description	NASPO Maximum Price	Price to DOEA	Quantity	Total Fee
WellSky Human Services Case Management Base Annual Fee	\$120,000.00	\$120,000.00	1	\$120,000.00
WellSky Human Services Named User License	\$1,000.00	\$769.96	2,100	\$1,616,916.00
WellSky Resource Directory Base Annual Fee	\$58,850.00	\$58,850.00	1	\$58,850.00
WellSky Data Replication	\$150,000.00	\$76,742.00	1	\$76,742.00
WellSky Advanced Reporting - Base Annual Fee - State	\$15,000.00	\$15,000.00	1	\$15,000.00



## Payment Terms

### **Recurring Fees Payment Terms (Annual Cloud Services, Annual Managed Support Services, Annual Interface Assurance Services)**

- Year 1: 100% of Cloud Services only due upon contract effective date
- Year 2: 100% of Recurring Fees due beginning on July 1, 2021 and annually thereafter

### **Implementation Payment Terms**

- \$776,212.07 of Implementation Fees due upon Project Kickoff
- \$776,212.07 of Implementation Fees due at Phase 1 - Approval of Solution Design or an estimated 90 days after Contract Execution, whichever comes first
- \$776,212.07 of Implementation Fees due at Phase 1 - Completion of System Configuration or an estimated 180 days after Contract Execution, whichever comes first
- \$776,212.07 of Implementation Fees due at Phase 1 - Completion of System Validation or an estimated 210 days after Contract Execution, whichever comes first
- \$776,212.05 of Implementation Fees due at Phase 1 - Go Live or an estimated 300 days after Contract Execution, whichever comes first
- \$244,919.29 of Implementation Fees due at Phase 2 - Approve Solution Design or an estimated 420 days after Contract Execution, whichever comes first
- \$244,919.29 of Implementation Fees due at Phase 2 - Completion of System Configuration or an estimated 640 days after Contract Execution, whichever comes first
- \$244,919.29 of Implementation Fees due at Phase 2 - Completion of System Validation or an estimated 700 days after Contract Execution, whichever comes first
- \$244,919.30 of Implementation Fees due at Phase 2 - Go Live or an estimated 730 days after Contract Execution, whichever comes first



## Budget Details and Assumptions

- WellSky's implementation fees are greater in Year 1 due to the highly compressed timeline WellSky has for Phase 1 'go-live' which is driven by ACL's October 1, 2021 deadline.
- WellSky is charging for nine months of Cloud Services Fees and Managed Support Services in Year 2 to align with go-live/first productive use of software targeted for October 1, 2021.
- WellSky will begin charging a 3% annual increase to Cloud Services Fees beginning July 1, 2024
- Software Cloud Services Fees include:
  - 2,100 per named users of the *WellSky Human Services* software and *WellSky Mobile Assessments* Module
  - One (1) annual product subscription for the *WellSky Area Plans* Module
  - One (1) annual product subscription for the *WellSky Resource Directory*
  - One (1) annual product subscription for the WellSky Data Replication Service
  - One (1) annual product subscription for the *WellSky Advanced Reporting* module
  - Five (5) Advanced Reporting "Report Writer" licenses
  - Ten (10) Advanced Reporting "Report Runner" licenses.



## Attachment 2: WellSky Implementation Methodology

### WellSky's Implementation Methodology



WellSky offers mature solutions that are continually improved and enhanced by Product Management and Engineering teams using standard Software Development Life Cycle and Agile processes to ensure solutions keep pace with changing industry needs and standards. This includes dedicated teams working on system design, development, testing, and versioning. As such, WellSky's implementation process is not focused on software development, but is focused on configuring the solution and managing the project to ensure DOEA is successful in achieving project objectives and realizing expected benefits from the solution. WellSky's implementation approach includes the following:

- Comprehensive, deliverable-oriented project management





- Requirements gathering, documentation, and validation
- System setup and configuration
- Data Conversion, as necessary, to import operational data from external systems
- Comprehensive change management and communications strategy
- Stakeholder understanding and commitment
- Execution of approved strategy.
- Comprehensive training, including train-the-trainer and on-demand training components, as well as assistance with development of training resources
- Current and complete operations, technical, and user documentation
- Readiness review, planning, and execution
- Post-implementation review and sign-off period
- Ongoing post-implementation support relative to maintenance and enhancement of the system

The proposed solution is centered on the use of the *WellSky Human Services* solution deployed in a SaaS environment. The solution modules are built within a flexible product that is adapted through configuration, using built-in configuration tools to meet a variety of programs and workflows without the need to write custom code. The *WellSky Human Services* solution has evolved over years of meeting the needs of HHS organizations across the country. Modularity within the solution suite allows for extensive variation in solution design to support each organization's unique needs for data integrity, ease of use, and business workflows.

Configurations may be modified by authorized DOEA users, with or without WellSky's assistance, to address changing requirements and business processes after the initial deployment is complete.

The main advantage of this approach is that as the solution is continually improved based on emerging trends in long-term services and supports and the input of hundreds of client organization, DOEA will have access to those improvements at no additional cost. Unlike many COTS product implementation models, and in contrast to generic CRM solutions adapted to an individual client's workflow, WellSky's solution deployed for DOEA will continue to improve by anticipating care trends and changes in regulations and funding specific to HCBS LTSS.

The modules in the solution are versioned as part of their development, but DOEA's specific implementation is not dependent on version, as configuration is completed through built-in administrative configuration tools – not changes to software code. Any updates to the solution (e.g., new features and/or defect corrections) are coordinated and collaborated through a change control process that WellSky has established with the team of DOEA System





Administrators that defines how solution upgrades are deployed in the non-production and production environments.

WellSky's approach to configuration requires close collaboration within the combined project team, which includes selected members from WellSky, as well as DOEA. Experience has proven this approach to be an effective way to minimize project risks and ensure a positive outcome. This approach is also an effective means of knowledge sharing and creating "shoulder-to-shoulder" experiences that enable selected client personnel to develop a deep understanding of the solution's configuration and options. Mapping sessions during the Design phase lead to configuration, which allows DOEA to become intimately familiar with the *WellSky Human Services* solution. This positions DOEA system administrators to remain self-sufficient long after the project has been launched.

Configuration and validation are iterative steps at the heart of WellSky's Agile methodology, allowing the teams to adjust configuration and workflow in manageable pieces. During the Configuration phase, the configuration of the solution is tracked in a Configuration Workbook. These templated documents are used by WellSky in all product implementations, and validation occurs against those project document artifacts. WellSky also conducts the initial data conversion exercise as defined on the Data Conversion Plan. As the project transitions from the Configuration phase to the Validation phase, changes are tracked and approved by the DOEA Project Team.

While the specific goals, tasks, and deadlines around each client's implementation are unique, the standard structure of the WellSky Implementation Methodology aligns expectations and helps drive solutions through a series of five phases developed to ensure high quality and predictable delivery. Through all phases, WellSky's goal is to educate and empower clients, producing greater independence and positioning the client for ongoing success.

WellSky's collaborative implementation approach involves strong client participation throughout all project phases. Benefits of this approach include:

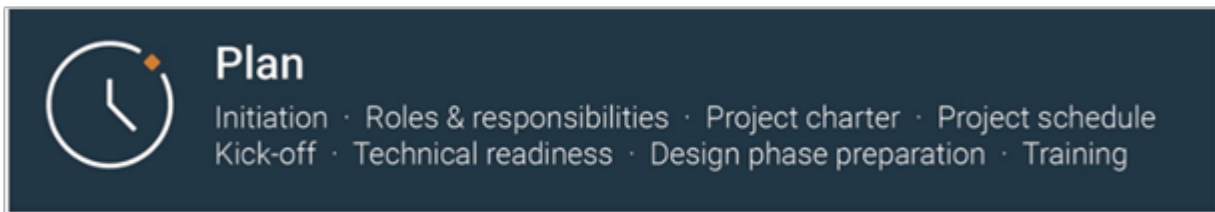
- Developing client project management and training capacity
- Integrating the WellSky solution workflow into the client business process workflow
- Hands-on application of system administration skills through client participation in configuration work
- Building a foundation for client organization post-Go-Live support through hands-on validation and end-user training
- Measuring client satisfaction against project success criteria shaped by client input



As WellSky and DOEA progress through the project, WellSky will request written acceptance of deliverables and milestones by DOEA to verify that WellSky's solutions and services meet expectations and satisfy requirements.

In Attachment 3 of this proposal, WellSky has included a draft project schedule outlining the phases and tasks proposed for this project. If awarded, WellSky would anticipate finalizing this schedule with DOEA in the Plan phase of the project.

## Plan Phase



## Project Management Approach

WellSky's implementation approach combines its project management methodology with best practices gained through experience delivering statewide solutions for home-and community-based long-term services and supports. WellSky understands the many responsibilities and stakeholder relationships that state human services departments must balance in meeting the needs of members, managing networks of providers, maintaining compliance with state and federal requirements, managing state and federal funding, and serving the public. WellSky is poised to staff, manage, control, and execute this project to move DOEA toward its transformation goals with software delivered on time, with quality, and within budget.

WellSky emphasizes the following keys to success:

- **Strategy:** Implementing a comprehensive project management methodology that is tuned to deliver successful large-scale projects
- **Expertise:** Engaging skilled project management professionals, LTSS and Medicaid subject matter experts, and implementation specialists
- **Leadership:** Prioritizing efforts and expediting decisions
- **Jobs to be Done:** Insightful analysis of business needs to identify effective solutions
- **Best practice solutions:** Delivering a proven set of methods, tools, and procedures, configured to meet the need of each project
- **Risk mitigation:** Identifying, assessing, and mitigating risks before they can adversely affect projects
- **Partnership:** Establishing shared project success criteria and standing with the client throughout the project



WellSky's project management team is Project Management Professional (PMP) certified and fluent in the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK®) standards and practices. WellSky will prepare a comprehensive project management plan to define plans and approaches to manage all the pertinent project dimensions and disciplines. Operating to this plan and seasoned by experience, WellSky will apply a solution-focused approach to help DOEA successfully navigate challenges common to these projects, such as scope expansion during requirements analysis, change requests from business stakeholders, resource turnover, policy changes, resistance to organizational change, friction in business transition, and disruption from external factors.

The WellSky project management office promotes the core skills of leadership, communication, and task-oriented planning as the engine that drives effective project management. Regardless of the size or complexity of a project, project progress is dependent on identifying the right tasks, understanding task interdependencies, proposing a feasible schedule, assigning responsible resources, and holding resources accountable through to task completion.

WellSky emphasizes a thorough, accurate, and current work plan as the key tool for forecasting project activity and tracking progress. WellSky's work plan schedule integrates implementation activities in phases with required deliverables, accounting for interdependencies, estimated duration, and resourcing.

WellSky embraces a business partnership approach with its clients. WellSky measures project success in terms of client success and satisfaction. At project initiation, the project team will articulate and affirm a project vision oriented around DOEA's strategic business goals and objectives, which will guide implementation decisions and drive project evaluation success criteria.

### **Communications Plan**

Developed during the planning phase of implementation, the Communications Plan identifies the project stakeholders, communication needs, goals and objectives, communication tools and mechanisms, responsible resources, audiences, and flow of information. The project team and stakeholders are kept up to date on project progress, milestone completion, upcoming tasks, risks, and success criteria through regular project status meetings, project status reports, and project plan reviews. Based on this information, the team is empowered to easily monitor and adapt strategies, as needed, to continue to drive toward successful project completion.



## Key components of the Communications Plan:

- Project Kickoff Meeting
  - Project launch
  - Introduction of the project team to key stakeholders
  - Enables the project teams to “match faces with names” and learn about the activities that will be accomplished during the project
  - High-level discussion about the project plan and implementation approach
- Project Status Meetings
  - Weekly project management team discussion of project status
  - Project managers and participating decision makers review task progress and identify potential variances to scope or schedule
  - If necessary, the project team identifies change request items for escalation to the steering committee and/or executive leadership
  - Project managers address any significant risks, emerging or open issues, and corresponding resolution plans
- Minutes and Notes
  - Minutes of all meetings are recorded to document attendance and any discussions or decisions
  - Distribution determined on a case-by-case basis; however, the team will promote openness and transparency to enhance general awareness of the project’s progress
- Steering Committee Meetings
  - Key component to project governance
  - Scheduled monthly, attendees, including Project Sponsors, review project progress, and address any key issues that are beyond the scope of the project team, including discussion of program or organizational policy issues that impact the project
  - Led by the WellSky Project Manager, the team presents a summary of the preceding month’s activities and future planned activities
- Collaboration Sites
  - A dedicated project SharePoint site is used as an electronic document repository for all project deliverables and documentation; includes version control, tracking of action items, and change requests
  - WellSky will also contribute project artifacts and documentation to DOEA’s designated collaboration site
- Email
  - Email is the primary channel for communication and scheduling of meetings



## Risk Management

WellSky takes a proactive and open approach to dealing with project risks and issues. The Risk Management Plan will be finalized and submitted to the DOEA Project Team during the planning phase of the implementation. The Risk Management Plan identifies strategies for identifying, monitoring, and responding to potential project issues and opportunities.

The WellSky project manager will create and maintain a Risk Register that documents, gauges, and tracks risks of variance to the project scope, schedule, resources, and budget, as well as the potential impact if those risks are realized. The Risk Register will include the typical range of risks for software system implementation projects based on WellSky's experience along with specific risks unique to the current project.

Typical risk categories:

- **Budget risks:** Tracked for material variances where actual progress is measured against estimates.
- **Work progress risks:** Tracked when work products are delayed or time expended exceeds estimates for work completion.
- **External risks:** Tracked when the provision of hardware, software, or other technical obstacles provided by 3rd-party vendors hinder project completion. These risks are largely transparent to clients in a hosted solution such as the one planned for DOEA.
- **Internal risks:** Tracked when factors such as overallocation or loss of key personnel affect the project or the assigned resources.

Identified project risks will be monitored through project meetings and status reports, and the project team will plan and implement responses as appropriate. Response options include:

- **Avoidance:** Eliminate the risk by eliminating the cause
- **Acceptance:** Take no action, allowing any impact to occur
- **Mitigation:** Find a way to reduce the possibility or impact of the risk. Mitigation strategies may include:
  - Identify, quantify, and develop a risk response
  - Develop workarounds
  - Implement contingency plans for risks that were anticipated



## **Issue Management**

WellSky's approach to Issue Management is to work collaboratively with the DOEA project team to identify, communicate, and resolve issues efficiently to minimize impact to the project value dimensions of cost, scope, schedule, quality, and stakeholder satisfaction. Issues that arise vary by type and may be managed differently according to the situation. Whether it is a software, process, resource, change request, or schedule issue, the key stakeholders for both DOEA and WellSky will address the issue together.

### *Issue Identification*

The identification of project-related issues is key to preventing an impact to project success. The WellSky project team's experience allows for early issue identification and assessment of issue severity to mitigate issue impact. Issue severity and priority are important aspects of issue identification and management. Issue severity is a measure of the business impact and driver for target resolution timeframe.

The Issue Log will track identified issues and will be maintained by the WellSky Project Manager. The log details the issue, the person reporting the issue, the issue type (e.g., software, process, resource, change request), resolution plan and status, and any related information that supports decision making. The Issue Log will be discussed during weekly project meetings, and the WellSky and DOEA project managers will be jointly responsible for monitoring and communicating issue status and holding issue owners accountable for progress toward resolution. Progress on issue resolution is tracked, updates communicated to issue reporters, and issue escalation procedures implemented, if warranted.

### *Resolution Planning*

The project team will assess issue severity and priority and coordinate the resolution plan and timeline. The team will consider possible resolution strategies, which could include change requests to project components such as scope, schedule, resources, software fixes, business process changes, and requirements revisions. Individuals will present ideas within the group for consideration. The team will agree upon a resolution, timeline, and owner. Issue resolution plans will be communicated to appropriate stakeholders.





## Quality Management

Quality management is focused on process outputs and includes oversight of solution content (system and deliverables), development, deployment, environment, technology, and maintainability. The Quality Management Plan will document the approach and plan for quality management practices and activities.

WellSky's Quality Management methodology is comprised of three processes:

- Quality Assurance
- Quality Control
- Continuous Process Improvement

### *Quality Assurance*

WellSky's quality assurance (QA) processes incorporate standards derived from external industry associations and internal best practices. QA processes include process verification audits, periodic assessment, performance management using metrics to measure performance, test results, and conformance to requirements.

### *Quality Control*

Quality control is rooted in the concept of project deliverables achieving their intended purpose. To make appropriate use of time for reviewers, deliverables adhere to baseline quality standards. This enables the project team to obtain meaningful feedback from draft deliverables that can be more easily finalized and approved. Several levels of review are employed and carried out at key times:

- **Self-Review:** WellSky members review their own work relative to objectives and standards set by their manager.
- **Peer Review:** WellSky team members present their work to other members of their team to receive constructive feedback.
- **Quality Assessment Reviews:** WellSky, and if appropriate, DOEA, subject matter experts (SMEs) review deliverables/activity milestones for accuracy, consistency, and completeness prior to delivery.
- **Client Review:** Contractual deliverables undergo formal review and approval. Written deliverables are circulated ahead of a scheduled walkthrough at which time stakeholder feedback is gathered, reviewed, and tracked. Software deliverables are demonstrated. Though part of a formal process, this format is designed to be more interactive and iterative to engage stakeholder feedback as early in the review process as possible after initial self-, peer, and QA reviews.



### *Continuous Process Improvement*

Continuous process improvement involves continual adjustments to correct defects in deliverables or processes and tuning of process objectives and measures to increase quality and productivity. The Project Manager monitors execution of the project with an eye on quality and makes recommendations for improvements and corrections.

The project team will regularly seek feedback from stakeholders on process improvement suggestions, particularly at the conclusion of an activity in which the stakeholders participated. Suggestions for improvements to efficiency and effectiveness will be reviewed as change requests and implemented as part of the integrated change control process.

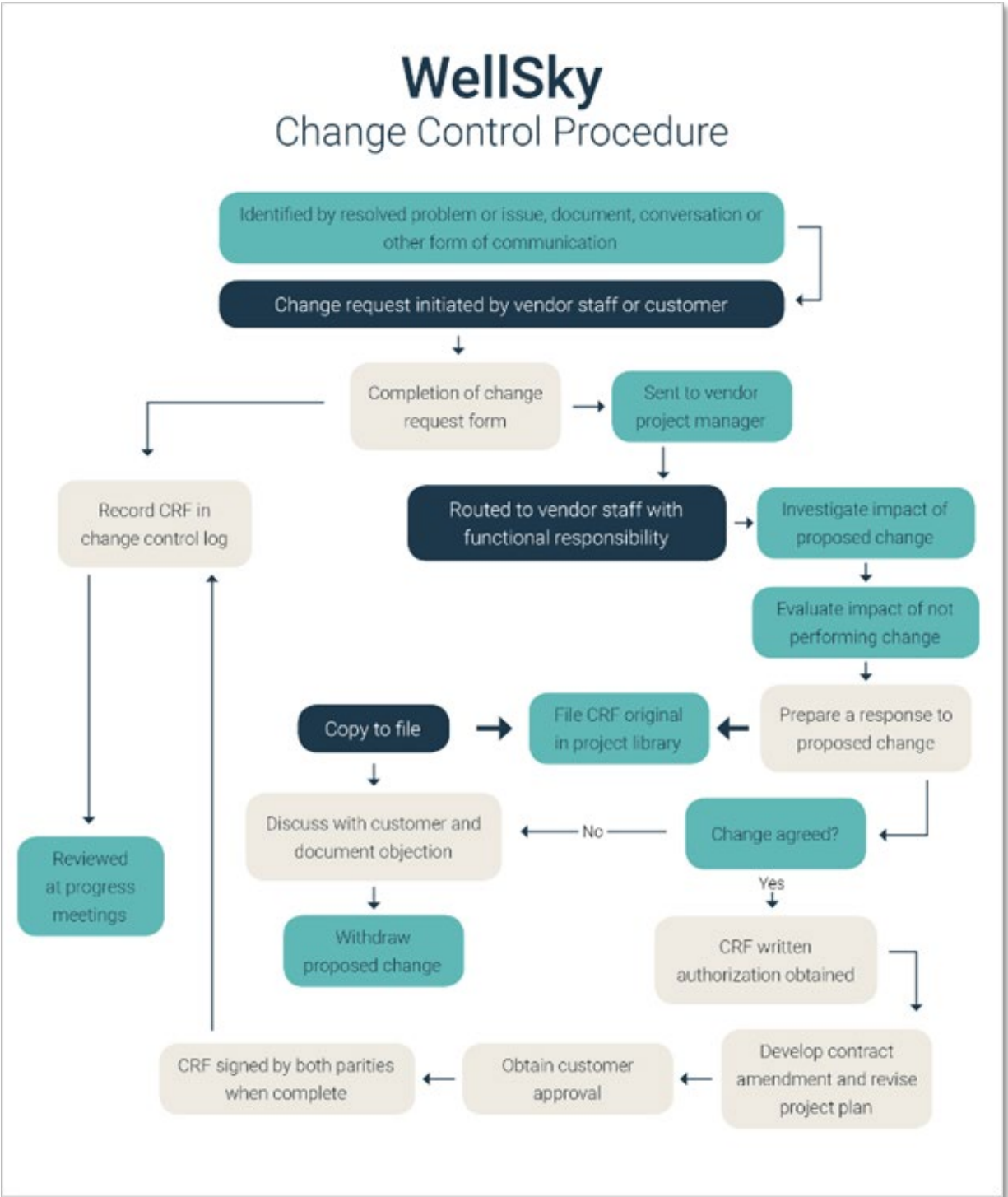
Project execution quality issues identified through QA processes will be reviewed by the project team and the steering committee and, where appropriate, handled using risk and issue management processes to ensure that action is taken to revise and improve project processes and standards. Project QA results will be summarized to document lessons learned and to update the Quality Management Plan to ensure continuous improvement in processes.

### **Change Management**

The Change Management Plan will be delivered at project initiation. Significant changes to project scope, schedule, or costs will be managed through a change control process. Change requests may be initiated by the WellSky team or DOEA whenever there is a perceived need for a change that will affect the contract of work, such as schedules, functionality, or cost. Change requests will be documented via Change Request Form (CRF) and added to the Change Control Log. Change requests must be approved by the steering committee. Where applicable, changes request that impact contract terms will invoke a contract amendment.

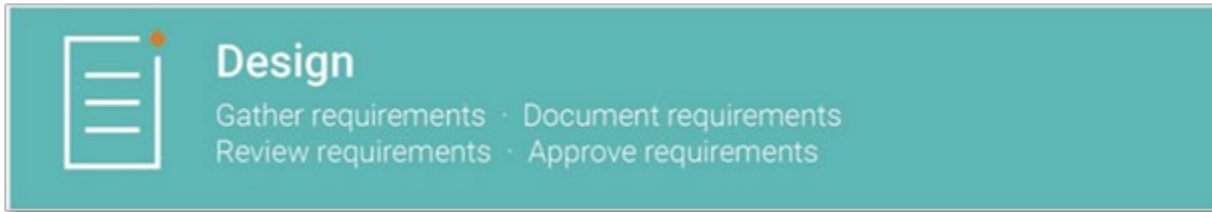
Once the change request has been approved, WellSky and DOEA will amend the contract, if needed, and revise the project plan to incorporate the agreed-upon changes. Once the contract amendment and revised project plan are approved, WellSky will begin work to implement the changes. Progress on the change request will be reported at progress meetings. Change request completion will be formally documented. The change request log will be reviewed at progress meetings to monitor changes that have not yet been completed.







## Design Phase



### Solution Analysis and Design Approach

WellSky's solution analysis and design approach involves the following strategies:

- Perform solution analysis and design incrementally by business process scope area
- Leverage the functionality and configurability of the WellSky Human Services solution
- Design WellSky Human Services user workflows based on identified use cases
  - Conduct map/gap analysis between functional requirements and the *WellSky Human Services* solution in the context of business process workflows and user activities
  - Gather requirements for configuration settings that drive solution appearance, functionality, and user role security
  - Conduct map/gap analysis on reporting requirements using *WellSky Human Services* standard reports, identifying proposed custom reports to be delivered by WellSky and reports to be created by DOEA using *WellSky Advanced Reporting*
  - Gather requirements for technical solution deliverables for system interfaces, custom reports, and data migration in with the context of workflow and configuration requirements
  - Utilize prototypes and mockups
- Document requirements and design specifications incrementally
- Obtain DOEA approval on requirements and design documentation
- Target prompt deliverable turnaround to minimize the duration from finalizing design to validating deliverables



### *Solution Mapping*

The WellSky Solution Mapping process encompasses discovery, requirements definition, design, configuration, presentation, and validation in an incremental and agile work process. The WellSky Solution Mapping process involves the following steps:

1. Initial Discovery
2. Requirements Analysis and Documentation
3. Solution Design
4. Design Approval
5. Configuration
6. WellSky Testing
7. Delivery
8. Demonstration
9. Review and Validation
10. Remediation

During project kickoff meetings, the Project Manager and Lead Implementation Consultant will work with the DOEA team to review the business and system requirements in the initial Requirements Traceability Matrix and the Functional Specification mapping of requirements to solution deliverables. The team will affirm the analysis and design work plan and set the Solution Mapping agenda and schedule.

WellSky and DOEA will then proceed to Solution Mapping. WellSky's Lead Implementation Consultant and Lead Technical Consultant will lead Solution Mapping.

In Solution Mapping Cycles, WellSky and DOEA stakeholders will review business requirements and needs for map/gap analysis and solution configuration design. The team will first address to-be business process workflows as use cases, identifying preceding activities/triggering events, business procedures, system tasks, user tasks, responsible actors, process tangents, process outcomes, and transition points. The team will prioritize "happy path" scenarios first, and then identify related exceptions, alternate workflows, and unsuccessful scenarios. As the WellSky team clarifies the business process requirements in dialog with DOEA stakeholders, WellSky will provide business process reengineering consultation and recommendations toward the objectives of standardizing processes, increasing process efficiency, and aligning workflows with *WellSky Human Services* solution capabilities and best practices. WellSky also will define workflow automation and business rule requirements in the context of business process analysis and design.

WellSky will capture solution configuration requirements. *WellSky Human Services* configuration points include, but are not limited to, system presentation such as page, screen, and field attributes, data sets, user role security profiles, and selection options such as chart of account codes, programs, services, and numerous dropdown lists.



Also in Solution Mapping, the Lead Technical Consultant will collaborate with the Lead Implementation Consultant to address requirements for system integrations, data conversion, reporting, and business intelligence. Report requirements will include map/gap analyses to *WellSky Human Services* standard reports and design for new custom reports. WellSky will layer technical deliverable requirements and design onto the process and configuration requirements from the first two cycles, defining interface use cases in conjunction with user workflows, analyzing reporting and data output needs in conjunction with data input and collection requirements, and mapping data for conversion in alignment with the system configuration design.

The Solution Mapping process is a highly collaborative process between WellSky and DOEA stakeholders. Solution Mapping involves meetings with detailed agendas for requirements review, analysis, design, documentation, and design approval. Stakeholder participation should include subject matter experts on the business process and requirements scope as well as individuals with decision-making authority to address decisions such as recommended revisions to business processes and resolution of conflicts across requirements.

During requirements definition and design, WellSky will educate DOEA on the *WellSky Human Services* toolset to help DOEA understand the proposed solution mapping fit to the requirements and contribute to the project knowledge transfer objectives.

As requirements are clarified and configuration and design approaches identified, WellSky will produce requirements and design documentation. Design documentation will include visual diagrams and mockups. WellSky will prepare and demonstrate solution prototypes, as needed. Requirements and design documentation will be stored in the project document repository with versioning for drafts, revisions, and final approvals.

As design specifications are reviewed and approved by DOEA, WellSky will place these items in the configuration work queue for assignment. Building on the design inputs from requirements discovery, WellSky will configure the non-production site. The WellSky team will actively manage the scope backlog to queue configuration tasks and assign tasks. Implementation Consultants and Technical Consultants will configure system and technical deliverables and perform unit testing in preparation for demonstration to DOEA and validation by DOEA in preparation for User Acceptance Testing.

At the end of each cycle, WellSky will demonstrate and hand off configuration deliverables to DOEA for review and validation based on the requirements and design documentation. When expedient, WellSky will provide detailed instructions for review and validation and will facilitate the review and validation with DOEA. WellSky's delivery strategy aims to close the loop between finalizing requirements and reviewing and confirming the resulting deliverable as



efficiently as possible. The primary objectives are to deliver while requirements are still fresh in stakeholders' minds and to reduce risk of requirements drift.

### *Requirements Management*

WellSky will maintain the Requirements Traceability Matrix (RTM) as a master list of functional requirements defined in the contract and specific business requirements gathered during discovery. WellSky will update the RTM to track the solution mapping approach and status through the design, configuration, and validation stages, as well as any change requests during the implementation cycle. The RTM will be reviewed during Evaluation Checkpoints as an indicator of project progress and health.

The WellSky Team will produce a variety of functional and technical design documentation based on the requirements types. Design documentation will cross-reference requirement IDs from the RTM, where applicable.

Category	Requirements Type	Design Documentation
Functional	User Workflows	Use Cases, Workflow Diagrams
Functional	Data Sets	Configuration Workbooks (e.g., group setup, lookup codes, metadata)
Technical	Business Rules	Business Rules Configuration Workbook
Technical	Custom Reports	Report Specifications
Technical	System Integrations	Use Cases, Specifications
Functional	User Security Profiles	Role Setup Workbook
Technical	Data Conversion	Conversion Schema Workbook
Development	Enhancements	Functional Requirements

### *Workflow Requirements*

WellSky will document to-be business process workflows in the form of use cases, user workflows, and workflow diagrams. Use cases and user workflows will serve as the basis for process validation during User Acceptance Testing, as well as training guide content for user training and deployment support.



## Configuration Requirements

WellSky's Configuration Workbook templates document the standard, default solution configuration settings. The WellSky Team will update the Configuration Workbooks to capture DOEA's specific configuration requirements and metadata. The Configuration Workbooks include:

- **Groups:** Presentation settings, including chapter, tab, page, and field labels and visibility
- **Roles:** User security permissions and privileges
- **Lookup Codes:** Drop down list selection options
- **Places:** Location data containing valid combinations of city, state, zip code, county, and region to drive dynamic population of address information
- **Users and Workers:** Lists of the first-person system users and third-person worker entities for import
- **Providers:** List of organization entities for import
- **Services:** Lists of system service codes, services offered by providers, and other related information to support service-dependent functionality
- **Workflow Wizards:** Triggers and ticklers for workflow-based prompts and notifications
- Additional system settings

### *Document Repository*

WellSky will manage all project documentation, including requirements and design artifacts, in a SharePoint project site provided by WellSky. WellSky will post all formal documentation deliverables to the SharePoint site, including drafts, revisions, and final approval versions.

### *Requirements Approval*

During the Solution Mapping process, WellSky will deliver incremental draft requirements and design documentation for DOEA review and approval prior to configuration. Upon completion of Solution Mapping, WellSky will compile the final requirements and design documentation for formal deliverable review and acceptance prior to User Acceptance Testing.



### Scope Backlog

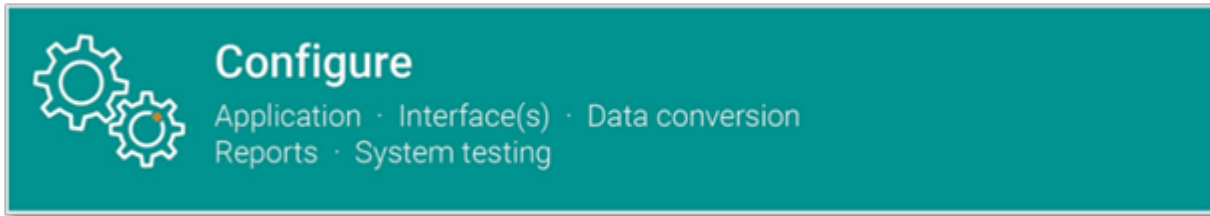
WellSky will manage a scope backlog tool, tracking tasks and deliverable items. Backlog items will be assigned for configuration and delivery based on several variables: business priority, estimated complexity, dependencies on other scope items, and readiness status in the Solution Mapping workflow. The backlog will be updated on an ongoing basis and reviewed regularly to evaluate progress and adjust priority and assignment as appropriate.

Phase	Step	Status	Description
Design	1	Not Started	Item is in the backlog waiting to be scheduled for requirements definition
	2	Requirements	Requirements definition and design is in progress
	3	Requirements Review	Requirements are defined and design is under client review
	4	Requirements Complete	Requirements are approved and ready for configuration
Configuration	5	Configuration	Configuration is in progress
	6	Configuration Complete	Ready for testing
Validation	7	WellSky Testing	Unit testing is in progress
	8	Testing Complete	Ready for demonstration
	9	Demonstration	Scheduled for demonstration/orientation
	10	Client Validation	Client validation is in progress
	11	Ready for UAT	Item passed client validation





## Configure Phase



### Application Configuration and Development Strategy

WellSky will utilize sound and secure methodologies for configuration and development activities successfully used in multiple state-level implementations including Florida APD, Georgia DAS, Oklahoma DOEA, and Nevada ADSD. WellSky will meet DOEA requirements through configuration of the *WellSky Human Services* COTS solution, rather than through development of a custom product. *WellSky Human Services*' flexible framework is adapted through configuration to meet a variety of programs and workflows without the need to write custom code. The modularity of the solution suite allows for extensive variation in solution design to support each organization's unique needs for data integrity, ease of use, and business workflows.

DOEA will have the ability to modify and augment configuration of *WellSky Human Services* using system utilities after the initial implementation, with or without WellSky assistance. Configuration may be modified by DOEA to address changing requirements and business processes long after the initial deployment is finished.

Enhancements to the *WellSky Human Services* solution are managed by WellSky Product Management. Planned features are scheduled on a product roadmap that documents the sequencing of enhancements and new features. As necessary, WellSky Product Management will collaborate with DOEA and other clients via discussion, demonstration, wire-frame prototyping, and formal focus groups to define and document functional requirements, success criteria, and a testing approach before each enhancement enters the development queue.

Development of *WellSky Human Services* solutions follows Agile methodology. Agile development uses small, cross-functional "scrum" teams, which include product management, engineering, and quality assurance staff. Work is broken into short cycles or "sprints". By developing in small, focused bursts, WellSky delivers new features, enhancements, and defect corrections quickly, allowing DOEA to track progress. Each new item is developed with accompanying automated testing to ensure high quality.

As new functionality is incorporated into releases of the COTS solution, WellSky will coordinate with DOEA to upgrade their implementation to the current release. New versions of *WellSky Human Services* with continually enhanced functionality will be available to DOEA at no





additional cost as long as DOEA remains licensed to use the solution – an added benefit of using a COTS solution.

### **Application Documentation**

WellSky will provide comprehensive standard application documentation in the form of *WellSky Human Services* User and System Administration Guides and documentation of the data model including a data dictionary and entity relationship diagrams (ERDs).

WellSky also will deliver complete configuration documentation for the DOEA system, training guides reflecting DOEA-specific business processes, and specifications for technical services deliverables, including:

- Custom report design specifications
- Web Service Description Language (WSDL) and XML Schema Definition (XSD) for interfaces, including documentation of when/how these processes will run and what will happen in the event of error or aborted process
- Companion guides for standard HIPAA electronic data interchange (EDI)
- Data migration templates with source and destination mapping
- Job aids documenting complex tasks or processes

### **Application Release Support and Maintenance**

WellSky's version release program for the WellSky solution provides clients with the opportunity to upgrade to a new release on a quarterly basis. New releases contain fixes to resolve defects, enhancements to existing features, and new features. WellSky determines the scope of items in a release based on issues reported to client support, client contract deliverables, client enhancement suggestions, and product roadmap features and enhancements to continually improve the solution. WellSky publishes comprehensive, detailed release notes for each general availability release. For a high severity defect, WellSky expedites the resolution.

The *WellSky Human Services* Technical Support team member assigned to each case will be responsible for tracking the case through to resolution, no matter where it may lie within the WellSky organization. This includes regular issue status updates at predictable intervals based on the severity, type, and status of the issue. The Help Desk team will also be able to stay informed on the status of issues and enhancement requests directly through the WellSky Client Support Portal.

Once DOEA has gone live with the WellSky solution in production, application upgrades will be applied to the non-production sandbox environment for release testing and regression testing. DOEA's system administrators will test the release to evaluate and enable key changes that



DOEA intends to utilize and to perform regression testing to validate key workflows and configuration. Through this process, DOEA will also identify, plan, and test any configuration changes specific to the solution for deployment to production with the upgrade. DOEA team testing and review of new releases, hands-on in the non-production environment, is an important activity for ongoing knowledge transfer.

After DOEA has tested and approved the release for production deployment, WellSky will schedule the production site upgrade. System administrators will communicate the pending changes to the user community, and DOEA will address any related user education needs through appropriate training materials and content.

WellSky's Professional Services team also offers Upgrade Services to assist clients like DOEA with release upgrade tasks. Upgrade Services allow clients the opportunity to assign the work involved in an application version upgrade to the WellSky team. WellSky upgrade experts will manage the upgrade plan and the upgrade of the test and production environments while providing testing support and issue management. Additionally, the WellSky team will conduct a system wellness check to assess DOEA's current business processes and identify opportunities for solution improvements and business process efficiencies. These services could be one of the uses of WellSky's proposed Managed Services hours.

## Configurations and Customizations

### *Application Configuration Methodology*

WellSky will closely collaborate with DOEA subject matter experts in the configuration of *WellSky Human Services* to meet business process, workflow, functional, technical, and security requirements. In WellSky's configuration methodology, consultants involved in requirements analysis and solution design will leverage their solution expertise to configure a non-production "sandbox" environment using built-in application utilities. Requirements will be incrementally configured, demonstrated, refined, and validated in segments as they emerge during the solution mapping process. The goal of this approach is to allow DOEA to interact with the actual configured application early in the implementation process for faster and better decision-making. Using this approach, the entire DOEA configuration will be reviewed and validated prior to User Acceptance Testing. Once this configured environment is accepted, WellSky will deploy it to the production environment for Go-Live.

WellSky employs the following configuration strategies and best practices:

- Leverage a baseline configuration modeled on previous successful implementations as a template
- Create prototypes and proofs-of-concept, including workflow automation, to illustrate alternative configuration approaches
- Deliver configuration incrementally for targeted review and validation



- Iterate configuration based on validation feedback
- Demonstrate configuration at delivery for validation
- Leverage solution flexibility to optimize fit to requirements/preferences while adhering to the intended use of the system
- Work within system rules and constraints
- Consider usability, consistency, and ease of reporting in configuration decisions
- Present pro/con analysis for informed decision making when ramifications of a configuration decision are material
- Document and maintain all configuration settings as they are made throughout the project as living documentation
- Document reasoning behind difficult configuration decisions for future reference
- Demonstrate end-to-end workflows for solution delivery of final standardized business processes in the non-production environment

The majority of the WellSky solution functionality can be configured through utilities accessible through administrator roles. This provides an opportunity for knowledge transfer to DOEA resources through shadowing and review of configuration performed by WellSky. The following utilities manage the core configuration settings:

- **Group Setup:** Presentation settings, including chapter, tab, page, and field labels and visibility
- **Role Setup:** User security permissions and privileges
- **Screen Designs:** Custom data entry forms
- **Workflow Wizards:** Workflow automation through triggers and ticklers for workflow-based prompts and notifications
- **Word Merges:** Output tools for notification letters and simple reports
- **Lookup Codes:** Drop down list selection options
- **Places:** Location data containing valid combinations of city, state, zip code, county, and region to drive dynamic population of address information
- **Services:** Lists of system service codes, services offered by providers, and other related information to support service-dependent functionality
- **ISO Codes:** Chart of account codes
- **Plan Codes:** Need, goal, objective, and intervention options for client plans
- **Users and Workers:** Lists of the first-person system users and third-person worker entities for import



### *Application Customization Methodology*

Whenever possible, WellSky limits customization of its products to interfaces, some of which are inherently custom. In general, WellSky designs new features and functionality so that they can be activated/deactivated through configuration settings in utilities accessed by an administrator. In so doing, functionality that otherwise would be custom is made available to all WellSky clients as part of the core product.

WellSky's technical lead and technical consultant will collaborate with the implementation lead and functional consultants during Solution Mapping to gather requirements and design solutions for custom interfaces. Interfaces and data migration deliverables will have dedicated delivery and test cycles after Solution Mapping.

### *Ongoing Support Impact Methodology*

To respond to evolving user preferences and business needs over time, DOEA will need a methodology for systematically evaluating user requests for changes for cumulative impact before making a configuration change or requesting an enhancement. Although making configuration changes to the application is generally straight-forward, the process of ensuring that a requested change is acceptable to all stakeholders, and that the full impact of the change is understood can be challenging. WellSky recommends an Ongoing Support Impact Methodology in which DOEA will regularly convene a Change Control Board to review and approve requested changes to configuration (e.g., forms, workflow, reports, rules, menu options), to review release notes to identify enhancements and new features that may enhance the DOEA workflow and to decide when to request an enhancement to the application. WellSky will deliver new releases with enhancements and new features inactive by default, so DOEA administrators will manually activate new functionality in a non-production environment for evaluation before activation in production.

## **Reports, Queries, and Forms Development**

### *Standard and Custom Reports*

*WellSky Human Services* includes an array of nearly 200 standard reports. WellSky can create custom reports when DOEA requirements are not met by a standard report. Standard and custom reports are developed and tested prior to release following the same processes and controls used for new features and enhancements. Report deployment is integrated into WellSky's normal release process and includes support for standard and client-specific reports.

### *Advanced Reporting*

DOEA can create self-service custom reports in *WellSky Advanced Reporting* using standard report queries and layout files as templates or can start "from scratch." Reports created in *WellSky Advanced Reporting* can be moved into the DOEA production environment, if so desired.



### *Forms*

Letters and correspondence are handled as Microsoft® Word merge documents. The solution includes many standard queries, which meet most clients' needs. Custom queries can be created if necessary. Standard and custom queries created for use with word merges are developed and tested prior to release following the same processes and controls used for new features and enhancements.

Word merge templates are managed by the client (or during implementation, jointly by the services team and the client) using the Word Merge Setup utility. As with reports, query deployment is integrated into WellSky's normal release process and includes support for standard and client-specific queries.

Assessments, surveys, and questionnaires are created and managed by the client (or during implementation, jointly by the services team and the client) using the Screen Design utility. In this context, queries manifest as indicators of formulas used to score or calculate a result based on other questions or information in the form. Indicators are generally created and managed by the services team and/or client, but custom indicators can be created by WellSky Technical Services staff if desired. The deployment of assessments and embedded indicators is managed by the client.

### *Queries*

Queries can be used to drive workflow automation in the form of workflow wizards and ticklers. Standard and custom queries created in support of workflow automation are developed and tested prior to release following the same processes and controls used for new features and enhancements. Workflow wizard query deployment is integrated into WellSky's normal release process and includes support for standard and client-specific queries.

### *Data Warehouse*

*WellSky Advanced Reporting* includes a full copy of the client's production database. The reporting database is refreshed nightly and serves as a data warehouse for most WellSky clients. For clients requiring an additional copy of their database, data warehouse and/or extract services are available. WellSky's proposal to DOEA includes WellSky's Data Replication Service to provide a mirrored database



### *Workflow Configuration*

Workflow is managed in *WellSky Human Services* through the several key solution features:

- **Workflow Wizards:** On-demand workflow task sequence automation based on specific trigger conditions
- **Ticklers:** Task prompts and notification messages routed to to-do lists for specific users or roles based on trigger conditions
- **Business Rules:** Orchestration of workflow automation based on more complex business criteria, trigger conditions, and resulting system actions
- **Queues:** Lists of items in need of review, approval, or other next-step actions, filtered for relevance by status, assignment, and other key characteristics

During the Design and Configure phases, WellSky Implementation Consultants will capture DOEA design requirements and configure Workflow Wizards, Ticklers, and Business Rules using system utilities. After Go-Live, DOEA can adjust, add, and remove workflow wizards and/or ticklers as business needs evolve without any assistance from WellSky.

Standard management and approval queues are used by DOEA and/or supervisory staff to oversee employees and to monitor/manage items requiring review and approval. All queues allow users to filter by multiple criteria, ensuring that the end user only can see data relevant to their job. Queue approval rules, rights, and permissions are configured in the Role Setup utility by WellSky during implementation. DOEA can adjust queue configuration as business needs evolve without any assistance from WellSky.

DOEA workflow configuration will be documented as part of the Configuration Specifications deliverable.

### **Release Management**

WellSky's application version release program for *WellSky Human Services* provides clients with the opportunity to upgrade to a new release on a quarterly basis. New releases contain fixes to resolve defects, enhancements to existing features, and new features. WellSky determines the scope of items in a release based on issues reported to client support, client contract deliverables, client enhancement suggestions, and product roadmap features and enhancements to continually improve the solution. WellSky publishes comprehensive, detailed release notes for each general availability release. For a high severity defect, WellSky expedites the resolution.

Once DOEA has gone live with the WellSky solution in production, application upgrades will be applied to the non-production sandbox environment for release testing and regression testing. DOEA's system administrators will test the release to evaluate and enable key changes that DOEA intends to utilize and to perform regression testing to validate key workflows and configuration. Through this process, DOEA will also identify, plan, and test any configuration





changes specific to the solution for deployment to production with the upgrade. DOEA team testing and review of new releases, hands-on in the non-production environment, is an important activity for ongoing knowledge transfer.

### **Integration Capabilities**

*WellSky Human Services* can send and receive data using different standards and provides rich interface capabilities that can support a broad range of system integration options for both large batch data exchanges and small, lightweight transactional data exchanges. Typically, WellSky utilizes secure FTP (batch file transfer), FTPS (batch file transfer), or HTTPS (web services) options for data transport, and HIPAA-compliant X12 EDI, XML, JSON or character delimited (e.g., .CSV) data formats. WellSky is also able to support real-time web service transactions using both the SOAP and REST protocols. WellSky will work with other transfer mechanisms, as required.

Requirements will be addressed through a collaborative process in which WellSky works closely with DOEA with requirements discovery, design, construction, validation, and delivery. WellSky's experience has proven this to be an effective way to minimize project risks and ensure a positive outcome. This approach is also an effective means of knowledge sharing and creating "shoulder-to-shoulder" experiences that enable the selected DOEA personnel to develop a deep understanding of the WellSky solution's configuration and options. This process requires discussions with team members from DOEA who are familiar with the systems that require integration. These discussions involve designing the most effective integration technique based on the nature of the integration requirements, such as data volume, frequency of request, and capabilities of the systems being integrated.

The integration technique considerations include:

- Data Transport (e.g., HTTPS, sFTP)
- Data Format (e.g., XML, formatted flat file, X12 EDI)
- Catalyst (e.g., event driven, time driven)
- Call flow (e.g., inbound, outbound, bi-directional)

Design decisions will be made to determine what changes are required in either the WellSky solution or the external system to support the integration. Error and exception handling also are defined to address how each system will deal with abnormal situations such as the target system being unavailable for periods of time or data validation errors. This will address any required "retry" logic, notifications, and data synchronization that may need to occur as a result.

These and other design details are documented in interface specification documents for each interface. The specification documents consist of an Interface Design Document and an



Interface Mapping Document. The Interface Design Document describes the overall approach, including method of transport, frequency, import/export scenarios, business requirements, and error handling. The Interface Mapping Document details the specific data fields involved including sources, destinations, translations, and defaults on a field by field basis. These documents will be presented to DOEA for review and feedback. Iterative cycles of review and modification to the documents will continue until they are ultimately approved by DOEA. Time limits for review feedback will be established at project kickoff. This formal approval serves as a gate to moving to the configuration phase for the integrations.

As stated previously, there is value in reusing existing integration strategies where possible. When reuse is not preferred or not feasible, the standard *WellSky Human Services Application Programming Interface (API)* will be utilized to create the necessary interfaces. The API contains secure publicly available endpoints for all necessary data in the WellSky solution. The API endpoints include the ability to subscribe to events that can be used by other systems. Parameters are available that allow data to be filtered in different ways, allowing for results that can return specific data elements or larger data sets. Industry standards, such as National Information Exchange Model (NIEM) and National Institute of Standards and Technology (NIST), are included in API design considerations.

An integration layer interacts with the application's workflow engine, allowing data to be reviewed prior to being formally saved to the database as a means of preventing validation errors. This interaction also allows the data to initiate other downstream automated workflows, as needed.

The integration layer is comprised of a set of micro-service components that are separate from the core application and allows updates to be made quickly and independently from other parts of the solution. WellSky will communicate with DOEA to schedule updates and include release notes that contain information about changes to the integration layer and/or API.

Each interface will contain appropriate error handling so that system administrators at both WellSky and DOEA are notified of any issues. If data cannot be processed, error information is returned to the calling object or system. It is important that both sides of the interface are designed to expect that errors may occur and to handle them appropriately.

Interfaces that utilize web services for sending data typically do not contain physical files, and the data will be stored directly into the application database. This information can be viewed using the WellSky solution user interface. Data that is sent via physical files (such as X12 EDI files) will be stored on AES-256-bit encrypted storage and processed accordingly. Data files will be retained per DOEA requirements and can be viewed the WellSky solution user interface or via a separate user interface mechanism available to system administrators.





## Data Migration Methodology

The Data Migration methodology refers to the specific set of procedures and tasks used to manage and control migration of data into the application's SQL database using SQL scripts. The data migration process is vital to the success of an implementation and should be planned carefully with committed data migration team members from both WellSky and the client. This methodology helps ensure that the entire data migration task results in an accurate migration, ultimately resulting in a more comfortable user group and a more manageable end user learning curve. WellSky's Data migration Plan comprises an orientation phase, a review and test phase, and a final live migration phase.

To facilitate migration, WellSky relies upon a standard, prescribed data migration schema submission file for data migrations. This standardized single file format and its data elements are a product of lessons learned through years of data migrations. Use of the migration template provides the following benefits:

- **Predictability:** A single file format with prescribed data elements naturally lends itself to an increased success rate for live migration because it helps ensure data consistency across disparate systems. WellSky takes a sample of client data, test converts it, works through possible data source issues, and, through this process, provides predictable results with a high likelihood of a successful live migration.
- **Cost Efficiency:** A single file format and prescribed data set reduces the risk of incomplete data submissions or multiple data source conflicts, which can result in unplanned data cleanup or multiple data migrations. The single file also permits easy mapping of client data to the WellSky software schema through a data crosswalk exercise.
- **Time Efficiency:** Use of the migration template eliminates the need for custom scripting to import the data to the new system.

WellSky's approach (below) is predicated on close collaboration with client resources to complete data migrations.

### Approach

- Solution mapping sessions (SMS) are conducted to determine how the client will use the WellSky solution and, therefore, the critical data elements that are needed.
- Based on the data gathered in the SMS, WellSky's implementation services and data migration specialists work with the client to identify the subset of data elements available for migration in the current implementation.
  - This is documented in the WellSky Data Migration Schema Data Dictionary.
- The client will provide source data from the legacy systems(s) to the WellSky project team
- The data is imported into a data migration site and reviewed by WellSky before access is provided to the client.
- Test results are documented in the Data migration Validation Report.



- WellSky will create the report after the first test import to track migration issues, including, but not limited to, date found, reporter, field/value, description, explanation, resolution, resolution owner, status, and whether it must be resolved before go-live or can be adjusted after go-live.
- WellSky will make the data Migration site available for client review and go over any Validation Report entries already in progress by WellSky.
- The client will review the data Migration site and test their day-forward workstreams to ensure the converted data appears as if it was originally entered into the WellSky solution.
- The client will make note of any issues so they can be investigated and tracked on the Validation Report.
- WellSky expects multiple test migration iterations before the final import into production. WellSky has found that in most implementations, three test migrations are sufficient, however, additional test migrations may be performed if the project implementation timeline will not be otherwise impacted.
- Prior to go live, data is imported into the client's production site, and a final review and test cycle is completed.

In the table below, WellSky has identified the roles and responsibilities of WellSky and Client team members engaged in data migration using the standard approach proposed. As noted previously, WellSky can assume some or all of these tasks if the client requires.

Role	Responsibilities
WellSky Technical Lead	Manage the data migration process; create, maintain, and execute data migration scripts that import data from Migration Schema into the WellSky Production Schema
WellSky Analyst	Maintain schema templates and instructions, provide consultation on mapping and data issues, perform data quality analysis on submitted data, provide data quality feedback to DHS, prepare data migration test results, track and manage identified migration issues with DHS Analyst
DHS Analyst(s)	Map source data, identify needed source data cleanup after extraction and population as needed, submit source data to WellSky for migration, repeat as needed, track and manage identified migration issues with DHS Analyst, track and manage identified migration issues with WellSky Analyst
DHS DBA	Extract source data from legacy system(s), populate the Schema database, address source data clean-up issues



DHS Tester(s)

Validate test data migration through Go-Live Migration

## Deliver Phase



## Testing

WellSky will leverage a best practice approach to the design and development of a Test Plan as part of this scope of work, pulling key lessons learned from previous statewide deployments to ensure an efficient, successful testing process. The WellSky team shall define and develop the Test Plan during the design phase outlined in the work plan with DOEA to ensure alignment to the overall approach and inclusion of all key and suggested test events prior to Go-Live. The Test Plan will contain the overall approach recommended by WellSky for successful validation of the solution by all parties. The Test Plan will cover system testing, integration testing, regression testing, and user acceptance testing.

WellSky recommends system testing be performed by the project team throughout the implementation lifecycle as configuration is being done on *WellSky Human Services*. System testing ensures that the solution performs in accordance with the jointly approved specifications and design documents for the solution. System testing begins during the Solution Mapping process within each phase of the implementation within the stage-based work plan and consists of WellSky and DOEA team members reviewing and validating incremental configuration updates as defined. After all configuration changes are made, a final system test is performed on the system by the project team. WellSky recommends this final round of system testing to ensure all configured parts of the system function as documented and no unexpected behaviors exist prior to training and Go-Live. This approach to testing has been used by WellSky on many projects, including recent initiatives with Georgia Division of Aging Services, Florida Agency for Persons with Disabilities, and Delaware Division of Developmental Disabilities, and, in each case, has delivered repeatable and predictable results.

WellSky regularly tests its SaaS solutions to ensure sufficient scalability and performance. WellSky will design the solution architecture based on estimated post-implementation peak user counts and annual anticipated user growth rates to ensure optimal performance and response times are achieved. WellSky conducts performance testing for each implementation



using simulated load profiles based on expected post implementation peaks to ensure adequate sizing and environmental specifications are in place to handle the anticipated user load on the system. These tests are conducted using automated testing tools and associated monitoring tools based on WellSky best practices to meet DOEA processing demands.

WellSky will perform integration testing between the *WellSky Human Services* system and all third-party integration points as outlined in the scope of work of this engagement. During the design phase of the project, WellSky will work with DOEA to define and complete the integration specifications for each of these external integration points. These specifications will be used to perform detailed, extensive integration tests and live data exchange tests prior to Go-Live in a production-like environment to ensure full interoperability can be achieved at Go-Live. The WellSky team will perform analysis and create documentation that captures not only the functional requirements but requirements around performance, volume, and proper error handling (including retry logic where applicable) of interfaces with other third-party systems. WellSky has extensive experience building integration points and is well suited for handling implementations from ranging from file import/exports to web service interfaces; WellSky's recent project with the Florida Agency for People with Disabilities included 16 successful interface solutions and demonstrates WellSky's competence in this area.

WellSky will work with DOEA to define and execute a User Acceptance Testing (UAT) event to confirm DOEA's business process workflows and configuration function as defined by the jointly developed and approved solution documentation. As part of the UAT event, WellSky will prepare test cases and test scenarios and provide orientation for UAT participants to ensure participants are knowledgeable and aware of agreed-upon functionality prior to the start of test activity. In addition to validating workflow processes and configuration settings, testing activities in the UAT event will also include validating user role security, reports and outputs, data conversion, and interface data exchange. The goal of this event is to confirm to the user base and stakeholders that the solution is ready for production use, meets all the requirements, and conforms to the specifications.

DOEA UAT participants will document findings and communicate results to the project team as the UAT tests are executed. The project team will review and address UAT validation findings and test results and define action plans to resolve any issues and remediate any defects to ensure all functions are ready for productive use at the close of the UAT event. WellSky needs active engagement from DOEA during UAT to ensure a comprehensive vetting of the system from the perspective of DOEA, system users, and stakeholders.



## Training

Effective end user training is a key success factor for user adoption and successful use of the application. WellSky Professional Services delivers comprehensive, cost-effective, and flexible training, using a blended learning approach.

WellSky works with the organization to create a customized training plan that considers key training needs by role, based on information gathered during the planning, testing, and implementation phases.

WellSky's proven training methodology follows a model where, along with system administrators, the organization's power users are trained in the application. After formal training, WellSky will work closely with the power users to ensure they are equipped to train others.

WellSky training benefits:

- A custom, role-based training program that is developed in partnership with the organization. Courses are designed around user roles within the application to ensure content is relevant for each participant.
- Flexible training options, including instructor-led training at the organization, sending users to the WellSky world headquarters in Overland Park, KS, webinars, and a library of training resources.
- A "Train the Trainer" approach whereby power users within the organization receive extensive training so they can train others and serve as a local resource.
- Optional custom training and videos designed by WellSky's Learning Services team.

## *Cost Effectiveness*

Cost effectiveness is in the forefront when designing the organization's training program. WellSky offers several training modalities, including instructor-led, live, and recorded webinars, a library of learning resources and the option of custom videos. The organization can choose the method that is the best fit for the budget.



### *Training Planning*

WellSky recommends that the training team include both WellSky trainers, as well as Subject Matter Experts (SMEs) from the organization's business and project teams. SME participation is also encouraged in the training planning, training material design and review, and training delivery. Team members who have participated in the Solution Mapping process are also encouraged to participate in training team activities.

The Training Plan includes:

- Curriculum
  - The proposed path to learning includes a list of role-based training offerings for system administrators, power users and users.
  - A hands-on learning approach is used, and learning activities use representative test data, allowing learners to replicate test scenarios and course exercises that are specific to their role.
  - After Go-Live, WellSky offers additional training for new user onboarding, refresher training, and training around new application features.
  - In addition, WellSky's Learning Services team offers custom solutions, such as application bootcamps, video production and ongoing, regularly scheduled trainings.
- Schedule
  - Typically, training occurs around the time of the application deployment so users can retain the new concepts and put them to use as soon as possible.
  - WellSky works with the organization's staff to create a training schedule that minimizes business disruptions whenever possible.
  - Scheduling provides flexibility for workers to attend training in consideration of their work schedule.
- Logistics
  - WellSky works with the organization's staff to identify the components that are required for successful training, such as classrooms, access to workstations for practice activities, Internet connectivity, and audio/visual needs.
  - WellSky's training materials cover standard functionality that is specific to the organization's configuration but common across user roles. Training materials and resources can be customized to include the new business process workflows that were created through the Solution Mapping process.
- Evaluation
  - Training effectiveness is measured using course evaluations and feedback from power users and management. WellSky analyzes this data and uses it to identify opportunities for improvement. During the initial training period, content can be adjusted on the fly, based on class feedback.
  - WellSky can work with the organization's staff to create custom evaluations.



### *Training Curriculum*

WellSky's client-centered approach to training curriculum is based on deep experience in successfully transitioning power users and system administrators to successful users of the WellSky application. The training curriculum is based on the learner's role within the application and the workflows they will use. Learners who have multiple roles will be able to attend all sessions that are applicable to them.

In the development of training curriculum, WellSky answers the key questions users bring to a new system, including:

- **How can the new application make my job easier?:** What is the simplest path to getting my work done efficiently?
- **What are the benefits?:** How will the new system benefit me, my organization, and my clients?
- **What is different?:** How does the new application and workflow compare to what I have been doing?
- **What is new?:** What will I need to do that I have not been doing before and how is this accomplished in the application?

From the Training Plan, WellSky will recommend a curriculum based on user roles and business needs. This customized curriculum can include a variety of training methodologies, including instructor-led classroom training, live webinars, or webinar recordings.

Interactive workflows between different user roles can be distilled into role-specific course content. Training guides and resources can be tailored to specific user role audiences, focused on priority workflows and day-to-day user tasks, and augmented with content on alternate workflows and exception scenarios.

### *Training Delivery*

An application training environment and database is created for training activities. The database contains a variety of setup data and allows learners to explore the system through hands-on exercises, including data entry that is pertinent to their respective business processes.

WellSky will take the lead in the first wave of training. The organization's SMEs will provide supplemental information to learners on the organization's workflows and policies. After the first wave of training, WellSky will gradually transfer basic training responsibilities to the organization's trainers.

Consistent with WellSky's standard approach, WellSky will train the organization's power users to assist with end user training during the implementation process. In the training classroom





setting, WellSky trainers lead the training and power users may cofacilitate, and provide individualized learner support, as needed. After implementation, these SMEs serve as a resource for basic end-user questions and interact with WellSky's support team for more involved questions and issues.

WellSky will design and deliver training materials and resources that include:

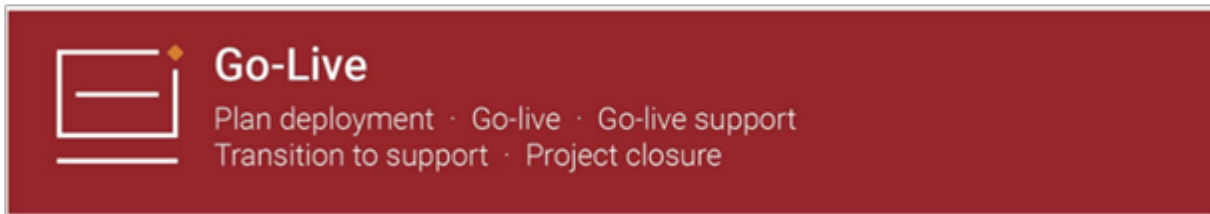
- Brief business process background for context
- Step-by-step workflows that include application screenshots
- Workflow diagrams
- Callouts for key points and tips
- Practice exercises

The organization will be responsible for providing additional training material content to address topics such as policies and procedures, processes outside of the system, and messaging to promote user adoption and champion the system transition.

### *Ongoing Training*

WellSky offers a range of options for ongoing training, including refreshers on specific topics, and webinars that explain new features. In addition, WellSky's Learning Services team offers custom solutions, such as application bootcamps, video production and ongoing, regularly scheduled trainings.

## Go-Live Phase



### **Deployment**

WellSky will develop a Go-Live Plan that addresses topics such as Go-Live readiness criteria, deployment logistics, escalation and contingency plans, system and business cutover plans, and final production site deployment and validation.

Upon completion of training, the project team will hold the first Go-Live checkpoint meeting to review Go-Live criteria and confirm the scheduled Go-Live event. Upon completion of deployment and validation, the second Go-Live checkpoint will confirm readiness for user access and system usage. On the scheduled Go-Live date, end users will begin using the WellSky solution, at which point the solution will be considered live. For the first month after





Go-Live, the WellSky project team will remain engaged to monitor the business transition and user experience and will serve as the first line of support with responsibility for triaging and managing any necessary corrective actions. After a month, the project team will transition support responsibilities to WellSky's Client Care team.

### Ongoing Optimization

WellSky has the unique ability to offer ongoing access to our team of experts through an optional managed services option. This offering will include yearly hours to work at the direction of the DOEA team on an assortment of items, not limited to the following:

- Engaging waitlist applicants to understand and access supports and services
- Recommendations on validated assessment tools for determining services and supports
- Assistance in developing an algorithm for priority-driven waiting list placement
- Recommendations for management strategies for use of waiting list functionality (i.e., reports, dashboards, standard operating procedures)
- Assistance with data mining using a Business Intelligence Tool
- Assistance in maximizing efficiencies, streamlining operations, allocating resources and support, expediting services support and enhancing workforce development opportunities.

### Enhanced Support Services for Report Configuration

WellSky has included an optional offering allowing DOEA access to *WellSky Human Services* report experts and Implementation Consultants for the following tasks:

- Identification and consultation on reports to augment the implemented solution
- Requirements documentation of custom reports
- Custom Report Configuration based on agreed upon requirements
- Initial testing of custom report configuration
- Migration of custom report configuration to live environment

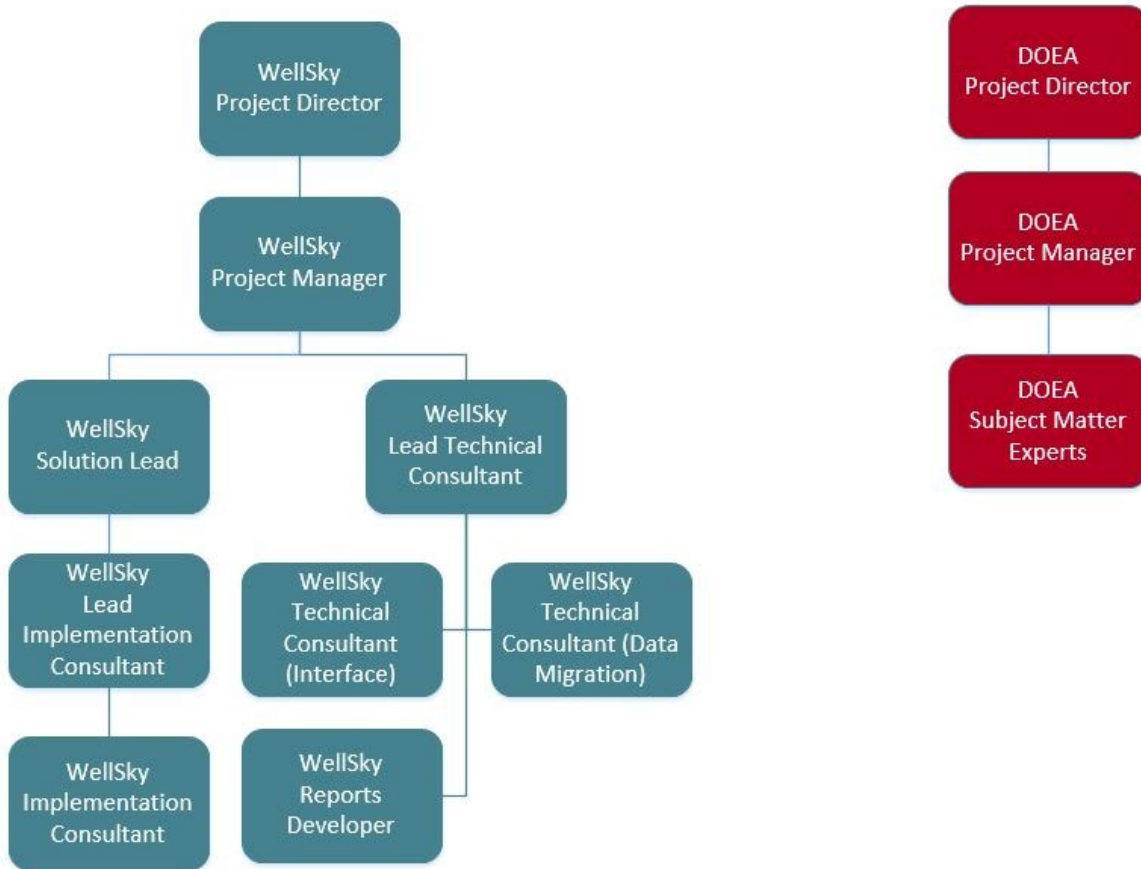
### Staffing

The WellSky team will include a core team of experienced professionals to work with the DOEA Project Team. To move DOEA toward its transformation goals with great software delivered on time and within budget, the WellSky team is fully prepared to staff, manage, control, and execute the project in accordance with the proven implementation methodology. Our staffing model focuses on bringing resources to bear only when required, managing time "on the ground" at the client site, which reduces costs and improves efficiency. The management and leadership structure are lighter than custom Design-Develop-Install teams,



relying on proven tools and processes to quickly gather configuration requirements and configure, validate, and deploy the solution.

WellSky & DOEA Project Steering Committee



State members to the project team would consist of similar roles to those staffed by WellSky. For a project of this size and scope, WellSky would anticipate that DOEA would provide a Project Manager, subject matter experts, and technical personnel who could be available at least part time during the project. The precise project staffing needs will be defined during development of the preliminary project plan.

The Project Manager has ultimate responsibility for completion of the project and is the key point of contact between the DOEA project team and the WellSky team. Leveraging their deep



experience and strong leadership, WellSky's Project Manager will help DOEA navigate the project opportunities and challenges to achieve successful outcomes.

The proposed structure includes an escalation path for executive oversight of the team, allowing critical issues to be raised to the executive level for immediate attention. The model also includes a dedicated Account Manager who, while not a formal member of the project team, will be an advocate for the client, particularly during deployment and post-implementation support, to monitor support issues and ensure good communication between the State and the WellSky project team.

### WellSky's Team

WellSky's key project team members will be skilled personnel bringing a range of talents to support staffing continuity throughout the project. The key members are the Project Manager, the Lead Implementation Consultant, and the Lead Technical Consultant who are augmented by additional Implementation Consultants and Technical Consultants. All WellSky resources are experienced in their assigned project roles, have all served on multiple implementation teams, and have an average tenure of 6.5 year implementing WellSky Human & Social Services (HSS) solutions. WellSky's proposed team also brings extensive relevant experience and knowledge from other assignments involving the HSS network that can be leveraged to optimize the WellSky solution and to help achieve the initiative's goals and objectives.

WellSky's **Project Manager** will lead the project with the assistance of a State Project Manager, involving project resources when appropriate during each phase of the project. In addition, the WellSky Project Manager performs typical project control and execution oversight tasks including issue management, communications management, status reporting, and project planning and scheduling. The Project Manager also provides special consulting to the DOEA Project Team to help ensure successful business integration and an appropriate functional design for the system.

WellSky's **Lead Implementation Consultant** is responsible for guiding the analysis and design work through WellSky's Solution Mapping process, mapping the requirements to solution functionality and configuration and designing the to-be business process workflows. The Implementation Consultant is responsible for process analysis, configuration, validation, training, and deployment of the proposed solution. The Lead Implementation Consultant will contribute advanced expertise and assistance to address any issues that may arise during the Go-Live transition and subsequent support period.

The **Lead Technical Consultant** is accountable for designing and guiding the technical service deliverables on the project and leading the technical team. The technical team will perform data conversion and deliver system integrations and reports.



The **Account Manager** is a member of the services organization and assists with the transition from Go-Live to ongoing (regular) support and maintenance operations. The Account Manager will coordinate handoffs between vendor groups to ensure a smooth transition from the project's implementation team to the Client Care Analysts. In addition to the WellSky Support team, an Account Manager will be assigned to DOEA to assist with the overall client relationship, serving as the voice of the client to WellSky's line of business teams. WellSky Client Care Analysts (CCAs), WellSky Support Management, and/or the Account Manager will be escalation points of contacts for escalated issues, questions or suggestions related to support for the WellSky solution functionality that has been deployed to production.

### *Other Roles*

#### **Project Director (Executive escalation path; not a project resource)**

The WellSky **Project Director** will participate in checkpoint meetings, monitor the quality of the project, and help ensure that WellSky resources are made available to the project, as needed, on the required timelines. Having extensive experience, the Project Director also will provide mentoring and specialized assistance to help the Project Manager and the project team in solving complex problems and achieving all in-scope objectives.

### **Client Resources**

WellSky recommends DOEA assign project roles and resource assignments as outlined below.

### *Executive Sponsor*

**DOEA's recommended staffing plan includes this role.** The Executive Sponsor is the key link between the project team and the organization's executive management. An effective sponsor "owns" the project and has the ultimate responsibility for seeing that the intended benefits are realized to create the value forecast in the business case.

The role of the Executive Sponsor includes the following:

- Create alignment by articulating a vision for the project that is aligned with business and cultural goals
- Communicate on behalf of the project, particularly with other stakeholder groups in senior management
- Gain commitment by advocating for the project and communicating his/her personal commitment to the project's success
- Arrange resources, ensuring that the project's objectives are fully realized by authorizing the resources necessary to initiate and sustain the change within the organization
- Facilitate problem-solving to ensure that escalated issues are solved effectively at the organizational level. This includes decisions on changes, risks, conflicting objectives, and any other issue that is outside of the designated authority of the Project Manager, project team, or executive steering committee



- Support the project manager by mentoring, coaching, and providing leadership in business and operational matters
- Build durability, ensuring that people and processes are in place to maintain and sustain the Project's outputs once the project is completed

#### Time Commitment

- The Executive Sponsor participates in the project kickoff meeting (4 to 6 hours) and attends Executive Steering Committee meetings (1 to 2 hours per month). Involvement in issue escalation and change requests will vary depending on criticality and complexity of the matter under consideration.

#### *Project Director*

As a member of the Executive Steering Committee, the Project Director will monitor the status of the Project and management of Project Risks.

The role of the Project Director includes the following:

- Oversee Project Manager work
- Own escalated issues

In projects where the Executive Sponsor opts for a greater degree of direct involvement, the same individual may serve as both Executive Sponsor and Project Director.

#### Time Commitment

- The Project Director will participate in the project kickoff, as well as executive steering committee meetings (1 to 2 hours per month). Involvement in issue escalation and change requests will vary depending on criticality and complexity of the matter under consideration.

#### *Project Manager*

**DOEA's recommended staffing plan includes this role.** The role of the Project Manager includes the following:

- Collaborate closely to ensure the project is completed on time, within budget, within scope, and with the highest quality of satisfaction
- Ensure appropriate resources are assigned and available per the agreed-to work plan
- Coordinate communication with internal and external stakeholders as defined in the communications plan
- Assist in administrative, logistical, and technical arrangements for on-site meetings, remote meetings, and working sessions, as needed
- Collaborate on project documentation requirements and reviews
- Manage deliverable acceptance processes in a timely manner
- Provide feedback on project quality and satisfaction in an ongoing manner
- Responsible for all tasks assigned to client per the agreed-to work plan



- Communicate and manage day-to-day activities to the DOEA project staff
- Participate in weekly meetings
- Receive weekly status reports and provide timely feedback

#### Time Commitment

- The project requires a full-time Project Manager. The Project Manager can expect to be in daily communication by phone or email and will also communicate with stakeholders daily. The Project Manager will participate in the project kickoff, executive steering committee meetings (1 to 2 hours per month, including agenda prep), project team meetings (2 to 4 hours per month, including agenda prep and action item follow-up), and other ad-hoc meetings as necessary.
- During the design phase of the project, the Project Manager should plan to attend or designate a substitute for all sessions, technical requirements definition meetings, and other design meetings. In addition, the Project Manager should attend or designate a substitute for all content validation sessions, user acceptance testing sessions, and training sessions.

#### Executive Steering Committee

**DOEA's recommended staffing plan includes this role.** The Role of the Executive Steering Committee includes the following:

- Responsible for overall strategic direction of the project
- Monitor project risks and issues
- Remove barriers, negotiate compromises, and resolve internal and external issues to reduce project risk levels

With support and input from the Executive Sponsor, the executive steering committee is responsible for the overall strategic direction of the project. Monthly executive steering committee meetings will focus primarily on monitoring project risks to anticipate and minimize potential adverse impacts to project success criteria.

Effective and timely intervention by individual members of the executive steering committee is essential to successful risk management. When appropriate due to the critical nature of a risk, a member of the executive steering committee may be assigned as risk owner to direct the risk response strategy for that risk.

#### Time Commitment

Members of the executive steering committee will participate in the project kickoff and executive steering committee meetings (1 to 2 hours per month). Involvement in risk management, issue escalation, and change requests will vary depending on criticality and complexity of the matter under consideration.



### *Project Team*

DOEA's recommended staffing plan includes this role. WellSky recommends a dedicated project team consisting of 5 – 8 key personnel from DOEA and MNIT. The project team is a working team, not an advisory body.

The role of the project team includes the following:

- Responsible to make day-to-day decisions regarding planning, monitoring, and controlling the project work
- Accountable, active participation, and fostering a constructive approach to conflict resolution

The project team should include representation from all essential business functions and stakeholders.

### *Time Commitment*

Project team members will participate in the project kickoff. Project team members will participate in status meetings and work sessions throughout the life of the project, up to 8 hours per day during onsite meetings, up to 2 hours per week in Solution Mapping cycles, and up to 5 hours per week during testing, training, and deployment. Project team members will also participate in ad hoc work groups (estimated up to 5 hours per week during specified activities).

When project team members are selected for their deep and thorough understanding of the agency's business processes, they are often asked to participate as workgroup leaders, Subject Matter Experts, testers, and trainers for the project. The responsibilities for these additional roles must be taken into consideration in calculating each individual's overall time commitment to the project.

### *Business Process Subject Matter Experts*

**DOEA's recommended staffing plan includes this role to be filled by various Subject Matter Experts (SMEs) led by the DOEA Business Functional Sponsor.** The role of the Subject Matter Experts includes the following:

- Provide information to be used in system configuration
- Provide information and insight into business process workflows and data flows during Solution Mapping Sessions
- Participate in the review and approval of business analysis (BA) documents
- Participate in form analysis and report specifications
- Participate in content validation, workflow validation, and UAT
- Test configuration and participate in UAT and system sign-off





### Time Commitment

Design sessions are completed early in each stage during the Solution Mapping phase. WellSky suggests four to six primary SMEs for each subject area participate in design sessions and strongly suggests that these primary subject matter experts attend every day of design for their subject area. This provides continuity across all stages of the subject area workflow and facilitates decision-making. Specialized SMEs may be added for identified topics within each subject area (e.g., Intake Specialists to attend the Intake portion of the Case Management sessions).

After design sessions are completed, WellSky Implementation Consultants will configure the system and schedule demonstrations and validation sessions to review each screen design, workflow, and output document with the appropriate subject matter experts and business function owners. The level of effort for these activities will vary depending on the number and complexity of configuration elements that need to be reviewed.

SMEs are ideal candidates to serve as testers and trainers in their areas of expertise. The responsibilities for these additional roles must be taken into consideration in calculating each individual's overall time commitment to the project.

### Information Technologist

The Role of the Information Technologist includes the following:

- Responsible for end user/desktop system requirements and support
- Participate in technical discussion and training throughout the implementation
- Interface specifications and management to ensure effective and efficient system integration is accomplished
- Data conversion and validation
- Report writing

### Time Commitment

Information Technology members will participate in the Project Kickoff, followed by a 1-day hands-on introductory WellSky Training. Information Technology members will participate in status meetings and work sessions throughout the life of the project (up to 2 hours per week in discovery and configuration phases, up to 5 hours per week during testing, training, and deployment) and will participate in ad hoc work groups (estimated up to 5 hours per week during specified activities).





### *Testers*

DOEA's recommended staffing plan includes a team of Business Functional SMEs. These staff will serve as the testers. WellSky facilitates structured UAT of core system workflows after configuration and content validation have been completed. Testers will participate in tester training and time commitments for these tasks vary depending on the scope and complexity. Re-testing may be necessary during the testing remediation process.

The role of the testers includes the following:

- Complete system and workflow training delivered by WellSky
- Test core system workflows after configuration & content validation have been completed
- Testing of conversion and interfaces
- Promote mutual support among colleagues and emphasizes knowledge-sharing and success of the team
- Support end user training and assist trainers as needed
- Maintain a positive attitude toward change
- Staff members with additional system and procedure training who provide the first line of user assistance during and after Go-Live.

### *Time Commitment*

Varies in the level of effort and duration, depending on responsibilities.

### *Trainers*

WellSky will provide a combination of on-site and web-based training for this project. As part of the training plan, WellSky will offer train-the-trainer session such that the DOEA's power users and trainers will be able to provide ongoing end user training and over-the-shoulder support.

The role of the trainers includes the following:

- Complete system and workflow training delivered by WellSky.
- Responsible to deliver end user training using train-the-trainer approach
- Responsible for the management and oversight of the training domain, including database refresh strategies, populating the database with test records, and setting security roles and groups.
- Maintain training materials after Go-Live.

### *Time Commitment*

Varies depending on the number of users to be trained for each role.



## Attachment 3: Project Plan

The following is the detailed project plan.



FL eCIRTS Schedule  
7-9-20.pdf



## Attachment 4: WellSky Data Replication Service Technical Overview

This document is intended to provide a brief introduction to WellSky's SaaS SQL Replication Service, the two different approaches that can be used and the pre-requisites required for each approach. StarQuest Data Replicator (SQDR) software will be used, which optimizes data availability and maximize the efficiency of data applications and functions through real-time data replication.

A Four Tier system architecture will be employed for WellSky's SaaS SQL data replication process. Tier 1 and Tier 2 will be within the WellSky network, while Tier 4 is the customer server. Tier 1 is WellSky's production database server, Tier 2 hosts the Change Data Capture (CDC) software, and Tier 3 applies the replication. Tier 3 resides either within WellSky domain or customer environment depending which replication approach is chosen (PULL or PUSH). See Annex 1 and Annex 2 below.

### Introduction

Data replication entails two distinct phases:

- (1) Creating a mirror image from the source database to the destination database. Normally the data can be "pushed" regardless of the method selected for change data replication, since the protocol is based upon Bulk Copy Processing ("BCP"). StarQuest Data Replicator (SQDR), which resides on Tier 3, performs the initial baseline by selecting the data from the Tier 1 SQL Server and "pushing" data using BCP to Tier 4. Port 1433 on the source and destination databases is used to perform the baseline from the destination server and the underlying protocol uses SQL Server Tabular Data Stream Protocol ("TDS"). Baseline processing is relatively immune to WAN latency. In the pull method the Pull will originate from Tier 4 and retrieve from Tier 3 the baseline copy and this provides automatic and manual control of the refresh from the Tier 4 system.
- (2) Capturing and applying change data from the source database to the destination database. The changes are acquired by Tier 2 and staged in a DB2 LUW (Linux/UNIX/Windows) database that is part of the Tier 2 software. Tier 3 obtains the staged changes using a highly efficient "pull" mechanism from the staging database in order to apply changes to SQL Server on Tier 4. The communication protocol used between Tier 2 and Tier 3 is based upon Distributed Relational Data Access Protocol ("DRDA") and is relatively immune to the latency of the network connection, because changes are blocked together and delivered with a minimal amount of acknowledgement. The application of change data by Tier 3 to Tier 4 is based upon TDS protocol. Applying changes is a very "chatty" protocol that is particularly sensitive to WAN latency.



## Technical Architecture Summary

The solution will utilize a “PUSH” architecture that acquires all data to be provided to the remote SQL Server and only requires port 1433 access (the port typically used by SQL Server) and no StarQuest software installed on Tier 4.

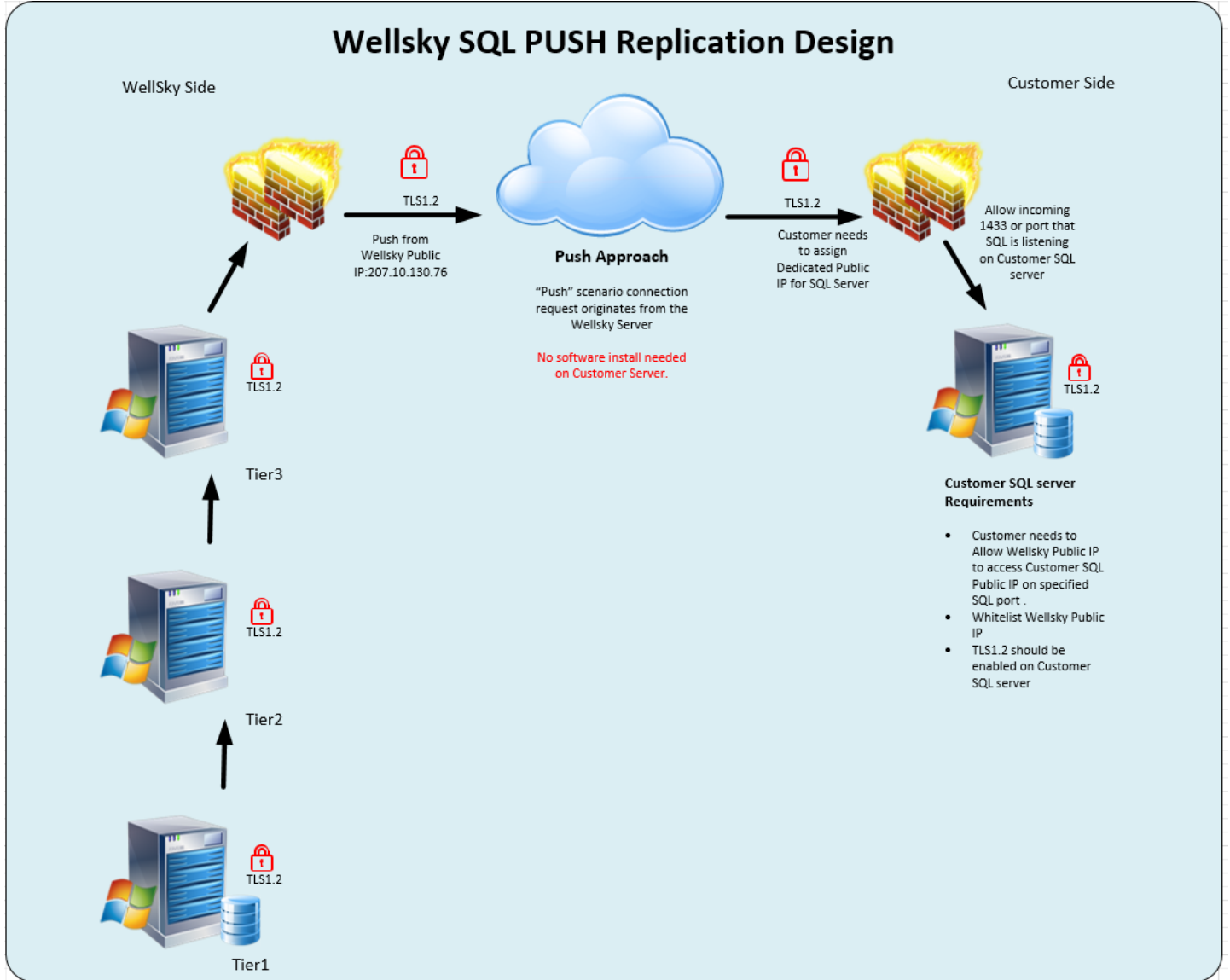
### Requirement for Customers – Tier 4

- TLS 1.2 needs to be enabled and will have SSL encryption across all of the tiers.
- The database user (that will be set) during configuration, needs to have sufficient authority to create and populate database tables on the destination server.
- The Windows Client Platform that will run SQDR must have TCP/IP access to the destination server.
- The collation of the SQL Server Database where the data will be replicated should match the collation sequence of the Tier 1 Source DBMS.
- With respect to the destination database server, it should be sufficiently powered to process the anticipated transaction loads offered by the Source database (Tier 1) AND any additional end-user applications.
- With respect to Destination SQL Server Database Logging: Simple Recovery Model may be used for purposes of SQDR.
- The link speed between Tier 3 and Tier 4 must have sufficient bandwidth and latency characteristics to insure the effective transfer of change data. Since this is directly linked to the anticipated transaction load, we are unable to provide more specific guidance.
- The destination SQL Server will be communicated using the Microsoft ODBC Driver (17.1). This driver is used to communicate with Tier 4 and supports connections as follows (per <https://www.microsoft.com/en-us/download/details.aspx?id=53339>):

Microsoft ODBC Driver 17.1 for SQL Server is a single dynamic-link library (DLL) containing run-time support for applications using native-code APIs to connect to Microsoft SQL Server 2008, SQL Server 2008 R2, SQL Server 2012, SQL Server 2014, SQL Server 2016, Analytics Platform System, Azure SQL Database and Azure SQL Data Warehouse. Microsoft ODBC Driver 17 for SQL Server should be used to create new applications or enhance existing applications that need to take advantage of new SQL Server 2016 features. This redistributable installer for Microsoft ODBC Driver 17 for SQL Server installs the client components needed during run time to take advantage of new SQL Server 2016 features, and optionally installs the header files needed to develop an application that uses the ODBC API.



TLS 1.2 is available for SQL Server per the following Microsoft statement of support (see <https://support.microsoft.com/en-us/help/3135244/tls-1-2-support-for-microsoft-sql-server>):



Annex 1: "PUSH" Architecture Example





























**PROJECT SPENDING PLAN - SUMMARY**

Total Cost Type by Year				
Item	Planned	Incurred	Disbursed	Remaining
<b>SFY 2020-21</b>				
Project Staffing	\$ 204,520.00	\$ 159,037.17	\$ 159,037.17	\$ 45,482.83
Project Deliverables & Other	\$ 1,665,256.81	\$ 1,665,256.81	\$ 1,665,256.81	\$ -
IV&V	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 1,869,776.81</b>	<b>\$ 1,824,293.98</b>	<b>\$ 1,824,293.98</b>	<b>\$ 45,482.83</b>
<b>SFY 2021-22</b>				
Project Staffing	\$ 190,490.00	\$ 148,826.24	\$ 148,826.24	\$ 41,663.76
Project Deliverables & Other	\$ 5,302,398.00	\$ 3,162,925.93	\$ 3,162,925.93	\$ 2,139,472.08
IV&V	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 5,492,888.00</b>	<b>\$ 3,311,752.17</b>	<b>\$ 3,311,752.17</b>	<b>\$ 2,181,135.84</b>
<b>SFY 2022-23</b>				
Project Staffing	\$ 141,330.00	\$ 50,809.98	\$ 50,589.98	\$ 90,740.02
Project Deliverables & Other	\$ 3,219,072.82	\$ 2,923,875.55	\$ 2,909,845.05	\$ 309,227.77
IV&V	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 3,360,402.82</b>	<b>\$ 2,974,685.53</b>	<b>\$ 2,960,435.03</b>	<b>\$ 399,967.79</b>
<b>SFY 2023-24</b>				
Project Staffing	\$ 350,960.00	\$ -		\$ 350,960.00
Project Deliverables & Other	\$ 2,982,721.82	\$ -		\$ 2,982,721.82
IV&V	\$ 214,285.71	\$ -		\$ 214,285.71
<b>Total</b>	<b>\$ 3,547,967.53</b>	<b>\$ -</b>		<b>\$ 3,547,967.53</b>
<b>SFY 2024-25</b>				
Project Staffing	\$ 230,480.00	\$ -		\$ 230,480.00
Project Deliverables & Other	\$ 2,591,906.78	\$ -		\$ 2,591,906.78
IV&V	\$ 35,714.29	\$ -		\$ 35,714.29
<b>Total</b>	<b>\$ 2,858,101.07</b>	<b>\$ -</b>		<b>\$ 2,858,101.07</b>
<b>SFY 2025-26</b>				
Project Staffing	\$ -	\$ -		\$ -
Project Deliverables & Other	\$ 2,389,584.59	\$ -		\$ 2,389,584.59
IV&V	\$ -	\$ -		\$ -
<b>Total</b>	<b>\$ 2,389,584.59</b>	<b>\$ -</b>		<b>\$ 2,389,584.59</b>
<b>SFY 2026-27</b>				
Project Staffing	\$ -	\$ -		\$ -
Project Deliverables & Other	\$ 2,452,797.57	\$ -		\$ 2,452,797.57
IV&V	\$ -	\$ -		\$ -
<b>Total</b>	<b>\$ 2,452,797.57</b>	<b>\$ -</b>		<b>\$ 2,452,797.57</b>
<b>Grand Total</b>				
Project Staffing	\$ 1,117,780.00	\$ 358,673.39	\$ 358,453.39	\$ 672,180.02
Project Deliverables & Other	\$ 20,603,738.39	\$ 7,752,058.29	\$ 7,738,027.79	\$ 10,726,238.53
IV&V	\$ 250,000.00	\$ -	\$ -	\$ 250,000.00
<b>Total</b>	<b>\$ 21,971,518.39</b>	<b>\$ 8,110,731.68</b>	<b>\$ 8,096,481.18</b>	<b>\$ 11,648,418.55</b>

Project Spending Plan Summary									
Item	SFY 2020-21	SFY 2021-22	SFY 2022-23	SFY 2023-24	SFY 2024-25	SFY 2025-26	SFY 2026-27	Total	Percent
<b>Project Staffing Costs</b>									
State Staff	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
OPS Staff	\$ 74,520.00	\$ 55,890.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 130,410.00	0.6%
Contractors	\$ 130,000.00	\$ 134,600.00	\$ 141,330.00	\$ 350,960.00	\$ 230,480.00	\$ -	\$ -	\$ 987,370.00	4.5%
<b>Total</b>	<b>\$ 204,520.00</b>	<b>\$ 190,490.00</b>	<b>\$ 141,330.00</b>	<b>\$ 350,960.00</b>	<b>\$ 230,480.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,117,780.00</b>	<b>5.1%</b>
<b>Cumulative</b>	<b>\$ 204,520.00</b>	<b>\$ 395,010.00</b>	<b>\$ 536,340.00</b>	<b>\$ 887,300.00</b>	<b>\$ 1,117,780.00</b>	<b>\$ 1,117,780.00</b>	<b>\$ 1,117,780.00</b>	<b>\$ 1,117,780.00</b>	<b>5.1%</b>
<b>Project Deliverables and Other Expenses</b>									
Project Deliverables	\$ 776,212.07	\$ 2,573,555.48	\$ 1,021,131.34	\$ 558,276.08	\$ 244,919.29	\$ -	\$ -	\$ 5,174,094.26	23.5%
Major Project Tasks	\$ 776,212.07	\$ 182,812.50	\$ 240,625.00	\$ 249,812.50	\$ 249,812.50	\$ 249,812.50	\$ 249,812.50	\$ 2,198,899.57	10.0%
Hardware	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Software	\$ 112,832.67	\$ 1,454,522.47	\$ 1,893,008.00	\$ 1,949,633.24	\$ 2,008,292.19	\$ 2,068,030.95	\$ 2,129,906.88	\$ 11,616,226.40	52.9%
Misc Expense Travel, other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Other Costs	\$ -	\$ 1,091,507.55	\$ 64,308.48	\$ 225,000.00	\$ 89,217.75	\$ 71,741.14	\$ 73,078.19	\$ 1,614,853.11	7.3%
<b>Total</b>	<b>\$ 1,665,256.81</b>	<b>\$ 5,302,398.00</b>	<b>\$ 3,219,072.82</b>	<b>\$ 2,982,721.82</b>	<b>\$ 2,592,241.73</b>	<b>\$ 2,389,584.59</b>	<b>\$ 2,452,797.57</b>	<b>\$ 20,604,073.34</b>	<b>93.8%</b>
<b>Cumulative</b>	<b>\$ 1,665,256.81</b>	<b>\$ 6,967,654.81</b>	<b>\$ 10,186,727.63</b>	<b>\$ 13,169,449.45</b>	<b>\$ 15,761,691.18</b>	<b>\$ 18,151,275.77</b>	<b>\$ 20,604,073.34</b>	<b>\$ 20,604,073.34</b>	<b>93.8%</b>
<b>IV&amp;V Costs</b>									
IV&V Deliverables	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Recurring IV&V Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Other IV&V Costs	\$ -	\$ -	\$ -	\$ 214,285.71	\$ 35,714.29	\$ -	\$ -	\$ 250,000.00	1.1%
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 214,285.71</b>	<b>\$ 35,714.29</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 250,000.00</b>	<b>1.1%</b>
<b>Cumulative</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 214,285.71</b>	<b>\$ 250,000.00</b>	<b>\$ 250,000.00</b>	<b>\$ 250,000.00</b>	<b>\$ 250,000.00</b>	<b>1.1%</b>
<b>FY Totals</b>									
<b>Grand Total</b>	<b>\$ 1,869,776.81</b>	<b>\$ 5,492,888.00</b>	<b>\$ 3,360,402.82</b>	<b>\$ 3,547,967.53</b>	<b>\$ 2,858,436.02</b>	<b>\$ 2,389,584.59</b>	<b>\$ 2,452,797.57</b>	<b>\$ 21,971,853.34</b>	<b>100.0%</b>
<b>Cumulative</b>	<b>\$ 1,869,776.81</b>	<b>\$ 7,362,664.81</b>	<b>\$ 10,723,067.63</b>	<b>\$ 14,271,035.16</b>	<b>\$ 17,129,471.18</b>	<b>\$ 19,519,055.77</b>	<b>\$ 21,971,853.34</b>	<b>\$ 21,971,853.34</b>	



SFY 2020-21	Monthly									Annual Total					
	Planned			Disbursed			Planned less Disbursed			Planned	Disbursed	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Variance	% Variance
	Period	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative						
Jul	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					
Aug	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					
Sep	\$ 902,044.74	\$ 902,044.74	\$ 902,044.74	\$ 889,494.74	\$ 889,494.74	\$ 889,494.74	\$ 12,550.00	\$ 12,550.00	\$ 12,550.00						
Oct	\$ 13,000.00	\$ 915,044.74	\$ 915,044.74	\$ 12,525.00	\$ 902,019.74	\$ 902,019.74	\$ 475.00	\$ 13,025.00	\$ 13,025.00						
Nov	\$ 13,000.00	\$ 928,044.74	\$ 928,044.74	\$ 13,500.00	\$ 915,519.74	\$ 915,519.74	\$ (500.00)	\$ 12,525.00	\$ 12,525.00						
Dec	\$ 789,212.07	\$ 1,717,256.81	\$ 1,717,256.81	\$ 16,275.00	\$ 931,794.74	\$ 931,794.74	\$ 772,937.07	\$ 785,462.07	\$ 785,462.07						
Jan	\$ 13,000.00	\$ 1,730,256.81	\$ 1,730,256.81	\$ 15,000.00	\$ 946,794.74	\$ 946,794.74	\$ (2,000.00)	\$ 783,462.07	\$ 783,462.07						
Feb	\$ 13,000.00	\$ 1,743,256.81	\$ 1,743,256.81	\$ 12,000.00	\$ 958,794.74	\$ 958,794.74	\$ 1,000.00	\$ 784,462.07	\$ 784,462.07						
Mar	\$ 31,630.00	\$ 1,774,886.81	\$ 1,774,886.81	\$ 791,287.22	\$ 1,750,081.96	\$ 1,750,081.96	\$ (759,657.22)	\$ 24,804.85	\$ 24,804.85						
Apr	\$ 31,630.00	\$ 1,806,516.81	\$ 1,806,516.81	\$ 18,825.95	\$ 1,768,907.91	\$ 1,768,907.91	\$ 12,804.05	\$ 37,608.90	\$ 37,608.90						
May	\$ 31,630.00	\$ 1,838,146.81	\$ 1,838,146.81	\$ 22,989.93	\$ 1,791,897.84	\$ 1,791,897.84	\$ 8,640.07	\$ 46,248.97	\$ 46,248.97						
Jun	\$ 31,630.00	\$ 1,869,776.81	\$ 1,869,776.81	\$ 32,396.14	\$ 1,824,293.98	\$ 1,824,293.98	\$ (766.14)	\$ 45,482.83	\$ 45,482.83						
										\$ 1,869,776.81	\$ 1,824,293.98	\$ 45,482.83	\$ 1,869,776.81	\$ (45,482.83)	-2.43%

SFY 2021-22	Monthly									Annual Total					
	Planned			Disbursed			Planned less Disbursed			Planned	Disbursed	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Variance	% Variance
	Period	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative						
Jul	\$ 2,617,915.11	\$ 2,617,915.11	\$ 4,487,691.92	\$ 6,603.38	\$ 6,603.38	\$ 1,830,897.36	\$ 2,611,311.73	\$ 2,611,311.73	\$ 2,656,794.56						
Aug	\$ 44,171.67	\$ 2,662,086.78	\$ 4,531,863.59	\$ (6,603.38)	\$ -	\$ 1,824,293.98	\$ 50,775.05	\$ 2,662,086.78	\$ 2,707,569.61						
Sep	\$ 39,130.00	\$ 2,701,216.78	\$ 4,570,993.59	\$ 21,427.19	\$ 21,427.19	\$ 1,845,721.17	\$ 17,702.81	\$ 2,679,789.59	\$ 2,725,272.42						
Oct	\$ 796,712.07	\$ 3,497,928.85	\$ 5,367,705.66	\$ 1,612,196.91	\$ 1,633,624.10	\$ 3,457,918.08	\$ (815,484.84)	\$ 1,864,304.76	\$ 1,909,787.59						
Nov	\$ 800,462.07	\$ 4,298,390.92	\$ 6,168,167.73	\$ 38,284.77	\$ 1,671,908.87	\$ 3,496,202.85	\$ 762,177.30	\$ 2,626,482.06	\$ 2,671,964.89						
Dec	\$ 789,212.05	\$ 5,087,602.97	\$ 6,957,379.78	\$ 15,129.00	\$ 1,687,037.87	\$ 3,511,331.85	\$ 774,083.05	\$ 3,400,565.11	\$ 3,446,047.94						
Jan	\$ 13,000.00	\$ 5,100,602.97	\$ 6,970,379.78	\$ 789,152.57	\$ 2,476,190.44	\$ 4,300,484.42	\$ (776,152.57)	\$ 2,624,412.54	\$ 2,669,895.37						
Feb	\$ 13,000.00	\$ 5,113,602.97	\$ 6,983,379.78	\$ 804,259.10	\$ 3,280,449.54	\$ 5,104,743.52	\$ (791,259.10)	\$ 1,833,153.44	\$ 1,878,636.27						
Mar	\$ 280,708.98	\$ 5,394,311.95	\$ 7,264,088.76	\$ 7,089.01	\$ 3,287,538.55	\$ 5,111,832.53	\$ 273,619.97	\$ 2,106,773.41	\$ 2,152,256.24						
Apr	\$ 22,789.69	\$ 5,417,101.64	\$ 7,286,878.45	\$ -	\$ 3,287,538.55	\$ 5,111,832.53	\$ 22,789.69	\$ 2,129,563.10	\$ 2,175,045.93						
May	\$ 35,328.24	\$ 5,452,429.88	\$ 7,322,206.69	\$ 23,744.87	\$ 3,311,283.42	\$ 5,135,577.40	\$ 11,583.37	\$ 2,141,146.47	\$ 2,186,629.30						
Jun	\$ 40,458.12	\$ 5,492,888.00	\$ 7,362,664.81	\$ 468.75	\$ 3,311,752.17	\$ 5,136,046.15	\$ 39,989.37	\$ 2,181,135.84	\$ 2,226,618.67	\$ 5,492,888.00	\$ 3,311,752.17	\$ 2,181,135.84	\$ 5,492,888.00	\$ (2,181,135.84)	-39.71%

SFY 2022-23	Monthly									Annual Total					
	Planned			Disbursed			Planned less Disbursed			Planned	Disbursed	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Variance	% Variance
	Period	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative						
Jul	\$ 2,919,011.72	\$ 2,919,011.72	\$ 10,281,676.53	\$ -	\$ -	\$ 5,136,046.15	\$ 2,919,011.72	\$ 2,919,011.72	\$ 5,145,630.39						
Aug	\$ 9,166.67	\$ 2,928,178.39	\$ 10,290,843.20	\$ -	\$ -	\$ 5,136,046.15	\$ 9,166.67	\$ 2,928,178.39	\$ 5,154,797.06						
Sep	\$ 9,166.66	\$ 2,937,345.05	\$ 10,300,009.86	\$ -	\$ -	\$ 5,136,046.15	\$ 9,166.66	\$ 2,937,345.05	\$ 5,163,963.72						
Oct	\$ 9,166.67	\$ 2,946,511.72	\$ 10,309,176.53	\$ 787,707.04	\$ 787,707.04	\$ 5,923,753.19	\$ (778,540.37)	\$ 2,158,804.68	\$ 4,385,423.35						
Nov	\$ 9,166.67	\$ 2,955,678.39	\$ 10,318,343.20	\$ -	\$ 787,707.04	\$ 5,923,753.19	\$ 9,166.67	\$ 2,167,971.35	\$ 4,394,590.02						
Dec	\$ 19,468.78	\$ 2,975,147.17	\$ 10,337,811.98	\$ 2,133,633.00	\$ 2,921,340.04	\$ 8,057,386.19	\$ (2,114,164.22)	\$ 53,807.13	\$ 2,280,425.80						
Jan	\$ 11,041.67	\$ 2,986,188.84	\$ 10,348,853.65	\$ 7,040.00	\$ 2,928,380.04	\$ 8,064,426.19	\$ 4,001.67	\$ 57,808.80	\$ 2,284,427.47						
Feb	\$ 11,041.67	\$ 2,997,230.51	\$ 10,359,895.32	\$ 375.00	\$ 2,928,755.04	\$ 8,064,801.19	\$ 10,666.67	\$ 68,475.47	\$ 2,295,094.14						
Mar	\$ 11,041.66	\$ 3,008,272.17	\$ 10,370,936.98	\$ 14,684.99	\$ 2,943,440.03	\$ 8,079,486.18	\$ (3,643.33)	\$ 64,832.14	\$ 2,291,450.81						
Apr	\$ 11,041.67	\$ 3,019,313.84	\$ 10,381,978.65	\$ 16,995.00	\$ 2,960,435.03	\$ 8,096,481.18	\$ (5,953.33)	\$ 58,878.81	\$ 2,285,497.48						
May	\$ 11,041.67	\$ 3,030,355.51	\$ 10,393,020.32	\$ -	\$ 2,960,435.03	\$ 8,096,481.18	\$ 11,041.67	\$ 69,920.48	\$ 2,296,539.15						
Jun	\$ 330,047.31	\$ 3,360,402.82	\$ 10,723,067.63	\$ -	\$ 2,960,435.03	\$ 8,096,481.18	\$ 330,047.31	\$ 399,967.79	\$ 2,626,586.46						
										\$ 3,360,402.82	\$ 2,974,685.53	\$ 385,717.29	\$ 3,360,402.82	\$ (385,717.29)	-11.48%

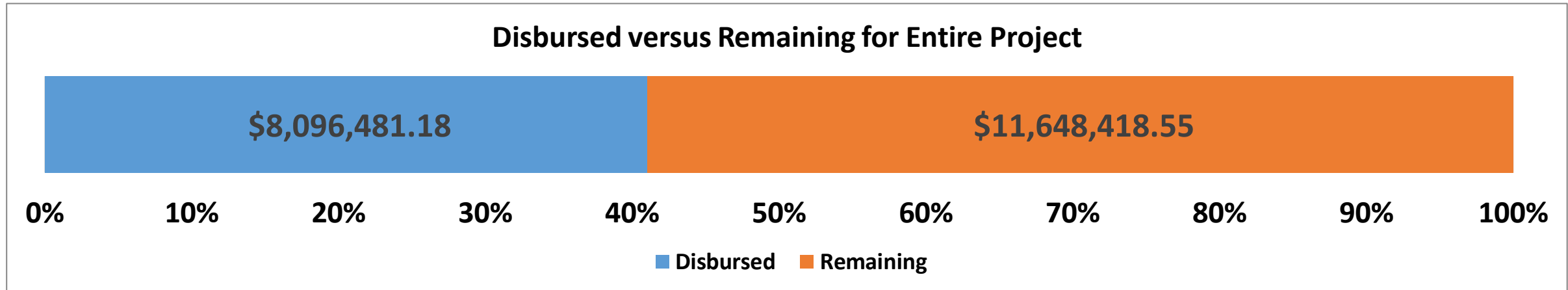
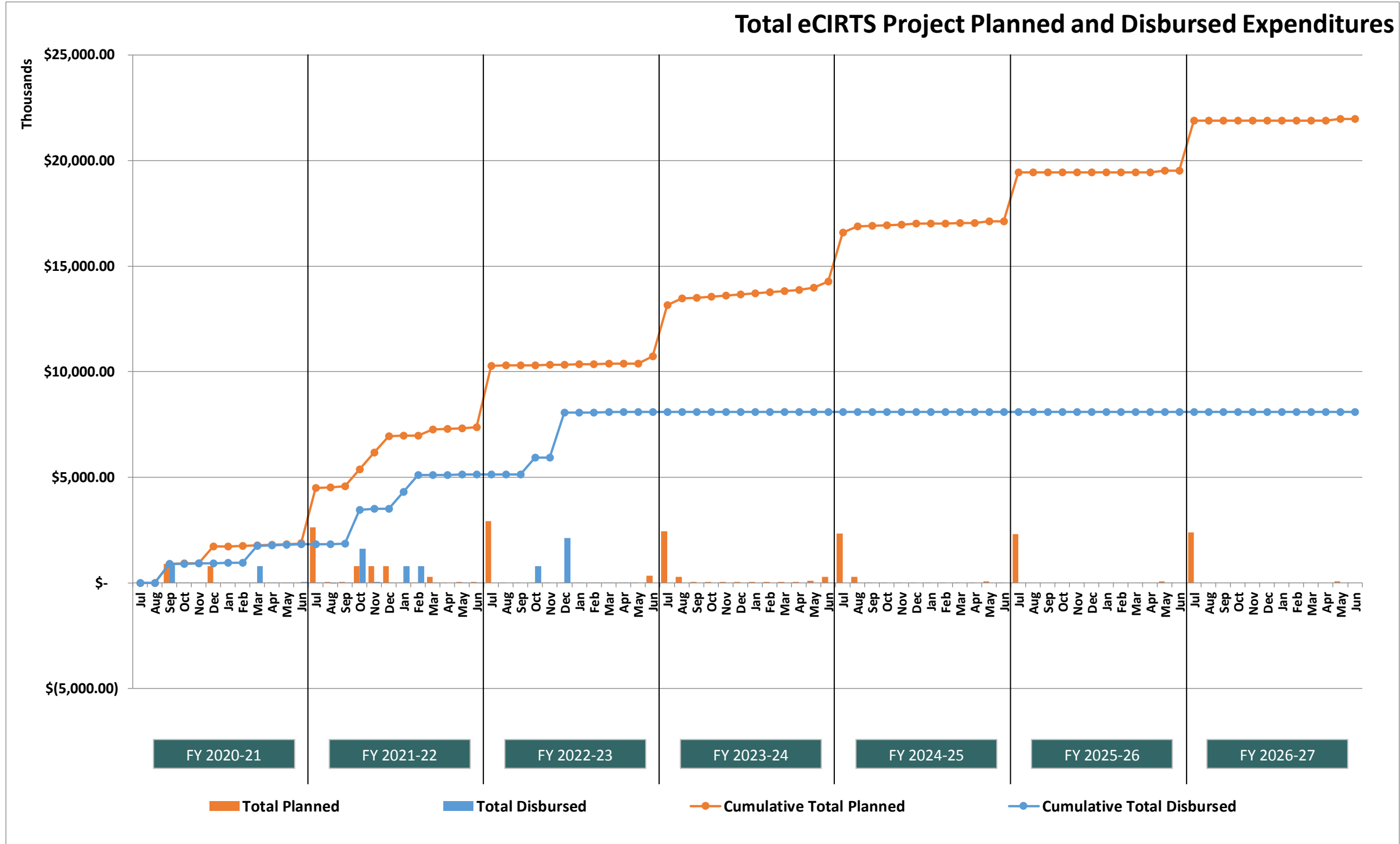
SFY 2023-24	Monthly									Annual Total					
	Planned			Disbursed			Planned less Disbursed			Planned	Disbursed	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Variance	% Variance
	Period	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative						
Jul	\$ 2,439,987.05	\$ 2,439,987.05	\$ 13,163,054.68	\$ -	\$ -	\$ 8,096,481.18	\$ 2,439,987.05	\$ 2,439,987.05	\$ 5,066,573.50						
Aug	\$ 297,023.10	\$ 2,737,010.15	\$ 13,460,077.78	\$ -	\$ -	\$ 8,096,481.18	\$ 297,023.10	\$ 2,737,010.15	\$ 5,363,596.60						
Sep	\$ 52,103.81	\$ 2,789,113.96	\$ 13,512,181.59	\$ -	\$ -	\$ 8,096,481.18	\$ 52,103.81	\$ 2,789,113.96	\$ 5,415,700.41						
Oct	\$ 52,103.81	\$ 2,841,217.77	\$ 13,564,285.40	\$ -	\$ -	\$ 8,096,481.18	\$ 52,103.81	\$ 2,841,217.77	\$ 5,467,804.22						
Nov	\$ 52,103.81	\$ 2,893,321.58	\$ 13,616,389.21	\$ -	\$ -	\$ 8,096,481.18	\$ 52,103.81	\$ 2,893,321.58	\$ 5,519,908.03						
Dec	\$ 52,103.81	\$ 2,945,425.39	\$ 13,668,493.02	\$ -	\$ -	\$ 8,096,481.18	\$ 52,103.81	\$ 2,945,425.39	\$ 5,572,011.84						
Jan	\$ 52,103.81	\$ 2,997,529.20	\$ 13,720,596.83	\$ -	\$ -	\$ 8,096,481.18	\$ 52,103.81	\$ 2,997,529.20	\$ 5,624,115.65						
Feb	\$ 52,103.81	\$ 3,049,633.01	\$ 13,772,700.64	\$ -	\$ -	\$ 8,096,481.18	\$ 52,103.81	\$ 3,049,633.01	\$ 5,676,219.46						
Mar	\$ 52,103.81	\$ 3,101,736.82	\$ 13,824,804.45	\$ -	\$ -	\$ 8,096,481.18	\$ 52,103.81	\$ 3,101,736.82	\$ 5,728,323.27						
Apr	\$ 52,103.81	\$ 3,153,840.63	\$ 13,876,908.26	\$ -	\$ -	\$ 8,096,481.18	\$ 52,103.81	\$ 3,153,840.63	\$ 5,780,427.08						
May	\$ 97,103.81	\$ 3,250,944.43	\$ 13,974,012.06	\$ -	\$ -	\$ 8,096,481.18	\$ 97,103.81	\$ 3,250,944.43	\$ 5,877,530.89						
Jun	\$ 297,023.10	\$ 3,547,967.53	\$ 14,271,035.16	\$ -	\$ -	\$ 8,096,481.18	\$ 297,023.10	\$ 3,547,967.53	\$ 6,174,553.99						
										\$ 3,547,967.53	\$ -	\$ 3,547,967.53	\$ 3,547,967.53	\$ -	0.00%

SFY 2024-25	Monthly									Annual Total					
	Planned			Disbursed			Planned less Disbursed			Planned	Disbursed	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Variance	% Variance
	Period	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative						
Jul	\$ 2,323,623.55	\$ 2,323,623.55	\$ 16,594,658.71	\$ -	\$ -	\$ 8,096,481.18	\$ 2,323,623.55	\$ 2,323,623.55	\$ 8,498,177.54						
Aug	\$ 292,023.10	\$ 2,615,646.65	\$ 16,886,681.81	\$ -	\$ -	\$ 8,096,481.18	\$ 292,023.10	\$ 2,615,646.65	\$ 8,790,200.64						
Sep	\$ 29,246.67	\$ 2,644,893.32	\$ 16,915,928.48	\$ -	\$ -	\$ 8,096,481.18	\$ 29,246.67	\$ 2,644,893.32	\$ 8,819,447.31						
Oct	\$ 29,246.67	\$ 2,674,139.98	\$ 16,945,175.15	\$ -	\$ -	\$ 8,096,481.18	\$ 29,246.67	\$ 2,674,139.98	\$ 8,848,693.97						
Nov	\$ 29,246.67	\$ 2,703,386.65	\$ 16,974,421.81	\$ -	\$ -	\$ 8,096,481.18	\$ 29,246.67	\$ 2,703,386.65	\$ 8,877,940.64						
Dec	\$ 29,246.67	\$ 2,732,633.32	\$ 17,003,668.48	\$ -	\$ -	\$ 8,096,481.18	\$ 29,246.67	\$ 2,732,633.32	\$ 8,907,187.31						
Jan	\$ 9,166.67	\$ 2,741,799.98	\$ 17,012,835.15	\$ -	\$ -	\$ 8,096,481.18	\$ 9,166.67	\$ 2,741,799.98	\$ 8,916,353.97						
Feb	\$ 9,166.67	\$ 2,750,966.65	\$ 17,022,001.81	\$ -	\$ -	\$ 8,096,481.18	\$ 9,166.67	\$ 2,750,966.65	\$ 8,925,520.64						
Mar	\$ 9,166.67	\$ 2,760,133.32	\$ 17,031,168.48	\$ -	\$ -	\$ 8,096,481.18	\$ 9,166.67	\$ 2,760,133.32	\$ 8,934,687.31						
Apr	\$ 9,166.67	\$ 2,769,299.98	\$ 17,040,335.15	\$ -	\$ -	\$ 8,096,481.18	\$ 9,166.67	\$ 2,769,299.98	\$ 8,943,853.97						
May	\$ 79,634.42	\$ 2,848,934.40	\$ 17,119,969.56	\$ -	\$ -	\$ 8,096,481.18	\$ 79,634.42	\$ 2,848,934.40	\$ 9,023,488.39						
Jun	\$ 9,166.67	\$ 2,858,101.07	\$ 17,129,136.23	\$ -	\$ -	\$ 8,096,481.18	\$ 9,166.67	\$ 2,858,101.07	\$ 9,032,655.06						
										\$ 2,858,101.07	\$ -	\$ 2,858,101.07	\$ 2,858,101.07	\$ -	0.00%

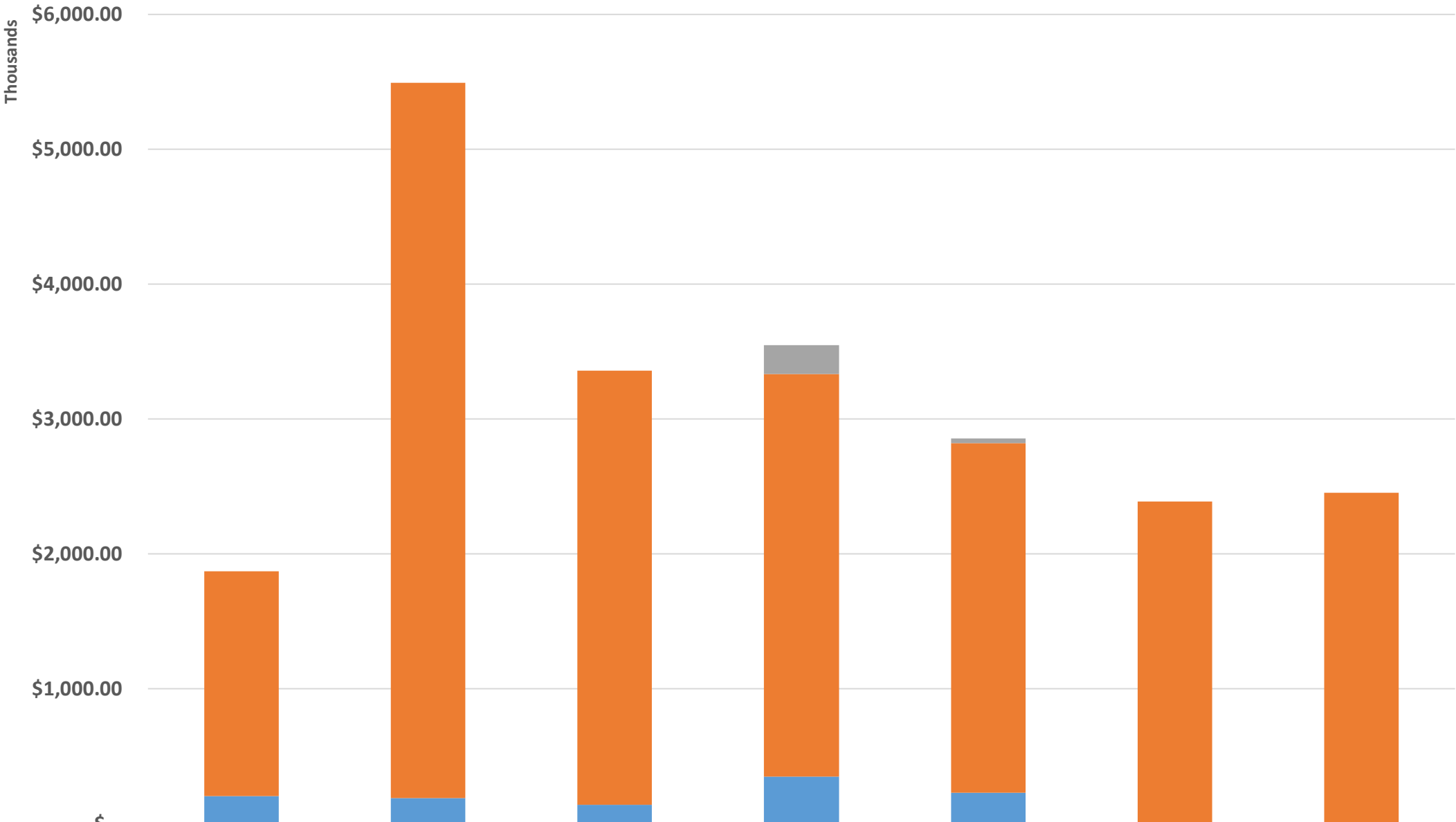
SFY 2025-26	Monthly									Annual Total					
	Planned			Disbursed			Planned less Disbursed			Planned	Disbursed	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Variance	% Variance
	Period	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative						
Jul	\$ 2,317,843.45	\$ 2,317,843.45	\$ 19,446,979.68	\$ -	\$ -	\$ 8,096,481.18	\$ 2,317,843.45	\$ 2,317,843.45	\$ 11,350,498.51						
Aug	\$ -	\$ 2,317,843.45	\$ 19,446,979.68	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,317,843.45	\$ 11,350,498.51						
Sep	\$ -	\$ 2,317,843.45	\$ 19,446,979.68	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,317,843.45	\$ 11,350,498.51						
Oct	\$ -	\$ 2,317,843.45	\$ 19,446,979.68	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,317,843.45	\$ 11,350,498.51						
Nov	\$ -	\$ 2,317,843.45	\$ 19,446,979.68	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,317,843.45	\$ 11,350,498.51						
Dec	\$ -	\$ 2,317,843.45	\$ 19,446,979.68	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,317,843.45	\$ 11,350,498.51						
Jan	\$ -	\$ 2,317,843.45	\$ 19,446,979.68	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,317,843.45	\$ 11,350,498.51						
Feb	\$ -	\$ 2,317,843.45	\$ 19,446,979.68	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,317,843.45	\$ 11,350,498.51						
Mar	\$ -	\$ 2,317,843.45	\$ 19,446,979.68	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,317,843.45	\$ 11,350,498.51						
Apr	\$ -	\$ 2,317,843.45	\$ 19,446,979.68	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,317,843.45	\$ 11,350,498.51						
May	\$ 71,741.14	\$ 2,389,584.59	\$ 19,518,720.82	\$ -	\$ -	\$ 8,096,481.18	\$ 71,741.14	\$ 2,389,584.59	\$ 11,422,239.65						
Jun	\$ -	\$ 2,389,584.59	\$ 19,518,720.82	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,389,584.59	\$ 11,422,239.65						
										\$ 2,389,584.59	\$ -	\$ 2,389,584.59	\$ 2,389,584.59	\$ -	0.00%

SFY 2026-27	Monthly									Annual Total											
	Planned			Disbursed			Planned less Disbursed			Planned	Disbursed	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Variance	% Variance						
	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative	Project Cumulative	Month	FY Cumulative	Project Cumulative												
Jul	\$ 2,379,719.38	\$ 2,379,719.38	\$ 21,898,440.20	\$ -	\$ -	\$ 8,096,481.18	\$ 2,379,719.38	\$ 2,379,719.38	\$ 13,801,959.03												
Aug	\$ -	\$ 2,379,719.38	\$ 21,898,440.20	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,379,719.38	\$ 13,801,959.03												
Sep	\$ -	\$ 2,379,719.38	\$ 21,898,440.20	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,379,719.38	\$ 13,801,959.03												
Oct	\$ -	\$ 2,379,719.38	\$ 21,898,440.20	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,379,719.38	\$ 13,801,959.03												
Nov	\$ -	\$ 2,379,719.38	\$ 21,898,440.20	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,379,719.38	\$ 13,801,959.03												
Dec	\$ -	\$ 2,379,719.38	\$ 21,898,440.20	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,379,719.38	\$ 13,801,959.03												
Jan	\$ -	\$ 2,379,719.38	\$ 21,898,440.20	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,379,719.38	\$ 13,801,959.03												
Feb	\$ -	\$ 2,379,719.38	\$ 21,898,440.20	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,379,719.38	\$ 13,801,959.03												
Mar	\$ -	\$ 2,379,719.38	\$ 21,898,440.20	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,379,719.38	\$ 13,801,959.03												
Apr	\$ -	\$ 2,379,719.38	\$ 21,898,440.20	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,379,719.38	\$ 13,801,959.03												
May	\$ 73,078.19	\$ 2,452,797.57	\$ 21,971,518.39	\$ -	\$ -	\$ 8,096,481.18	\$ 73,078.19	\$ 2,452,797.57	\$ 13,875,037.22												
Jun	\$ -	\$ 2,452,797.57	\$ 21,971,518.39	\$ -	\$ -	\$ 8,096,481.18	\$ -	\$ 2,452,797.57	\$ 13,875,037.22							\$ 2,452,797.57	\$ -	\$ 2,452,797.57	\$ 2,452,797.57	\$ -	0.00%

**PROJECT SPENDING PLAN - Charts**

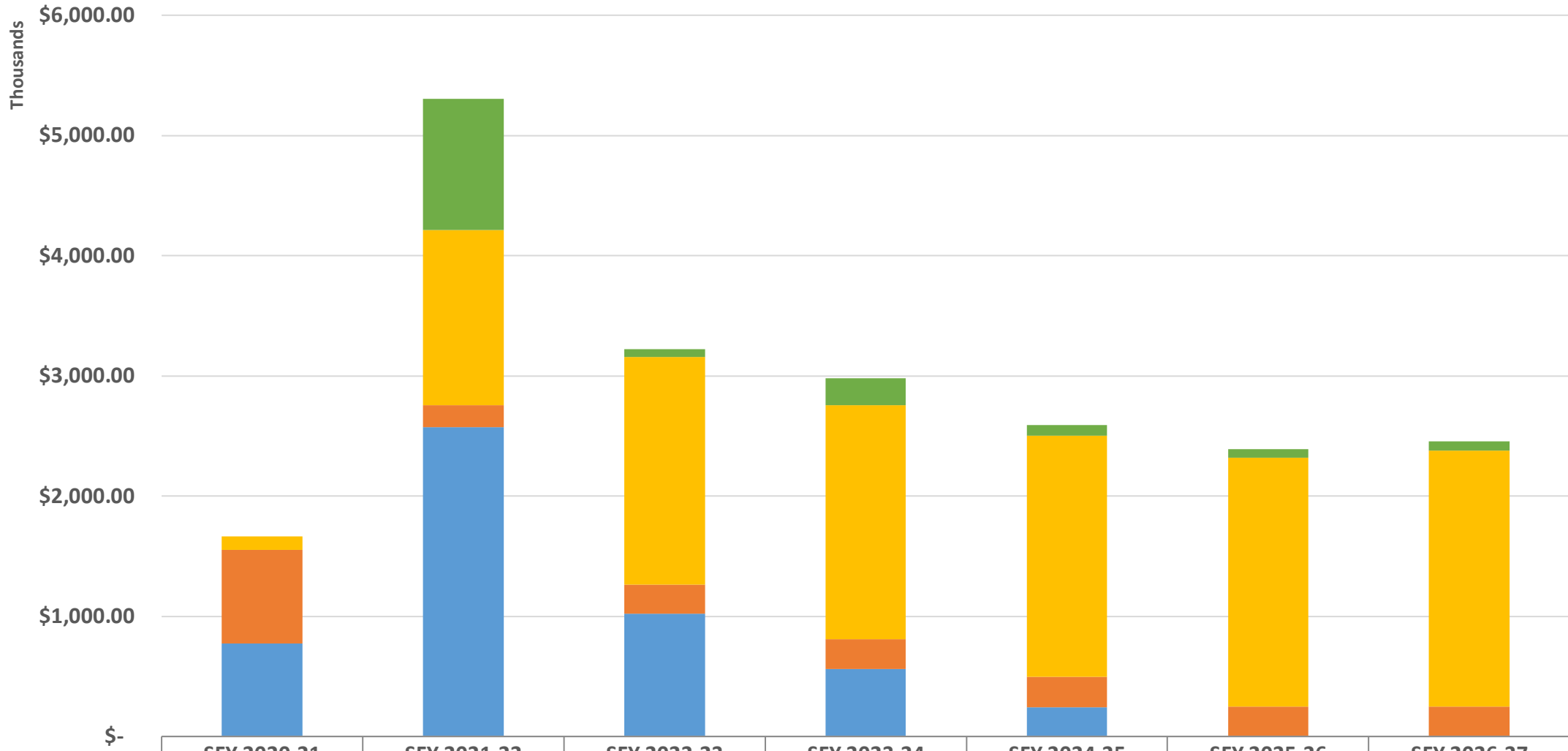


### eCIRTS Project Planned Expenditures



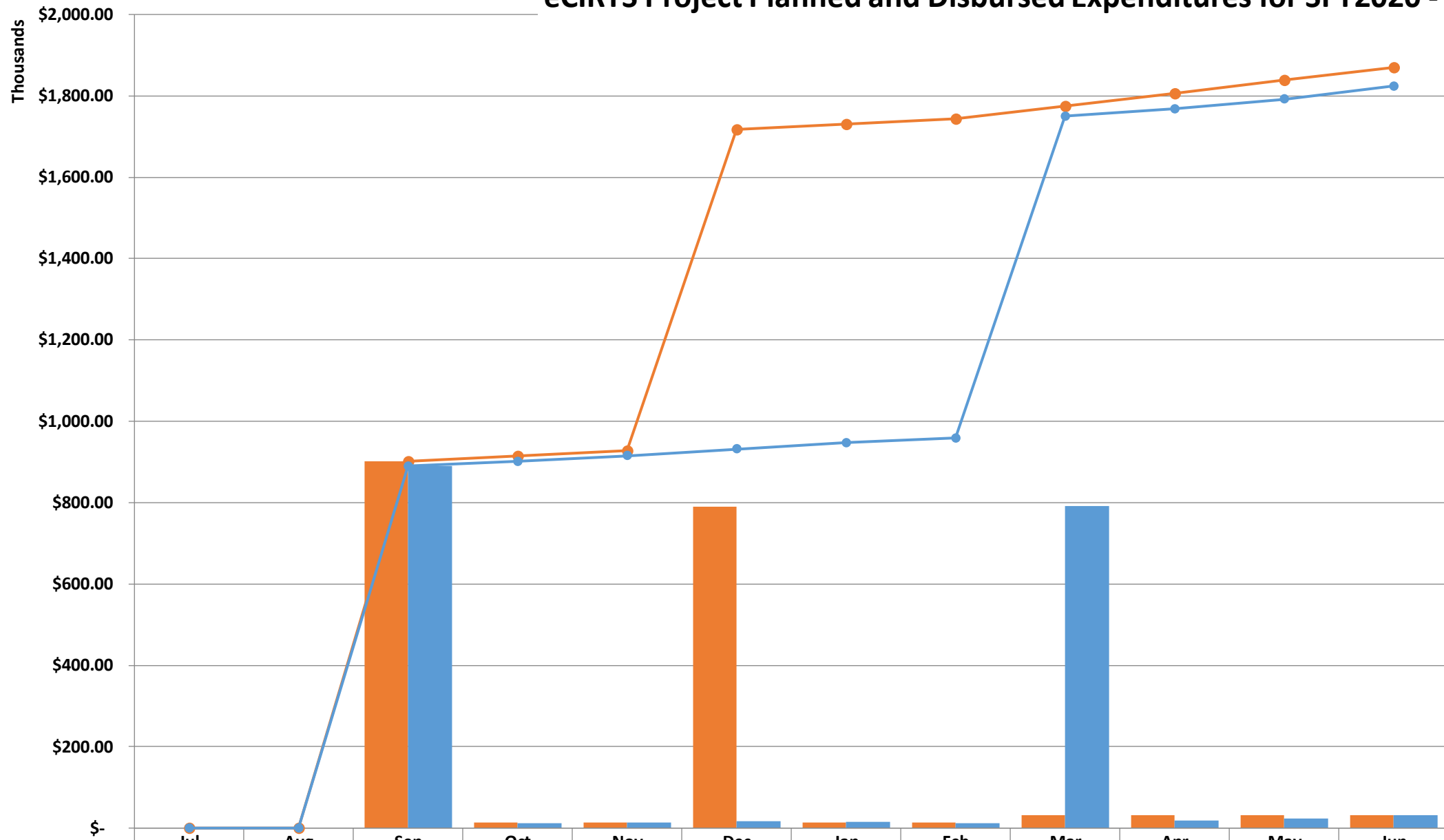
	SFY 2020-21	SFY 2021-22	SFY 2022-23	SFY 2023-24	SFY 2024-25	SFY 2025-26	SFY 2026-27
IV&V Costs	\$-	\$-	\$-	\$214,285.71	\$35,714.29	\$-	\$-
Project Deliverables and Other Expenses	\$1,665,256.81	\$5,302,398.00	\$3,219,072.82	\$2,982,721.82	\$2,592,241.73	\$2,389,584.59	\$2,452,797.57
Project Staffing Costs	\$204,520.00	\$190,490.00	\$141,330.00	\$350,960.00	\$230,480.00	\$-	\$-

### eCIRTS Project Deliverables and Other Expditures



	SFY 2020-21	SFY 2021-22	SFY 2022-23	SFY 2023-24	SFY 2024-25	SFY 2025-26	SFY 2026-27
Other Costs	\$-	\$1,091,507.55	\$64,308.48	\$225,000.00	\$89,217.75	\$71,741.14	\$73,078.19
Misc Expense Travel, other	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Software	\$112,832.67	\$1,454,522.47	\$1,893,008.00	\$1,949,633.24	\$2,008,292.19	\$2,068,030.95	\$2,129,906.88
Hardware	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Major Project Tasks	\$776,212.07	\$182,812.50	\$240,625.00	\$249,812.50	\$249,812.50	\$249,812.50	\$249,812.50
Project Deliverables	\$776,212.07	\$2,573,555.48	\$1,021,131.34	\$558,276.08	\$244,919.29	\$-	\$-

### eCIRTS Project Planned and Disbursed Expenditures for SFY2020 - 21



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>FY Total Planned</b>	\$-	\$-	\$902,044.74	\$13,000.00	\$13,000.00	\$789,212.07	\$13,000.00	\$13,000.00	\$31,630.00	\$31,630.00	\$31,630.00	\$31,630.00
<b>FY Total Disbursed</b>	\$-	\$-	\$889,494.74	\$12,525.00	\$13,500.00	\$16,275.00	\$15,000.00	\$12,000.00	\$791,287.22	\$18,825.95	\$22,989.93	\$32,396.14
<b>FY Cumulative Total Planned</b>	\$-	\$-	\$902,044.74	\$915,044.74	\$928,044.74	\$1,717,256.8	\$1,730,256.8	\$1,743,256.8	\$1,774,886.8	\$1,806,516.8	\$1,838,146.8	\$1,869,776.8
<b>FY Cumulative Total Disbursed</b>	\$-	\$-	\$889,494.74	\$902,019.74	\$915,519.74	\$931,794.74	\$946,794.74	\$958,794.74	\$1,750,081.9	\$1,768,907.9	\$1,791,897.8	\$1,824,293.9

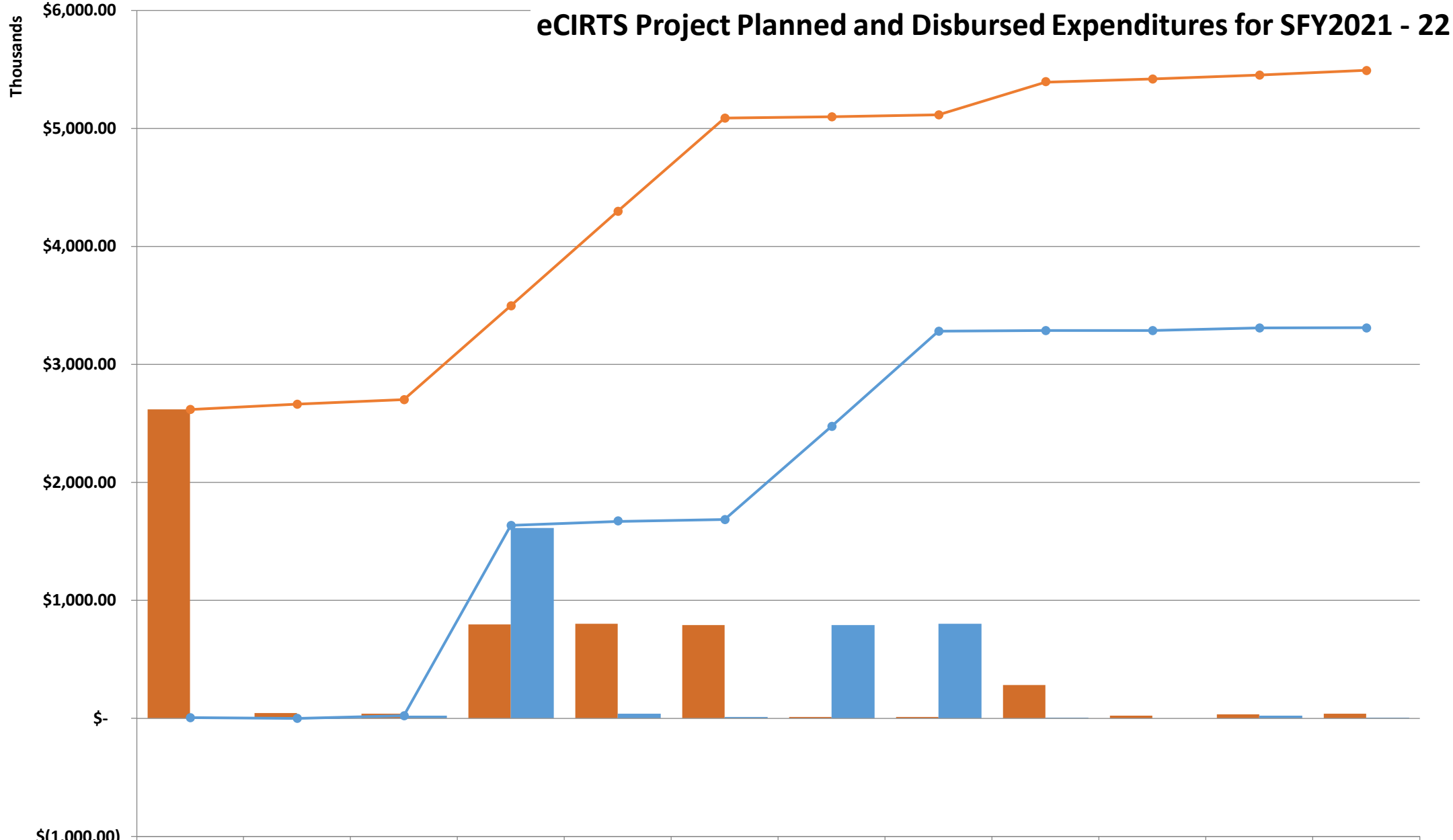
### Disbursed versus Remaining for SFY2020 - 21



96%      97%      97%      98%      98%      99%      99%      100%      100%

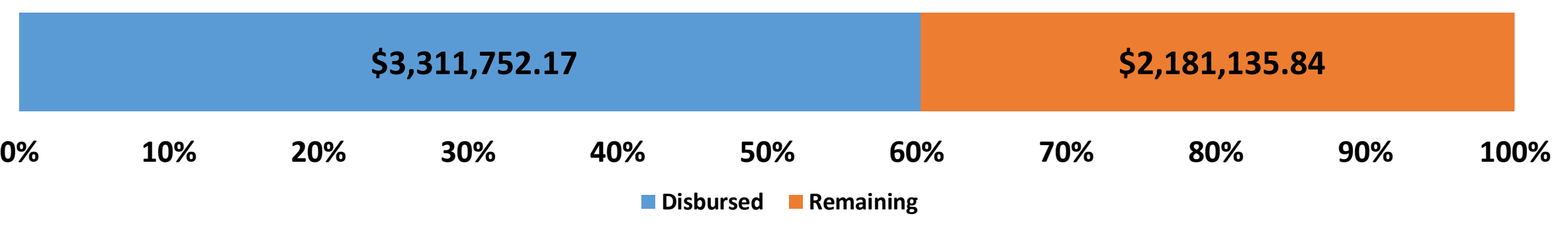
■ Disbursed   ■ Remaining

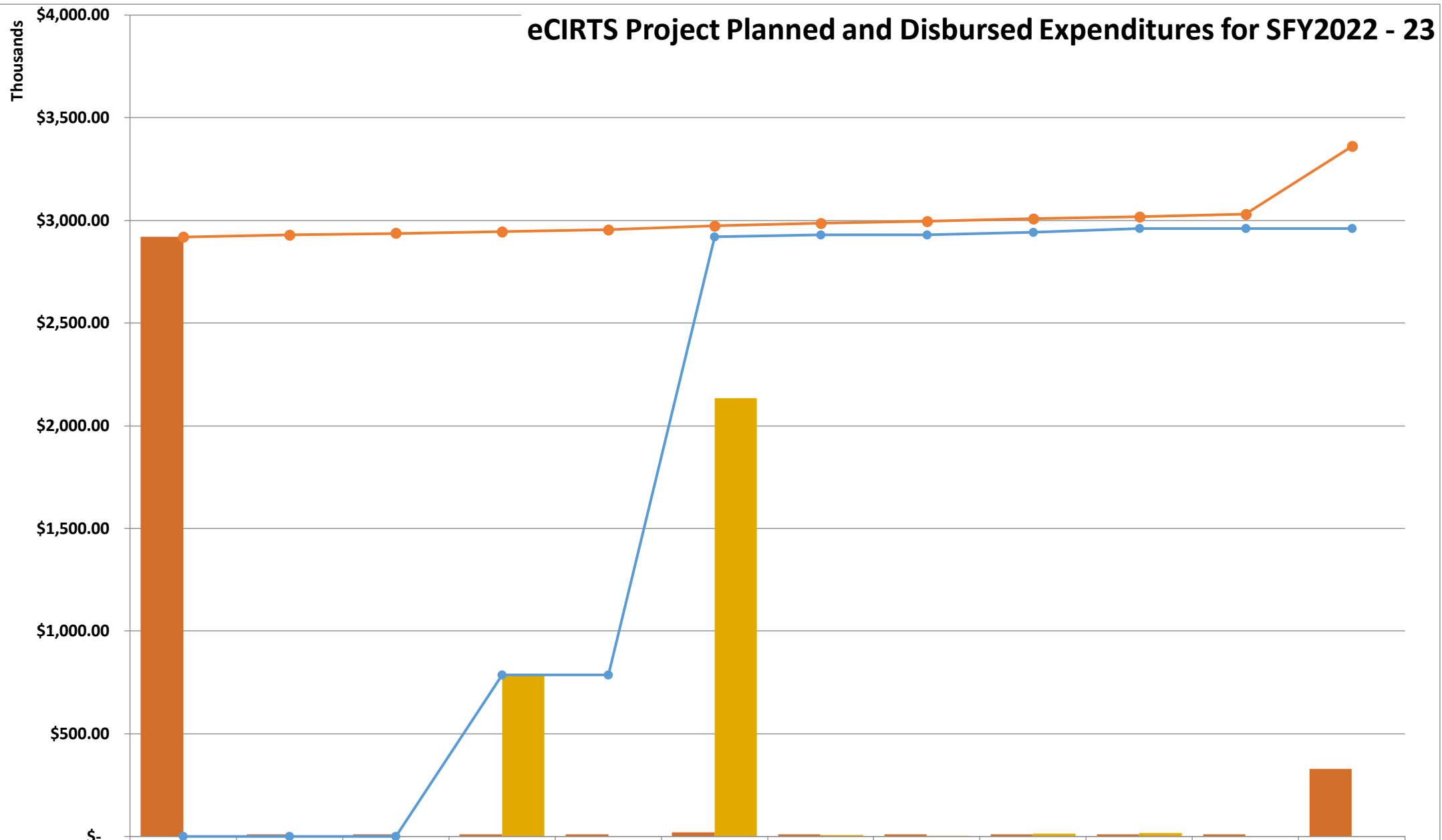




	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>FY Total Planned</b>	\$2,617,915.1	\$44,171.67	\$39,130.00	\$796,712.07	\$800,462.07	\$789,212.05	\$13,000.00	\$13,000.00	\$280,708.98	\$22,789.69	\$35,328.24	\$40,458.12
<b>FY Total Disbursed</b>	\$6,603.38	\$(6,603.38)	\$21,427.19	\$1,612,196.9	\$38,284.77	\$15,129.00	\$789,152.57	\$804,259.10	\$7,089.01	\$-	\$23,744.87	\$468.75
<b>FY Cumulative Total Planned</b>	\$2,617,915.1	\$2,662,086.7	\$2,701,216.7	\$3,497,928.8	\$4,298,390.9	\$5,087,602.9	\$5,100,602.9	\$5,113,602.9	\$5,394,311.9	\$5,417,101.6	\$5,452,429.8	\$5,492,888.0
<b>FY Cumulative Total Disbursed</b>	\$6,603.38	\$-	\$21,427.19	\$1,633,624.1	\$1,671,908.8	\$1,687,037.8	\$2,476,190.4	\$3,280,449.5	\$3,287,538.5	\$3,287,538.5	\$3,311,283.4	\$3,311,752.1

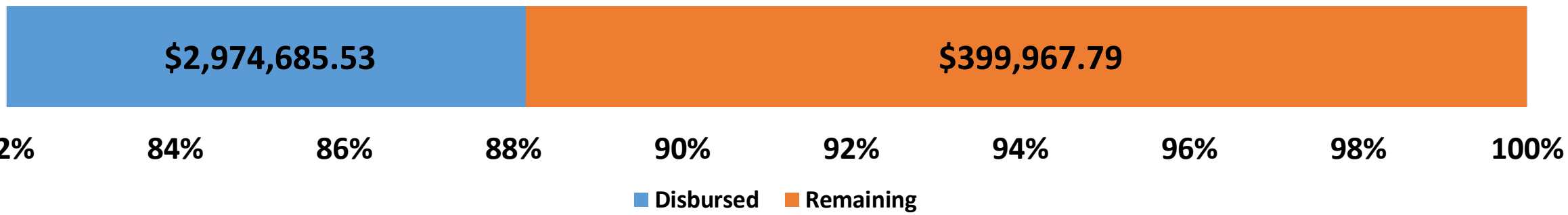
### Disbursed versus Remaining for SFY2021 - 22

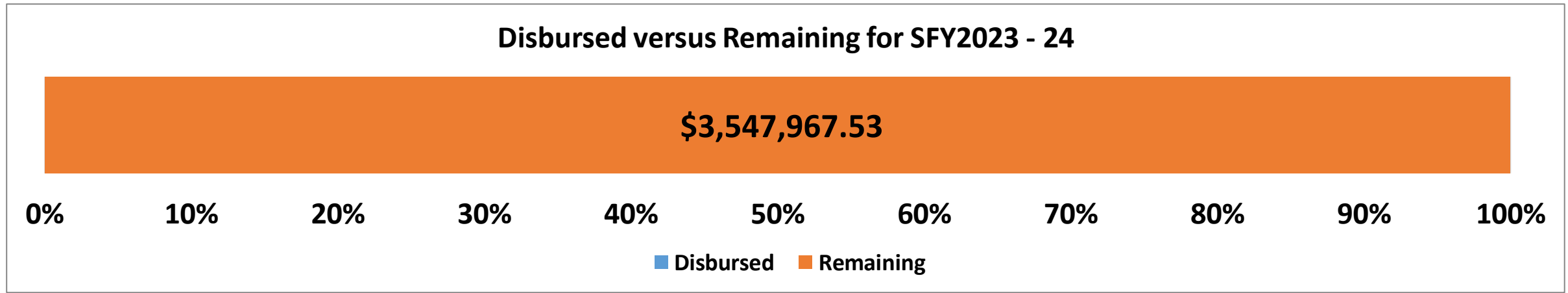
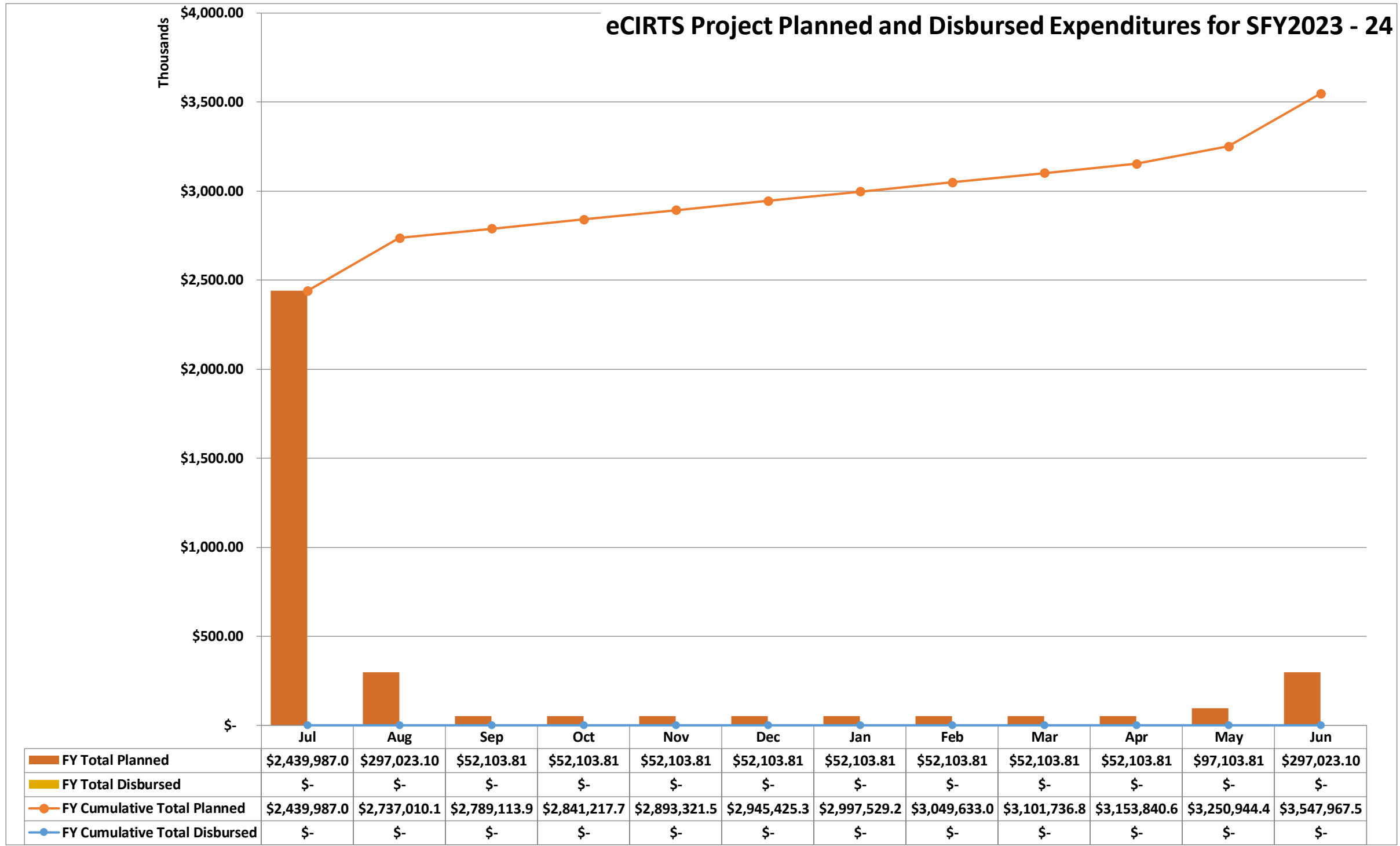




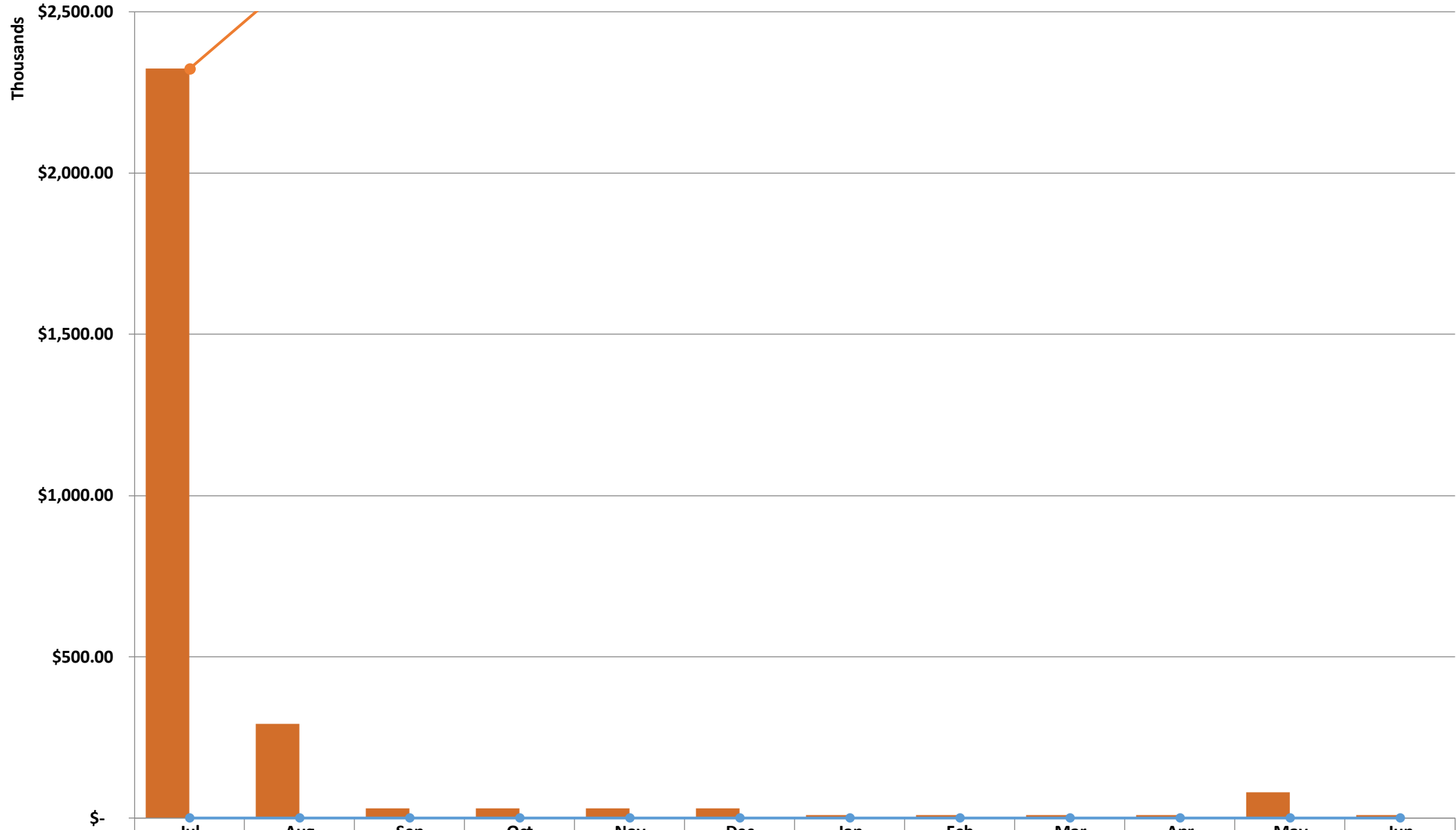
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>FY Total Planned</b>	\$2,919,011.7	\$9,166.67	\$9,166.66	\$9,166.67	\$9,166.67	\$19,468.78	\$11,041.67	\$11,041.67	\$11,041.66	\$11,041.67	\$11,041.67	\$330,047.31
<b>FY Total Disbursed</b>	\$-	\$-	\$-	\$787,707.04	\$-	\$2,133,633.0	\$7,040.00	\$375.00	\$14,684.99	\$16,995.00	\$-	\$-
<b>FY Cumulative Total Planned</b>	\$2,919,011.7	\$2,928,178.3	\$2,937,345.0	\$2,946,511.7	\$2,955,678.3	\$2,975,147.1	\$2,986,188.8	\$2,997,230.5	\$3,008,272.1	\$3,019,313.8	\$3,030,355.5	\$3,360,402.8
<b>FY Cumulative Total Disbursed</b>	\$-	\$-	\$-	\$787,707.04	\$787,707.04	\$2,921,340.0	\$2,928,380.0	\$2,928,755.0	\$2,943,440.0	\$2,960,435.0	\$2,960,435.0	\$2,960,435.0

### Disbursed versus Remaining for SFY2022 - 23



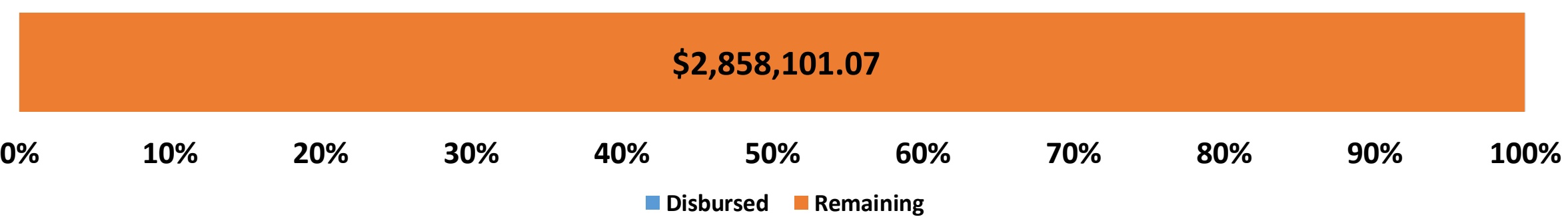


### eCIRTS Project Planned and Disbursed Expenditures for SFY2024 - 25

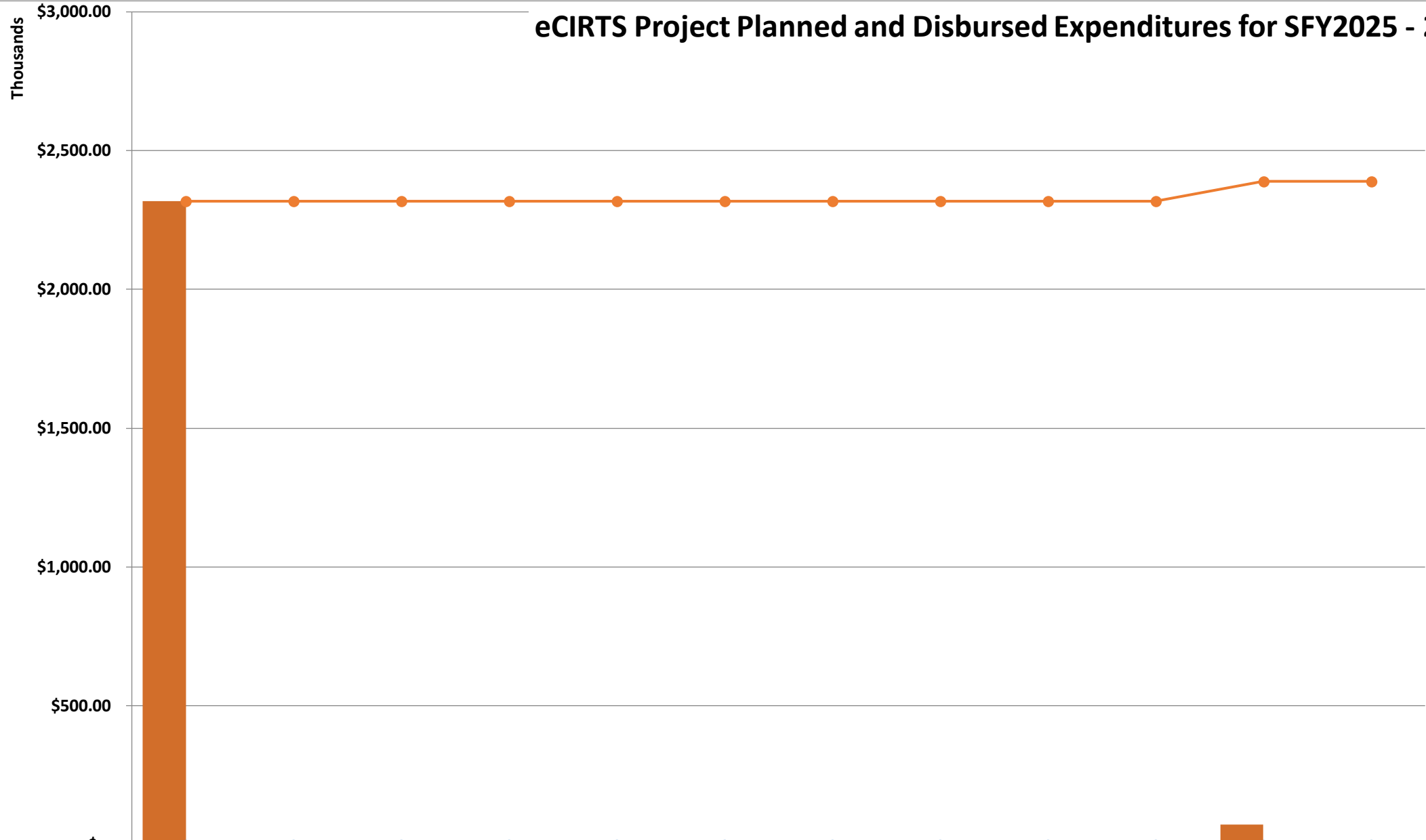


<b>FY Total Planned</b>	\$2,323,623.5	\$292,023.10	\$29,246.67	\$29,246.67	\$29,246.67	\$29,246.67	\$9,166.67	\$9,166.67	\$9,166.67	\$9,166.67	\$79,634.42	\$9,166.67
<b>FY Total Disbursed</b>	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
<b>FY Cumulative Total Planned</b>	\$2,323,623.5	\$2,615,646.6	\$2,644,893.3	\$2,674,139.9	\$2,703,386.6	\$2,732,633.3	\$2,741,799.9	\$2,750,966.6	\$2,760,133.3	\$2,769,299.9	\$2,848,934.4	\$2,858,101.0
<b>FY Cumulative Total Disbursed</b>	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-

### Disbursed versus Remaining for SFY2024 - 25

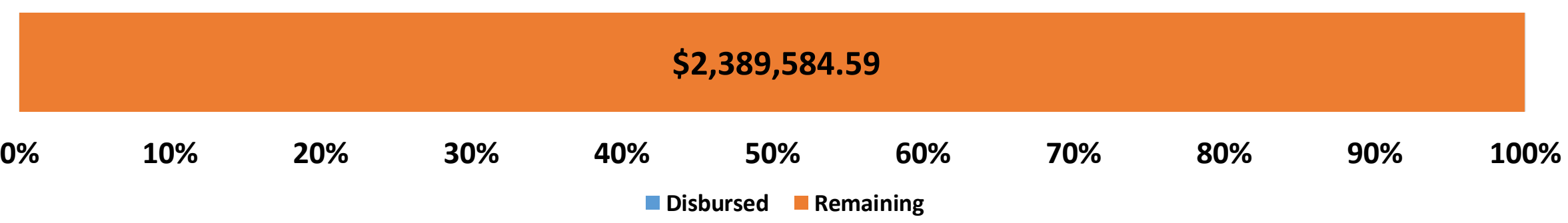


### eCIRTS Project Planned and Disbursed Expenditures for SFY2025 - 26



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>FY Total Planned</b>	\$2,317,843.4	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$71,741.14	\$-
<b>FY Total Disbursed</b>	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
<b>FY Cumulative Total Planned</b>	\$2,317,843.4	\$2,317,843.4	\$2,317,843.4	\$2,317,843.4	\$2,317,843.4	\$2,317,843.4	\$2,317,843.4	\$2,317,843.4	\$2,317,843.4	\$2,317,843.4	\$2,389,584.5	\$2,389,584.5
<b>FY Cumulative Total Disbursed</b>	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-

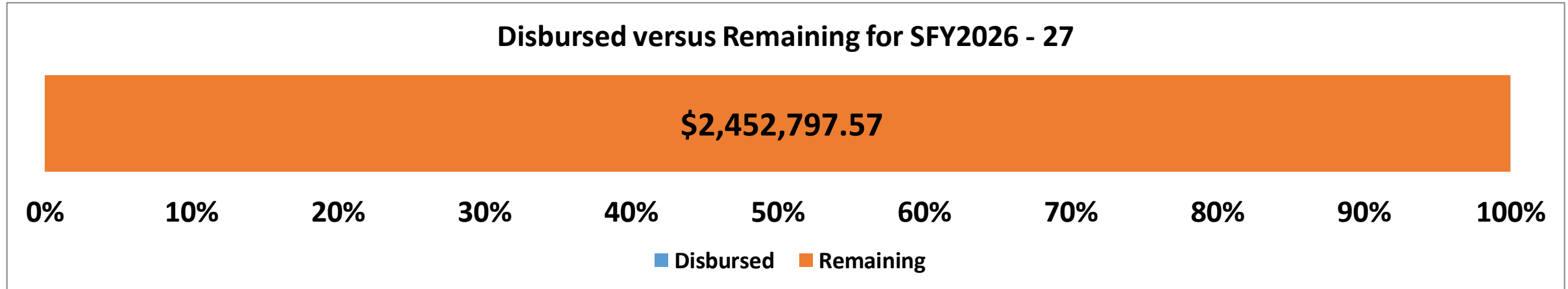
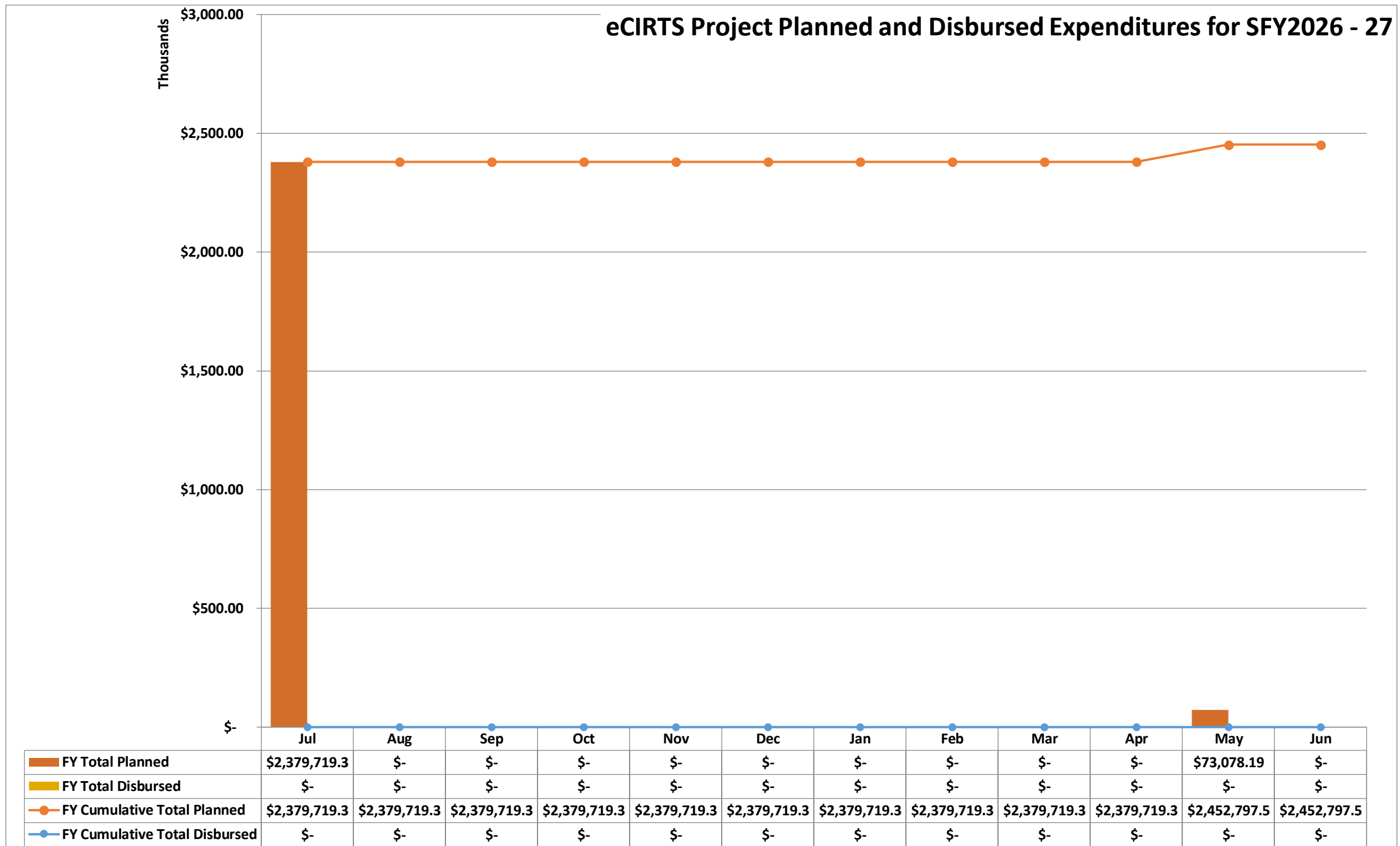
### Disbursed versus Remaining for SFY2025 - 26



**\$2,389,584.59**

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Disbursed ■ Remaining



PROJECT SPENDING PLAN											
Project	eCIRTS	Project #		Status Date	6/30/2021	The default is today's date. To change the status date, manually enter another date into the "Status Date Override" field.					
Project Manager	Gary E. Didio	Sponsor	Sec. Richard Prudom	Status Date Override	6/30/2021						
Risk & Complexity Category	2	Updated (Date)	30-Jun-21								

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2020-21 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2020	Variance	% Var
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred			
Totals		\$ 1,869,776.81	\$ -	\$ -	\$ -	\$ -	\$ 902,044.74	\$ 889,494.74	\$ 902,044.74	\$ 889,494.74	\$ (12,550.00)	-1.39%	
Non-Recurring (New) Funding		\$ 4,628,900.00											
Recurring (Base) Funding		\$ -											
Project Funding		\$ 4,628,900.00											

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2020-21 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2020	Variance	% Var
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred			
State Staff		0.0 \$ -							\$ -	\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -	\$ -		
OPS Staff	Training Staff (6 persons) Hours	3240.0 \$ 74,520.00							\$ -	\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -	\$ -		
Contractors	Project Management - RamcoTek Hours	866.7 \$ 130,000.00		\$ -		\$ -	86.7 \$ 13,000.00	3.0 \$ 450.00	\$ 13,000.00	\$ 450.00	\$ (12,550.00)	-96.54%	
		0.0 \$ -							\$ -	\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -	\$ -		
Totals		4106.7 \$ 204,520.00	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	86.7 \$ 13,000.00	3.0 \$ 450.00	\$ 13,000.00	\$ 450.00	\$ (12,550.00)	-96.54%	
Non-Recurring (New) Funding		\$ 204,520.00											
Recurring (Base) Funding		\$ -											
Project Funding		0.0 \$ 204,520.00											

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2020-21 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2020	Variance	% Var
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred			
Project Deliverables	Phase 1: Approval of Solution Design	1	\$ 776,212.07						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
Major Project Tasks	Project Kickoff	1	\$ 776,212.07				\$ 776,212.07	\$ 776,212.07	\$ 776,212.07	\$ 776,212.07	\$ -	0.00%	
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
Hardware			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
Software	Annual Software Subscription Fee	1	\$ 112,832.67				\$ 112,832.67	\$ 112,832.67	\$ 112,832.67	\$ 112,832.67	\$ -	0.00%	
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
Misc Expense Travel, other			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
Other Costs			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
			\$ -						\$ -	\$ -	\$ -		
Totals		\$ 1,665,256.81	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ 889,044.74	0.0 \$ 889,044.74	\$ 889,044.74	\$ 889,044.74	\$ -	0.00%	
Non-Recurring (New) Funding		\$ 4,424,380.00											
Recurring (Base) Funding		\$ -											
Project Funding		\$ 4,424,380.00											

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	Gary E. Didio	Sponsor	Sec. Richard Prudom
Risk & Complexity Category	2	Updated (Date)	30-Jun-21

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2020-21 Project Budget	October		November		December		Qtr 2	Qtr End Date 12/31/2020		
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
Totals		\$ 1,869,776.81	\$ 13,000.00	\$ 12,525.00	\$ 13,000.00	\$ 13,500.00	\$ 789,212.07	\$ 16,275.00	\$ 815,212.07	\$ 42,300.00	\$ (772,912.07)	-94.81%
Non-Recurring (New) Funding		\$ 4,628,900.00										
Recurring (Base) Funding		\$ -										
Project Funding		\$ 4,628,900.00										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2020-21 Project Budget	October		November		December		Qtr 2	Qtr End Date 12/31/2020										
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var								
State Staff		0.0	\$ -						\$ -	\$ -	\$ -									
		0.0	\$ -						\$ -	\$ -	\$ -									
		0.0	\$ -						\$ -	\$ -	\$ -									
		0.0	\$ -						\$ -	\$ -	\$ -									
		0.0	\$ -						\$ -	\$ -	\$ -									
OPS Staff	Training Staff (6 persons)	Hours	3240.0	\$ 74,520.00					\$ -	\$ -	\$ -									
			0.0	\$ -					\$ -	\$ -	\$ -									
			0.0	\$ -					\$ -	\$ -	\$ -									
			0.0	\$ -					\$ -	\$ -	\$ -									
			0.0	\$ -					\$ -	\$ -	\$ -									
Contractors	Project Management - RamcoTek	Hours	866.7	\$ 130,000.00	86.7	\$ 13,000.00	83.5	\$ 12,525.00	86.7	\$ 13,000.00	90.0	\$ 13,500.00	86.7	\$ 13,000.00	108.5	\$ 16,275.00	\$ 39,000.00	\$ 42,300.00	\$ 3,300.00	8.46%
			0.0	\$ -					\$ -	\$ -	\$ -									
			0.0	\$ -					\$ -	\$ -	\$ -									
			0.0	\$ -					\$ -	\$ -	\$ -									
			0.0	\$ -					\$ -	\$ -	\$ -									
Totals		4106.7	\$ 204,520.00	86.7	\$ 13,000.00	83.5	\$ 12,525.00	86.7	\$ 13,000.00	90.0	\$ 13,500.00	86.7	\$ 13,000.00	108.5	\$ 16,275.00	\$ 39,000.00	\$ 42,300.00	\$ 3,300.00	8.46%	
Non-Recurring (New) Funding		\$ 204,520.00																		
Recurring (Base) Funding		\$ -																		
Project Funding		0.0	\$ 204,520.00																	

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2020-21 Project Budget	October		November		December		Qtr 2	Qtr End Date 12/31/2020							
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var					
Project Deliverables	Phase 1: Approval of Solution Design	1	\$ 776,212.07					\$ 776,212.07		\$ 776,212.07	\$ -	\$ (776,212.07)	-100.00%				
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
Major Project Tasks	Project Kickoff	1	\$ 776,212.07					\$ 776,212.07		\$ 776,212.07	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
Hardware			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
Software	Annual Software Subscription Fee	1	\$ 112,832.67					\$ 112,832.67		\$ 112,832.67	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
Misc Expense Travel, other			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
Other Costs			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
			\$ -					\$ -		\$ -	\$ -	\$ -					
Totals		\$ 1,665,256.81	0.0	\$ -	0.0	\$ -	0.0	\$ -	0.0	\$ 776,212.07	0.0	\$ -	\$ 776,212.07	\$ -	\$ (776,212.07)	-100.00%	
Non-Recurring (New) Funding		\$ 4,424,380.00															
Recurring (Base) Funding		\$ -															
Project Funding		\$ 4,424,380.00															



PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	Gary E. Didio	Sponsor	Sec. Richard Prudom
Risk & Complexity Category	2	Updated (Date)	30-Jun-21

PROJECT SPENDING PLAN SUMMARY												
Project Cost	Unit	FY 2020-21 Project Budget	January		February		March		Qtr 3		Qtr End Date 3/31/2021	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
Totals		\$ 1,869,776.81	\$ 13,000.00	\$ 15,000.00	\$ 13,000.00	\$ 12,000.00	\$ 31,630.00	\$ 791,287.22	\$ 57,630.00	\$ 818,287.22	\$ 760,657.22	1319.90%
Non-Recurring (New) Funding		\$ 4,628,900.00										
Recurring (Base) Funding		\$ -										
Project Funding		\$ 4,628,900.00										

PROJECT STAFFING COSTS												
Project Cost	Unit	FY 2020-21 Project Budget	January		February		March		Qtr 3		Qtr End Date 3/31/2021	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
State Staff		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
OPS Staff	Training Staff (6 persons) Hours	3240.0 \$ 74,520.00					810.0 \$ 18,630.00	94.6 \$ 2,175.15		\$ 18,630.00	\$ 2,175.15	\$ (16,454.85) -88.32%
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
Contractors	Project Management - RamcoTek Hours	866.7 \$ 130,000.00	86.7 \$ 13,000.00	100.0 \$ 15,000.00	86.7 \$ 13,000.00	80.0 \$ 12,000.00	86.7 \$ 13,000.00	86.0 \$ 12,900.00		\$ 39,000.00	\$ 39,900.00	\$ 900.00 2.31%
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
Totals		4106.7 \$ 204,520.00	86.7 \$ 13,000.00	100.0 \$ 15,000.00	86.7 \$ 13,000.00	80.0 \$ 12,000.00	896.7 \$ 31,630.00	180.6 \$ 15,075.15		\$ 57,630.00	\$ 42,075.15	\$ (15,554.85) -26.99%
Non-Recurring (New) Funding		\$ 204,520.00										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ 204,520.00										

PROJECT DELIVERABLES & OTHER EXPENSES													
Project Cost	Unit	FY 2020-21 Project Budget	January		February		March		Qtr 3		Qtr End Date 3/31/2021		
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var	
Project Deliverables	Phase 1: Approval of Solution Design	1	\$ 776,212.07							\$ 776,212.07	\$ -	\$ 776,212.07	\$ 776,212.07
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
Major Project Tasks	Project Kickoff	1	\$ 776,212.07							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
Hardware			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
Software	Annual Software Subscription Fee	1	\$ 112,832.67							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
Misc Expense Travel, other			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
Other Costs			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
			\$ -							\$ -	\$ -	\$ -	\$ -
Totals		\$ 1,665,256.81	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -		\$ 776,212.07	\$ -	\$ 776,212.07	\$ 776,212.07
Non-Recurring (New) Funding		\$ 4,424,380.00											
Recurring (Base) Funding		\$ -											
Project Funding		\$ 4,424,380.00											

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	Gary E. Didio	Sponsor	Sec. Richard Prudom
Risk & Complexity Category	2	Updated (Date)	30-Jun-21

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2020-21 Project Budget	April		May		June		Qtr 4	Qtr End Date	6/30/2021	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
Totals		\$ 1,869,776.81	\$ 31,630.00	\$ 18,825.95	\$ 31,630.00	\$ 22,989.93	\$ 31,630.00	\$ 32,396.14	\$ 94,890.00	\$ 74,212.02	\$ (20,677.98)	-21.79%
Non-Recurring (New) Funding		\$ 4,628,900.00										
Recurring (Base) Funding		\$ -										
Project Funding		\$ 4,628,900.00										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2020-21 Project Budget	April		May		June		Qtr 4	Qtr End Date	6/30/2021	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
State Staff		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
OPS Staff	Training Staff (6 persons) Hours	3240.0 \$ 74,520.00	810.0 \$ 18,630.00	322.9 \$ 7,425.95	810.0 \$ 18,630.00	490.9 \$ 11,289.93	810.0 \$ 18,630.00	899.8 \$ 20,696.14	\$ 55,890.00	\$ 39,412.02	\$ (16,477.98)	-29.48%
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
Contractors	Project Management - RamcoTek Hours	866.7 \$ 130,000.00	86.7 \$ 13,000.00	76.0 \$ 11,400.00	86.7 \$ 13,000.00	78.0 \$ 11,700.00	86.7 \$ 13,000.00	78.0 \$ 11,700.00	\$ 39,000.00	\$ 34,800.00	\$ (4,200.00)	-10.77%
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
Totals		4106.7 \$ 204,520.00	896.7 \$ 31,630.00	398.9 \$ 18,825.95	896.7 \$ 31,630.00	568.9 \$ 22,989.93	896.7 \$ 31,630.00	977.8 \$ 32,396.14	\$ 94,890.00	\$ 74,212.02	\$ (20,677.98)	-21.79%
Non-Recurring (New) Funding		\$ 204,520.00										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ 204,520.00										

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2020-21 Project Budget	April		May		June		Qtr 4	Qtr End Date	6/30/2021	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
Project Deliverables	Phase 1: Approval of Solution Design	1 \$ 776,212.07							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
Major Project Tasks	Project Kickoff	1 \$ 776,212.07							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
Hardware		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
Software	Annual Software Subscription Fee	1 \$ 112,832.67							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
Misc Expense Travel, other		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
Other Costs		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
		\$ -							\$ -	\$ -	\$ -	
Totals		\$ 1,665,256.81	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	\$ -	\$ -	
Non-Recurring (New) Funding		\$ 4,424,380.00										
Recurring (Base) Funding		\$ -										
Project Funding		\$ 4,424,380.00										

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	Gary E. Didio	Sponsor	Sec. Richard Prudom
Risk & Complexity Category	2	Updated (Date)	30-Jun-21

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2020-21 Project Budget	Total Planned to Date	Total Incurred to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
Totals		\$ 1,869,776.81	\$ 1,869,776.81	\$ 1,824,293.98	\$ 45,482.83	\$ 1,869,776.81	\$ (45,482.83)	-2.43%
Non-Recurring (New) Funding		\$ 4,628,900.00						
Recurring (Base) Funding		\$ -						
Project Funding		\$ 4,628,900.00						

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2020-21 Project Budget	Total Planned to Date	Total Incurred to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date						
State Staff		0.0	\$ -	0.0	\$ -	0.0	\$ -	-						
OPS Staff	Training Staff (6 persons)	Hours	3240.0	74,520.00	3240.0	74,520.00	1808.1	\$ 41,587.17	1431.9	\$ 32,932.83	3,240.0	\$ 74,520.00	\$ (32,932.83)	-44%
Contractors	Project Management - RamcoTek	Hours	866.7	\$ 130,000.00	866.7	\$ 130,000.00	783.0	\$ 117,450.00	83.7	\$ 12,550.00	866.7	\$ 130,000.00	\$ (12,550.00)	-10%
Totals		4106.7	\$ 204,520.00	4106.7	\$ 204,520.00	2,591.1	\$ 159,037.17	1,515.5	\$ 45,482.83	4,106.7	\$ 204,520.00	\$ (45,482.83)	-22%	
Non-Recurring (New) Funding		\$ 204,520.00												
Recurring (Base) Funding		\$ -												
Project Funding		0.0	\$ 204,520.00											

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2020-21 Project Budget	Total Planned to Date	Total Incurred to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date	
Project Deliverables	Phase 1: Approval of Solution Design	1	\$ 776,212.07	\$ 776,212.07	\$ 776,212.07	\$ -	\$ 776,212.07	\$ -	0%
Major Project Tasks	Project Kickoff	1	\$ 776,212.07	\$ 776,212.07	\$ 776,212.07	\$ -	\$ 776,212.07	\$ -	0%
Hardware			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Software	Annual Software Subscription Fee	1	\$ 112,832.67	\$ 112,832.67	\$ 112,832.67	\$ -	\$ 112,832.67	\$ -	0%
Misc Expense Travel, other			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Other Costs			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Totals		\$ 1,665,256.81	0.0	\$ 1,665,256.81	0.0	\$ 1,665,256.81	0.0	\$ -	0%
Non-Recurring (New) Funding		\$ 4,424,380.00							
Recurring (Base) Funding		\$ -							
Project Funding		\$ 4,424,380.00							

PROJECT SPENDING PLAN					
Project	eCIRTS	Project #		Status Date	10/31/2021
Project Manager	Gary E. Didio	Sponsor	Sec. Richard Prudom	Status Date Override	10/31/2021
Risk & Complexity Category	2	Updated (Date)	31-Oct-21	The default is today's date. To change the status date, manually enter another date into the "Status Date Override" field.	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2021-22 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2021	% Var
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	
Totals		\$ 5,492,888.00	\$ 2,617,915.11	\$ 6,603.38	\$ 44,171.67	\$ (6,603.38)	\$ 39,130.00	\$ 21,427.19	\$ 2,701,216.78	\$ 21,427.19	\$ (2,679,789.59)	-99.21%
Non-Recurring (New) Funding		\$ 5,492,888.00										
Recurring (Base) Funding		\$ -										
Project Funding		\$ 5,492,888.00										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2021-22 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2021	% Var
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	
State Staff		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
OPS Staff	Training Staff (6 persons)	Hours 2430.0 \$ 55,890.00	810.0 \$ 18,630.00	\$ 6,603.38	810.0 \$ 18,630.00	\$ (6,603.38)	810.0 \$ 18,630.00	\$ 8,977.19	\$ 55,890.00	\$ 8,977.19	\$ (46,912.81)	-83.94%
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
Contractors	Project Management - RamcoTek	Hours 940.0 \$ 134,600.00	86.7 \$ 13,000.00	83.0 \$ -	86.7 \$ 13,000.00	0.0	86.7 \$ 13,000.00	\$ 10,950.00	\$ 39,000.00	\$ 10,950.00	\$ (28,050.00)	-71.92%
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
Totals		3370.0 \$ 190,490.00	896.7 \$ 31,630.00	83.0 \$ 6,603.38	896.7 \$ 31,630.00	0.0 \$ (6,603.38)	896.7 \$ 31,630.00	0.0 \$ 19,927.19	\$ 94,890.00	\$ 19,927.19	\$ (74,962.81)	-79.00%
Non-Recurring (New) Funding		\$ 190,490.00										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ 190,490.00										

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2021-22 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2021	% Var
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	
Project Deliverables	Phase 1: Completion of System Configuration	1	\$ 776,212.07						\$ -	\$ -	\$ -	
	Phase 1: Completion of System Validation	1	\$ 776,212.07						\$ -	\$ -	\$ -	
	Phase 1: Go Live	1	\$ 776,212.05						\$ -	\$ -	\$ -	
	Phase 2: Approval of Solution Design	1	\$ 244,919.29						\$ -	\$ -	\$ -	
									\$ -	\$ -	\$ -	
Major Project Tasks	Managed Support Services	1	\$ 103,125.00	\$ 103,125.00					\$ 103,125.00	\$ -	\$ (103,125.00)	-100.00%
	AHCA LOC Data Interface - Milestone 1	1	\$ 22,789.69						\$ -	\$ -	\$ -	
	AHCA LOC Data Interface - Milestone 2	1	\$ 22,789.69						\$ -	\$ -	\$ -	
	AHCA LOC Data Interface - Milestone 3	1	\$ 22,858.12						\$ -	\$ -	\$ -	
	Data Migration - Extract 4	1	\$ 11,250.00						\$ -	\$ -	\$ -	
Hardware			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
Software	Annual Software Subscription Fee	1	\$ 1,449,480.80	\$ 1,449,480.80					\$ 1,449,480.80	\$ -	\$ (1,449,480.80)	-100.00%
	Cloud Services - Advanced Reporting	1	\$ 5,041.67		\$ 5,041.67				\$ 5,041.67	\$ -	\$ (5,041.67)	-100.00%
			\$ -						\$ -	\$ -	\$ -	
Misc Expense Travel, other			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
Other Costs	Advanced Reporting Access - Training	1	\$ 22,500.00		\$ 7,500.00		\$ 7,500.00	\$ 1,500.00	\$ 15,000.00	\$ 1,500.00	\$ (13,500.00)	-90.00%
	Alteryx Data Migration	1	\$ 20,604.24						\$ -	\$ -	\$ -	
	Microsoft Azure Subscriptions/Licenses	1	\$ 14,724.00						\$ -	\$ -	\$ -	
	Unobligated Budget Authority		\$ 1,033,679.31	\$ 1,033,679.31					\$ 1,033,679.31	\$ -	\$ (1,033,679.31)	-100.00%
Totals		\$ 5,302,398.00	0.0 \$ 2,586,285.11	0.0 \$ -	0.0 \$ 12,541.67	0.0 \$ -	0.0 \$ 7,500.00	0.0 \$ 1,500.00	\$ 2,606,326.78	\$ 1,500.00	\$ (2,604,826.78)	-99.94%
Non-Recurring (New) Funding		\$ 5,302,398.00										
Recurring (Base) Funding		\$ -										
Project Funding		\$ 5,302,398.00										

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	Gary E. Didio	Sponsor	Sec. Richard Prudom
Risk & Complexity Category	2	Updated (Date)	31-Oct-21

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2021-22 Project Budget	October		November		December		Qtr 2	Qtr End Date	12/31/2021	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
Totals		\$ 5,492,888.00	\$ 796,712.07	\$ 1,612,196.91	\$ 800,462.07	\$ 38,284.77	\$ 789,212.05	\$ 15,129.00	\$ 2,386,386.19	\$ 1,665,610.68	\$ (720,775.52)	-30.20%
Non-Recurring (New) Funding		\$ 5,492,888.00										
Recurring (Base) Funding		\$ -										
Project Funding		\$ 5,492,888.00										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2021-22 Project Budget	October		November		December		Qtr 2	Qtr End Date	12/31/2021	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
State Staff		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
OPS Staff	Training Staff (6 persons)	Hours 2430.0 \$ 55,890.00		\$ 15,178.85		\$ 14,977.59		\$ 3,129.00	\$ -	\$ 33,285.44	\$ 33,285.44	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
Contractors	Project Management - RamcoTek	Hours 940.0 \$ 134,600.00	86.7 \$ 13,000.00	\$ 29,834.13	86.7 \$ 13,000.00	\$ 18,077.94	86.7 \$ 13,000.00	\$ 12,000.00	\$ 39,000.00	\$ 59,912.07	\$ 20,912.07	53.62%
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
Totals		3370.0 \$ 190,490.00	86.7 \$ 13,000.00	0.0 \$ 45,012.98	86.7 \$ 13,000.00	0.0 \$ 33,055.53	86.7 \$ 13,000.00	0.0 \$ 15,129.00	\$ 39,000.00	\$ 93,197.51	\$ 54,197.51	138.97%
Non-Recurring (New) Funding		\$ 190,490.00										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ 190,490.00										

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2021-22 Project Budget	October		November		December		Qtr 2	Qtr End Date	12/31/2021	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
Project Deliverables	Phase 1: Completion of System Configuration	1	\$ 776,212.07			\$ 776,212.07			\$ 776,212.07	\$ -	\$ (776,212.07)	-100.00%
	Phase 1: Completion of System Validation	1	\$ 776,212.07	\$ 776,212.07					\$ 776,212.07	\$ -	\$ (776,212.07)	-100.00%
	Phase 1: Go Live	1	\$ 776,212.05					\$ 776,212.05	\$ -	\$ (776,212.05)	-100.00%	
	Phase 2: Approval of Solution Design	1	\$ 244,919.29						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
Major Project Tasks	Managed Support Services	1	\$ 103,125.00		\$ 103,125.00				\$ -	\$ 103,125.00	\$ 103,125.00	
	AHCA LOC Data Interface - Milestone 1	1	\$ 22,789.69						\$ -	\$ -	\$ -	
	AHCA LOC Data Interface - Milestone 2	1	\$ 22,789.69						\$ -	\$ -	\$ -	
	AHCA LOC Data Interface - Milestone 3	1	\$ 22,858.12						\$ -	\$ -	\$ -	
	Data Migration - Extract 4	1	\$ 11,250.00			\$ 11,250.00			\$ 11,250.00	\$ -	\$ (11,250.00)	-100.00%
Hardware			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
Software	Annual Software Subscription Fee	1	\$ 1,449,480.80		\$ 1,449,480.80				\$ -	\$ 1,449,480.80	\$ 1,449,480.80	
	Cloud Services - Advanced Reporting	1	\$ 5,041.67				\$ 5,041.74		\$ -	\$ 5,041.74	\$ 5,041.74	
			\$ -						\$ -	\$ -	\$ -	
Misc Expense Travel, other			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
Other Costs	Advanced Reporting Access - Training	1	\$ 22,500.00	\$ 7,500.00	\$ 14,578.13		\$ 187.50		\$ 7,500.00	\$ 14,765.63	\$ 7,265.63	96.88%
	Alteryx Data Migration	1	\$ 20,604.24						\$ -	\$ -	\$ -	
	Microsoft Azure Subscriptions/Licenses	1	\$ 14,724.00						\$ -	\$ -	\$ -	
	Unobligated Budget Authority		\$ 1,033,679.31						\$ -	\$ -	\$ -	
Totals		\$ 5,302,398.00	0.0 \$ 783,712.07	0.0 \$ 1,567,183.93	0.0 \$ 787,462.07	0.0 \$ 5,229.24	0.0 \$ 776,212.05	0.0 \$ -	\$ 2,347,386.19	\$ 1,572,413.17	\$ (774,973.03)	-33.01%
Non-Recurring (New) Funding		\$ 5,302,398.00										
Recurring (Base) Funding		\$ -										
Project Funding		\$ 5,302,398.00										



PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	Gary E. Didio	Sponsor	Sec. Richard Prudom
Risk & Complexity Category	2	Updated (Date)	31-Oct-21

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2021-22 Project Budget	January		February		March		Qtr 3		Qtr End Date 3/31/2022	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
Totals		\$ 5,492,888.00	\$ 13,000.00	\$ 789,152.57	\$ 13,000.00	\$ 804,259.10	\$ 280,708.98	\$ 7,089.01	\$ 306,708.98	\$ 1,600,500.68	\$ 1,293,791.70	422%
Non-Recurring (New) Funding		\$ 5,492,888.00										
Recurring (Base) Funding		\$ -										
Project Funding		\$ 5,492,888.00										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2021-22 Project Budget	January		February		March		Qtr 3		Qtr End Date 3/31/2022	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
State Staff		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
OPS Staff	Training Staff (6 persons)	Hours 2430.0 \$ 55,890.00		\$ 1,690.50		\$ 2,247.03		\$ 714.01	\$ -	\$ 4,651.54	\$ 4,651.54	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
Contractors	Project Management - RamcoTek	Hours 940.0 \$ 134,600.00	86.7 \$ 13,000.00		86.7 \$ 13,000.00	\$ 25,800.00	86.7 \$ 13,000.00	\$ 5,250.00	\$ 39,000.00	\$ 31,050.00	\$ (7,950.00)	-20.38%
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
Totals		3370.0 \$ 190,490.00	86.7 \$ 13,000.00	0.0 \$ 1,690.50	86.7 \$ 13,000.00	0.0 \$ 28,047.03	86.7 \$ 13,000.00	0.0 \$ 5,964.01	\$ 39,000.00	\$ 35,701.54	\$ (3,298.46)	-8.46%
Non-Recurring (New) Funding		\$ 190,490.00										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ 190,490.00										

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2021-22 Project Budget	January		February		March		Qtr 3		Qtr End Date 3/31/2022	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
Project Deliverables	Phase 1: Completion of System Configuration	1	\$ 776,212.07	\$ 776,212.07					\$ -	\$ 776,212.07	\$ 776,212.07	
	Phase 1: Completion of System Validation	1	\$ 776,212.07			\$ 776,212.07			\$ -	\$ 776,212.07	\$ 776,212.07	
	Phase 1: Go Live	1	\$ 776,212.05						\$ -	\$ -	\$ -	
	Phase 2: Approval of Solution Design	1	\$ 244,919.29				\$ 244,919.29		\$ 244,919.29	\$ -	\$ (244,919.29)	-100.00%
			\$ -						\$ -	\$ -	\$ -	
Major Project Tasks	Managed Support Services	1	\$ 103,125.00						\$ -	\$ -	\$ -	
	AHCA LOC Data Interface - Milestone 1	1	\$ 22,789.69				\$ 22,789.69		\$ 22,789.69	\$ -	\$ (22,789.69)	-100.00%
	AHCA LOC Data Interface - Milestone 2	1	\$ 22,789.69						\$ -	\$ -	\$ -	
	AHCA LOC Data Interface - Milestone 3	1	\$ 22,858.12						\$ -	\$ -	\$ -	
	Data Migration - Extract 4	1	\$ 11,250.00	\$ 11,250.00					\$ -	\$ 11,250.00	\$ 11,250.00	
Hardware			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
Software	Annual Software Subscription Fee	1	\$ 1,449,480.80						\$ -	\$ -	\$ -	
	Cloud Services - Advanced Reporting	1	\$ 5,041.67						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
Misc Expense Travel, other			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
Other Costs	Advanced Reporting Access - Training	1	\$ 22,500.00					\$ 1,125.00	\$ -	\$ 1,125.00	\$ 1,125.00	
	Alteryx Data Migration	1	\$ 20,604.24						\$ -	\$ -	\$ -	
	Microsoft Azure Subscriptions/Licenses	1	\$ 14,724.00						\$ -	\$ -	\$ -	
	Unobligated Budget Authority		\$ 1,033,679.31						\$ -	\$ -	\$ -	
Totals		\$ 5,302,398.00	0.0 \$ -	0.0 \$ 787,462.07	0.0 \$ -	0.0 \$ 776,212.07	0.0 \$ 267,708.98	0.0 \$ 1,125.00	\$ 267,708.98	\$ 1,564,799.14	\$ 1,297,090.16	484.51%
Non-Recurring (New) Funding		\$ 5,302,398.00										
Recurring (Base) Funding		\$ -										
Project Funding		\$ 5,302,398.00										

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	Gary E. Didio	Sponsor	Sec. Richard Prudom
Risk & Complexity Category	2	Updated (Date)	31-Oct-21

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2021-22 Project Budget	April		May		June		Qtr 4		Qtr End Date 6/30/2022	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
Totals		\$ 5,492,888.00	\$ 22,789.69	\$ -	\$ 35,328.24	\$ 23,744.87	\$ 40,458.12	\$ 468.75	\$ 98,576.05	\$ 24,213.62	\$ (74,362.43)	-75.44%
Non-Recurring (New) Funding		\$ 5,492,888.00										
Recurring (Base) Funding		\$ -										
Project Funding		\$ 5,492,888.00										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2021-22 Project Budget	April		May		June		Qtr 4		Qtr End Date 6/30/2022	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
State Staff		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
OPS Staff	Training Staff (6 persons)	Hours 2430.0 \$ 55,890.00								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
		0.0 \$ -								\$ -	\$ -	\$ -
Contractors	Project Management - RamcoTek	Hours 940.0 \$ 134,600.00	0.0 \$ -		0.0 \$ -		160.0 \$ 17,600.00		\$ 17,600.00	\$ -	\$ (17,600.00)	-100.00%
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
		0.0 \$ -							\$ -	\$ -	\$ -	
Totals		3370.0 \$ 190,490.00	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	160.0 \$ 17,600.00	0.0 \$ -	\$ 17,600.00	\$ -	\$ (17,600.00)	-100.00%
Non-Recurring (New) Funding		\$ 190,490.00										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ 190,490.00										

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2021-22 Project Budget	April		May		June		Qtr 4		Qtr End Date 6/30/2022	
			Budget	Incurred	Budget	Incurred	Budget	Incurred	Planned	Incurred	Variance	% Var
Project Deliverables	Phase 1: Completion of System Configuration	1	\$ 776,212.07						\$ -	\$ -	\$ -	
	Phase 1: Completion of System Validation	1	\$ 776,212.07						\$ -	\$ -	\$ -	
	Phase 1: Go Live	1	\$ 776,212.05						\$ -	\$ -	\$ -	
	Phase 2: Approval of Solution Design	1	\$ 244,919.29						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
Major Project Tasks	Managed Support Services	1	\$ 103,125.00						\$ -	\$ -	\$ -	
	AHCA LOC Data Interface - Milestone 1	1	\$ 22,789.69						\$ -	\$ -	\$ -	
	AHCA LOC Data Interface - Milestone 2	1	\$ 22,789.69	\$ 22,789.69					\$ 22,789.69	\$ -	\$ (22,789.69)	-100.00%
	AHCA LOC Data Interface - Milestone 3	1	\$ 22,858.12				\$ 22,858.12		\$ 22,858.12	\$ -	\$ (22,858.12)	-100.00%
	Data Migration - Extract 4	1	\$ 11,250.00						\$ -	\$ -	\$ -	
Hardware			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
Software	Annual Software Subscription Fee	1	\$ 1,449,480.80						\$ -	\$ -	\$ -	
	Cloud Services - Advanced Reporting	1	\$ 5,041.67						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
Misc Expense Travel, other			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
			\$ -						\$ -	\$ -	\$ -	
Other Costs	Advanced Reporting Access - Training	1	\$ 22,500.00				\$ 3,140.63		\$ -	\$ 3,609.38	\$ 3,609.38	
	Alteryx Data Migration	1	\$ 20,604.24			\$ 20,604.24			\$ 20,604.24	\$ 20,604.24	\$ -	0.00%
	Microsoft Azure Subscriptions/Licenses	1	\$ 14,724.00			\$ 14,724.00			\$ 14,724.00	\$ -	\$ (14,724.00)	-100.00%
	Unobligated Budget Authority		\$ 1,033,679.31						\$ -	\$ -	\$ -	
Totals		\$ 5,302,398.00	0.0 \$ 22,789.69	0.0 \$ -	0.0 \$ 35,328.24	0.0 \$ 23,744.87	0.0 \$ 22,858.12	0.0 \$ 468.75	\$ 80,976.05	\$ 24,213.62	\$ (56,762.43)	-70.10%
Non-Recurring (New) Funding		\$ 5,302,398.00										
Recurring (Base) Funding		\$ -										
Project Funding		\$ 5,302,398.00										

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	Gary E. Didio	Sponsor	Sec. Richard Prudom
Risk & Complexity Category	2	Updated (Date)	31-Oct-21

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2021-22 Project Budget	Total Planned to Date	Total Incurred to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
Totals		\$ 5,492,888.00	\$ 5,492,888.00	\$ 3,311,752.17	\$ 2,181,135.84	\$ 5,492,888.00	\$ (2,181,135.84)	-39.71%
Non-Recurring (New) Funding		\$ 5,492,888.00						
Recurring (Base) Funding		\$ -						
Project Funding		\$ 5,492,888.00						

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2021-22 Project Budget	Total Planned to Date	Total Incurred to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
State Staff		0.0	\$ -	0.0	\$ -	0.0	\$ -	
OPS Staff	Training Staff (6 persons) Hours	2430.0	\$ 55,890.00	2430.0	\$ 46,914.17	2430.0	\$ 8,975.83	-16%
Contractors	Project Management - RamcoTek Hours	940.0	\$ 134,600.00	83.0	\$ 101,912.07	857.0	\$ 32,687.93	-24%
Totals		3370.0	\$ 190,490.00	3370.0	\$ 148,826.24	3,287.0	\$ 41,663.76	-22%
Non-Recurring (New) Funding		\$ 190,490.00						
Recurring (Base) Funding		\$ -						
Project Funding		0.0	\$ 190,490.00					

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2021-22 Project Budget	Total Planned to Date	Total Incurred to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date		
Project Deliverables	Phase 1: Completion of System Configuration	1	\$ 776,212.07	\$ 776,212.07	\$ -	\$ 776,212.07	\$ -	0%		
Project Deliverables	Phase 1: Completion of System Validation	1	\$ 776,212.07	\$ 776,212.07	\$ -	\$ 776,212.07	\$ -	0%		
Project Deliverables	Phase 1: Go Live	1	\$ 776,212.05	\$ 776,212.05	\$ -	\$ 776,212.05	\$ (776,212.05)	-100%		
Project Deliverables	Phase 2: Approval of Solution Design	1	\$ 244,919.29	\$ 244,919.29	\$ -	\$ 244,919.29	\$ (244,919.29)	-100%		
Major Project Tasks	Managed Support Services	1	\$ 103,125.00	\$ 103,125.00	\$ -	\$ 103,125.00	\$ -	0%		
Major Project Tasks	AHCA LOC Data Interface - Milestone 1	1	\$ 22,789.69	\$ 22,789.69	\$ -	\$ 22,789.69	\$ (22,789.69)	-(1.00)		
Major Project Tasks	AHCA LOC Data Interface - Milestone 2	1	\$ 22,789.69	\$ 22,789.69	\$ -	\$ 22,789.69	\$ (22,789.69)	-(1.00)		
Major Project Tasks	AHCA LOC Data Interface - Milestone 3	1	\$ 22,858.12	\$ 22,858.12	\$ -	\$ 22,858.12	\$ (22,858.12)	-(1.00)		
Major Project Tasks	Data Migration - Extract 4	1	\$ 11,250.00	\$ 11,250.00	\$ -	\$ 11,250.00	\$ -			
Hardware			\$ -	\$ -	\$ -	\$ -	\$ -			
Software	Annual Software Subscription Fee	1	\$ 1,449,480.80	\$ 1,449,480.80	\$ -	\$ 1,449,480.80	\$ -	0%		
Software	Cloud Services - Advanced Reporting	1	\$ 5,041.67	\$ 5,041.67	\$ (0.07)	\$ 5,041.74	\$ 0.07	0%		
Misc Expense Travel, other			\$ -	\$ -	\$ -	\$ -	\$ -			
Other Costs	Advanced Reporting Access - Training	1	\$ 22,500.00	\$ 22,500.00	\$ 21,000.01	\$ 1,500.00	\$ (1,500.00)	-7%		
Other Costs	Alteryx Data Migration	1	\$ 20,604.24	\$ 20,604.24	\$ -	\$ 20,604.24	\$ -	0%		
Other Costs	Microsoft Azure Subscriptions/Licenses	1	\$ 14,724.00	\$ 14,724.00	\$ -	\$ 14,724.00	\$ (14,724.00)	-100%		
Other Costs	Unobligated Budget Authority		\$ 1,033,679.31	\$ 1,033,679.31	\$ -	\$ 1,033,679.31	\$ (1,033,679.31)	-100%		
Totals		\$ 5,302,398.00	0.0	\$ 5,302,398.00	0.0	\$ 3,162,925.93	0.0	\$ 5,302,398.00	\$ (2,139,472.08)	-40%
Non-Recurring (New) Funding		\$ 5,302,398.00								
Recurring (Base) Funding		\$ -								
Project Funding		\$ 5,302,398.00								



PROJECT SPENDING PLAN					
Project	eCIRTS	Project #		Status Date	9/14/2023
Project Manager	TBD	Sponsor	Sec. Michelle Branham	Status Date Override	
Risk & Complexity Category		Updated (Date)		The default is today's date. To change the status date, manually enter another date into the "Status Date Override" field.	

PROJECT SPENDING PLAN SUMMARY																				
Project Cost	Unit	FY 2022-23 Project Budget	July				August				September				Qtr 1		Qtr End Date		9/30/2022	
			Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Planned	Incurred	Invoiced	Disbursed	Variance	% Var
Totals		\$ 3,360,402.82	\$ 2,919,011.72	\$2,035.00	\$2,035.00	\$ -	\$ 9,166.67			\$ -	\$ 9,166.66			\$ -	\$ 2,937,345.05	\$ 22,329.98	\$ 22,329.98	\$ -	\$ (2,915,015.07)	-99.24%
Non-Recurring (New) Funding		\$ 4,470,767.40																		
Recurring (Base) Funding		\$ -																		
Project Funding		\$ 4,470,767.40																		

PROJECT STAFFING COSTS																					
Project Cost	Unit	FY 2022-23 Project Budget	July				August				September				Qtr 1		Qtr End Date		9/30/2022		
			Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Planned	Incurred	Invoiced	Disbursed	Variance	% Var	
State Staff		0.0 \$ -													\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
OPS Staff		0.0 \$ -													\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Contractors	Project Management	Hours	0.0 \$ 110,000.00	83.7	\$ 9,166.67	\$2,035.00	\$2,035.00	83.7	\$ 9,166.67	\$ 10,834.99	\$ 10,834.99	83.7	\$ 9,166.66	\$ 9,459.99	\$ 9,459.99	\$ 27,500.00	\$ 22,329.98	\$ 22,329.98	\$ -	\$ (5,170.02)	-18.80%
	Data Engineer Consultant Resource (100%)	Hours	0.0 \$ 20,080.00												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Professional Services (WellSky)	Hours	0.0 \$ 11,250.00												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
			0.0 \$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Totals		0.0 \$ 141,330.00	83.7	\$ 9,166.67	\$2,035.00	\$2,035.00	\$ -	83.7	\$ 9,166.67	\$ 10,834.99	\$ -	83.7	\$ 9,166.66	\$ 9,459.99	\$ -	\$ 27,500.00	\$ 22,329.98	\$ 22,329.98	\$ -	\$ (5,170.02)	-18.80%
Non-Recurring (New) Funding		\$ -																			
Recurring (Base) Funding		\$ -																			
Project Funding		0.0 \$ -																			

PROJECT DELIVERABLES & OTHER EXPENSES																				
Project Cost	Unit	FY 2022-23 Project Budget	July				August				September				Qtr 1		Qtr End Date		9/30/2022	
			Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Planned	Incurred	Invoiced	Disbursed	Variance	% Var
Project Deliverables	5 - Phase 1 - Go Live	1	\$ 776,212.05												\$ 776,212.05	\$ -	\$ -	\$ -	\$ (776,212.05)	-100.00%
	6 - Phase 2 - Approve Solution Design	1	\$ 244,919.29												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	7 - Phase 2 - System Configuration Completion	1	\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	A2 - AHCA LOC Data Interface	1	\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Major Project Tasks	Annual Managed Support Svc Fees	1	\$ 137,500.00												\$ 137,500.00	\$ -	\$ -	\$ -	\$ (137,500.00)	-100.00%
	Interface Assurance Services	1	\$ 103,125.00												\$ 103,125.00	\$ -	\$ -	\$ -	\$ (103,125.00)	-100.00%
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hardware			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	Annual Software Subscription Fee	1	\$ 1,887,508.00												\$ 1,887,508.00	\$ -	\$ -	\$ -	\$ (1,887,508.00)	-100.00%
	Cloud Services - Advanced Reporting	1	\$ 5,500.00												\$ 5,500.00	\$ -	\$ -	\$ -	\$ (5,500.00)	-100.00%
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Misc Expense Travel, other			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Costs		1	\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		1	\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Data Analytics Tool License Fees (Alteryx)	1	\$ 41,208.48												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Microsoft Azure Subscriptions/Licenses	1	\$ 23,100.00												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals		\$ 3,219,072.82	\$ 2,909,845.05	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,909,845.05	\$ -	\$ -	\$ -	\$ (2,909,845.05)	-100.00%
Non-Recurring (New) Funding		\$ -																		

<b>Recurring (Base) Funding</b>		\$	-
<b>Project Funding</b>		\$	-

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY																				
Project Cost	Unit	FY 2022-23 Project Budget	October				November				December				Qtr 2 Qtr End Date 12/31/2022					
			Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Planned	Incurred	Invoiced	Disbursed	Variance	% Var
Totals		\$ 3,360,402.82	\$ 9,166.67			\$ 787,707.04	\$ 9,166.67			\$ -	\$ 19,468.78			\$ 2,133,633.00	\$ 37,802.12	\$ 2,948,130.55	\$ 2,948,130.55	\$ 2,921,340.04	\$ 2,910,328.43	7698.85%
Non-Recurring (New) Funding		\$ 4,470,767.40																		
Recurring (Base) Funding		\$ -																		
Project Funding		\$ 4,470,767.40																		

PROJECT STAFFING COSTS																								
Project Cost	Unit	FY 2022-23 Project Budget	October				November				December				Qtr 2 Qtr End Date 12/31/2022									
			Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Planned	Incurred	Invoiced	Disbursed	Variance	% Var				
State Staff		0.0 \$ -																						
OPS Staff		0.0 \$ -																						
Contractors	Project Management	Hours	0.0 \$ 110,000.00	83.7 \$ 9,166.67	\$ 9,680.00	\$ 9,680.00	\$ 11,494.99	83.7 \$ 9,166.67	\$ 7,040.00	\$ 7,040.00					83.7 \$ 9,166.66	\$ 7,535.00	\$ 7,535.00	\$ 27,500.00	\$ 24,255.00	\$ 24,255.00	\$ 11,494.99	\$ (3,245.00)	-11.80%	
	Data Engineer Consultant Resource (100%)	Hours	0.0 \$ 20,080.00																\$ -	\$ -	\$ -	\$ -	\$ -	
	Professional Services (Wellsky)	Hours	0.0 \$ 11,250.00																\$ -	\$ -	\$ -	\$ -	\$ -	
			0.0 \$ -																\$ -	\$ -	\$ -	\$ -	\$ -	
Totals		0.0 \$ 141,330.00	83.7 \$ 9,166.67	\$ 9,680.00	\$ 9,680.00	\$ 11,494.99	83.7 \$ 9,166.67	\$ 7,040.00	\$ 7,040.00	\$ -	83.7 \$ 9,166.66	\$ 7,535.00	\$ 7,535.00	\$ -	\$ 27,500.00	\$ 24,255.00	\$ 24,255.00	\$ 11,494.99	\$ (3,245.00)	-11.80%				
Non-Recurring (New) Funding		\$ -																						
Recurring (Base) Funding		\$ -																						
Project Funding		0.0 \$ -																						

PROJECT DELIVERABLES & OTHER EXPENSES																				
Project Cost	Unit	FY 2022-23 Project Budget	October				November				December				Qtr 2 Qtr End Date 12/31/2022					
			Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Planned	Incurred	Invoiced	Disbursed	Variance	% Var
Project Deliverables	5 - Phase 1 - Go Live	1	\$ 776,212.05	\$ 776,212.05	\$ 776,212.05	\$ 776,212.05									\$ -	\$ 776,212.05	\$ 776,212.05	\$ 776,212.05	\$ 776,212.05	\$ 776,212.05
	6 - Phase 2 - Approve Solution Design	1	\$ 244,919.29												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	7 - Phase 2 - System Configuration Completion	1	\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	A2 - AHCA LOC Data Interface	1	\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Major Project Tasks	Annual Managed Support Svc Fees	1	\$ 137,500.00												\$ 137,500.00	\$ 137,500.00	\$ 137,500.00	\$ 137,500.00	\$ 137,500.00	\$ 137,500.00
	Interface Assurance Services	1	\$ 103,125.00												\$ 103,125.00	\$ 103,125.00	\$ 103,125.00	\$ 103,125.00	\$ 103,125.00	\$ 103,125.00
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hardware			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	Annual Software Subscription Fee	1	\$ 1,887,508.00												\$ 1,887,508.00	\$ 1,887,508.00	\$ 1,887,508.00	\$ 1,887,508.00	\$ 1,887,508.00	\$ 1,887,508.00
	Cloud Services - Advanced Reporting	1	\$ 5,500.00												\$ 5,500.00	\$ 5,500.00	\$ 5,500.00	\$ 5,500.00	\$ 5,500.00	\$ 5,500.00
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Misc Expense Travel, other			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Costs		1	\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		1	\$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Data Analytics Tool License Fees (Alteryx)	1	\$ 41,208.48												\$ 10,302.12	\$ 14,030.50	\$ 14,030.50	\$ 14,030.50	\$ 14,030.50	\$ 3,728.38
Microsoft Azure Subscriptions/Licenses	1	\$ 23,100.00												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Totals		\$ 3,219,072.82	\$ -	\$ 776,212.05	\$ 776,212.05	\$ 776,212.05	\$ -	\$ -	\$ -	\$ -	\$ 10,302.12	\$ 2,147,663.50	\$ 2,147,663.50	\$ 2,133,633.00	\$ 10,302.12	\$ 2,923,875.55	\$ 2,923,875.55	\$ 2,909,845.05	\$ 2,913,573.43	28281.30%
Non-Recurring (New) Funding		\$ -																		

<b>Recurring (Base) Funding</b>		\$	-
<b>Project Funding</b>		\$	-

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY																				
Project Cost	Unit	FY 2022-23 Project Budget	January				February				March				Qtr 3		Qtr End Date		3/31/2023	
			Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Planned	Incurred	Invoiced	Disbursed	Variance	% Var
Totals		\$ 3,360,402.82	\$ 11,041.67			\$ 7,040.00	\$ 11,041.67			\$ 375.00	\$ 11,041.66			\$ 14,684.99	\$ 33,125.00	\$ 4,225.00	\$ 13,685.00	\$ 22,099.99	\$ (28,900.00)	-87.25%
Non-Recurring (New) Funding		\$ 4,470,767.40																		
Recurring (Base) Funding		\$ -																		
Project Funding		\$ 4,470,767.40																		

PROJECT STAFFING COSTS																						
Project Cost	Unit	FY 2022-23 Project Budget	January				February				March				Qtr 3		Qtr End Date		3/31/2023			
			Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Planned	Incurred	Invoiced	Disbursed	Variance	% Var		
State Staff		0.0 \$ -																				
OPS Staff		0.0 \$ -																				
Contractors	Project Management	Hours	0.0 \$ 110,000.00	83.7	\$ 9,166.67	\$ 9,460.00	\$ 7,040.00	83.7	\$ 9,166.67	\$ 3,850.00	\$ 3,850.00	83.7	\$ 9,166.66		\$ 14,684.99	\$ 27,500.00	\$ 3,850.00	\$ 13,310.00	\$ 21,724.99	\$ (23,650.00)	-86.00%	
	Data Engineer Consultant Resource (100%)	Hours	0.0 \$ 20,080.00													\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Professional Services (Wellsky)	Hours	0.0 \$ 11,250.00		\$ 1,875.00				\$ 1,875.00	\$ 375.00	\$ 375.00	\$ 375.00	\$ 1,875.00			\$ 5,625.00	\$ 375.00	\$ 375.00	\$ 375.00	\$ 375.00	\$ (5,250.00)	-93.33%
			0.0 \$ -													\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Totals		0.0 \$ 141,330.00	83.7	\$ 11,041.67	\$ -	\$ 9,460.00	\$ 7,040.00	83.7	\$ 11,041.67	\$ 4,225.00	\$ 4,225.00	\$ 375.00	83.7	\$ 11,041.66	\$ -	\$ -	\$ -	\$ 13,685.00	\$ 22,099.99	\$ (28,900.00)	-87.25%	
Non-Recurring (New) Funding		\$ -																				
Recurring (Base) Funding		\$ -																				
Project Funding		0.0 \$ -																				

PROJECT DELIVERABLES & OTHER EXPENSES																				
Project Cost	Unit	FY 2022-23 Project Budget	January				February				March				Qtr 3		Qtr End Date		3/31/2023	
			Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Planned	Incurred	Invoiced	Disbursed	Variance	% Var
Project Deliverables	5 - Phase 1 - Go Live	1	\$ 776,212.05																	
	6 - Phase 2 - Approve Solution Design	1	\$ 244,919.29																	
	7 - Phase 2 - System Configuration Completion	1	\$ -																	
	A2 - AHCA LOC Data Interface	1	\$ -																	
Major Project Tasks	Annual Managed Support Svc Fees	1	\$ 137,500.00																	
	Interface Assurance Services	1	\$ 103,125.00																	
			\$ -																	
Hardware			\$ -																	
			\$ -																	
			\$ -																	
			\$ -																	
Software	Annual Software Subscription Fee	1	\$ 1,887,508.00																	
	Cloud Services - Advanced Reporting	1	\$ 5,500.00																	
			\$ -																	
Misc Expense Travel, other			\$ -																	
			\$ -																	
			\$ -																	
			\$ -																	
Other Costs		1	\$ -																	
		1	\$ -																	
	Data Analytics Tool License Fees (Alteryx)	1	\$ 41,208.48																	
	Microsoft Azure Subscriptions/Licenses	1	\$ 23,100.00																	
Totals		\$ 3,219,072.82	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-Recurring (New) Funding		\$ -																		

<b>Recurring (Base) Funding</b>		\$	-
<b>Project Funding</b>		\$	-

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY																				
Project Cost	Unit	FY 2022-23 Project Budget	April				May				June				Qtr 4 Qtr End Date 6/30/2023					
			Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Planned	Incurred	Invoiced	Disbursed	Variance	% Var
Totals		\$ 3,360,402.82	\$ 11,041.67			\$ 16,995.00	\$ 11,041.67			\$ -	\$ 330,047.31			\$ -	\$ 352,130.65	\$ -	\$ -	\$ 16,995.00	\$ (352,130.65)	-100.00%
Non-Recurring (New) Funding		\$ 4,470,767.40																		
Recurring (Base) Funding		\$ -																		
Project Funding		\$ 4,470,767.40																		

PROJECT STAFFING COSTS																				
Project Cost	Unit	FY 2022-23 Project Budget	April				May				June				Qtr 4 Qtr End Date 6/30/2023					
			Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Planned	Incurred	Invoiced	Disbursed	Variance	% Var
State Staff		0.0 \$ -													\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OPS Staff		0.0 \$ -													\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractors	Project Management	Hours	0.0 \$ 110,000.00	83.7	\$ 9,166.67			\$ 16,995.00	83.7	\$ 9,166.67			83.7	\$ 9,166.66	\$ 27,500.00	\$ -	\$ -	\$ 16,995.00	\$ (27,500.00)	-100.00%
	Data Engineer Consultant Resource (100%)	Hours	0.0 \$ 20,080.00										167.3	\$ 20,080.00	\$ 20,080.00	\$ -	\$ -	\$ -	\$ (20,080.00)	-100.00%
	Professional Services (Wellsky)	Hours	0.0 \$ 11,250.00		\$ 1,875.00				\$ 1,875.00					\$ 1,875.00	\$ 5,625.00	\$ -	\$ -	\$ -	\$ (5,625.00)	-100.00%
			0.0 \$ -												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals		0.0 \$ 141,330.00	83.7	\$ 11,041.67	\$ -	\$ -	\$ 16,995.00	83.7	\$ 11,041.67	\$ -	\$ -	\$ -	251.0	\$ 31,121.66	\$ -	\$ -	\$ -	\$ 16,995.00	\$ (53,205.00)	-100.00%
Non-Recurring (New) Funding		\$ -																		
Recurring (Base) Funding		\$ -																		
Project Funding		0.0 \$ -																		

PROJECT DELIVERABLES & OTHER EXPENSES																				
Project Cost	Unit	FY 2022-23 Project Budget	April				May				June				Qtr 4 Qtr End Date 6/30/2023					
			Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Budget	Incurred	Invoiced	Disbursed	Planned	Incurred	Invoiced	Disbursed	Variance	% Var
Project Deliverables	5 - Phase 1 - Go Live	1	\$ 776,212.05												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	6 - Phase 2 - Approve Solution Design	1	\$ 244,919.29											\$ 244,919.29	\$ 244,919.29	\$ -	\$ -	\$ -	\$ (244,919.29)	-100.00%
	7 - Phase 2 - System Configuration Completion	1	\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	A2 - AHCA LOC Data Interface	1	\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Major Project Tasks	Annual Managed Support Svc Fees	1	\$ 137,500.00											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Interface Assurance Services	1	\$ 103,125.00											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hardware			\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	Annual Software Subscription Fee	1	\$ 1,887,508.00											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Cloud Services - Advanced Reporting	1	\$ 5,500.00											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Misc Expense Travel, other			\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Costs		1	\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		1	\$ -											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Data Analytics Tool License Fees (Alteryx)	1	\$ 41,208.48										\$ 30,906.36	\$ 30,906.36	\$ -	\$ -	\$ -	\$ -	\$ (30,906.36)	-100.00%
	Microsoft Azure Subscriptions/Licenses	1	\$ 23,100.00									\$ 23,100.00	\$ 23,100.00	\$ -	\$ -	\$ -	\$ -	\$ (23,100.00)	-100.00%	
Totals		\$ 3,219,072.82	0.0	\$ -	\$ -	\$ -	\$ -	0.0	\$ -	\$ -	\$ -	\$ -	\$ 298,925.65	\$ -	\$ -	\$ -	\$ -	\$ (298,925.65)	-100.00%	
Non-Recurring (New) Funding		\$ -																		

<b>Recurring (Base) Funding</b>		\$	-
<b>Project Funding</b>		\$	-



PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2022-23 Project Budget	Total Planned to Date	Total Incurred to Date	Total Invoiced to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
<b>Totals</b>		\$ 3,360,402.82	\$ 3,360,402.82	\$ 2,974,685.53	\$ 2,984,145.53	\$ 2,960,435.03	\$ 385,717.29	\$ 3,360,402.82	\$ (385,717.29)	-11.48%
Non-Recurring (New) Funding		\$ 4,470,767.40								
Recurring (Base) Funding		\$ -								
<b>Project Funding</b>		\$ 4,470,767.40								

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2022-23 Project Budget	Total Planned to Date	Total Incurred to Date	Total Invoiced to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
State Staff		0.0 \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
OPS Staff		0.0 \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Contractors	Project Management	Hours 0.0 \$ 110,000.00	\$ 110,000.00	\$ 50,434.98	\$ 59,894.98	\$ 50,214.98	\$ 59,565.02	\$ 110,000.00	\$ (59,565.02)	-54%
	Data Engineer Consultant Resource (100%)	Hours 0.0 \$ 20,080.00	\$ 20,080.00	\$ -	\$ -	\$ -	\$ 20,080.00	\$ 20,080.00	\$ (20,080.00)	-100%
	Professional Services (Wellsky)	Hours 0.0 \$ 11,250.00	\$ 11,250.00	\$ 375.00	\$ 375.00	\$ 375.00	\$ 10,875.00	\$ 11,250.00	\$ (10,875.00)	-97%
		0.0 \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
<b>Totals</b>		0.0 \$ 141,330.00	\$ 141,330.00	\$ 50,809.98	\$ 60,269.98	\$ 50,589.98	\$ 90,520.02	\$ 141,330.00	\$ (90,520.02)	-64%
Non-Recurring (New) Funding		\$ -								
Recurring (Base) Funding		\$ -								
<b>Project Funding</b>		0.0 \$ -								

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2022-23 Project Budget	Total Planned to Date	Total Incurred to Date	Total Invoiced to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
Project Deliverables	5 - Phase 1 - Go Live	1 \$ 776,212.05	\$ 776,212.05	\$ 776,212.05	\$ 776,212.05	\$ 776,212.05	\$ -	\$ 776,212.05	\$ -	0%
	6 - Phase 2 - Approve Solution Design	1 \$ 244,919.29	\$ 244,919.29	\$ -	\$ -	\$ -	\$ 244,919.29	\$ 244,919.29	\$ (244,919.29)	-100%
	7 - Phase 2 - System Configuration Completion	1 \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
	A2 - AHCA LOC Data Interface	1 \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Major Project Tasks	Annual Managed Support Svc Fees	1 \$ 137,500.00	\$ 137,500.00	\$ 137,500.00	\$ 137,500.00	\$ 137,500.00	\$ -	\$ 137,500.00	\$ -	0%
	Interface Assurance Services	1 \$ 103,125.00	\$ 103,125.00	\$ 103,125.00	\$ 103,125.00	\$ 103,125.00	\$ -	\$ 103,125.00	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Hardware		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Software	Annual Software Subscription Fee	1 \$ 1,887,508.00	\$ 1,887,508.00	\$ 1,887,508.00	\$ 1,887,508.00	\$ 1,887,508.00	\$ -	\$ 1,887,508.00	\$ -	0%
	Cloud Services - Advanced Reporting	1 \$ 5,500.00	\$ 5,500.00	\$ 5,500.00	\$ 5,500.00	\$ 5,500.00	\$ -	\$ 5,500.00	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Misc Expense Travel, other		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Other Costs		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
	Data Analytics Tool License Fees (Alteryx)	1 \$ 41,208.48	\$ 41,208.48	\$ 14,030.50	\$ 14,030.50	\$ -	\$ 27,177.98	\$ 41,208.48	\$ (27,177.98)	-66%
	Microsoft Azure Subscriptions/Licenses	1 \$ 23,100.00	\$ 23,100.00	\$ -	\$ -	\$ -	\$ 23,100.00	\$ 23,100.00	\$ (23,100.00)	-100%
<b>Totals</b>		\$ 3,219,072.82	\$ 3,219,072.82	\$ 2,923,875.55	\$ 2,923,875.55	\$ 2,909,845.05	\$ 295,197.27	\$ 3,219,072.82	\$ (295,197.27)	-9%
Non-Recurring (New) Funding		\$ -								

<b>Recurring (Base) Funding</b>		\$	-
<b>Project Funding</b>		\$	-

PROJECT SPENDING PLAN													
Project	eCIRTS	Project #		Status Date	9/14/2023	The default is today's date. To change the status date, manually enter another date into the "Status Date Override" field.							
Project Manager	TBD	Sponsor	Sec. Michelle Branham	Status Date Override									
Risk & Complexity Category		Updated (Date)											

PROJECT SPENDING PLAN SUMMARY													
Project Cost	Unit	FY 2023-24 Project Budget	July		August		September		Qtr 1		Qtr End Date 9/30/2023		% Var
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance		
Totals		\$ 3,547,967.53	\$ 2,439,987.05	\$ -	\$ 297,023.10	\$ -	\$ 52,103.81	\$ -	\$ 2,735,542.53	\$ -	\$ -	0.00%	
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		\$ -											

\* IV & V not included in 100799 category.

PROJECT STAFFING COSTS													
Project Cost	Unit	FY 2023-24 Project Budget	July		August		September		Qtr 1		Qtr End Date 9/30/2023		% Var
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance		
State Staff		0.0	\$ -							\$ -	\$ -		
		0.0	\$ -							\$ -	\$ -		
		0.0	\$ -							\$ -	\$ -		
		0.0	\$ -							\$ -	\$ -		
		0.0	\$ -							\$ -	\$ -		
OPS Staff		0.0	\$ -							\$ -	\$ -		
		0.0	\$ -							\$ -	\$ -		
		0.0	\$ -							\$ -	\$ -		
		0.0	\$ -							\$ -	\$ -		
Contractors	Project Management	1004.0	\$ 110,000.00	83.7	\$ 9,166.67	83.7	\$ 9,166.67	83.7	\$ 9,166.67	\$ 27,500.00	\$ -		
		0.0	\$ -							\$ -	\$ -		
	Data Engineer Consultant Resource (100%)	2008.0	\$ 240,960.00	167.3	\$ 20,080.00	167.3	\$ 20,080.00	167.3	\$ 20,080.00	\$ 60,240.00	\$ -		
		0.0	\$ -							\$ -	\$ -		
Totals		3012.0	\$ 350,960.00	251.0	\$ 29,246.67	0.0	\$ -	251.0	\$ 29,246.67	0.0	\$ -	0.00%	
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		0.0	\$ -										

PROJECT DELIVERABLES & OTHER EXPENSES															
Project Cost	Unit	FY 2023-24 Project Budget	July		August		September		Qtr 1		Qtr End Date 9/30/2023		% Var		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance				
Project Deliverables	7 - Phase 2 - System Configuration Completion	1	\$ 244,919.29		\$ 244,919.29				\$ 244,919.29	\$ -					
	8 - Phase 2 - System Validation Completion	1	\$ 244,919.29						\$ -	\$ -					
			\$ -						\$ -	\$ -					
	A2 - AHCA LOC Data Interface		\$ 68,437.50	\$ 68,437.50					\$ 68,437.50	\$ -					
Major Project Tasks	Annual Managed Support Svc Fees	1	\$ 137,500.00	\$ 137,500.00					\$ 137,500.00	\$ -					
	Interface Assurance Services	1	\$ 103,125.00	\$ 103,125.00					\$ 103,125.00	\$ -					
	Interface Assurance - AHCA LOC	1	\$ 9,187.50	\$ 9,187.50					\$ 9,187.50	\$ -					
			\$ -						\$ -	\$ -					
Hardware			\$ -						\$ -	\$ -					
			\$ -						\$ -	\$ -					
			\$ -						\$ -	\$ -					
			\$ -						\$ -	\$ -					
Software	Annual Software Subscription Fee	1	\$ 1,944,133.24	\$ 1,944,133.24					\$ 1,944,133.24	\$ -					
	Cloud Services - Advanced Reporting	1	\$ 5,500.00	\$ 5,500.00					\$ 5,500.00	\$ -					
			\$ -						\$ -	\$ -					
Misc Expense Travel, other			\$ -						\$ -	\$ -					
			\$ -						\$ -	\$ -					
			\$ -						\$ -	\$ -					
			\$ -						\$ -	\$ -					
Other Costs	Data Analytics Tool License Fees (Alteryx)	1	\$ 45,000.00						\$ 45,000.00	\$ -					
	Microsoft Azure Subscriptions/Licenses	1	\$ 60,000.00	\$ 5,000.00	\$ 5,000.00		\$ 5,000.00	\$ 15,000.00	\$ -						
	Managed Consulting Services (MCS)		\$ 120,000.00	\$ 120,000.00				\$ 120,000.00	\$ -						
			\$ -						\$ -	\$ -					
Totals		\$ 2,982,721.82	0.0	\$ 2,392,883.24	0.0	\$ -	0.0	\$ 249,919.29	0.0	\$ 5,000.00	0.0	\$ 2,647,802.53	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -													
Recurring (Base) Funding		\$ -													
Project Funding		\$ -													

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY													
Project Cost	Unit	FY 2023-24 Project Budget	October		November		December		Qtr 2		Qtr End Date 12/31/2023		% Var
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance		
Totals		\$ 3,547,967.53	\$ 52,103.81	\$ -	\$ 52,103.81	\$ -	\$ 52,103.81	\$ -	\$ 156,311.43	\$ -	\$ -	0.00%	
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		\$ -											

PROJECT STAFFING COSTS													
Project Cost	Unit	FY 2023-24 Project Budget	October		November		December		Qtr 2		Qtr End Date 12/31/2023		% Var
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance		
State Staff		0.0 \$ -								\$ -	\$ -		
		0.0 \$ -								\$ -	\$ -		
		0.0 \$ -								\$ -	\$ -		
		0.0 \$ -								\$ -	\$ -		
		0.0 \$ -								\$ -	\$ -		
OPS Staff		0.0 \$ -								\$ -	\$ -		
		0.0 \$ -								\$ -	\$ -		
		0.0 \$ -								\$ -	\$ -		
		0.0 \$ -								\$ -	\$ -		
Contractors	Project Management	1004.0 \$ 110,000.00	83.7 \$ 9,166.67		83.7 \$ 9,166.67		83.7 \$ 9,166.67		\$ 27,500.00	\$ -			
		0.0 \$ -							\$ -	\$ -			
	Data Engineer Consultant Resource (100%)	2008.0 \$ 240,960.00	167.3 \$ 20,080.00		167.3 \$ 20,080.00		167.3 \$ 20,080.00		\$ 60,240.00	\$ -			
		0.0 \$ -							\$ -	\$ -			
		0.0 \$ -							\$ -	\$ -			
Totals		3012.0 \$ 350,960.00	251.0 \$ 29,246.67	0.0 \$ -	251.0 \$ 29,246.67	0.0 \$ -	251.0 \$ 29,246.67	0.0 \$ -	\$ 87,740.00	\$ -	0.00%		
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		0.0 \$ -											

PROJECT DELIVERABLES & OTHER EXPENSES													
Project Cost	Unit	FY 2023-24 Project Budget	October		November		December		Qtr 2		Qtr End Date 12/31/2023		% Var
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance		
Project Deliverables	7 - Phase 2 - System Configuration Completion	1	\$ 244,919.29						\$ -	\$ -			
	8 - Phase 2 - System Validation Completion	1	\$ 244,919.29						\$ -	\$ -			
			\$ -						\$ -	\$ -			
	A2 - AHCA LOC Data Interface		\$ 68,437.50						\$ -	\$ -			
Major Project Tasks	Annual Managed Support Svc Fees	1	\$ 137,500.00						\$ -	\$ -			
	Interface Assurance Services	1	\$ 103,125.00						\$ -	\$ -			
	Interface Assurance - AHCA LOC	1	\$ 9,187.50						\$ -	\$ -			
			\$ -						\$ -	\$ -			
Hardware			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
Software	Annual Software Subscription Fee	1	\$ 1,944,133.24						\$ -	\$ -			
	Cloud Services - Advanced Reporting	1	\$ 5,500.00						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
Misc Expense Travel, other			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
Other Costs	Data Analytics Tool License Fees (Alteryx)	1	\$ 45,000.00						\$ -	\$ -			
	Microsoft Azure Subscriptions/Licenses	1	\$ 60,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 15,000.00	\$ -	\$ -			
	Managed Consulting Services (MCS)		\$ 120,000.00					\$ -	\$ -	\$ -			
			\$ -					\$ -	\$ -	\$ -			
Totals		\$ 2,982,721.82	0.0 \$ 5,000.00	0.0 \$ -	0.0 \$ 5,000.00	0.0 \$ -	0.0 \$ 5,000.00	0.0 \$ -	\$ 15,000.00	\$ -	0.00%		
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		\$ -											

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

**PROJECT SPENDING PLAN SUMMARY**

Project Cost	Unit	FY 2023-24 Project Budget	January		February		March		Qtr 3	Qtr End Date 3/31/2024		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Totals		\$ 3,547,967.53	\$ 52,103.81	\$ -	\$ 52,103.81	\$ -	\$ 52,103.81	\$ -	\$ 156,311.43	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

**PROJECT STAFFING COSTS**

Project Cost	Unit	FY 2023-24 Project Budget	January		February		March		Qtr 3	Qtr End Date 3/31/2024		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
State Staff		0.0 \$ -							\$ -	\$ -		
OPS Staff		0.0 \$ -							\$ -	\$ -		
Contractors	Project Management	1004.0 \$ 110,000.00	83.7 \$ 9,166.67		83.7 \$ 9,166.67		83.7 \$ 9,166.67		\$ 27,500.00	\$ -		
	Data Engineer Consultant Resource (100%)	2008.0 \$ 240,960.00	167.3 \$ 20,080.00		167.3 \$ 20,080.00		167.3 \$ 20,080.00		\$ 60,240.00	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
Totals		3012.0 \$ 350,960.00	251.0 \$ 29,246.67	0.0 \$ -	251.0 \$ 29,246.67	0.0 \$ -	251.0 \$ 29,246.67	0.0 \$ -	\$ 87,740.00	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ -										

**PROJECT DELIVERABLES & OTHER EXPENSES**

Project Cost	Unit	FY 2023-24 Project Budget	January		February		March		Qtr 3	Qtr End Date 3/31/2024		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Project Deliverables	7 - Phase 2 - System Configuration Completion	1	\$ 244,919.29						\$ -	\$ -		
	8 - Phase 2 - System Validation Completion	1	\$ 244,919.29						\$ -	\$ -		
	A2 - AHCA LOC Data Interface		\$ 68,437.50						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Major Project Tasks	Annual Managed Support Svc Fees	1	\$ 137,500.00						\$ -	\$ -		
	Interface Assurance Services	1	\$ 103,125.00						\$ -	\$ -		
	Interface Assurance - AHCA LOC	1	\$ 9,187.50						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Hardware			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Software	Annual Software Subscription Fee	1	\$ 1,944,133.24						\$ -	\$ -		
	Cloud Services - Advanced Reporting	1	\$ 5,500.00						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Misc Expense Travel, other			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Other Costs	Data Analytics Tool License Fees (Alteryx)	1	\$ 45,000.00						\$ -	\$ -		
	Microsoft Azure Subscriptions/Licenses	1	\$ 60,000.00	\$ 5,000.00		\$ 5,000.00		\$ 5,000.00	\$ 15,000.00	\$ -		
	Managed Consulting Services (MCS)		\$ 120,000.00						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Totals		\$ 2,982,721.82	0.0 \$ 5,000.00	0.0 \$ -	0.0 \$ 5,000.00	0.0 \$ -	0.0 \$ 5,000.00	0.0 \$ -	\$ 15,000.00	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2023-24 Project Budget	April		May		June		Qtr 4	Qtr End Date 6/30/2024		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Totals		\$ 3,547,967.53	\$ 52,103.81	\$ -	\$ 97,103.81	\$ -	\$ 297,023.10	\$ -	\$ 446,230.72	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2023-24 Project Budget	April		May		June		Qtr 4	Qtr End Date 6/30/2024		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
State Staff		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
OPS Staff		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
Contractors	Project Management	1004.0 \$ 110,000.00	83.7 \$ 9,166.67		83.7 \$ 9,166.67		83.7 \$ 9,166.67		\$ 27,500.00	\$ -		
		0.0 \$ -							\$ -	\$ -		
	Data Engineer Consultant Resource (100%)	2008.0 \$ 240,960.00	167.3 \$ 20,080.00		167.3 \$ 20,080.00		167.3 \$ 20,080.00		\$ 60,240.00	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
Totals		3012.0 \$ 350,960.00	251.0 \$ 29,246.67	0.0 \$ -	251.0 \$ 29,246.67	0.0 \$ -	251.0 \$ 29,246.67	0.0 \$ -	\$ 87,740.00	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ -										

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2023-24 Project Budget	April		May		June		Qtr 4	Qtr End Date 6/30/2024		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Project Deliverables	7 - Phase 2 - System Configuration Completion	1	\$ 244,919.29						\$ -	\$ -		
	8 - Phase 2 - System Validation Completion	1	\$ 244,919.29					\$ 244,919.29	\$ 244,919.29	\$ -		
			\$ -						\$ -	\$ -		
	A2 - AHCA LOC Data Interface		\$ 68,437.50						\$ -	\$ -		
Major Project Tasks	Annual Managed Support Svc Fees	1	\$ 137,500.00						\$ -	\$ -		
	Interface Assurance Services	1	\$ 103,125.00						\$ -	\$ -		
	Interface Assurance - AHCA LOC	1	\$ 9,187.50						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Hardware			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Software	Annual Software Subscription Fee	1	\$ 1,944,133.24						\$ -	\$ -		
	Cloud Services - Advanced Reporting	1	\$ 5,500.00						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Misc Expense Travel, other			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Other Costs	Data Analytics Tool License Fees (Alteryx)	1	\$ 45,000.00		\$ 45,000.00				\$ 45,000.00	\$ -		
	Microsoft Azure Subscriptions/Licenses	1	\$ 60,000.00	\$ 5,000.00	\$ 5,000.00		\$ 5,000.00		\$ 15,000.00	\$ -		
	Managed Consulting Services (MCS)		\$ 120,000.00						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Totals		\$ 2,982,721.82	0.0 \$ 5,000.00	0.0 \$ -	0.0 \$ 50,000.00	0.0 \$ -	0.0 \$ 249,919.29	0.0 \$ -	\$ 304,919.29	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										



PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2023-24 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
Totals		\$ 3,547,967.53	\$ 3,547,967.53	\$ -	\$ 3,547,967.53	\$ 3,547,967.53	\$ -	0.00%
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		\$ -						

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2023-24 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
State Staff		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	
OPS Staff		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	
Contractors	Project Management	1004.0 \$ 110,000.00	1004.0 \$ 110,000.00	0.0 \$ -	1004.0 \$ 110,000.00	1004.0 \$ 110,000.00	\$ -	0%
	Data Engineer Consultant Resource (100%)	2008.0 \$ 240,960.00	2008.0 \$ 240,960.00	0.0 \$ -	2008.0 \$ 240,960.00	2008.0 \$ 240,960.00	\$ -	0%
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	
Totals		3012.0 \$ 350,960.00	3012.0 \$ 350,960.00	0.0 \$ -	3,012.0 \$ 350,960.00	3,012.0 \$ 350,960.00	\$ -	0%
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		0.0 \$ -						

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2023-24 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
Project Deliverables	7 - Phase 2 - System Configuration Completion	1 \$ 244,919.29	\$ 244,919.29	\$ -	\$ 244,919.29	\$ 244,919.29	\$ -	0%
	8 - Phase 2 - System Validation Completion	1 \$ 244,919.29	\$ 244,919.29	\$ -	\$ 244,919.29	\$ 244,919.29	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	A2 - AHCA LOC Data Interface	\$ 68,437.50	\$ 68,437.50	\$ -	\$ 68,437.50	\$ 68,437.50	\$ -	0%
Major Project Tasks	Annual Managed Support Svc Fees	1 \$ 137,500.00	\$ 137,500.00	\$ -	\$ 137,500.00	\$ 137,500.00	\$ -	0%
	Interface Assurance Services	1 \$ 103,125.00	\$ 103,125.00	\$ -	\$ 103,125.00	\$ 103,125.00	\$ -	0%
	Interface Assurance - AHCA LOC	1 \$ 9,187.50	\$ 9,187.50	\$ -	\$ 9,187.50	\$ 9,187.50	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Hardware		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Software	Annual Software Subscription Fee	1 \$ 1,944,133.24	\$ 1,944,133.24	\$ -	\$ 1,944,133.24	\$ 1,944,133.24	\$ -	0%
	Cloud Services - Advanced Reporting	1 \$ 5,500.00	\$ 5,500.00	\$ -	\$ 5,500.00	\$ 5,500.00	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Misc Expense Travel, other		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Costs	Data Analytics Tool License Fees (Alteryx)	1 \$ 45,000.00	\$ 45,000.00	\$ -	\$ 45,000.00	\$ 45,000.00	\$ -	0%
	Microsoft Azure Subscriptions/Licenses	1 \$ 60,000.00	\$ 60,000.00	\$ -	\$ 60,000.00	\$ 60,000.00	\$ -	0%
	Managed Consulting Services (MCS)	\$ 120,000.00	\$ 120,000.00	\$ -	\$ 120,000.00	\$ 120,000.00	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Totals		\$ 2,982,721.82	0.0 \$ 2,982,721.82	0.0 \$ -	0.0 \$ 2,982,721.82	0.0 \$ 2,982,721.82	\$ -	0%
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		\$ -						

PROJECT SPENDING PLAN													
Project	eCIRTS	Project #		Status Date	9/14/2023	The default is today's date. To change the status date, manually enter another date into the "Status Date Override" field.							
Project Manager	TBD	Sponsor	Sec. Michelle Branham	Status Date Override									
Risk & Complexity Category		Updated (Date)											

PROJECT SPENDING PLAN SUMMARY													
Project Cost	Unit	FY 2024-25 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2024		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var	
Totals		\$ 2,858,436.02	\$ 2,323,623.55	\$ -	\$ 292,023.10	\$ -	\$ 29,246.67	\$ -	\$ 2,644,893.32	\$ -	\$ -	0.00%	
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		\$ -											

PROJECT STAFFING COSTS													
Project Cost	Unit	FY 2024-25 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2024		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var	
State Staff		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
OPS Staff		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
Contractors	Project Management	1004.0	\$ 110,000.00	83.7	\$ 9,166.67	83.7	\$ 9,166.67	83.7	\$ 9,166.67	\$ 27,500.00	\$ -		
		0.0	\$ -						\$ -	\$ -			
	Data Engineer Consultant Resource (100%)	1004.0	\$ 120,480.00	167.3	\$ 20,080.00	167.3	\$ 20,080.00	167.3	\$ 20,080.00	\$ 60,240.00	\$ -		
		0.0	\$ -						\$ -	\$ -			
Totals		2008.0	\$ 230,480.00	251.0	\$ 29,246.67	0.0	\$ -	251.0	\$ 29,246.67	0.0	\$ -	0.00%	
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		0.0	\$ -										

PROJECT DELIVERABLES & OTHER EXPENSES													
Project Cost	Unit	FY 2024-25 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2024		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var	
Project Deliverables	9 - Phase 2 - Go Live		\$ 244,919.29		\$ 244,919.29				\$ 244,919.29	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
Major Project Tasks	Managed Support Services	1	\$ 137,500.00	\$ 137,500.00					\$ 137,500.00	\$ -			
	Interface Assurance Services	1	\$ 103,125.00	\$ 103,125.00					\$ 103,125.00	\$ -			
	Interface Assurance - AHCA LOC	1	\$ 9,187.50	\$ 9,187.50					\$ 9,187.50	\$ -			
			\$ -						\$ -	\$ -			
Hardware			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
Software	Annual Software Subscription Fee	1	\$ 2,002,457.24	\$ 2,002,457.24					\$ 2,002,457.24	\$ -			
	Cloud Services - Advanced Reporting	1	\$ 5,834.95	\$ 5,500.00					\$ 5,500.00	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
Misc Expense Travel, other			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
Other Costs	Data Analytics Tool License Fees (Alteryx)	1	\$ 45,000.00						\$ -	\$ -			
	Microsoft Azure Subscriptions/Licenses	1	\$ 25,467.75						\$ -	\$ -			
	Annual Training Center Service LMS	1	\$ 18,750.00	\$ 18,750.00					\$ 18,750.00	\$ -			
			\$ -						\$ -	\$ -			
Totals		\$ 2,592,241.73	0.0	\$ 2,276,519.74	0.0	\$ -	0.0	\$ 244,919.29	0.0	\$ -	0.00%		
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		\$ -											



PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

**PROJECT SPENDING PLAN SUMMARY**

Project Cost	Unit	FY 2024-25 Project Budget	October		November		December		Qtr 2		Qtr End Date 12/31/2024	
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Totals		\$ 2,858,436.02	\$ 29,246.67	\$ -	\$ 29,246.67	\$ -	\$ 29,246.67	\$ -	\$ 87,740.00	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

**PROJECT STAFFING COSTS**

Project Cost	Unit	FY 2024-25 Project Budget	October		November		December		Qtr 2		Qtr End Date 12/31/2024	
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
State Staff		0.0	\$ -							\$ -	\$ -	
		0.0	\$ -							\$ -	\$ -	
		0.0	\$ -							\$ -	\$ -	
		0.0	\$ -							\$ -	\$ -	
		0.0	\$ -							\$ -	\$ -	
OPS Staff		0.0	\$ -							\$ -	\$ -	
		0.0	\$ -							\$ -	\$ -	
		0.0	\$ -							\$ -	\$ -	
		0.0	\$ -							\$ -	\$ -	
Contractors	Project Management	1004.0	\$ 110,000.00	83.7	\$ 9,166.67	83.7	\$ 9,166.67	83.7	\$ 9,166.67	\$ 27,500.00	\$ -	
		0.0	\$ -							\$ -	\$ -	
	Data Engineer Consultant Resource (100%)	1004.0	\$ 120,480.00	167.3	\$ 20,080.00	167.3	\$ 20,080.00	167.3	\$ 20,080.00	\$ 60,240.00	\$ -	
		0.0	\$ -							\$ -	\$ -	
Totals		2008.0	\$ 230,480.00	251.0	\$ 29,246.67	0.0	\$ -	251.0	\$ 29,246.67	0.0	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		0.0	\$ -									

**PROJECT DELIVERABLES & OTHER EXPENSES**

Project Cost	Unit	FY 2024-25 Project Budget	October		November		December		Qtr 2		Qtr End Date 12/31/2024	
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Project Deliverables	9 - Phase 2 - Go Live		\$ 244,919.29							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
Major Project Tasks	Managed Support Services	1	\$ 137,500.00							\$ -	\$ -	
	Interface Assurance Services	1	\$ 103,125.00							\$ -	\$ -	
	Interface Assurance - AHCA LOC	1	\$ 9,187.50							\$ -	\$ -	
			\$ -							\$ -	\$ -	
Hardware			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
Software	Annual Software Subscription Fee	1	\$ 2,002,457.24							\$ -	\$ -	
	Cloud Services - Advanced Reporting	1	\$ 5,834.95							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
Misc Expense Travel, other			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
Other Costs	Data Analytics Tool License Fees (Alteryx)	1	\$ 45,000.00							\$ -	\$ -	
	Microsoft Azure Subscriptions/Licenses	1	\$ 25,467.75							\$ -	\$ -	
	Annual Training Center Service LMS	1	\$ 18,750.00							\$ -	\$ -	
			\$ -							\$ -	\$ -	
Totals		\$ 2,592,241.73	0.0	\$ -	0.0	\$ -	0.0	\$ -	0.0	\$ -	\$ -	
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2024-25 Project Budget	January		February		March		Qtr 3	Qtr End Date 3/31/2025		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Totals		\$ 2,858,436.02	\$ 9,166.67	\$ -	\$ 9,166.67	\$ -	\$ 9,166.67	\$ -	\$ 27,500.00	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2024-25 Project Budget	January		February		March		Qtr 3	Qtr End Date 3/31/2025		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
State Staff		0.0	\$ -						\$ -	\$ -		
		0.0	\$ -						\$ -	\$ -		
		0.0	\$ -						\$ -	\$ -		
		0.0	\$ -						\$ -	\$ -		
		0.0	\$ -						\$ -	\$ -		
OPS Staff		0.0	\$ -						\$ -	\$ -		
		0.0	\$ -						\$ -	\$ -		
		0.0	\$ -						\$ -	\$ -		
		0.0	\$ -						\$ -	\$ -		
Contractors	Project Management	1004.0	\$ 110,000.00	83.7	\$ 9,166.67	83.7	\$ 9,166.67	83.7	\$ 9,166.67	\$ 27,500.00	\$ -	
	Data Engineer Consultant Resource (100%)	1004.0	\$ 120,480.00						\$ -	\$ -		
		0.0	\$ -						\$ -	\$ -		
		0.0	\$ -						\$ -	\$ -		
Totals		2008.0	\$ 230,480.00	83.7	\$ 9,166.67	0.0	\$ -	83.7	\$ 9,166.67	0.0	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		0.0	\$ -									

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2024-25 Project Budget	January		February		March		Qtr 3	Qtr End Date 3/31/2025		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Project Deliverables	9 - Phase 2 - Go Live		\$ 244,919.29						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Major Project Tasks	Managed Support Services	1	\$ 137,500.00						\$ -	\$ -		
	Interface Assurance Services	1	\$ 103,125.00						\$ -	\$ -		
	Interface Assurance - AHCA LOC	1	\$ 9,187.50						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Hardware			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Software	Annual Software Subscription Fee	1	\$ 2,002,457.24						\$ -	\$ -		
	Cloud Services - Advanced Reporting	1	\$ 5,834.95						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Misc Expense Travel, other			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Other Costs	Data Analytics Tool License Fees (Alteryx)	1	\$ 45,000.00						\$ -	\$ -		
	Microsoft Azure Subscriptions/Licenses	1	\$ 25,467.75						\$ -	\$ -		
	Annual Training Center Service LMS	1	\$ 18,750.00						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Totals		\$ 2,592,241.73	0.0	\$ -	0.0	\$ -	0.0	\$ -	0.0	\$ -		
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2024-25 Project Budget	April		May		June		Qtr 4	Qtr End Date 6/30/2025		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Totals		\$ 2,858,436.02	\$ 9,166.67	\$ -	\$ 79,634.42	\$ -	\$ 9,166.67	\$ -	\$ 97,967.75	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2024-25 Project Budget	April		May		June		Qtr 4	Qtr End Date 6/30/2025			
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var	
State Staff		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
OPS Staff		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
Contractors	Project Management	1004.0	\$ 110,000.00	83.7	\$ 9,166.67	83.7	\$ 9,166.67	83.7	\$ 9,166.67		\$ 27,500.00	\$ -	
		0.0	\$ -						\$ -	\$ -			
	Data Engineer Consultant Resource (100%)	1004.0	\$ 120,480.00						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
Totals		2008.0	\$ 230,480.00	83.7	\$ 9,166.67	0.0	\$ -	83.7	\$ 9,166.67	0.0	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		0.0	\$ -										

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2024-25 Project Budget	April		May		June		Qtr 4	Qtr End Date 6/30/2025						
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var				
Project Deliverables	9 - Phase 2 - Go Live		\$ 244,919.29						\$ -	\$ -						
			\$ -						\$ -	\$ -						
			\$ -						\$ -	\$ -						
			\$ -						\$ -	\$ -						
			\$ -						\$ -	\$ -						
Major Project Tasks	Managed Support Services	1	\$ 137,500.00						\$ -	\$ -						
	Interface Assurance Services	1	\$ 103,125.00						\$ -	\$ -						
	Interface Assurance - AHCA LOC	1	\$ 9,187.50						\$ -	\$ -						
			\$ -						\$ -	\$ -						
Hardware			\$ -						\$ -	\$ -						
			\$ -						\$ -	\$ -						
			\$ -						\$ -	\$ -						
			\$ -						\$ -	\$ -						
			\$ -						\$ -	\$ -						
Software	Annual Software Subscription Fee	1	\$ 2,002,457.24						\$ -	\$ -						
	Cloud Services - Advanced Reporting	1	\$ 5,834.95						\$ -	\$ -						
			\$ -						\$ -	\$ -						
			\$ -						\$ -	\$ -						
Misc Expense Travel, other			\$ -						\$ -	\$ -						
			\$ -						\$ -	\$ -						
			\$ -						\$ -	\$ -						
			\$ -						\$ -	\$ -						
			\$ -						\$ -	\$ -						
Other Costs	Data Analytics Tool License Fees (Alteryx)	1	\$ 45,000.00			\$ 45,000.00			\$ 45,000.00	\$ -						
	Microsoft Azure Subscriptions/Licenses	1	\$ 25,467.75			\$ 25,467.75			\$ 25,467.75	\$ -						
	Annual Training Center Service LMS	1	\$ 18,750.00						\$ -	\$ -						
			\$ -						\$ -	\$ -						
Totals		\$ 2,592,241.73	0.0	\$ -	0.0	\$ -	0.0	\$ 70,467.75	0.0	\$ -	0.0	\$ -	\$ 70,467.75	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -														
Recurring (Base) Funding		\$ -														
Project Funding		\$ -														

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2024-25 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
Totals		\$ 2,858,436.02	\$ 2,858,101.07	\$ -	\$ 2,858,101.07	\$ 2,858,101.07	\$ -	0.00%
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		\$ -						

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2024-25 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
State Staff		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	
OPS Staff		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	
Contractors	Project Management	1004.0 \$ 110,000.00	1004.0 \$ 110,000.00	0.0 \$ -	1004.0 \$ 110,000.00	1004.0 \$ 110,000.00	\$ -	0%
	Data Engineer Consultant Resource (100%)	1004.0 \$ 120,480.00	1004.0 \$ 120,480.00	0.0 \$ -	1004.0 \$ 120,480.00	1004.0 \$ 120,480.00	\$ -	0%
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	
Totals		2008.0 \$ 230,480.00	2008.0 \$ 230,480.00	0.0 \$ -	2,008.0 \$ 230,480.00	2,008.0 \$ 230,480.00	\$ -	0%
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		0.0 \$ -						

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2024-25 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
Project Deliverables	9 - Phase 2 - Go Live	\$ 244,919.29	\$ 244,919.29	\$ -	\$ 244,919.29	\$ 244,919.29	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Major Project Tasks	Managed Support Services	\$ 137,500.00	\$ 137,500.00	\$ -	\$ 137,500.00	\$ 137,500.00	\$ -	0%
	Interface Assurance Services	\$ 103,125.00	\$ 103,125.00	\$ -	\$ 103,125.00	\$ 103,125.00	\$ -	0%
	Interface Assurance - AHCA LOC	\$ 9,187.50	\$ 9,187.50	\$ -	\$ 9,187.50	\$ 9,187.50	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Hardware		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Software	Annual Software Subscription Fee	\$ 2,002,457.24	\$ 2,002,457.24	\$ -	\$ 2,002,457.24	\$ 2,002,457.24	\$ -	0%
	Cloud Services - Advanced Reporting	\$ 5,834.95	\$ 5,500.00	\$ -	\$ 5,500.00	\$ 5,500.00	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Misc Expense Travel, other		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Costs	Data Analytics Tool License Fees (Alteryx)	\$ 45,000.00	\$ 45,000.00	\$ -	\$ 45,000.00	\$ 45,000.00	\$ -	0%
	Microsoft Azure Subscriptions/Licenses	\$ 25,467.75	\$ 25,467.75	\$ -	\$ 25,467.75	\$ 25,467.75	\$ -	0%
	Annual Training Center Service LMS	\$ 18,750.00	\$ 18,750.00	\$ -	\$ 18,750.00	\$ 18,750.00	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Totals		\$ 2,592,241.73	0.0 \$ 2,591,906.78	0.0 \$ -	0.0 \$ 2,591,906.78	0.0 \$ 2,591,906.78	\$ -	0%
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		\$ -						

PROJECT SPENDING PLAN													
Project	eCIRTS	Project #		Status Date	9/14/2023	The default is today's date. To change the status date, manually enter another date into the "Status Date Override" field.							
Project Manager	TBD	Sponsor	Sec. Michelle Branham	Status Date Override									
Risk & Complexity Category		Updated (Date)											

PROJECT SPENDING PLAN SUMMARY													
Project Cost	Unit	FY 2025-26 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2025		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var	
Totals		\$ 2,389,584.59	\$ 2,317,843.45	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,317,843.45	\$ -	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		\$ -											

PROJECT STAFFING COSTS													
Project Cost	Unit	FY 2025-26 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2025		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var	
State Staff		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
OPS Staff		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
Contractors		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
Totals		0.0	\$ -	0.0	\$ -	0.0	\$ -	0.0	\$ -	0.0	\$ -	\$ -	
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		0.0	\$ -										

PROJECT DELIVERABLES & OTHER EXPENSES													
Project Cost	Unit	FY 2025-26 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2025		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var	
Project Deliverables		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
Major Project Tasks	Managed Support Services	1	\$ 137,500.00	\$ 137,500.00					\$ 137,500.00	\$ -			
	Interface Assurance Services	1	\$ 103,125.00	\$ 103,125.00					\$ 103,125.00	\$ -			
	Interface Assurance - AHCA LOC	1	\$ 9,187.50	\$ 9,187.50					\$ 9,187.50	\$ -			
			\$ -						\$ -	\$ -			
Hardware		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
Software	Annual Software Subscription Fee	1	\$ 2,062,530.95	\$ 2,062,530.95					\$ 2,062,530.95	\$ -			
	Cloud Services - Advanced Reporting	1	\$ 5,500.00	\$ 5,500.00					\$ 5,500.00	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
Misc Expense Travel, other		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
Other Costs	Data Analytics Tool License Fees	1	\$ 45,000.00						\$ -	\$ -			
	Microsoft Azure Subscriptions/Licenses	1	\$ 26,741.14						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
Totals		\$ 2,389,584.59	0.0	\$ 2,317,843.45	0.0	\$ -	0.0	\$ -	0.0	\$ -	0.0	\$ -	0.00%
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		\$ -											

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2025-26 Project Budget	October		November		December		Qtr 2		Qtr End Date 12/31/2025	
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Totals		\$ 2,389,584.59	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2025-26 Project Budget	October		November		December		Qtr 2		Qtr End Date 12/31/2025	
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
State Staff		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
OPS Staff		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
Contractors		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
Totals		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ -										

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2025-26 Project Budget	October		November		December		Qtr 2		Qtr End Date 12/31/2025	
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Project Deliverables		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
Major Project Tasks	Managed Support Services	1	\$ 137,500.00							\$ -	\$ -	
	Interface Assurance Services	1	\$ 103,125.00							\$ -	\$ -	
	Interface Assurance - AHCA LOC	1	\$ 9,187.50							\$ -	\$ -	
			\$ -							\$ -	\$ -	
Hardware		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
Software	Annual Software Subscription Fee	1	\$ 2,062,530.95							\$ -	\$ -	
	Cloud Services - Advanced Reporting	1	\$ 5,500.00							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
Misc Expense Travel, other		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
Other Costs	Data Analytics Tool License Fees	1	\$ 45,000.00							\$ -	\$ -	
	Microsoft Azure Subscriptions/Licenses	1	\$ 26,741.14							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
Totals		\$ 2,389,584.59	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										



PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2025-26 Project Budget	January		February		March		Qtr 3	Qtr End Date 3/31/2026			
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var	
Totals		\$ 2,389,584.59	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		\$ -											

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2025-26 Project Budget	January		February		March		Qtr 3	Qtr End Date 3/31/2026		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
State Staff		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
OPS Staff		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
Contractors		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
Totals		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	\$ -	\$ -		
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ -										

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2025-26 Project Budget	January		February		March		Qtr 3	Qtr End Date 3/31/2026		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Project Deliverables		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
Major Project Tasks	Managed Support Services	1	\$ 137,500.00						\$ -	\$ -		
	Interface Assurance Services	1	\$ 103,125.00						\$ -	\$ -		
	Interface Assurance - AHCA LOC	1	\$ 9,187.50						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Hardware		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
Software	Annual Software Subscription Fee	1	\$ 2,062,530.95						\$ -	\$ -		
	Cloud Services - Advanced Reporting	1	\$ 5,500.00						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Misc Expense Travel, other		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
Other Costs	Data Analytics Tool License Fees	1	\$ 45,000.00						\$ -	\$ -		
	Microsoft Azure Subscriptions/Licenses	1	\$ 26,741.14						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Totals		\$ 2,389,584.59	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	\$ -	\$ -		
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2025-26 Project Budget	April		May		June		Qtr 4	Qtr End Date 6/30/2026		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Totals		\$ 2,389,584.59	\$ -	\$ -	\$ 71,741.14	\$ -	\$ -	\$ -	\$ 71,741.14	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2025-26 Project Budget	April		May		June		Qtr 4	Qtr End Date 6/30/2026		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
State Staff		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
OPS Staff		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
Contractors		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
Totals		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	\$ -	\$ -	
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ -										

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2025-26 Project Budget	April		May		June		Qtr 4	Qtr End Date 6/30/2026		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Project Deliverables		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
Major Project Tasks	Managed Support Services	1	\$ 137,500.00						\$ -	\$ -		
	Interface Assurance Services	1	\$ 103,125.00						\$ -	\$ -		
	Interface Assurance - AHCA LOC	1	\$ 9,187.50						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Hardware		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
Software	Annual Software Subscription Fee	1	\$ 2,062,530.95						\$ -	\$ -		
	Cloud Services - Advanced Reporting	1	\$ 5,500.00						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Misc Expense Travel, other		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
Other Costs	Data Analytics Tool License Fees	1	\$ 45,000.00		\$ 45,000.00				\$ 45,000.00	\$ -		
	Microsoft Azure Subscriptions/Licenses	1	\$ 26,741.14		\$ 26,741.14				\$ 26,741.14	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Totals		\$ 2,389,584.59	0.0 \$ -	0.0 \$ -	0.0 \$ 71,741.14	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ 71,741.14	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										



PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2025-26 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
Totals		\$ 2,389,584.59	\$ 2,389,584.59	\$ -	\$ 2,389,584.59	\$ 2,389,584.59	\$ -	0.00%
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		\$ -						

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2025-26 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
State Staff		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
OPS Staff		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
Contractors		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
Totals		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		0.0 \$ -						

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2025-26 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
Project Deliverables		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Major Project Tasks	Managed Support Services	1 \$ 137,500.00	\$ 137,500.00	\$ -	\$ 137,500.00	\$ 137,500.00	\$ -	0%
	Interface Assurance Services	1 \$ 103,125.00	\$ 103,125.00	\$ -	\$ 103,125.00	\$ 103,125.00	\$ -	0%
	Interface Assurance - AHCA LOC	1 \$ 9,187.50	\$ 9,187.50	\$ -	\$ 9,187.50	\$ 9,187.50	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Hardware		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Software	Annual Software Subscription Fee	1 \$ 2,062,530.95	\$ 2,062,530.95	\$ -	\$ 2,062,530.95	\$ 2,062,530.95	\$ -	0%
	Cloud Services - Advanced Reporting	1 \$ 5,500.00	\$ 5,500.00	\$ -	\$ 5,500.00	\$ 5,500.00	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Misc Expense Travel, other		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Other Costs	Data Analytics Tool License Fees	1 \$ 45,000.00	\$ 45,000.00	\$ -	\$ 45,000.00	\$ 45,000.00	\$ -	0%
	Microsoft Azure Subscriptions/Licenses	1 \$ 26,741.14	\$ 26,741.14	\$ -	\$ 26,741.14	\$ 26,741.14	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Totals		\$ 2,389,584.59	0.0 \$ 2,389,584.59	0.0 \$ -	0.0 \$ 2,389,584.59	0.0 \$ 2,389,584.59	\$ -	0%
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		\$ -						

PROJECT SPENDING PLAN													
Project	eCIRTS	Project #		Status Date	9/14/2023	The default is today's date. To change the status date, manually enter another date into the "Status Date Override" field.							
Project Manager	TBD	Sponsor	Sec. Michelle Branham	Status Date Override									
Risk & Complexity Category		Updated (Date)											

PROJECT SPENDING PLAN SUMMARY													
Project Cost	Unit	FY 2026-27 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2026		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var	
Totals		\$ 2,452,797.57	\$ 2,379,719.38	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,379,719.38	\$ -	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		\$ -											

PROJECT STAFFING COSTS													
Project Cost	Unit	FY 2026-27 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2026		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var	
State Staff		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
OPS Staff		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
Contractors		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
		0.0	\$ -						\$ -	\$ -			
Totals		0.0	\$ -	0.0	\$ -	0.0	\$ -	0.0	\$ -	0.0	\$ -	\$ -	
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		0.0	\$ -										

PROJECT DELIVERABLES & OTHER EXPENSES													
Project Cost	Unit	FY 2026-27 Project Budget	July		August		September		Qtr 1	Qtr End Date	9/30/2026		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var	
Project Deliverables		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
Major Project Tasks	Managed Support Services	1	\$ 137,500.00	\$ 137,500.00					\$ 137,500.00	\$ -			
	Interface Assurance Services	1	\$ 103,125.00	\$ 103,125.00					\$ 103,125.00	\$ -			
	Interface Assurance - AHCA LOC	1	\$ 9,187.50	\$ 9,187.50					\$ 9,187.50	\$ -			
			\$ -						\$ -	\$ -			
Hardware		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
Software	Annual Software Subscription Fee	1	\$ 2,124,406.88	\$ 2,124,406.88					\$ 2,124,406.88	\$ -			
	Cloud Services - Advanced Reporting	1	\$ 5,500.00	\$ 5,500.00					\$ 5,500.00	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
Misc Expense Travel, other		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
		\$ -							\$ -	\$ -			
Other Costs	Data Analytics Tool License Fees	1	\$ 45,000.00						\$ -	\$ -			
	Microsoft Azure Subscriptions/Licenses	1	\$ 28,078.19						\$ -	\$ -			
			\$ -						\$ -	\$ -			
			\$ -						\$ -	\$ -			
Totals		\$ 2,452,797.57	0.0	\$ 2,379,719.38	0.0	\$ -	0.0	\$ -	0.0	\$ -	0.0	\$ -	0.00%
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		\$ -											

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2026-27 Project Budget	October		November		December		Qtr 2		Qtr End Date 12/31/2026	
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Totals		\$ 2,452,797.57	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2026-27 Project Budget	October		November		December		Qtr 2		Qtr End Date 12/31/2026	
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
State Staff		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
OPS Staff		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
Contractors		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
		0.0 \$ -								\$ -	\$ -	
Totals		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	\$ -	\$ -	
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ -										

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2026-27 Project Budget	October		November		December		Qtr 2		Qtr End Date 12/31/2026	
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Project Deliverables		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
Major Project Tasks	Managed Support Services	1	\$ 137,500.00							\$ -	\$ -	
	Interface Assurance Services	1	\$ 103,125.00							\$ -	\$ -	
	Interface Assurance - AHCA LOC	1	\$ 9,187.50							\$ -	\$ -	
			\$ -							\$ -	\$ -	
Hardware		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
Software	Annual Software Subscription Fee	1	\$ 2,124,406.88							\$ -	\$ -	
	Cloud Services - Advanced Reporting	1	\$ 5,500.00							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
Misc Expense Travel, other		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
		\$ -								\$ -	\$ -	
Other Costs	Data Analytics Tool License Fees	1	\$ 45,000.00							\$ -	\$ -	
	Microsoft Azure Subscriptions/Licenses	1	\$ 28,078.19							\$ -	\$ -	
			\$ -							\$ -	\$ -	
			\$ -							\$ -	\$ -	
Totals		\$ 2,452,797.57	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	\$ -	\$ -	
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

**PROJECT SPENDING PLAN SUMMARY**

Project Cost	Unit	FY 2026-27 Project Budget	January		February		March		Qtr 3	Qtr End Date 3/31/2027			
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var	
Totals		\$ 2,452,797.57	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Non-Recurring (New) Funding		\$ -											
Recurring (Base) Funding		\$ -											
Project Funding		\$ -											

**PROJECT STAFFING COSTS**

Project Cost	Unit	FY 2026-27 Project Budget	January		February		March		Qtr 3	Qtr End Date 3/31/2027		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
State Staff		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
OPS Staff		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
Contractors		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
Totals		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	\$ -	\$ -	
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ -										

**PROJECT DELIVERABLES & OTHER EXPENSES**

Project Cost	Unit	FY 2026-27 Project Budget	January		February		March		Qtr 3	Qtr End Date 3/31/2027		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Project Deliverables		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
Major Project Tasks	Managed Support Services	1	\$ 137,500.00						\$ -	\$ -		
	Interface Assurance Services	1	\$ 103,125.00						\$ -	\$ -		
	Interface Assurance - AHCA LOC	1	\$ 9,187.50						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Hardware		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
Software	Annual Software Subscription Fee	1	\$ 2,124,406.88						\$ -	\$ -		
	Cloud Services - Advanced Reporting	1	\$ 5,500.00						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Misc Expense Travel, other		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
Other Costs	Data Analytics Tool License Fees	1	\$ 45,000.00						\$ -	\$ -		
	Microsoft Azure Subscriptions/Licenses	1	\$ 28,078.19						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Totals		\$ 2,452,797.57	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	\$ -	\$ -	
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2026-27 Project Budget	April		May		June		Qtr 4	Qtr End Date 6/30/2027		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Totals		\$ 2,452,797.57	\$ -	\$ -	\$ 73,078.19	\$ -	\$ -	\$ -	\$ 73,078.19	\$ -	\$ -	0.00%
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2026-27 Project Budget	April		May		June		Qtr 4	Qtr End Date 6/30/2027		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
State Staff		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
OPS Staff		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
Contractors		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
		0.0 \$ -							\$ -	\$ -		
Totals		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	\$ -	\$ -		
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		0.0 \$ -										

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2026-27 Project Budget	April		May		June		Qtr 4	Qtr End Date 6/30/2027		
			Budget	Disbursed	Budget	Disbursed	Budget	Disbursed	Planned	Disbursed	Variance	% Var
Project Deliverables		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
Major Project Tasks	Managed Support Services	1	\$ 137,500.00						\$ -	\$ -		
	Interface Assurance Services	1	\$ 103,125.00						\$ -	\$ -		
	Interface Assurance - AHCA LOC	1	\$ 9,187.50						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Hardware		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
Software	Annual Software Subscription Fee	1	\$ 2,124,406.88						\$ -	\$ -		
	Cloud Services - Advanced Reporting	1	\$ 5,500.00						\$ -	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Misc Expense Travel, other		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
		\$ -							\$ -	\$ -		
Other Costs	Data Analytics Tool License Fees	1	\$ 45,000.00		\$ 45,000.00				\$ 45,000.00	\$ -		
	Microsoft Azure Subscriptions/Licenses	1	\$ 28,078.19		\$ 28,078.19				\$ 28,078.19	\$ -		
			\$ -						\$ -	\$ -		
			\$ -						\$ -	\$ -		
Totals		\$ 2,452,797.57	0.0 \$ -	0.0 \$ -	0.0 \$ 73,078.19	0.0 \$ -	0.0 \$ -	\$ 73,078.19	\$ -	\$ -	0.00%	
Non-Recurring (New) Funding		\$ -										
Recurring (Base) Funding		\$ -										
Project Funding		\$ -										

PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2026-27 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
Totals		\$ 2,452,797.57	\$ 2,452,797.57	\$ -	\$ 2,452,797.57	\$ 2,452,797.57	\$ -	0.00%
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		\$ -						

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2026-27 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
State Staff		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
OPS Staff		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
Contractors		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
Totals		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		0.0 \$ -						

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2026-27 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
Project Deliverables		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Major Project Tasks	Managed Support Services	1 \$ 137,500.00	\$ 137,500.00	\$ -	\$ 137,500.00	\$ 137,500.00	\$ -	0%
	Interface Assurance Services	1 \$ 103,125.00	\$ 103,125.00	\$ -	\$ 103,125.00	\$ 103,125.00	\$ -	0%
	Interface Assurance - AHCA LOC	1 \$ 9,187.50	\$ 9,187.50	\$ -	\$ 9,187.50	\$ 9,187.50	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Hardware		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Software	Annual Software Subscription Fee	1 \$ 2,124,406.88	\$ 2,124,406.88	\$ -	\$ 2,124,406.88	\$ 2,124,406.88	\$ -	0%
	Cloud Services - Advanced Reporting	1 \$ 5,500.00	\$ 5,500.00	\$ -	\$ 5,500.00	\$ 5,500.00	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Misc Expense Travel, other		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Other Costs	Data Analytics Tool License Fees	1 \$ 45,000.00	\$ 45,000.00	\$ -	\$ 45,000.00	\$ 45,000.00	\$ -	0%
	Microsoft Azure Subscriptions/Licenses	1 \$ 28,078.19	\$ 28,078.19	\$ -	\$ 28,078.19	\$ 28,078.19	\$ -	0%
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Totals		\$ 2,452,797.57	0.0 \$ 2,452,797.57	0.0 \$ -	0.0 \$ 2,452,797.57	0.0 \$ 2,452,797.57	\$ -	0%
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		\$ -						



PROJECT SPENDING PLAN			
Project	eCIRTS	Project #	
Project Manager	TBD	Sponsor	Sec. Michelle Branham
Risk & Complexity Category		Updated (Date)	

PROJECT SPENDING PLAN SUMMARY

Project Cost	Unit	FY 2026-27 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
Totals		\$ 2,452,797.57	\$ 2,452,797.57	\$ -	\$ 2,452,797.57	\$ 2,452,797.57	\$ -	0.00%
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		\$ -						

PROJECT STAFFING COSTS

Project Cost	Unit	FY 2026-27 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date
State Staff		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
OPS Staff		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
Contractors		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
Totals		0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	0.0 \$ -	\$ -	-
Non-Recurring (New) Funding		\$ -						
Recurring (Base) Funding		\$ -						
Project Funding		0.0 \$ -						

PROJECT DELIVERABLES & OTHER EXPENSES

Project Cost	Unit	FY 2026-27 Project Budget	Total Planned to Date	Total Disbursed to Date	Estimated Remaining Cost to Complete	Estimated Total Cost to Complete	Cost Variance to Date	% Var to Date	
Project Deliverables		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
Major Project Tasks	Managed Support Services	1 \$ 137,500.00	\$ 137,500.00	\$ -	\$ 137,500.00	\$ 137,500.00	\$ -	0%	
	Interface Assurance Services	1 \$ 103,125.00	\$ 103,125.00	\$ -	\$ 103,125.00	\$ 103,125.00	\$ -	0%	
	Interface Assurance - AHCA LOC	1 \$ 9,187.50	\$ 9,187.50	\$ -	\$ 9,187.50	\$ 9,187.50	\$ -	0%	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Hardware		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
Software	Annual Software Subscription Fee	1 \$ 2,124,406.88	\$ 2,124,406.88	\$ -	\$ 2,124,406.88	\$ 2,124,406.88	\$ -	0%	
	Cloud Services - Advanced Reporting	1 \$ 5,500.00	\$ 5,500.00	\$ -	\$ 5,500.00	\$ 5,500.00	\$ -	0%	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Misc Expense Travel, other		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
Other Costs	Data Analytics Tool License Fees	1 \$ 45,000.00	\$ 45,000.00	\$ -	\$ 45,000.00	\$ 45,000.00	\$ -	0%	
	Microsoft Azure Subscriptions/Licenses	1 \$ 28,078.19	\$ 28,078.19	\$ -	\$ 28,078.19	\$ 28,078.19	\$ -	0%	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Totals		\$ 2,452,797.57	0.0 \$ 2,452,797.57	0.0 \$ -	0.0 \$ 2,452,797.57	0.0 \$ 2,452,797.57	\$ -	0%	
Non-Recurring (New) Funding		\$ -							
Recurring (Base) Funding		\$ -							
Project Funding		\$ -							

**FIRST AMENDMENT**  
**TO THE**  
**WELLSKY STATEMENT OF WORK:**  
**IMPLEMENTATION OF WELLSKY HUMAN SERVICES FOR eCIRTS**

THIS FIRST AMENDMENT TO THE WELLSKY STATEMENT OF WORK: IMPLEMENTATION OF WELLSKY HUMAN SERVICES FOR eCIRTS (this "Amendment") is effective August 18, 2020 (the "Amendment Effective Date"), by and between **WellSky Corporation**, a New York corporation ("WellSky") and **State of Florida Department of Elder Affairs** ("Client").

Recitals:

WHEREAS, WellSky submitted to Client that certain Statement of Work: Implementation of WellSky Human Services for eCIRTS dated July 2020 (the "SOW") including;

WHEREAS, WellSky and Client desire to modify the terms of the SOW to correct the listing of contract renewal years for the Cost Proposal.

NOW, THEREFORE, in consideration of the foregoing and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Terms. Capitalized terms not otherwise defined herein shall have the meaning of such terms as defined in the SOW.

2. Amendment to the SOW.

(a) The Fee Summary: Contract Renewal Years table under Attachment 1: Cost Proposal and Budget Narrative shall be deleted in its entirety and replaced with the following:

Fee Summary: Contract Renewal Years

<b>Item Description</b>	<b>Contract Renewal Year 1 (7/1/25 – 6/30/26)</b>	<b>Contract Renewal Year 2 (7/1/26 – 6/30/27)</b>
One-time Implementation Fees	\$0.00	\$0.00
Annual Cloud Services Fees	\$2,062,530.95	\$2,124,406.88
Annual Managed Support Services Fees	\$137,500.00	\$137,500.00
Annual Interface Assurance Fees	\$103,125.00	\$103,125.00
<b>Total Fees</b>	<b>\$2,303,155.95</b>	<b>\$2,365,031.88</b>

3. Incorporation into SOW. The terms and conditions of this Amendment shall be incorporated by reference in the SOW as though set forth in full therein. In the event of any inconsistency between the provisions of this Amendment and any other provision of the SOW, the terms and provisions of this Amendment shall govern and control. Except to the extent specifically amended or superseded by the terms of this Amendment, all of the



provisions of the SOW shall remain in full force and effect to the extent in effect on the date hereof. The SOW, as modified by this Amendment, constitutes the complete agreement among the parties and supersedes any prior written or oral agreements, writings, communications or understandings of the parties with respect to the subject matter thereof.

4. Section Headings. The headings of the Sections hereof are for convenience only and without substantive meaning and shall not be used in interpreting any provision of this Amendment.

IN WITNESS WHEREOF, WellSky submits this Amendment to be effective as of the date first written above.

**WELLSKY CORPORATION:**

By: Stephen B  
Greenberg:A01094E00000173  
48D00F7600001216 Digitally signed by Stephen B  
Greenberg:A01094E0000017348D00F  
7600001216  
Date: 2020.08.18 18:41:08 -04'00'

Name: Stephen Greenberg

Title: Senior Vice President

**FIRST AMENDMENT**  
**TO THE**  
**WELLSKY STATEMENT OF WORK:**  
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provisions of the SOW shall remain in full force and effect to the extent in effect on the date hereof. The SOW, as modified by this Amendment, constitutes the complete agreement among the parties and supersedes any prior written or oral agreements, writings, communications or understandings of the parties with respect to the subject matter thereof.

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**WELLSKY CORPORATION:**

By: Stephen B  
Greenberg:A01094E00000173  
48D00F7600001216 Digitally signed by Stephen B  
Greenberg:A01094E0000017348D00F  
7600001216  
Date: 2020.08.18 18:41:08 -04'00'

Name: Stephen Greenberg

Title: Senior Vice President

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

For Fiscal Year 2024-25



**September 14, 2023**

**DEPARTMENT OF ELDER AFFAIRS**

To be Determined (TBD) –

The department will email completed version to [IT@LASPBS.STATE.FL.US](mailto:IT@LASPBS.STATE.FL.US) as shown in the LBR Instructions.



**SCHEDULE VI: DETAIL OF DEBT SERVICE**

**Department:** \_\_\_\_\_  
**Budget Entity:** \_\_\_\_\_

**Budget Period 2023-24**

(1)	(2)	(3)	(4)
<b>SECTION I</b>	<b>ACTUAL FY 2022-23</b>	<b>ESTIMATED FY 2023-24</b>	<b>REQUEST FY 2024-25</b>
Interest on Debt (A)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Principal (B)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repayment of Loans (C)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fiscal Agent or Other Fees (D)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Debt Service (E)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Debt Service (F)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION II**

**ISSUE:** \_\_\_\_\_

(1)	(2)	(3)	(4)	(5)
<b>INTEREST RATE</b>	<b>MATURITY DATE</b>	<b>ISSUE AMOUNT</b>	<b>JUNE 30, 2023</b>	<b>JUNE 30, 2024</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(6)	(7)	(8)	(9)	
	<b>ACTUAL FY 2022-23</b>	<b>ESTIMATED FY 2023-24</b>	<b>REQUEST FY 2024-25</b>	
Interest on Debt (G)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Principal (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Fiscal Agent or Other Fees (I)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other (J)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Total Debt Service (K)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**ISSUE:** \_\_\_\_\_

<b>INTEREST RATE</b>	<b>MATURITY DATE</b>	<b>ISSUE AMOUNT</b>	<b>JUNE 30, 2023</b>	<b>JUNE 30, 2024</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>ACTUAL FY 2022-23</b>	<b>ESTIMATED FY 2023-24</b>	<b>REQUEST FY 2024-25</b>	
Interest on Debt (G)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Principal (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Fiscal Agent or Other Fees (I)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other (J)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Total Debt Service (K)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Not Applicable

## Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): Department of Elder Affairs  
 Agency Budget Officer/OPB Analyst Name: Randy Pupo/Khari Calloway

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

Action	Program or Service (Budget Entity Codes)			
	65 - Dept	65100200	65100400	65100600

### 1. GENERAL

1.1 Are Columns A01, A04, A05, A91, A92, A93, A94, A95, A96, A36, A10, IA1, IA4, IA5, IA6, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? <b>(CSDI or Web LBR Column Security)</b>	Y	Y	Y	Y	Y
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? <b>(CSDI)</b>	Y	Y	Y	Y	Y

### AUDITS:

1.3 Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. <b>(EXBR, EXBA)</b>	Y	Y	Y	Y	Y
1.4 Have Column A03 trust fund files been copied to Column A12? Run Schedule I <b>(SC1R, SC1 or SC1R, SC1D adding column A12)</b> to verify.	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? <b>(CSDR, CSA)</b>	Y	Y	Y	Y	Y
TIP The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. A security control feature included in the LAS/PBS Web upload process requires columns to be in the proper status before uploading to the portal.					

### 2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR Instructions?	Y	Y	Y	Y	Y
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y	Y	Y
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	Y	Y	Y	Y	Y



## Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): Department of Elder Affairs  
 Agency Budget Officer/OPB Analyst Name: Randy Pupo/Khari Calloway

*A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.*

Action	Program or Service (Budget Entity Codes)			
	65 - Dept	65100200	65100400	65100600

### 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.	N/A	N/A	N/A	N/A	N/A
---	-----	-----	-----	-----	-----

#### 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? ( <b>NACR, NAC - Report should print "No Negative Appropriation Categories Found"</b> )	Y	Y	Y	Y	Y
--	---	---	---	---	---

3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? ( <b>EXBR, EXBC - Report should print "Records Selected Net To Zero"</b> )	Y	Y	Y	Y	Y
--	---	---	---	---	---

TIP Generally look for and be able to fully explain significant differences between A02 and A03.					
--	--	--	--	--	--

TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
--	--	--	--	--	--

TIP Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.					
--	--	--	--	--	--

### 4. EXHIBIT D (EADR, EXD)

4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y	Y	Y	Y	Y
4.2 Is the program component code and title used correct?	Y	Y	Y	Y	Y

TIP Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.					
--	--	--	--	--	--

### 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
--	---	---	---	---	---

#### AUDITS:

5.2 Do the fund totals agree with the object category totals within each appropriation category? ( <b>ED1R, XD1A - Report should print "No Differences Found For This Report"</b> )	Y	Y	Y	Y	Y
---	---	---	---	---	---

5.3 FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? ( <b>EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.</b> )	N	Y	N	Y	Y
---	---	---	---	---	---

5.4 A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? ( <b>EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.</b> )	N	N	N	N	N
--	---	---	---	---	---

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.	The department will adjust in the submission of an amended LBR.				
---	---	--	--	--	--

TIP If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.	The department will adjust in the submission of an amended LBR.				
--	---	--	--	--	--

## Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): Department of Elder Affairs									
Agency Budget Officer/OPB Analyst Name: Randy Pupo/Khari Calloway									
A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.									
Action					Program or Service (Budget Entity Codes)				
					65 - Dept				
					65100200				
					65100400				
					65100600				
					65101000				
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.				The department will adjust in the submission of an amended LBR.				
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.				The department will adjust in the submission of an amended LBR.				
<b>6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)</b>									
6.1	Are issues appropriately aligned with appropriation categories?				Y	Y	Y	Y	Y
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.								
<b>7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)</b>									
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 27 of the LBR Instructions.)				Y	Y	Y	Y	Y
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 64 through 69 of the LBR Instructions.)				Y	Y	Y	Y	Y
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?				Y	N/A	N/A	Y	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	N/A	N/A	Y	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
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.				Y	Y	Y	Y	Y
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 92 of the LBR Instructions.)				Y	Y	Y	Y	Y
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?				N/A	N/A	N/A	N/A	N/A
7.9	Does the issue narrative reference the specific county(ies) where applicable?				N/A	N/A	N/A	N/A	N/A
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #23-003?				N/A	N/A	N/A	N/A	N/A
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)				N/A	N/A	N/A	N/A	N/A
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?				N/A	N/A	N/A	N/A	N/A
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?				N/A	N/A	N/A	N/A	N/A
7.14	Do the amounts reflect appropriate FSI assignments?				Y	Y	Y	Y	Y

## Fiscal Year 2024-25 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)					
	65 - Dept	65100200	65100400	65100600	65101000	
7.15	Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	N/A	N/A	N/A	N/A	N/A
7.16	Do the issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 26 and 88 of the LBR Instructions.)	Y	N/A	Y	N/A	N/A
7.17	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y	N/A	N/A	Y	N/A
7.18	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A	N/A	N/A	N/A	N/A
7.19	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y	Y	Y	Y	Y
<b>AUDIT:</b>						
7.20	Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? ( <b>GENR, LBR1</b> )	N/A	N/A	N/A	N/A	N/A
7.21	Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? ( <b>GENR, LBR2</b> )	N/A	N/A	N/A	N/A	N/A
7.22	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? ( <b>GENR, LBR3</b> )	N/A	N/A	N/A	N/A	N/A
7.23	Have FCO appropriations been entered into the nonrecurring column (A04)? ( <b>GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L)</b> )	N/A	N/A	N/A	N/A	N/A
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. ( <b>NAAR, BSNR</b> )	Y	Y	Y	Y	Y
7.25	Has the agency entered annualization issues (260XXXX) for any issue that was partially funded in Fiscal Year 2022-23? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2022-23. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	N/A	N/A	N/A	N/A	N/A
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run <b>OADA/OADR</b> from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 69 of the LBR Instructions.					
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXXX0 issue amounts correspond accurately and net to zero for General Revenue funds.					

## Fiscal Year 2024-25 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)				
Action	65 - Dept	65100200	65100400	65100600	65101000
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2022-23 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				
<b>8. SCHEDULE I &amp; RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)</b>					
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y			
8.2	Has a Schedule I and Schedule IB been completed in LAS/PBS for each operating trust fund?	Y			
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IC, and Reconciliation to Trial Balance)?	Y			
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	N/A			
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y			
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y			
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A			
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to section 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A			
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870, 001970)?	Y			
8.10	Are the statutory authority references correct?	Y			
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to section 215.20, Florida Statutes, for appropriate General Revenue Service Charge percentage rates.)	Y			
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	N/A			
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y			
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y			
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y			
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y			
8.17	If applicable, are nonrecurring revenues entered into Column A04?	N/A			

## Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): Department of Elder Affairs
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Action	Program or Service (Budget Entity Codes)				
	65 - Dept	65100200	65100400	65100600	65101000
8.18 Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19 Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20 Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y				
8.21 Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22 Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23 Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24 Are prior year September operating reversions appropriately shown in column A01, Section III?	Y				
8.25 Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y				
8.26 Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27 Has the agency analyzed for continuing appropriations (category 13XXXX) and properly accounted for in the appropriate column(s) in Section III?	Y				
8.28 Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y				
8.29 Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y				
<b>AUDITS:</b>					
8.30 Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y				
8.31 Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? If a Schedule IB was prepared, do the totals agree with the Schedule I, Line I? ( <b>SC1R, SC1A - Report should print "No Discrepancies Exist For This Report"</b> )	Y				
8.32 Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. ( <b>SC1R, DEPT</b> )	Y				
8.33 Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y				
8.34 Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y				

## Fiscal Year 2024-25 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)								
Action	65 - Dept	65100200	65100400	65100600	65101000				
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!								
TIP	Determine if the agency is scheduled for trust fund review. (See pages 124 through 126 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.								
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.								
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.								
<b>9. SCHEDULE II (PSCR, SC2)</b>									
AUDIT:									
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? <b>(BRAR, BRAA - Report should print "No Records Selected For This Request")</b> Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 155 of the LBR Instructions.) <span style="color: red;">See issue narrative.</span>				N/J	N/J	N/J	N/J	N/J
<b>10. SCHEDULE III (PSCR, SC3)</b>									
10.1	Is the appropriate lapse amount applied? (See page 90 of the LBR Instructions.)				N/A	N/A	N/A	N/A	N/A
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 93 through 94 of the LBR Instructions for appropriate use of the OAD transaction.) Use <b>OADI</b> or <b>OADR</b> to identify agency other salary amounts requested.				Y	Y	Y	Y	Y
<b>11. SCHEDULE IV (EADR, SC4)</b>									
11.1	Are the correct Information Technology (IT) issue codes used?				Y	Y	Y	Y	Y
TIP	If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.								
<b>12. SCHEDULE VIIIA (EADR, SC8A)</b>									
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.				Y	Y	Y	Y	Y

## Fiscal Year 2024-25 LBR Technical Review Checklist

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					Program or Service (Budget Entity Codes)
Action	65 - Dept	65100200	65100400	65100600	65101000
<b>13. SCHEDULE VIII B-1 (EADR, S8B1)</b>					
13.1	<b>NOT REQUIRED FOR THIS YEAR</b>				
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.				
<b>14. SCHEDULE VIII B-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)</b>					
14.1	Do the reductions comply with the instructions provided on pages 99 through 102 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)				
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.				
<b>15. SCHEDULE VIII C (EADR, S8C) (NO LONGER REQUIRED)</b>					
<b>16. SCHEDULE XI (UCSR, SCXI) (LAS/PBS Web - see pages 104-108 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)</b>					
16.1	Agencies are required to generate this spreadsheet via the LAS/PBS Web. <b>The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website.</b> (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)				
16.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?				
<b>AUDITS INCLUDED IN THE SCHEDULE XI REPORT:</b>					
16.3	Does the FY 2022-23 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? ( <b>GENR, ACT1</b> )				
16.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? ( <b>Audit #1 should print "No Activities Found"</b> )				
16.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? ( <b>Audit #2 should print "No Operating Categories Found"</b> )				
16.6	Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in <b>Audit #3</b> do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)				
16.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? ( <b>Audit #4 should print "No Discrepancies Found"</b> )				
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.				
<b>17. MANUALLY PREPARED EXHIBITS &amp; SCHEDULES (Required to be posted to the Florida Fiscal Portal)</b>					



## Fiscal Year 2024-25 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)				
	65 - Dept	65100200	65100400	65100600	65101000

17.1 Do exhibits and schedules comply with LBR Instructions (pages 52 through 109 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y	Y
17.2 Do manual exhibits tie to LAS/PBS where applicable?	Y	Y	Y	Y	Y
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y	Y	Y	Y	Y
17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 128 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: <b>IT@LASPBS.STATE.FL.US</b> ?	Y	N/A	N/A	Y	N/A
17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	N/A	N/A	N/A	N/A	N/A

**AUDITS - GENERAL INFORMATION**

TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 154 through 156) for a list of audits and their descriptions.					
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					

**18. CAPITAL IMPROVEMENTS PROGRAM (CIP) (Required to be posted to the Florida Fiscal Portal)**

18.1 Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y	Y	Y	Y	Y
18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	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
18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y	Y	Y	Y	Y
18.5 Are the appropriate counties identified in the narrative?	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
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
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