



**Fiscal Year
2024-2025**

Legislative Budget Request

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

LEGISLATIVE BUDGET REQUEST

Florida Department of Health

Tallahassee, Florida

September 15, 2023

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


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

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

Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Legislative Budget Request for the Florida Department of Health 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 Joseph A. Ladapo, MD, PHD, State Surgeon General.

Sincerely,



Ty R. Gentle, Director
Office of Budget and Revenue Management



Temporary Special Duty - General

Pay Additives Implementation Plan for Fiscal Year 2024-2025

Temporary Special Duty Additives - General may be authorized in situations where employees are assuming the acting roles of vacant positions within the agency. This additive may be used while the agency is involved in the recruiting process, and until the incumbent has been hired and/or successfully trained. The additive may be implemented on the effective date of the vacancy and must be discontinued on or before the 90th day of implementation unless prior approval has been received. The additive pay range is generally between 5-10% of the acting employee's base rate of pay, the amount will be determined based on the assigned duties and responsibilities of the acting role. The total value of Temporary Special Duty Additives - General implemented during fiscal year 2023-2024 was \$225,234.62 for a total of 49 employees. It is estimated that the agency will implement a similar number of Temporary Duty Additives - General in the 2023-2024 fiscal year. Pay Additives will impact employees in the following collective bargaining units:

AFSCME
FNA
FPD
SEAG



Certification of Expenditures
of
Newborn Screening Program

For the year ended June 30, 2023

R-2324-001

OFFICE OF INSPECTOR GENERAL

Mission:

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Joseph A. Ladapo, MD, PhD
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MEMORANDUM

Date: August 21, 2023
To: Ty Gentle, Director, Office of Budget & Revenue Management
From: Mark H. Boehmer, CPA, Director of Auditing
Subject: *Certification of Expenditures of Newborn Screening Program, June 30, 2023*

Attached is the certification required by section 383.14(3)(g)(2), Florida Statutes, to be made a part of the Department of Health's Legislative Budget Request.

MHB/akm
enclosure

FLORIDA DEPARTMENT OF HEALTH
REVENUES AND EXPENDITURES
OF THE
NEWBORN SCREENING PROGRAM
Fiscal Year ended June 30, 2023

CERTIFIED REVENUES AND EXPENDITURES

Revenues and other credits

Hospital Fees	\$3,095,931
Third Party Reimbursement:	
Medicaid	5,821,932
Other Third Party	19,097,804
Refunds, Other	1,393,647
Total Revenues and other credits	29,409,314

Expenditures

Planning & Evaluations Trust Fund - 20-2-531003

Salaries	2,751,288
Other Personal Services	36,030
Expenses	12,069,533
Operating Capital Outlay	49,567
Contracted Services	2,087,583
Human Resource Transfer to Department of Management Services	14,793
Lease/Purchase	7,691
Service Charge to General Revenue	741,448
	17,757,933

Donations Trust Fund - 20-2-168001

Salaries	2,459,956
Other Personal Services	86,168
Expenses	180,144
Contracted Services	5,085,005
Human Resource Transfer to Department of Management Services	59,165
	7,870,438

Total Expenditures **25,628,371**

Excess of Revenues and other credits Over (Under) Expenditures **\$3,780,943**

Amounts for revenues and expenditures were provided by the Office of Budget & Revenue Management.

FLORIDA DEPARTMENT OF HEALTH
REVENUES AND EXPENDITURES
OF THE
NEWBORN SCREENING PROGRAM
Fiscal Year ended June 30, 2023

NOTES

1. Certification by Office of Inspector General

Pursuant to section 383.14(3)(g)(2), Florida Statutes, the Office of Inspector General shall calculate the annual direct costs of the uniform testing and reporting procedures of the Newborn Screening Program (Program), including applicable administrative costs (reasonably and directly associated with the Program), and certify that such costs are related. Our procedures included analyzing amounts provided to us by Department of Health's (Department) Office of Budget & Revenue Management. We reviewed selected items on a judgmental basis to determine whether transactions charged to the Program reasonably reflect the direct costs of initial testing.

2. Historical Data

Revenues and Expenditures – 5 years					
	<u>June 30, 2019</u>	<u>June 30, 2020</u>	<u>June 30, 2021</u>	<u>June 30, 2022</u>	<u>June 30, 2023</u>
Revenues	\$29,665,990	\$27,410,501	\$26,728,230	\$28,328,417	\$29,409,314
Certified Expenditures	\$17,367,151	\$16,762,101	\$34,337,543	\$24,132,950	\$25,628,371
Excess of Revenues Over (Under) Certified Expenditures	\$12,298,839	\$10,648,400	(\$7,609,313)	\$4,195,467	\$3,780,943

The \$414,524 decrease in the Excess of Revenues Over (Under) Certified Expenditures between fiscal years ended June 30, 2022 and 2023 was due to a \$1,080,897 increase in revenues and a \$1,495,421 increase in certified expenditures.

Cost per Screening Ratio – 5 years					
	<u>June 30, 2019</u>	<u>June 30, 2020</u>	<u>June 30, 2021</u>	<u>June 30, 2022</u>	<u>June 30, 2023</u>
Total Certified Expenditures	\$17,367,151	\$16,762,101	\$34,337,543	\$24,132,950	\$25,628,371
Total Screenings	271,612	267,364	256,989	293,273	324,416
Cost per Screening ¹	\$63.94	\$62.69	\$133.61	\$82.29	\$79.00

¹Cost per Screening is calculated using Total Certified Expenditures ÷ Total Screenings.



**Fiscal Year
2024-2025**

DEPARTMENT LEVEL EXHIBITS AND SCHEDULES

Schedule VII: Agency Litigation Inventory

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

Agency:	Department of Health (“DOH”)		
Contact Person:	John Wilson General Counsel	Phone Number:	850-245-4005
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Del Castillo v. Philip		
Court with Jurisdiction:	United States Supreme Court		
Case Number:	22-135		
Summary of the Complaint:	<p>Complaint for declaratory and injunctive relief seeking declaration that the Florida Dietetics and Nutrition Practice Act is unconstitutional to the extent that it prohibits unlicensed individuals from offering dietary and nutritional advice. (Complaint filed in U.S. Dist. Ct., N.D., Pensacola Div. Case No. 3:17-cv-00722)</p> <p>Summary judgment was granted in favor of DOH. Order granting MSJ was appealed to the Eleventh Circuit. Order granting MSJ was affirmed. (11th Cir. Ct. App. Case No.: 19-13070)</p>		
Amount of the Claim:	Undetermined.		
Specific Statutes or Laws (including GAA) Challenged:	Sections 468.501–.518, Florida Statutes.		
Status of the Case:	<p>Petitioner filed a Petition for Writ of Certiorari with the Supreme Court of the United States, seeking review of the Eleventh Circuit’s judgment affirming the district court’s summary judgment for DOH. Petition for Writ of Certiorari was filed on 8/11/22.</p> <p>The Supreme Court of the United States DENIED the Petition for Writ of Certiorari on December 5, 2022.</p>		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).			

Schedule VII: Agency Litigation Inventory

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

Agency:	Department of Health (“DOH”)		
Contact Person:	John Wilson General Counsel	Phone Number:	850-245-4005
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Donivon Craig Tingle v. DOH		
Court with Jurisdiction:	Plaintiff is seeking to invoke the jurisdiction of the Supreme Court of the United States (he has not yet submitted a petition – see status below)		
Case Number:	1D22-1096 Application to United States Supreme Court #: 23A142 (SCOTUS has not assigned a case number as a petition has not been filed)		
Summary of the Complaint:	Constitutional challenge on behalf of Native American farmers seeking to invalidate a provision which grants a Medical Marijuana Treatment Center license to a member of the <i>Pigford</i> class.		
Amount of the Claim:	No monetary claim.		
Specific Statutes or Laws (including GAA) Challenged:	Section 381.986(8)(a)2.b, Florida Statutes.		
Status of the Case:	<p>4/14/23: First DCA issued Opinion affirming circuit court’s order granting of final summary judgment in favor of DOH. (mandate issued on 6/12/23). Plaintiff moved for rehearing en banc, which was denied by order on 5/24/2023.</p> <p>6/13/23: Plaintiff filed a Notice of Appeal to the Supreme Court of the United States, and sought an extension of time to file a Petition for Writ of Certiorari. The Supreme Court of the United States granted Plaintiff’s request for extension of time – extending his time to file a petition for cert to and including September 21, 2023.</p>		
Who is representing (of record) the state in this lawsuit? Check all that apply.		Agency Counsel	
		Office of the Attorney General or Division of Risk Management	
	X	Outside Contract Counsel	

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

Schedule VII: Agency Litigation Inventory

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Agency:	Department of Health (“DOH”)		
Contact Person:	John Wilson General Counsel	Phone Number:	850-245-4005
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Louis Del Favero v. DOH		
Court with Jurisdiction:	First District Court of Appeal		
Case Number:	2019-CA-1047; 1D21-2378		
Summary of the Complaint:	Declaratory and mandamus action seeking default licensure under section 120.60, Florida Statutes., as a Medical Marijuana Treatment Center.		
Amount of the Claim:	No monetary claim.		
Specific Statutes or Laws (including GAA) Challenged:	Section 120.60, Florida Statutes; section 381.986, Florida Statutes.		
Status of the Case:	First DCA affirmed trial court’s granting of DOH’s motion to dismiss. Opinion issued on September 7, 2022. Mandate issued September 27, 2022.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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		

Schedule VII: Agency Litigation Inventory

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Agency:	Department of Health (“DOH”)		
Contact Person:	John Wilson General Counsel	Phone Number:	245-4005
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Christina Paylan v. DOH		
Court with Jurisdiction:	First District Court of Appeal		
Case Number:	First DCA: 1D21-3171 Second Judicial Circuit (Leon County): 20-CA-00713		
Summary of the Complaint:	Plaintiff is challenging constitutionality of section 456.0635(3)(a)(2), Florida Statutes. Count I alleges statute is unconstitutional as-applied and Count II alleges statute is facially unconstitutional.		
Amount of the Claim:	\$ N/A		
Specific Statutes or Laws (including GAA) Challenged:	Section 456.0635(3)(a)(2), Florida Statutes.		
Status of the Case:	On appeal of trial court’s order granting summary judgment in favor of DOH. Oral argument held on October 11, 2022. Awaiting decision from First DCA.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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		

Schedule VII: Agency Litigation Inventory

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

Agency:	Department of Health (“DOH”)		
Contact Person:	John Wilson General Counsel	Phone Number:	850-245-4005
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Norwegian Cruise Line Holdings, LTD et al v. Scott A. Rivkees, M.D. (official capacity)		
Court with Jurisdiction:	U.S. District Court for the Southern District of Florida (Miami)		
Case Number:	1:21-cv-22492 (U.S. District Court for Southern Dist. of Fla.) 21-12729 (11th Circuit Court of Appeals)		
Summary of the Complaint:	Constitutional Challenge to section 381.00316(1), Florida Statutes, – which prohibits verification of vaccination through documentation. Also requests a preliminary injunction.		
Amount of the Claim:	Undetermined.		
Specific Statutes or Laws (including GAA) Challenged:	Fla. Stat. § 381.00316		
Status of the Case:	<p>Oral Argument held on May 18, 2022.</p> <p>10/6/22: Opinion issued vacating preliminary injunction against the State Surgeon General (mandate also issued same date)</p> <p>Appellees filed a suggestion of mootness – Court ordered briefing. 11th Circuit Court of Appeals issued Opinion issued on 12/22/22 denying motion to dismiss the appeal as moot. (mandate issued on 1/20/23).</p> <p>2/21/23: Parties filed Joint Stipulation of Dismissal in lower court case. (U.S. District Court for Southern District of Florida - 1:21-cv-22492)</p> <p>2/21/23: District Court entered paperless order dismissing case and closing the file.</p>		

Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Schedule VII: Agency Litigation Inventory

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

Agency:	Department of Health (“DOH”)		
Contact Person:	John Wilson General Counsel	Phone Number:	850-245-4005
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Planned Parenthood of SW. & Cent. Fla., et al. v. State of Florida, et al.		
Court with Jurisdiction:	Florida Supreme Court		
Case Number:	SC22-1050 (1st DCA Case. No. 1D22-2034; Circuit Court Case No. 2022-CA-912)		
Summary of the Complaint:	Challenge to Ch. 2022-69, Laws of Florida, which generally prohibits the termination of a pregnancy after 15 weeks. Seeks an injunction enjoining the statute’s enforcement before 7/1/22.		
Amount of the Claim:	Undetermined.		
Specific Statutes or Laws (including GAA) Challenged:	Ch. 2022-69, Laws of Florida		
Status of the Case:	Plaintiffs have filed a Notice to Invoke Discretionary Jurisdiction of the Florida Supreme Court, requesting review of the First District’s 7/21/22 Order under discretionary jurisdiction (express and direct conflict with a decision of the Supreme Court on the same question of law). Oral Argument scheduled for September 7, 2023.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).

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Agency:	Department of Health (“DOH”)		
Contact Person:	John Wilson General Counsel	Phone Number:	850-245-4005
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Tropiflora, LLC v. Florida Department of Health, Office of Compassionate Use		
Court with Jurisdiction:	First District Court of Appeal		
Case Number:	First DCA: 1D20-1372; Second Circuit (Leon County): 2016-CA-1330		
Summary of the Complaint:	Action seeking declaratory judgment and mandamus relief. Challenges medical marijuana treatment center licensing process.		
Amount of the Claim:	\$n/a		
Specific Statutes or Laws (including GAA) Challenged:	Section 381.986, Florida Statutes; Ch. 2017-232 Laws of Florida		
Status of the Case:	Plaintiff appealed Circuit Court’s order granting Final Summary Judgement in favor of the Department. First DCA issued opinion affirming trial court’s order of Final Summary Judgment in favor of the Department – September 7, 2022. Mandate issued: September 27, 2022		
Who is representing (of record) the state in this lawsuit? Check all that apply.		Agency Counsel	
		Office of the Attorney General or Division of Risk Management	
	X	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

Schedule VII: Agency Litigation Inventory

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Agency:	Department of Health (“DOH”)		
Contact Person:	John Wilson General Counsel	Phone Number:	850-245-4005
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	<u>Generation to Generation, Inc., d/b/a Congregation L’Dor Va-Dor Rabbi Barry Silver, et al. v. State of Fla., et al.</u>		
Court with Jurisdiction:	Second Judicial Circuit in and for Leon County, Florida		
Case Number:	2022-CA-980		
Summary of the Complaint:	Challenge to HB 5, which generally prohibits the termination of a pregnancy after 15 weeks. Seeks an injunction and declaratory relief.		
Amount of the Claim:	\$ N/A		
Specific Statutes or Laws (including GAA) Challenged:	House Bill 5 (Ch. 2022-69 §§ 3-4, Laws of Fla.)		
Status of the Case:	DOH has a Motion to Dismiss Third Amended Complaint pending before the Court. Court has denied to give Plaintiff’s motions for declaratory and injunctive relief emergency treatment.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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		

Schedule VII: Agency Litigation Inventory

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Agency:	Department of Health (“DOH”)		
Contact Person:	John Wilson General Counsel	Phone Number:	850-245-4005
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	<u>C.G. Smith and Florida Center for Government Accountability, Inc. v. DOH, et al</u>		
Court with Jurisdiction:	Second Judicial Circuit Court in and for Leon County, Florida		
Case Number:	First DCA Case No: 1D22-0334; Second Judicial Circuit Case No: 2021-CA-1499		
Summary of the Complaint:	Action seeking enforcement of Public Records Act regarding reporting COVID-19 daily case and death information and data. Request for immediate hearing.		
Amount of the Claim:	\$ N/A		
Specific Statutes or Laws (including GAA) Challenged:	This lawsuit is not a direct challenge to the statute (i.e. not a constitutional challenge) but the statute at issue is section 381.0031(6), Florida Statutes. The Plaintiff’s also attempt to raise issues with regard to Rule 64D-3.036, Florida Administrative Code.		
Status of the Case:	<p>Petition was filed by DOH on 2/2/22 seeking review of the trial court’s denial of DOH’s Motion for Protective Order/Motion to Quash which sought to prevent DOH’s corporate representative from being compelled to testify and produce documents at a deposition related to certain topics identified by the Plaintiff in its Notice of Taking Deposition Duces Tecum.</p> <p>Oral Argument was held on 9/13/22. Opinion issued on 10/12/2022 dismissing DOH’s Petition for Cert.</p> <p>Case is now back before the circuit court.</p>		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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		

Schedule VII: Agency Litigation Inventory

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Agency:	Department of Health (“DOH”)		
Contact Person:	John Wilson General Counsel	Phone Number:	850-245-4005
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Doe v. Ladapo, et. al.		
Court with Jurisdiction:	United States District Court for the Northern District 11th Circuit Court of Appeals		
Case Number:	4:23-cv-00114 (Northern District); 23-12159 (11th Circuit)		
Summary of the Complaint:	Constitutional challenge to SB 254 (§ 456.52, Fla. Stat.) and the following rules: 64B8ER23-3, 64B8ER23-7, 64B8ER23-8, 64B15-14.014, 64B15ER23-9. 64B15ER23-10		
Amount of the Claim:	N/A		
Specific Statutes or Laws (including GAA) Challenged:	SB 254 and Florida Administrative Code Rules 64B8ER23-3, 64B8ER23-7, 64B8ER23-8, 64B15-14.014, 64B15ER23-9. 64B15ER23-10		
Status of the Case:	<p>6/6/23: Order Granting Preliminary Injunction – as to § 456.52(1) & (5) and Rules 64B8-9.019(1)(b) and 64B15-14.014(1)(b).</p> <p>6/26/23: DOH appealed order granting preliminary injunction</p> <p>Third Amended Complaint and Amended Petition for Injunction filed – the case is proceeding to a formal hearing.</p> <p>7/24/23: Motion for Preliminary Injunction of SB 254, Section 5(2)-(5) [§ 456.52(2)-(5)] – Hearing on this motion scheduled for 9/1/23 at 3:00PM</p>		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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).	<p>Class action has not yet been certified. Hearing on Motion to Certify Class is scheduled for 9/1/23 at 3:00PM.</p> <p>Plaintiffs’ counsel: Southern Legal Counsel; National Center for Lesbian Rights; Human Rights Campaign Foundation; LGBTQ Legal Advocated & Defenders; and Lowenstein Sandler LLP</p>		

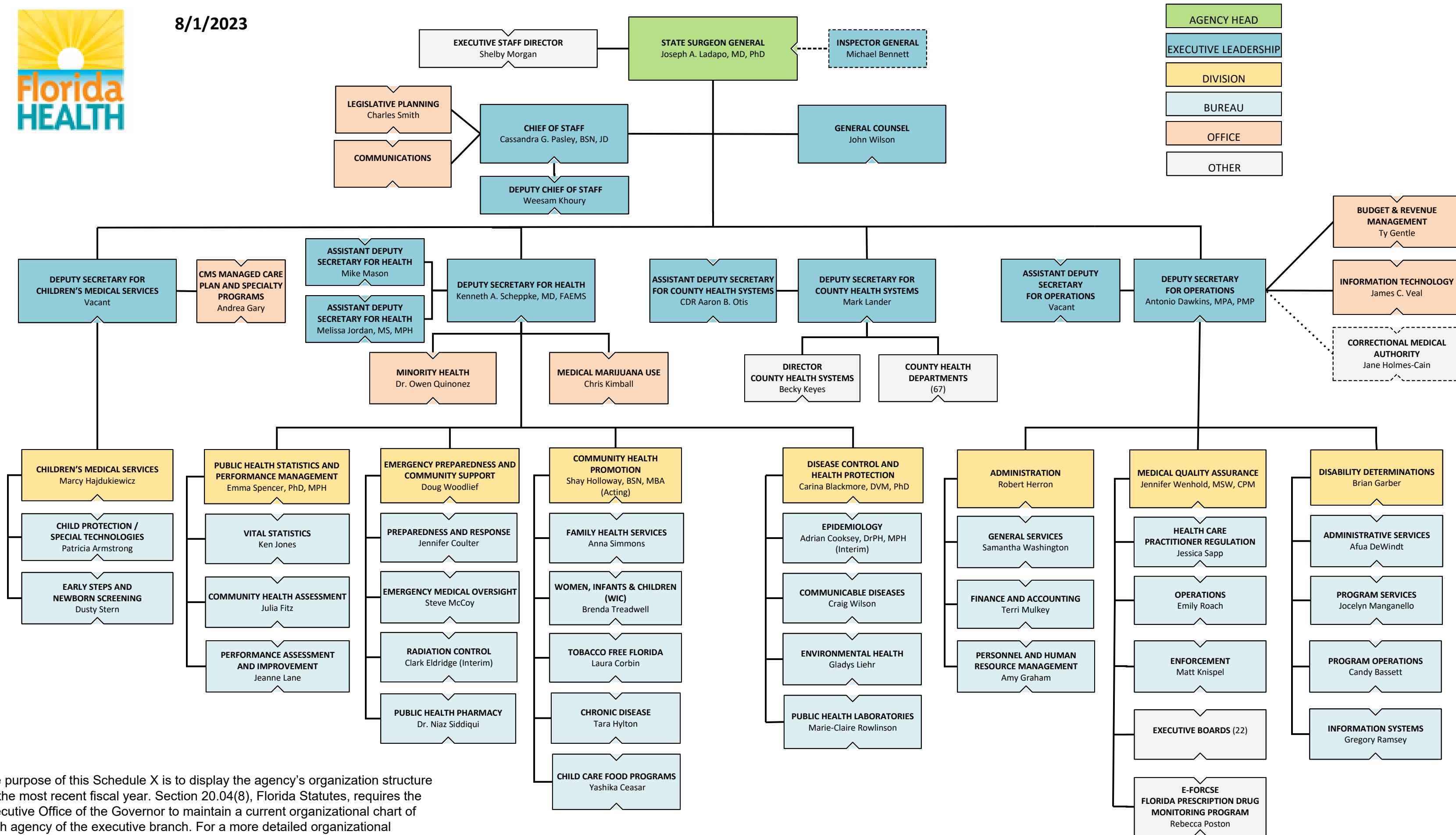
Schedule VII: Agency Litigation Inventory

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Agency:	Department of Health (“DOH”)		
Contact Person:	John Wilson General Counsel	Phone Number:	850-245-4005
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	FDOH, Osceola County Health Department v. Primary Care Services of Poinciana, Inc., d/b/a Osceola Community Health Services		
Court with Jurisdiction:	Ninth Judicial Circuit in and for Osceola County, Florida		
Case Number:	2022-CA-001523		
Summary of the Complaint:	DOH filed a complaint for Breach of Contract alleging that Defendant breached its contract with DOH Osceola by failing to reimburse DOH for monies owed. Primary Care filed a counterclaim against DOH Osceola.		
Amount of the Claim:	\$1,198,163.78		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Discovery is ongoing.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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		



8/1/2023



The purpose of this Schedule X is to display the agency's organization structure for the most recent fiscal year. Section 20.04(8), Florida Statutes, requires the Executive Office of the Governor to maintain a current organizational chart of each agency of the executive branch. For a more detailed organizational breakdown, please contact the Department of Health Office of Budget and Revenue Management 850-245-4445

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

Agency: Health

Contact: Ty Gentle

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	#9 - Tobacco Awareness Education Program	B	\$3.6M	\$3,602,775
b	#23 - Early Steps	B		\$11,130,128
c	#23 - Office of Medical Marijuana	B		\$4,560,875
d	#23 - Medical Quality Assurance	B		\$5,430,286
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.

Article X requires an annual adjustment for inflation, using the Consumer Price Index for Tobacco, which increased by 4.30%. Appropriation is requested for Early Steps for their administrative system and program quality improvements and enhancements. The Office of Medical Marijuana Use is additional contracted services budget authority to maintain continuity of operations. Medical Quality Assurance is requesting appropriation for replacement/new vehicles for the Investigative Services Unit and additional appropriation for year 1 of the Licensure and Enforcement System.

* R/B = Revenue or Budget Driver

Office of Policy and Budget - June 2023



**Fiscal Year
2024-2025**

ADMINISTRATIVE SUPPORT EXHIBITS AND SCHEDULES



**Fiscal Year
2024-2025**

ADMINISTRATIVE SUPPORT SCHEDULE I SERIES

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Administrative Trust Fund
Budget Entity:	64100200
LAS/PBS Fund Number:	2021

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	19,082,662.07	(A)	0.00	19,082,662.07
ADD: Other Cash (See Instructions)	10,464.30	(B)	0.00	10,464.30
ADD: Investments	0.00	(C)	0.00	0.00
ADD: Outstanding Accounts Receivable	17,181,907.09	(D)	0.00	17,181,907.09
ADD: _____	0.00	(E)	0.00	0.00
Total Cash plus Accounts Receivable	36,275,033.46	(F)	0.00	36,275,033.46
LESS: Allowances for Uncollectibles	0.00	(G)	0.00	0.00
LESS: Approved "A" Certified Forwards	2,580,228.22	(H)	0.00	2,580,228.22
Approved "B" Certified Forwards	6,367,108.12	(H)	0.00	6,367,108.12
Approved "FCO" Certified Forwards	0.00	(H)	0.00	0.00
LESS: Other Accounts Payable (Nonoperating)	537.92	(I)	0.00	537.92
LESS: BE Transfer to 64200100 & 64200800	236,686.30	(J)	0.00	236,686.30
Unreserved Fund Balance, 07/01/23	27,090,472.90	(K)	0.00	27,090,472.90 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	Health
Trust Fund Title:	Administrative Trust Fund
LAS/PBS Fund Number:	2021/ BE 64100200

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	33,155,852.46 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	(C)
SWFS Adjustment # and Description	(C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(6,367,108.12) (D)
Approved FCO Certified Forward per LAS/PBS	(D)
A/P not C/F-Operating Categories	505,589.41 (D)
Current Compensated Absences Liability	32,825.45 (D)
BE Transfer to 64200100	(90,844.77) (D)
BE Transfer to 64200800	(145,841.53) (D)
ADJUSTED BEGINNING TRIAL BALANCE:	27,090,472.90 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	27,090,472.90 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Federal Grants Trust Fund
Budget Entity:	64100200
LAS/PBS Fund Number:	2261

	Balance as of 6/30/2023		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(79,961.85)	(A)			(79,961.85)
ADD: Other Cash (See Instructions)		(B)			0.00
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable		(D)			0.00
ADD: BE Transfer from 64200800	79,961.85	(E)			79,961.85
Total Cash plus Accounts Receivable	0.00	(F)	0.00		0.00
LESS Allowances for Uncollectibles		(G)			0.00
LESS Approved "A" Certified Forwards		(H)			0.00
Approved "B" Certified Forwards		(H)			0.00
Approved "FCO" Certified Forwards		(H)			0.00
LESS: Other Accounts Payable (Nonoperating)		(I)			0.00
LESS: _____		(J)			0.00
Unreserved Fund Balance, 07/01/23	0.00	(K)	0.00		0.00 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Federal Grants Trust Fund</u>
LAS/PBS Fund Number:	<u>2261/ BE 64100200</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="(49,790.44)"/> (A)
--	--

Subtract Nonspendable Fund Balance (GLC 56XXX)

<input type="text"/>	(B)
----------------------	-----

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	<input type="text"/>	(C)
-----------------------------------	----------------------	-----

SWFS Adjustment # and Description	<input type="text"/>	(C)
-----------------------------------	----------------------	-----

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text"/>	(D)
---	----------------------	-----

Approved FCO Certified Forward per LAS/PBS	<input type="text"/>	(D)
--	----------------------	-----

	<input type="text" value="(30,171.41)"/>	(D)
--	--	-----

A/P not C/F-Operating Categories		(D)
----------------------------------	--	-----

BE Transfer from 64200800	<input type="text" value="79,961.85"/>	(D)
---------------------------	--	-----

<input type="text"/>	(D)
----------------------	-----

<input type="text"/>	(D)
----------------------	-----

ADJUSTED BEGINNING TRIAL BALANCE:

<input type="text" value="0.00"/>	(E)
-----------------------------------	-----

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

<input type="text" value="0.00"/>	(F)
-----------------------------------	-----

DIFFERENCE:

<input type="text" value="0.00"/>	(G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IV-B FOR DOH NETWORK INFRASTRUCTURE REFRESH & MANAGED SERVICE POC

For Fiscal Year 2024-25



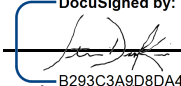
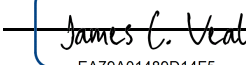
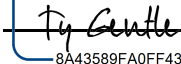
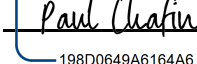
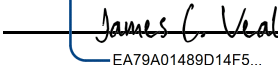
July 11th, 2023

DEPARTMENT OF HEALTH

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I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Department of Health	Schedule IV-B Submission Date:
Project Name: DOH Network Infrastructure Refresh and Managed Service POC	Is this project included in the Agency's LRPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FY 2023-24 LBR Issue Code:	FY 2024-2025 LBR Issue Title: DOH Network Infrastructure Refresh and Managed Service POC
Agency Contact for Schedule IV-B: Chris Veal, (850) 459-3808, Chris.Veal@FLHealth.gov	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head:  Printed Name: Antonio Dawkins	Date: 9/7/2023
Agency Chief Information Officer (or equivalent):  Printed Name: Chris Veal	Date: 9/6/2023
Budget Officer:  Printed Name: Ty Gentle or Ashley Freidin	Date: 9/6/2023
Planning Officer:  Printed Name: Paul Chafin	Date: 9/6/2023
Project Sponsor:  Printed Name: Chris Veal	Date: 9/6/2023
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Bret Hart, Bret.Hart@FLHealth.gov
Cost Benefit Analysis:	Debbie Parks, Debbie.Parks@FLHealth.gov
Risk Analysis:	Paul Chafin, Paul.Chafin@FLHealth.gov
Technology Planning:	Paul Chafin, (850) 245-4238, Paul.Chafin@FLHealth.gov

Project Planning:

Pura Ahler, Pura.Ahler@FLHealth.gov

Melissa Dice, Melissa.Dice@FLHealth.gov

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

A. Background and Strategic Needs Assessment

1. Business Need

The business operations of the Department of Health are enabled by 300+ IT applications. These applications are distributed across various state data centers, public clouds, vendor data centers and county health departments. The Department's network enables connectivity to all these applications. This network is facing the following challenges:

- Aging local area network hardware. The current network hardware was purchased in 2015.
- Increasingly sophisticated security threats
- An outdated wide area network architecture based upon a traditional hub-and-spoke design that assumes most or all applications are on premise.
- Difficulty in recruiting and retaining technical expertise to manage and operate the network.
- Ever increasing demands for network capacity and network performance

To meet these challenges, the Department is proposing to replace its outdated network infrastructure with modern network infrastructure and to rearchitect its network design.

In addition, the Department is proposing to conduct a proof of concept for a select group of its field sites:

- An outsourced networking model that would provide for regular hardware replacement and network management.

2. Business Objectives

The business objectives of this proposed network transformation and modernization are:

1. Increased network performance, capacity, and scalability
2. Increased network availability
3. Increased network security
4. Increased interoperability between network infrastructure and other applications
5. Increase network operational efficiency through greater use of automation.

In the case of the proof of concept for a select group of field sites the objectives also include:

1. The use of a managed services model for network management to mitigate the risk of recruiting and retaining an experienced network staff.

B. Baseline Analysis

1. Current Business Process(es)

The Department's network consists of a Local Area Network (LAN) and a Wide Area Network (WAN).

The LAN is centrally managed by the Department's Office of Information Technology (OIT) except for cabling outside of the Capital Center Office Complex (CCOC) in which case cabling is handled by local IT administrators in the field offices.

WAN services are provided by the Department of Management Services via the My Florida Net 2 (MFN2) service for MPLS networking or Remote Broadband Service 2 (RBS2) service for simple internet services. Service requests and incidents are coordinated through the Department's Office of IT into the DMS and

provider systems.

Funding for network services is provided by a combination of central office funding, local county health department funding and federal grant funding. The types and ratios of funding vary based upon the site.

The WAN services are funded via the Expense category and the LAN services are funded via a combination of capital outlay (OCO), salaries and benefits, expense and contract services.

2. Assumptions and Constraints

The proposed solution must follow all relevant Florida Statutes, Florida Administrative Codes, and Department policies as shown in the table below.

Governance Area	Statute, Rule, or Policy
Network and Telecommunications	<ul style="list-style-type: none"> ▪ Florida Statute 282.702, DMS Powers and Duties related to Communications ▪ Florida Statute 282.703, SUNCOM Network for State Agencies and Universities ▪ Florida Administrative Code Chapter 60FF-2 State Communications Order Processing and Billing ▪ Florida Administrative Code Chapter 60FF-3 SUNCOM Usage and Security Policies
Data Confidentiality	<ul style="list-style-type: none"> ▪ Public Law (PL), 104-191, Health Insurance Portability and Accountability Act of 1996
Data Security and Privacy	<ul style="list-style-type: none"> ▪ 45 Code of Federal Regulations (CFR), Part 164 (Security and Privacy) ▪ Florida Statute 282.318, Enterprise Security of Data and Information Technology ▪ Florida Administrative Code Rule Chapter 60GG-2: Information Technology Security
Data Center Operations	<ul style="list-style-type: none"> ▪ Florida Statute 282.201, State data center ▪ Florida Administrative Code Rule Chapter 60GG-3 Data Center Operations
Cloud Policy	<ul style="list-style-type: none"> ▪ Florida Statute 282.206, Cloud-first policy in state agencies ▪ Florida Administrative Code Rule Chapter 60GG-4 Cloud Computing
Project Management	<ul style="list-style-type: none"> ▪ Florida Administrative Code Rule Chapter 60GG-1: Project Management and Oversight
Enterprise Architecture	<ul style="list-style-type: none"> ▪ Florida Administrative Code Rule Chapter 60GG-5 Enterprise Architecture
Identity and Access Management	<ul style="list-style-type: none"> ▪ Florida Statute 282.601, Accessibility of Electronic Information, and Information Technology ▪ Florida Administrative Code Chapter 60-8, Accessible and Electronic Information Technology
Public Records	<ul style="list-style-type: none"> ▪ Florida Statute 119, General State Policy on Public Records
Criminal Justice Data	<ul style="list-style-type: none"> ▪ FBI Criminal Justice Information Services (CJIS) Security Policy (CSP)

C. Proposed Business Process Requirements

1. Proposed Business Process Requirements

The proposed solution would be a replacement of the Department's network infrastructure including hardware and software. As part of the replacement the Department will acquire the services of a vendor to rearchitect the Department's network design.

Additionally, the proof of concept for a select group of field sites would include a managed service provider that would provide a seamless network service to the Department across LAN and WAN. The MSP would integrate with the Department's IT Service Management tool for service requests, incidents, changes, and problem management.

2. Business Solution Alternatives

The Department has determined the following to be potential business solution alternatives for its network operations:

1. Continue operating the network infrastructure that was initially purchased in 2015.
2. Replace the network infrastructure with modern network infrastructure including a refresh of hardware and software components.
3. Replace the network infrastructure with modern network infrastructure including a refresh of hardware and software components. Additionally, conduct a proof of concept with selected field sites whereby the network would be operated by a managed service provider. This proof of concept would involve approximately 10% of the management of the Department’s network.

3. Rationale for Selection

Given the age of the Department’s network infrastructure, the Department has determined that it would be prudent to replace the aging infrastructure with modern components.

Option #1 is not viable as the aging infrastructure needs replacement.

Option #2 would solve many of the challenges but would not address the risk associated with recruiting and retaining network management personnel.

Option #3 would solve the aging infrastructure challenges for the entire department and would allow the Department to try a managed services option in a real-world setting. If the managed services option proved viable in a subset of the Department’s sites, it could be expanded in future years.

4. Recommended Business Solution

Alternative #3 above is the recommended business solution. This solution will be:

- A complete refresh of the current network infrastructure
- Enable higher levels of security, availability, and performance.
- Enable greater interoperability between the network infrastructure and other applications.
- Increase network operational efficiency through greater use of automation.
- A managed service proof of concept for a selected number of field sites. The selected field sites would represent approximately 10% of the Department’s active network ports (~7,500 ports of the ~75,000 total active ports).

D. Functional and Technical Requirements

The high-level requirements for the proposed network are listed in the table below. More detailed requirements will be developed during the procurement process.

REQUIREMENTS	
#	Requirement
1	The vendor will architect and perform initial installation of the new network infrastructure.
2	The vendor will configure and deploy all managed LAN equipment to Department sites and perform acceptance testing.
3	The vendor will provide maintenance services for the network hardware and software.
4	For the proof-of-concept sites, the provider will perform all ongoing operations and management for the Department’s managed LAN service.
5	For the proof-of-concept sites, the provider will interface with the Department’s service management system and provide a portal dashboard visualizing the managed service availability metrics.

III. Success Criteria

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	Development of modern network architecture	Increased automation, security, and availability	State of Florida	06/2025
2	Replace of existing network infrastructure including hardware and software	Increased security, performance, availability, and interoperability	State of Florida	06/2025
3	For the proof-of-concept sites, network operations are transferred to a managed service provider	Reduced workload on Department staff	State of Florida	06.2025

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

A. Benefits Realization 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	Improved Network Availability	Department users and customers	Through the implementation of high availability technologies and processes	Network uptime	06/2025
2	Improved Network Security	Department users and customers	Using modern network hardware and software	Through security audits and testing	06/2025

BENEFITS REALIZATION TABLE					
3	Improved Network Performance	Department users and customers	Using modern network hardware and software	Through network monitoring	06/2025
4	Improved Network Automation	Department users and customers	Using modern network management software	Time to deliver new network services or reconfigure existing services	06/2025
5	Improved Network Interoperability	Department users and customers	Using modern network hardware and software	Ability to integrate new and existing applications with the network infrastructure	06/2025

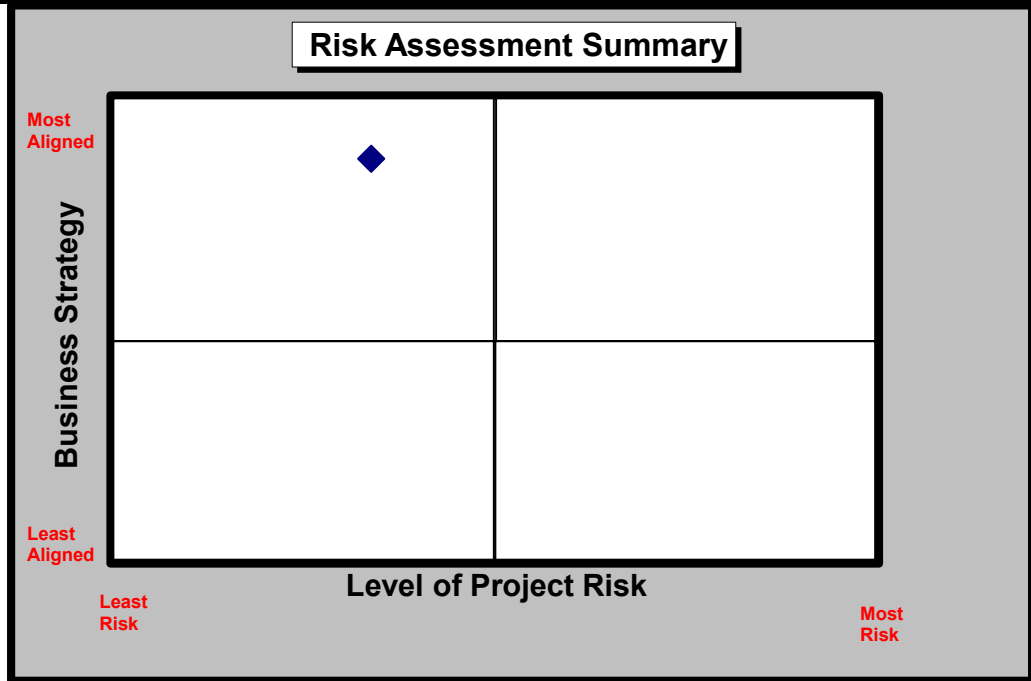
B. Cost Benefit Analysis (CBA)

The Cost Benefits Analysis is attached to this document as Appendix A.

V. Schedule IV-B Major Project Risk Assessment

The detailed Risk Assessment is attached as Appendix B in this document. An overview of the Risk Assessment for this project is shown below.

Project	<i>Network Infrastructure Refresh & Managed Service POC</i>	
Agency	<i>Department of Health</i>	
FY 2023-24 LBR Issue Code:	FY 2023-24 LBR Issue Title:	
<i>Issue Code</i>	<i>DOH Network Transformation and Modernization</i>	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
<i>Paul Chafin, Paul.Chafin@FLHealth.gov</i>		
Executive Sponsor	<i>Chris Veal</i>	
Project Manager	<i>Melissa Dice</i>	
Prepared By	<i>Paul Chafin</i>	<i>6/30/2022</i>



Project Risk Area Breakdown	
Risk Assessment Areas	Risk Exposure
Strategic Assessment	MEDIUM

Technology Exposure Assessment	<i>MEDIUM</i>
Organizational Change Management Assessment	<i>MEDIUM</i>
Communication Assessment	<i>LOW</i>
Fiscal Assessment	<i>MEDIUM</i>
Project Organization Assessment	<i>LOW</i>
Project Management Assessment	<i>LOW</i>
Project Complexity Assessment	<i>MEDIUM</i>
<i>Overall Project Risk</i>	<i>MEDIUM</i>

VI. Schedule IV-B Technology Planning

A. Current Information Technology Environment

1. Current System

a. Description of Current System

The current network consists of wired switches, wireless controllers, wireless access points and remote access points at 376 sites around the state of Florida. This local network is tied together via MPLS, and Broadband services provided via contract through the Department of Management Services. Additionally, the network supports several thousand remote workers daily.

b. Current System Resource Requirements

The Department's network is comprised of the following sites and equipment. A detailed inventory will be provided in Appendix C – Network inventory. Note the Department's network is continuously changing (approximately 15 moves, stand ups or stand downs per year) so the numbers below are accurate as of the time this document was produced.

Sites	
WAN Provider	Number of Sites
MyFlorida Net 2 (MFN2)	350
Remote Broadband Service 2 (RBS2)	26
Total Number of Sites	376

Network Devices	
Device Type	Number of Devices
Wired Network Switches	1,600
Wireless Controllers	155
Wireless Access Points	1,265
Remote Access Points	550
Total Network Devices	3,570

The current network has approximately 75,000 active network ports on the DOH network.

c. Current System Performance

The bandwidth at each site ranges from 2 Mb/s up to 5 Gb/s.

2. Information Technology Standards

The Department's network is based upon the Internet Protocol (IPv4) and uses standard internet technologies like Domain Name Service (DNS). The DNS is partly managed by the Department under the DNS of the State of Florida.

B. Current Hardware and/or Software Inventory

Appendix C contains a list of all current hardware and software that supports the Department's network.

C. Proposed Technical Solution

1. Technical Solution Alternatives

The Department has determined the following to be potential business solution alternatives for its network operations:

1. Continue operating the network infrastructure that was initially purchased in 2015.
2. Replace the network infrastructure with modern network infrastructure including a refresh of hardware and software components.
3. Replace the network infrastructure with modern network infrastructure including a refresh of hardware and software components. Additionally, conduct a proof of concept with selected field sites whereby the network would be operated by a managed service provider. This proof of concept would involve approximately 10% of the management of the Department's network.

4. Rationale for Selection

Given the age of the Department's network infrastructure, the Department has determined that it would be prudent to replace the aging infrastructure with modern components.

Option #1 is not viable as the aging infrastructure needs replacement.

Option #2 would solve many of the challenges but would not address the risk associated with recruiting and retaining network management personnel.

Option #3 would solve the aging infrastructure challenges for the entire department and would allow the Department to try a managed services option in a real-world setting. If the managed services option proved viable in a subset of the Department's sites, it could be expanded in future years.

5. Recommended Technical Solution

Alternative #2 above is the recommended business solution. This solution will be:

- A complete refresh of the current network infrastructure
- Enable higher levels of security, availability, and performance.
- Enable greater interoperability between the network infrastructure and other applications.
- Increase network operational efficiency through greater use of automation.

D. Proposed Solution Description

1. Summary Description of Proposed System

As detailed in sections above the proposed solution will be a complete refresh of the existing network infrastructure including hardware and software. The refresh will be accompanied by a redesign of the existing network architecture. Additionally, network operations and maintenance for selected field sites, approximately 10% of the management of the Department's network, will be transferred to be operated by a managed service provider as a proof of concept.

2. Resource and Summary Level Funding Requirements for Proposed Solution

The estimated costs listed in the table below.

Item	Funding Type	Year 1	Year 2	Year 3	Year 4	Year 5	Totals
Network Switches - Hardware	Expense	\$1,660,000	\$1,660,000	\$1,660,000	\$1,660,000	\$1,660,000	\$8,300,000
Initial Implementation	Contract Services	\$1,500,000	\$0	\$0	\$0	\$0	\$1,500,000
Maintenance and Support	Contract Services	\$942,000	\$942,000	\$942,000	\$942,000	\$942,000	\$4,710,000
POC Managed Services - 7,500 Ports	Contract Services	\$525,000	\$525,000	\$525,000	\$525,000	\$525,000	\$2,625,000
Totals		\$4,627,000	\$3,127,000	\$3,127,000	\$3,127,000	\$3,127,000	\$17,135,000

E. Capacity Planning

VII. Schedule IV-B Project Management Planning

The Department's Office of Information Technology operates a Project Management Office. The Office of Information Technology (OIT) Project Management Office (PMO) is a service organization created for the specific purpose of supporting Information Technology (IT) projects in the Florida Department of Health (DOH).

The goals of the Project Management Office are to ensure that:

- IT Projects completion dates are met
- IT Projects are completed within budget
- IT Projects objectives are met, and customers are satisfied with the product and services delivered
- IT Projects deliverables have passed quality control measures
- IT Projects are managed as effectively and efficiently as possible.

To achieve its goal, OIT's PMO closely follows the Project Management Institute project management best practices and framework and the standards set forward by the Florida Administrative Code (F.A.C) 60GG-1 for applicable project levels. OIT PMO's has standardized the way IT projects are planned, executed, tracked, and reported through the establishment of repeatable processes and procedures and the implementation of a project management tool.

The initial project plan for this project is included in Appendix D of this document. This project plan includes the scope statement, communication plan, schedule, change management plan and project organizational plan.

VIII. Appendices

The following appendices are included with this document.

Appendix A – Cost Benefits Analysis

Appendix B – Risk Assessment

Appendix C – Network Inventory

Appendix D – Project Management Plan

CBAForm 1 - Net Tangible Benefits

Agency <u>Department of Health</u>	Project <u>Network Refresh</u>
------------------------------------	--------------------------------

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
A. Personnel Costs -- Agency-Managed Staff	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
A.b Total Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
A-1.a. State FTEs (Salaries & Benefits)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
A-1.b. State FTEs (#)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
A-2.a. OPS Staff (Salaries)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
A-2.b. OPS (#)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
A-3.b. Staff Augmentation (# of Contractors)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
B. Application Maintenance Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-4. Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C. Data Center Provider Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-2. Infrastructure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-3. Network / Hosting Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-5. Other <i>Maintenance for HW & SW</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
D. Plant & Facility Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E. Other Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E-1. Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E-2. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E-3. Other <i>Implementation Costs</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total of Recurring Operational Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
F. Additional Tangible Benefits:		\$0			\$0			\$0			\$0			\$0	
F-1.															
F-2.															
F-3.		\$0													
Total Net Tangible Benefits:		\$0			\$0			\$0			\$0			\$0	

CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous <input type="checkbox"/>	Confidence Level	
Order of Magnitude <input checked="" type="checkbox"/>	Confidence Level	85%
Placeholder <input type="checkbox"/>	Confidence Level	

State of Florida
Cost Benefit Analysis

APPENDIX A

Fiscal Year 2023-24

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
	Department of Health	Network Refresh																			

Cost Benefit Analysis

CBAForm 2 - Project Cost Analysis

Agency	<u>Department of Health</u>	Project		<u>Network Refresh</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 (*)	\$4,627,000	\$3,127,000	\$3,127,000	\$3,127,000	\$3,127,000	\$17,135,000
CUMULATIVE PROJECT COSTS <small>(includes Current & Previous Years' Project-Related Costs)</small>	\$4,627,000	\$7,754,000	\$10,881,000	\$14,008,000	\$17,135,000	
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	\$3,877,000	\$3,877,000	\$3,127,000	\$3,127,000	\$3,127,000	\$17,135,000
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Grants <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$3,877,000	\$3,877,000	\$3,127,000	\$3,127,000	\$3,127,000	\$17,135,000
CUMULATIVE INVESTMENT	\$3,877,000	\$7,754,000	\$10,881,000	\$14,008,000	\$17,135,000	

Characterization of Project Cost Estimate - CBAForm 2C			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	Vendor Quotes	Confidence Level	85%
Order of Magnitude		Confidence Level	
Placeholder		Confidence Level	

Cost Benefit Analysis

CBAForm 3 - Project Investment Summary

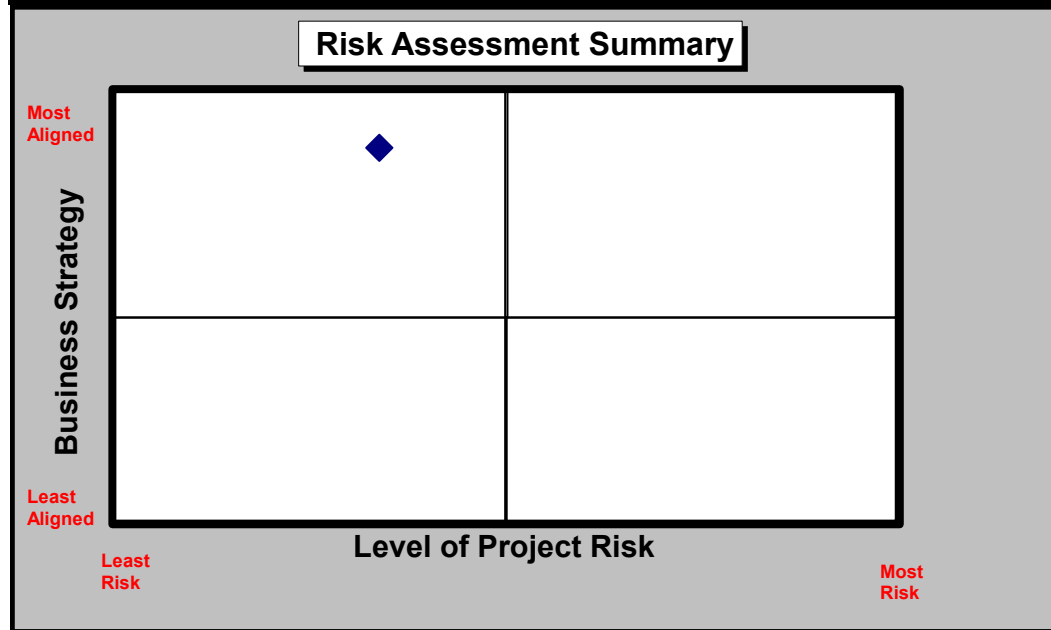
Agency	<u>Department of Health</u>	Project	<u>Network Refresh</u>
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COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	TOTAL FOR ALL YEARS
Project Cost	\$4,627,000	\$3,127,000	\$3,127,000	\$3,127,000	\$3,127,000	\$17,135,000
Net Tangible Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Return on Investment	(\$4,627,000)	(\$3,127,000)	(\$3,127,000)	(\$3,127,000)	(\$3,127,000)	(\$17,135,000)
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)	(\$15,695,807)	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 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
Cost of Capital	2.69%	2.90%	3.09%	3.29%	3.48%

Project	<i>Network Infrastructure Refresh and Managed Service POC</i>	
Agency	<i>Department of Health</i>	
FY 2023-24 LBR Issue Code:	FY 2023-24 LBR Issue Title:	
<i>Issue Code</i>	<i>DOH Network Infrastructure Refresh and Managed Service POC</i>	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
<i>Paul Chafin, Paul.Chafin@FLHealth.gov</i>		
Executive Sponsor	<i>Chris Veal</i>	
Project Manager	<i>Melissa Dice</i>	
Prepared By	<i>Paul Chafin</i>	<i>6/30/2022</i>



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

IT Project Risk Assessment Tool

Schedule IV-B

FY2023-24

Agency: Department of Health

Project: Network Infrastructure Refresh and Managed Service POC

Section 1 -- Strategic Area			
#	Criteria	Values	Answer
1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	81% to 100% -- All or nearly all objectives aligned
		41% to 80% -- Some objectives aligned	
		81% to 100% -- All or nearly all objectives aligned	
1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Documented with sign-off by stakeholders
		Informal agreement by stakeholders	
		Documented with sign-off by stakeholders	
1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings
		Most regularly attend executive steering committee meetings	
		Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is completely documented
		Vision is partially documented	
		Vision is completely documented	
1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	No changes needed
		Changes unknown	
		Changes are identified in concept only	
		Changes are identified and documented	
		Legislation or proposed rule change is drafted	
1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	Some
		Some	
		All or nearly all	
1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Moderate external use or visibility
		Moderate external use or visibility	
		Extensive external use or visibility	
1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Single agency-wide use or visibility
		Single agency-wide use or visibility	
		Use or visibility at division and/or bureau level only	
1.10	Is this a multi-year project?	Greater than 5 years	Between 1 and 3 years
		Between 3 and 5 years	
		Between 1 and 3 years	
		1 year or less	

Agency: Department of Health

Project: Network Infrastructure Refresh and Managed Service POC

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

Agency: Department of Health

Project: Network Infrastructure Refresh and Managed Service POC

Section 3 -- Organizational Change Management Area			
#	Criteria	Values	Answer
3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Minimal changes to organization structure, staff or business processes structure
		Moderate changes to organization structure, staff or business processes	
		Minimal changes to organization structure, staff or business processes structure	
3.02	Will this project impact essential business processes?	Yes	Yes
		No	
3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	81% to 100% -- All or nearly all processes defined and documented
		41% to 80% -- Some process changes defined and documented	
		81% to 100% -- All or nearly all processes defined and documented	
3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	Yes
		No	
3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	Less than 1% FTE count change
		1% to 10% FTE count change	
		Less than 1% FTE count change	
3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	1 to 10% contractor count change
		1 to 10% contractor count change	
		Less than 1% contractor count change	
3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with similar change requirements
		Recently completed project with fewer change requirements	
		Recently completed project with similar change requirements	
		Recently completed project with greater change requirements	

Agency: Agency Name

Project: Project Name

Section 4 -- Communication Area			
#	Criteria	Value Options	Answer
4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
		No	
4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Negligible or no feedback in Plan	Proactive use of feedback in Plan
		Routine feedback in Plan	
		Proactive use of feedback in Plan	
4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
		No	
4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
		No	
4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	All or nearly all messages are documented
		Some key messages have been developed	
		All or nearly all messages are documented	
4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	Plan does not include desired messages outcomes and success measures	All or nearly all messages have success measures
		Success measures have been developed for some messages	
		All or nearly all messages have success measures	
4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
		No	

Agency: Department of Health

Project: Network Infrastructure Refresh and Managed Service POC

Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	Yes
		No	
5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Greater than \$10 M
		Greater than \$10 M	
		Between \$2 M and \$10 M	
		Between \$500K and \$1,999,999	
		Less than \$500 K	
5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	Yes
		No	
5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within $\pm 10\%$)	Detailed and rigorous (accurate within $\pm 10\%$)
		Order of magnitude -- estimate could vary between 10-100%	
		Placeholder -- actual cost may exceed estimate by more than 100%	
5.06	Are funds available within existing agency resources to complete this project?	Yes	No
		No	
5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
		Funding from local government agencies	
		Funding from other state agencies	
5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Neither requested nor received
		Requested but not received	
		Requested and received	
		Not applicable	
5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	All or nearly all project benefits have been identified and validated
		Some project benefits have been identified but not validated	
		Most project benefits have been identified but not validated	
		All or nearly all project benefits have been identified and validated	
5.10	What is the benefit payback period that is defined and documented?	Within 1 year	Within 3 years
		Within 3 years	
		Within 5 years	
		More than 5 years	
		No payback	

IT Project Risk Assessment Tool

Schedule IV-B

FY2023-24

Agency: Department of Health

Project: Network Infrastructure Refresh and Managed Service POC

Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
		Stakeholders have not been consulted re: procurement strategy	
		Stakeholders have reviewed and approved the proposed procurement strategy	
5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Firm Fixed Price (FFP)
		Firm Fixed Price (FFP)	
		Combination FFP and T&E	
5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
		Purchase all hardware and software at start of project to take advantage of one-time discounts	
		Just-in-time purchasing of hardware and software is documented in the project schedule	
5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager assigned is not the procurement manager or the project manager
		Contract manager is the procurement manager	
		Contract manager is the project manager	
		Contract manager assigned is not the procurement manager or the project manager	
5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
		No	
5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	All or nearly all selection criteria and expected outcomes have been defined and documented
		Some selection criteria and outcomes have been defined and documented	
		All or nearly all selection criteria and expected outcomes have been defined and documented	
5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
		Multi-stage evaluation not planned/used for procurement	
		Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
5.18	For projects with total cost exceeding \$10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	Yes, bid response did/will include proof of concept or prototype
		No, bid response did/will not require proof of concept or prototype	
		Yes, bid response did/will include proof of concept or prototype	
		Not applicable	

Agency: Department of Health

Project: Network Infrastructure Refresh and Managed Service POC

Section 6 -- Project Organization Area			
#	Criteria	Values	Answer
6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes No	Yes
6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented Some have been defined and documented All or nearly all have been defined and documented	All or nearly all have been defined and documented
6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined Agency System Integrator (contractor)	System Integrator (contractor)
6.04	How many project managers and project directors will be responsible for managing the project?	3 or more 2 1	1
6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Needed staff and skills have not been identified Some or most staff roles and responsibilities and needed skills have been identified Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented
6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned No, project manager is assigned 50% or less to project No, project manager assigned more than half-time, but less than full-time to project Yes, experienced project manager dedicated full-time, 100% to project	Yes, experienced project manager dedicated full-time, 100% to project
6.07	Are qualified project management team members dedicated full-time to the project	None No, business, functional or technical experts dedicated 50% or less to project No, business, functional or technical experts dedicated more than half-time but less than full-time to project Yes, business, functional or technical experts dedicated full-time, 100% to project	No, business, functional or technical experts dedicated more than half-time but less than full-time to project
6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Few or no staff from in-house resources Half of staff from in-house resources Mostly staffed from in-house resources Completely staffed from in-house resources	Half of staff from in-house resources
6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact Moderate impact Extensive impact	Minimal or no impact
6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes No	Yes
6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established No, only IT staff are on change review and control board No, all stakeholders are not represented on the board Yes, all stakeholders are represented by functional manager	Yes, all stakeholders are represented by functional manager

IT Project Risk Assessment Tool

Schedule IV-B

FY2023-24

Agency: Department of Health

Project: Network Infrastructure Refresh and Managed Service POC

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
		Project Management team will use the methodology selected by the systems integrator	
		Yes	
7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
		1-3	
		More than 3	
7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
		Some	
		All or nearly all	
7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	81% to 100% -- All or nearly all requirements and specifications are traceable
		41 to 80% -- Some are traceable	
		81% to 100% -- All or nearly all requirements and specifications are traceable	
7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	All or nearly all deliverables and acceptance criteria have been defined and documented
		Some deliverables and acceptance criteria have been defined and documented	
		All or nearly all deliverables and acceptance criteria have been defined and documented	
7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
		Only project manager signs-off	
		Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	81% to 100% -- All or nearly all have been defined to the work package level
		41 to 80% -- Some have been defined to the work package level	
		81% to 100% -- All or nearly all have been defined to the work package level	
7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	Yes
		No	

Agency: Department of Health

Project: Network Infrastructure Refresh and Managed Service POC

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	Yes
		No	
7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
		Project team uses formal processes	
		Project team and executive steering committee use formal status reporting processes	
7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
		Some templates are available	
		All planning and reporting templates are available	
7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
		No	
7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	All known risks and mitigation strategies have been defined
		Some have been defined and documented	
		All known risks and mitigation strategies have been defined	
7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
		No	
7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
		No	

IT Project Risk Assessment Tool

Schedule IV-B

FY2023-24

Agency: Department of Health

Project: Network Infrastructure Refresh and Managed Service POC

Section 8 -- Project Complexity Area			
#	Criteria	Values	Answer
8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	More complex
		More complex	
		Similar complexity	
		Less complex	
8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
		3 sites or fewer	
		More than 3 sites	
8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
		3 sites or fewer	
		More than 3 sites	
8.04	How many external contracting or consulting organizations will this project require?	No external organizations	1 to 3 external organizations
		1 to 3 external organizations	
		More than 3 external organizations	
8.05	What is the expected project team size?	Greater than 15	9 to 15
		9 to 15	
		5 to 8	
		Less than 5	
8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	None
		2 to 4	
		1	
		None	
8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Business process change in single division or bureau
		Agency-wide business process change	
		Statewide or multiple agency business process change	
8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	Yes
		No	
8.09	What type of project is this?	Infrastructure upgrade	Infrastructure upgrade
		Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
		Business Process Reengineering	
		Combination of the above	
8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Greater size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	
8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Greater size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	

DOH Network Switch Inventory	
Dell Model	Qty
4148	18
5232	4
5248	8
3224	2
4032	36
4064	4
2048	1,100
2024	350
3024	50
1108	10
7024	2
3248	50
Total	1,634

Charter



Project Charter Sections		Description	Column3
1	Navigation		
19	Summary		
19	Project Number		
20	Project Name	Network Infrastructure Refresh	
21	R&C Category		
22	Contacts		
23	Project Manager		
24	Name	Melissa Dice	
25	Agency	Dept. of Health	
26	Phone		
27	Email		
28	Project Sponsor		
29	Name	Chris Veal	
30	Agency	Dept. of Health	
31	Phone		
32	Email		
33	Charter Items		
34	Business Case / Cost Benefit Analysis Summary		
35	Explanation	Provide a brief justification for the project by answering the questions: Why is the project necessary? What problem is being solved? Include a brief discussion of any cost savings or cost avoidance expected.	
36	Description		
37	Why this project? What problem will it resolve? Will it save money? If yes how and how much?	The current DOH network is not optimized for cloud computing or remote work. Additionally the LAN hardware is reaching end of life and it is proving difficult to recruit and retain highly skilled network No.	
39	Project Description and high level objectives		
40	Explanation	Project Description: Describe the product or service that the project is to deliver. What the project is to accomplish? Who initiated the project? What are the expected benefits? Project Objectives: What are the concrete deliverables that will come out of this project?	
41	Description		
42	Project Description	To meet these challenges, the Department is proposing to replace its outdated network infrastructure with modern network infrastructure and to rearchitect its network design.	
43	High level objectives	Increased performance, availability and overall service sustainability	
44	Project Scope		
45	Explanation	The scope sets the boundaries of the project. Enter those key items that are a part of the project and those major items that will not be worked on as part of the project. This is a high level description of what is in and what is out of the boundaries of the project.	
46	Description		
47	In Scope	The DOH LAN	
48	Out of Scope	Telephony services are out of scope.	
49	Assumption/Constraints		
50	Explanation	Assumptions can affect any area of the project including scope, stakeholders, business objectives and functional requirements. The key constraints serve as limitations and boundaries for the project.	
51	Description		
52	Assumptions	Commitment of Dept. of Health network team. Also see Schedule IV-B for details.	
53	Constraints	All relevant statutes, rules and policies. See Schedule IV-B for details.	
54	Estimates		
55	Explanation	What is the average planned cost? What is the estimated start and end date and the duration in days? How many man hours is it estimated at?	
56	Description		
57	Budget	This project will cost \$9,750,000 over 5 years	
58	Duration		
59	In Days		365
60	Estimated Start Date	July 1st 2024	
61	Estimated End Date	June 30th 2025	
62	Work Effort (Hours)		3000
63	Initial Risks		
64	Explanation	Risk is any unexpected event that can affect your project — for better or for worse. Risk can affect anything: people, processes, technology, and resources. Please add rows as needed.	
65	Description		
66	Risk 1	Deploying new hardware to 370 and the coordination with local IT admins	
67	Risk 2	Site by site cutover to the new service could impact ongoing site business operations.	
68	Risk 3		
69	Main Stakeholders		
70	Explanation	Individuals and organizations who are actively involved in the project, or whose interests may be positively or negatively affected as a result of project execution or successful project completion. PLEASE LIST ONE AFTER THE OTHER SEPARATED BY A COMMA	
71	Description	Chris Veal, Paul Chafin, Bret Hart, Bruce Skipper	
72	Allocated Project Resources		
73	Explanation	What are the main resources you may require? PLEASE LIST ONE AFTER THE OTHER SEPARATED BY A COMMA	
74	Description	Funding	
75	Approvals		
76	Project Manager		
77	Name	Melissa Dice	
78	Email		
79	Contact Number		
80	Signature (Electronic)		
81	Date		
82	Project Sponsor		
83	Name	Chris Veal	
84	Email		
85	Contact Number		
86	Signature (Electronic)		
87	Date		
88	Additional (role)		
89	Name	Paul Chafin	
90	Email		
91	Contact Number		
92	Signature (Electronic)		
93	Date		
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SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64100200

Phone Number: 850-245-4150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
A-2223-004	July 24, 2023	Federal Compliance and Audit Management Section	<p>Foundation Sickle, Inc. did not submit required audited financial statements to the Department and the Office of the Auditor General for calendar year 2021, in violation of contract terms and possibly resulting in undisclosed related parties.</p> <p>Foundation Sickle, Inc. should submit audited financial statements of the entire organization, including a Schedule of Expenditures of Federal Awards that would include a Schedule of Expenditures of State Awards and Notes to the Financial Statements that should disclose any related parties or transactions, for calendar year 2021 and beyond to the Department and the Office of the Auditor General, as required by contract terms.</p>	Foundation Sickle, Inc. did not provide a corrective action plan.	
A-2223-001	June 29, 2023	Bureau of Clinic Management and Informatics	<p>CONFIDENTIAL - An issue related to user access.</p> <p>The Bureau of Clinic Management and Informatics should address the issue.</p>	The Bureau of Clinic Management and Informatics is addressing the issue.	
A-2223-001	June 29, 2023	Bureau of Clinic Management and Informatics	<p>CONFIDENTIAL - An issue related to dormant accounts.</p> <p>The Bureau of Clinic Management and Informatics should address the issue.</p>	The Bureau of Clinic Management and Informatics is addressing the issue.	
A-2223-001	June 29, 2023	Bureau of Clinic Management and Informatics	<p>CONFIDENTIAL - An issue related to access management.</p> <p>The Bureau of Clinic Management and Informatics should address the issue.</p>	The Bureau of Clinic Management and Informatics is addressing the issue.	
A-2223-001	June 29, 2023	Bureau of Clinic Management and Informatics	<p>CONFIDENTIAL - An issue related to timeouts.</p> <p>The Bureau of Clinic Management and Informatics should address the issue.</p>	The Bureau of Clinic Management and Informatics is addressing the issue.	

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REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
A-2223-001	June 29, 2023	Office of Information Technology	CONFIDENTIAL - An issue related to timeouts. The Office of Information Technology should address the issue.	Office of Information Technology is addressing the issue.	
A-2223-001	June 29, 2023	Office of Information Technology	CONFIDENTIAL - An issue related to account creation. The Office of Information Technology should address the issue.	Office of Information Technology is addressing the issue.	
A-2223-001	June 29, 2023	Bureau of Clinic Management and Informatics	CONFIDENTIAL - An issue related to account creation. The Bureau of Clinic Management and Informatics should address the issue.	The Bureau of Clinic Management and Informatics is addressing the issue.	
AG-2023-174	March 30, 2023	Federal Compliance and Audit Management Section	Florida Department of Health (FDOH, Department) procedures did not promote the issuance of management decisions in accordance with Federal regulations and the FDOH did not issue a management decision for one subrecipient's audit findings. FDOH management should enhance subrecipient audit procedures to promote the issuance of management decisions and issue management decisions for all audit findings pertaining to a Federal award in accordance with Federal regulations.	FDOH's Federal Compliance and Audit Management Section is working to update its management decision process to meet federal requirements. This will involve creating a new management decision letter that incorporates all elements of the federal requirements.	

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REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AG-2023-174	March 30, 2023	Office of Budget and Revenue Management	<p>FDOH procedures for preparing the Schedule of Expenditures of Federal Awards (SEFA) data form were not sufficient to ensure the accuracy of reported amounts. As a result, prior to audit adjustment, amounts reported on the State’s SEFA were incorrect.</p> <p>FDOH management should enhance procedures to ensure that the data reported on the SEFA form is accurate and complete prior to submission to the Florida Department of Financial Services.</p>	<p>FDOH's Office of Budget and Revenue Management will work with program offices and the Office of Contract Administration and Oversight to ensure FDOH has established clear guidance on sub-recipient identification in FDOH's accounting record. This will include the development of additional training, contract review, and updated guidance and procedures.</p>	
A-2223-006A	March 28, 2023	Office of Deputy Secretary for Health	<p>The Department reimbursed the Provider for a cost reimbursement deliverable prior to the Provider paying for and receiving the deliverable.</p> <p>The Office of Deputy Secretary for Health should work with its Division Directors to ensure Providers have paid for deliverables before approving invoices for payment for a cost reimbursement deliverable and where State and/or Federal financial assistance is involved, that deliverables are received and accepted prior to payment.</p>	<p>The Office of the Deputy Secretary for Health has directed Division Directors to assure all contract managers and supervisors are familiar with the Department of Financial Services’ “State Reference Guide for Financial Expenditures”, appropriate OMB Circulars, and Department contracting policies, particularly as it relates to contracts containing state and/or federal financial assistance. Division Directors will require contract deliverables be monitored to all assure goods and services have been received and expenditures verified prior to approval and processing of invoices. Appropriate performance expectations will become a part of Division Director and contract manager annual performance evaluations.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64100200

Phone Number: 850-245-4150

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
A-2223-006A	March 28, 2023	Office of Deputy Secretary for Health	<p>The Provider did not complete a deliverable within the time and manner specified by the contract and was not assessed appropriate financial consequences.</p> <p>(2.1) The Office of Deputy Secretary for Health should work with its Division Directors to ensure financial consequences are applied in accordance with contract requirements.</p> <p>(2.2) Additionally, we recommend the Department collect any overpayment from the Provider, in accordance with section 215.971(2)(c), Florida Statutes.</p>	<p>(2.1) The Office of the Deputy Secretary for Health has directed Division Directors to assure all contract managers and supervisors are familiar with the Department of Financial Services' "State Reference Guide for Financial Expenditures", appropriate OMB Circulars, and Department contracting policies, particularly as it relates to contracts containing state and/or federal financial assistance. Division Directors will direct contract managers to always apply financial consequences as specified per contractual agreement. Appropriate performance expectations will become a part of Division Director and contract manager annual performance evaluations.</p> <p>(2.2) Action was not taken.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

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(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
A-2223-006A	March 28, 2023	Office of Deputy Secretary for Health	<p>The Provider used a DOH-Gadsden Unit and employee to conduct mobile health events without a written agreement or reimbursement.</p> <p>The Office of Deputy Secretary for Health should work with its Division Directors to ensure written agreements regarding indemnity, liability, and potential recoupment of costs are in place when Department equipment and employees are utilized by an outside provider.</p>	<p>The Office of the Deputy Secretary for Health has directed Division Directors to assure all contract managers and supervisors are familiar with the Department of Financial Services' "State Reference Guide for Financial Expenditures", appropriate OMB Circulars, and Department contracting policies, particularly as it relates to contracts containing state and/or federal financial assistance. Contract managers will assure contract providers have sub-contracts or Memorandums of Agreements in place with any entity performing any part of the Department's contract. Appropriate performance expectations will become a part of Division Director and contract manager annual performance evaluations.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

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Phone Number: 850-245-4150

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REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
A-2223-006A	March 28, 2023	Office of Deputy Secretary for Health	<p>The Provider submitted and the Department's contract manager approved invoices for payment without required information.</p> <p>The Office of Deputy Secretary for Health should work with its Division Directors to ensure all invoices comply with contract requirements prior to approval.</p>	<p>The Office of the Deputy Secretary for Health has directed Division Directors to assure all contract managers and supervisors are familiar with the Department of Financial Services' "State Reference Guide for Financial Expenditures", appropriate OMB Circulars, and Department contracting policies, particularly as it relates to contracts containing state and/or federal financial assistance. Division Directors will direct contract managers to always assure invoices comply with contractual requirements prior to approval.</p> <p>Appropriate performance expectations will become a part of Division Director and contract manager annual performance evaluations.</p>	

Office of Policy and Budget - June 2023

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / ADMINISTRATIVE SUPPORT
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)				
64100200					

1. GENERAL

1.1 Are Columns A01, A04, A05, A91, A92, A93, A36, A10, IA1, IA4, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? (CSDI or Web LBR Column Security)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Have Column A03 trust fund files been copied to Column A12? Run Schedule I (SC1R, SC1 or SC1R, SC1D adding column A12) to verify.	Y				
1.5 Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? (CSDR, CSA)	Y				

TIP The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. A security control feature included in the LAS/PBS Web upload process requires columns to be in the proper status before uploading to the portal.

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 57 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 28)? Do they clearly describe the issue?	Y				

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				
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity and program component at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y				
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / ADMINISTRATIVE SUPPORT
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Action	Program or Service (Budget Entity Codes)				
64100200					

TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				

4. EXHIBIT D (EADR, EXD)

4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 60 of the LBR Instructions?	Y			
4.2	Is the program component code and title used correct?	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			
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AUDITS:

5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.)	Y			
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.)	Y			
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2022-23 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a \$5,000 allowance at the department level.				

6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)

6.1	Are issues appropriately aligned with appropriation categories?	Y			
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Fiscal Year 2024-25 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)
	64100200

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.	
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7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)
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7.1 Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 28 of the LBR Instructions.)	Y				
7.2 Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 63 through 70 of the LBR Instructions.)	Y				
7.3 Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 67 through 70 of the LBR Instructions?	Y				
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				
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.)	N/A				
7.6 Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	N/A				
7.7 Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OAD/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 95 of the LBR Instructions.)	N/A				
7.8 Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y				
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Y				
7.10 Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #24-003?	Y				
7.11 When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A				
7.12 Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A				
7.13 Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A				
7.14 Do the amounts reflect appropriate FSI assignments?	Y				
7.15 Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)				
Action	64100200				
7.16 Do the issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 27 and 89 of the LBR Instructions.)	N/A				
7.17 Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y				
7.18 Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A				
7.19 Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y				
AUDIT:					
7.20 Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	N/A				
7.21 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	N/A				
7.22 Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	N/A				
7.23 Have FCO appropriations been entered into the nonrecurring column (A04)? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	N/A				
7.24 Has narrative been entered for all issues requested by the agency? Agencies do not need to include narrative for startup issues (1001000, 2103XXX, etc.) that were not input by the agency. (NAAR, BSNR)	Y				
7.25 Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2023-24? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2023-24. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	N/A				
TIP Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 63 through 70 of the LBR Instructions.					
TIP Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue					

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / ADMINISTRATIVE SUPPORT
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
64100200					

TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2023-24 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)

8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
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?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y				
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?	Y				
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				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / ADMINISTRATIVE SUPPORT
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
64100200					

8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y				
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01, Section III?	Y				
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Has the agency 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				
AUDITS:						
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? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.32	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / ADMINISTRATIVE SUPPORT
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
		64100200				
8.33	Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y				
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y				
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP	Determine if the agency is scheduled for trust fund review. (See pages 121 through 126 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.					
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHEDULE II (PSCR, SC2)						
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	N/A				
10. SCHEDULE III (PSCR, SC3)						
10.1	Is the appropriate lapse amount applied? (See page 91 of the LBR Instructions.)	N/A				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 94 and 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/A				
11. SCHEDULE IV (EADR, SC4)						
11.1	Are the correct Information Technology (IT) issue codes used?	Y				
TIP	If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.					
12. SCHEDULE VIIIA (EADR, SC8A)						
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.	Y				
13. SCHEDULE VIIIB-1 (EADR, S8B1)						
13.1	NOT REQUIRED FOR THIS YEAR	N/A				
TIP	If all or a portion of an issue is intended to be reduced on a nonrecurring basis, include the total reduction amount in Column A91 and the nonrecurring portion in Column A92.					
14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)						
14.1	Do the reductions comply with the instructions provided on pages 100 through 103 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / ADMINISTRATIVE SUPPORT
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
Action	64100200				

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.	
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15. SCHEDULE VIIIC (EADR, S8C) (NO LONGER REQUIRED)

16. SCHEDULE XI (UCSR,SCXI) (LAS/PBS Web - see pages 105-109 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)

16.1 Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)		Y			
16.2 Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?		Y			

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:

16.3 Does the FY 2022-23 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)		Y			
16.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")		Y			
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")		Y			
16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in Audit #3 do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)		Y			
16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")		Y			
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					

17. MANUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to the Florida Fiscal Portal)

17.1 Do exhibits and schedules comply with LBR Instructions (pages 53 through 109 of the LBR Instructions), and are they accurate and complete?		Y			
17.2 Does manual exhibits tie to LAS/PBS where applicable?		Y			
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?		Y			
17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 129 and 130 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?		Y			

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / ADMINISTRATIVE SUPPORT
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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.

	Program or Service (Budget Entity Codes)				
Action	64100200				

17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	Y				
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AUDITS - GENERAL INFORMATION

TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 155 through 157) for a list of audits and their descriptions.					
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TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
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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				
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18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y				
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18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
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18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
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18.5 Are the appropriate counties identified in the narrative?	Y				
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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				
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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.					
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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				
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**Fiscal Year
2024-2025**

COMMUNITY HEALTH PROMOTION EXHIBITS AND SCHEDULES



**Fiscal Year
2024-2025**

COMMUNITY HEALTH PROMOTION SCHEDULE I SERIES

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-2025
Program: 64200100 - Community Health Promotion
Fund: 197001

Specific Authority: 318.216(6)
Purpose of Fees Collected: Epilepsy Services Program - Prevention and Education

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

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

<u>SECTION I - FEE COLLECTION</u>	<u>ACTUAL</u>	<u>ESTIMATED</u>	<u>REQUEST</u>
	<u>FY 2022 - 2023</u>	<u>FY 2023 - 2024</u>	<u>FY 2024 -2025</u>
<u>Receipts:</u>			
Revenue - Seat Belt Violation Fines	288,213	288,213	288,213

Total Fee Collection to Line (A) - Section III	288,213	288,213	288,213

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits		67,813	67,813
Other Personal Services			
Expenses	2,629	3,000	3,000
Operating Capital Outlay			
<u>Epilepsy Provider Contracts</u>	225,082	225,082	225,082
<u>Service Charge to General Revenue</u>	23,250	23,250	23,250
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	250,961	319,145	319,145

Basis Used: FIS Download of actual expenditures and an estimation of amounts for provider contracts based on the Trust Fund's Cash Analysis as of 4/30/23.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	288,213	288,213
TOTAL SECTION II	(B)	250,961	319,145
TOTAL - Surplus/Deficit	(C)	37,252	(30,932)

EXPLANATION of LINE C:
The deficit is due to one FTE is now being charged to the TF beginning FY 23-24. If incoming revenue does not correct the deficit, program may need to decrease provider contracts and/or administrative expenses.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Rape Crisis Program Trust Fund
Budget Entity:	64200100
LAS/PBS Fund Number:	2089

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	2,635,216.07	(A)		2,635,216.07
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD:		(E)		0.00
Total Cash plus Accounts Receivable	2,635,216.07	(F)	0.00	2,635,216.07
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	81,138.92	(H)		81,138.92
Approved "B" Certified Forwards		(H)		0.00
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	50,794.47	(I)		50,794.47
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	2,503,282.68	(K)	0.00	2,503,282.68 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Rape Crisis Program Trust Fund</u>
LAS/PBS Fund Number:	<u>2089/ BE 64200100</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	2,503,282.68 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	(C)
SWFS Adjustment # and Description	(C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(D)
Approved FCO Certified Forward per LAS/PBS	(D)
A/P not C/F-Operating Categories	(D)
	(D)
	(D)
	(D)
	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	2,503,282.68 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	2,503,282.68 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Tobacco Settlement Trust Fund
Budget Entity:	64200100
LAS/PBS Fund Number:	2122

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	21,066,415.24	(A)		21,066,415.24
ADD: Other Cash (See Instructions)	47,853.65	(B)		47,853.65
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	21,114,268.89	(F)	0.00	21,114,268.89
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	19,055,122.31	(H)		19,055,122.31
Approved "B" Certified Forwards	498,217.96	(H)		498,217.96
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	1,560,928.62	(K)	0.00	1,560,928.62 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Tobacco Settlement Trust Fund
LAS/PBS Fund Number:	2122/ BE 64200100

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	2,057,611.33 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	(C)
SWFS Adjustment # and Description	(C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(498,217.96) (D)
Approved FCO Certified Forward per LAS/PBS	(D)
A/P not C/F-Operating Categories	1,535.25 (D)
	(D)
	(D)
	(D)
	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	1,560,928.62 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	1,560,928.62 (F)
DIFFERENCE:	(0.00) (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Epilepsy Services Trust Fund
Budget Entity:	64200100
LAS/PBS Fund Number:	2197

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	628,934.06	(A)		628,934.06
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	628,934.06	(F)	0.00	628,934.06
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	226,048.95	(H)		226,048.95
Approved "B" Certified Forwards		(H)		0.00
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	5,436.86	(I)		5,436.86
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	397,448.25	(K)	0.00	397,448.25 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Epilepsy Services Trust Fund
LAS/PBS Fund Number:	2197/ BE 64200100

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	397,448.25 (A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

	(B)
--	-----

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	(C)
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SWFS Adjustment # and Description	(C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(D)
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Approved FCO Certified Forward per LAS/PBS	(D)
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A/P not C/F-Operating Categories	(D)
----------------------------------	-----

	(D)
--	-----

	(D)
--	-----

	(D)
--	-----

ADJUSTED BEGINNING TRIAL BALANCE:

	397,448.25 (E)
--	----------------

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	397,448.25 (F)
--	----------------

DIFFERENCE:

	0.00 (G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Biomedical Research Trust Fund
Budget Entity:	64200100
LAS/PBS Fund Number:	2245

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	25,044,064.72	(A)		25,044,064.72
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments	47,747,798.34	(C)		47,747,798.34
ADD: Outstanding Accounts Receivable	206,968.84	(D)		206,968.84
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	72,998,831.90	(F)	0.00	72,998,831.90
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	16,767,186.38	(H)		16,767,186.38
Approved "B" Certified Forwards	18,645,251.33	(H)		18,645,251.33
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	13,013.13	(I)		13,013.13
LESS: Approved Carry Forward	29,332,686.97	(J)		29,332,686.97
Unreserved Fund Balance, 07/01/23	8,240,694.09	(K)	0.00	8,240,694.09 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Biomedical Research Trust Fund</u>
LAS/PBS Fund Number:	<u>2245/ BE 64200100</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	56,218,377.07	(A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

		(B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description		(C)
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SWFS Adjustment # and Description		(C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(18,645,251.33)	(D)
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Approved FCO Certified Forward per LAS/PBS		(D)
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A/P not C/F-Operating Categories	255.32	(D)
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Approved Carry Forward	(29,332,686.97)	(D)
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		(D)
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		(D)
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ADJUSTED BEGINNING TRIAL BALANCE:

	8,240,694.09	(E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	8,240,694.09	(F)
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DIFFERENCE:

	0.00	(G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Federal Grants Trust Fund
Budget Entity:	64200100
LAS/PBS Fund Number:	2261

	Balance as of 6/30/2023	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	8,976,095.65 (A)		8,976,095.65
ADD: Other Cash (See Instructions)	1,034.48 (B)		1,034.48
ADD: Investments	(4,308,953.19) (C)		(4,308,953.19)
ADD: Outstanding Accounts Receivable	43,551,351.81 (D)		43,551,351.81
ADD: _____	(E)		0.00
Total Cash plus Accounts Receivable	48,219,528.75 (F)	0.00	48,219,528.75
LESS Allowances for Uncollectibles	(G)		0.00
LESS Approved "A" Certified Forwards	31,734,119.06 (H)		31,734,119.06
Approved "B" Certified Forwards	4,829,662.40 (H)		4,829,662.40
Approved "FCO" Certified Forwards	(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	(I)		0.00
LESS: _____	(J)		0.00
Unreserved Fund Balance, 07/01/23	11,655,747.29 (K)	0.00	11,655,747.29 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Federal Grants Trust Fund
LAS/PBS Fund Number:	2261/ BE 64200100

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	16,359,522.81 (A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

	[] (B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	[] (C)
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SWFS Adjustment # and Description	[] (C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(4,829,662.40) (D)
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Approved FCO Certified Forward per LAS/PBS	[] (D)
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A/P not C/F-Operating Categories	10,798.66 (D)
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Current Compensated Absences Liability	115,088.22 (D)
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	[] (D)
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	[] (D)
--	---------

ADJUSTED BEGINNING TRIAL BALANCE:

	11,655,747.29 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	11,655,747.29 (F)
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DIFFERENCE:

	0.00 (G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Maternal and Child Health Block Grant Trust Fund
Budget Entity:	64200100
LAS/PBS Fund Number:	2475

	Balance as of 6/30/2023	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	2,241,133.70 (A)		2,241,133.70
ADD: Other Cash (See Instructions)			0.00
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	1,384,680.79 (D)		1,384,680.79
ADD:			0.00
Total Cash plus Accounts Receivable	3,625,814.49 (F)	0.00	3,625,814.49
LESS Allowances for Uncollectibles			0.00
LESS Approved "A" Certified Forwards	1,134,453.23 (H)		1,134,453.23
Approved "B" Certified Forwards	250,227.56 (H)		250,227.56
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)			0.00
LESS: Transfer to 64300100	1,111,429.81 (J)		1,111,429.81
Unreserved Fund Balance, 07/01/23	1,129,703.89 (K)	0.00	1,129,703.89 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Maternal and Child Health Block Grant Trust Fund
LAS/PBS Fund Number:	2475/ BE 64200100

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	2,490,858.65 (A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

	(B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	(C)
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SWFS Adjustment # and Description	(C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(250,227.56) (D)
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Approved FCO Certified Forward per LAS/PBS	(D)
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A/P not C/F-Operating Categories	502.61 (D)
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BE transfer to 64300100	(1,111,429.81) (D)
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	(D)
--	-----

	(D)
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ADJUSTED BEGINNING TRIAL BALANCE:

	1,129,703.89 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	1,129,703.89 (F)
--	------------------

DIFFERENCE:

	0.00 (G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Preventive Health Services Block Grant Trust Fund
Budget Entity:	64200100
LAS/PBS Fund Number:	2539

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	228,391.71	(A)		228,391.71
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	165,977.87	(D)		165,977.87
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	394,369.58	(F)	0.00	394,369.58
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	146,913.40	(H)		146,913.40
Approved "B" Certified Forwards	19,064.47	(H)		19,064.47
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	228,391.71	(K)	0.00	228,391.71 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Preventive Health Services Block Grant Trust Fund</u>
LAS/PBS Fund Number:	<u>2539/64200100</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="247,456.18"/> (A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

(B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	<input type="text"/> (C)
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SWFS Adjustment # and Description	<input type="text"/> (C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text" value="(19,064.47)"/> (D)
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Approved FCO Certified Forward per LAS/PBS	<input type="text"/> (D)
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A/P not C/F-Operating Categories	<input type="text"/> (D)
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(D)

(D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE:

(E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

(F)

DIFFERENCE:

(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Administrative Trust Fund
Budget Entity:	64200100
LAS/PBS Fund Number:	2021

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(33,288.12)	(A)		(33,288.12)
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD: BE Transfer from 64100200	90,844.77	(E)		90,844.77
Total Cash plus Accounts Receivable	57,556.65	(F)	0.00	57,556.65
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	10,574.95	(H)		10,574.95
Approved "B" Certified Forwards	46,705.70	(H)		46,705.70
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	276.00	(I)		276.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	0.00	(K)	0.00	0.00 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Administrative Trust Fund
LAS/PBS Fund Number:	2021/ BE 64200100

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	(44,139.14)	(A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

		(B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description		(C)
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SWFS Adjustment # and Description		(C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(46,705.70)	(D)
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Approved FCO Certified Forward per LAS/PBS		(D)
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A/P not C/F-Operating Categories	0.07	(D)
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BE Transfer from 64100200	90,844.77	(D)
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		(D)
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		(D)
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ADJUSTED BEGINNING TRIAL BALANCE:

	0.00	(E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	0.00	(F)
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DIFFERENCE:

	0.00	(G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Grants and Donations Trust Fund
Budget Entity:	64200100
LAS/PBS Fund Number:	2339

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	49,758.50	(A)		49,758.50
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	49,758.50	(F)	0.00	49,758.50
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	80.50	(H)		80.50
Approved "B" Certified Forwards		(H)		0.00
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	49,678.00	(K)	0.00	49,678.00 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Grants and Donations Trust Fund
LAS/PBS Fund Number:	2339/ BE 64200100

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX)

(B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description (C)

SWFS Adjustment # and Description (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D)

Approved FCO Certified Forward per LAS/PBS (D)

A/P not C/F-Operating Categories (D)

(D)

(D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE:

(E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

(F)

DIFFERENCE:

(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64200100

Phone Number: 850-245-4150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
A-2223-002	August 3, 2023	Bureau of Tobacco Free Florida	<p>The Bureau of Tobacco Free Florida's contract file for Contract COTGA was not organized and complete for the full term of the contract, as required by Department policy.</p> <p>The Bureau of Tobacco Free Florida should take appropriate steps to ensure all provider contract files are maintained in compliance with DOHP 250-14-19, <i>Contractual Services</i> .</p>	<p>The Bureau of Tobacco Free Florida is initiating the development of a desk reference that will be drafted by each contract manager (CM). The desk reference will document contractual tasks that occur for each contract on a weekly, monthly, quarterly and annual basis. The desk reference will also include contract document filing information such as folder organization and naming conventions. The desk reference will also function as a transitional guide during staff vacancies and/or contract re-assignments. Development of the desk reference along with quarterly updates to the file will be included in contract manager performance expectations. The Bureau hired a Contract Liaison in June 2023 to provide continued quality improvement and training to all certified CMs within the Bureau.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64200100

Phone Number: 850-245-4150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
A-2223-002	August 3, 2023	Bureau of Tobacco Free Florida	<p>The Bureau of Tobacco Free Florida was unable provide documentary evidence supporting supervisory review of the contract file for Contract COTGA occurred within specified time frames required by Department policy.</p> <p>The Bureau of Tobacco Free Florida should take appropriate steps to ensure contract file supervisory reviews are adequately and timely performed in compliance with DOHP 250-14-19, <i>Contractual Services</i>.</p>	<p>The Bureau of Tobacco Free Florida Contract Liaison is maintaining a master file with information from each contract managed within the Bureau. This file will track six-month supervisory review of each contract. CM supervisors will have access to file to schedule and report timely review. All supervisors with direct reports who manage contracts will have a performance expectation added to the fiscal year 2023-2024 performance evaluation that requires review of contract files for a score of 3 or better.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64200100

Phone Number: 850-245-4150

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
A-2223-002	August 3, 2023	Bureau of Tobacco Free Florida	<p>Contract monitoring efforts related to Contract COTGA were inadequate and did not fully comply with requirements of Department policy.</p> <p>(3.1) The Bureau of Tobacco Free Florida should take appropriate steps to ensure CMs conduct an annual risk assessment when managing multiple contracts to comply with section V.E.4, DOHP 250-14-19, <i>Contractual Services</i> .</p> <p>(3.2) The Bureau of Tobacco Free Florida should continue developing and enhancing contract monitoring processes to ensure all contract deliverables are appropriately evaluated for compliance with contract terms and all contract monitoring efforts fully comply with the requirements of DOHP 250-14-19, <i>Contractual Services</i>.</p>	<p>(3.1) The Bureau of Tobacco Free Florida will set a deadline of August 31 of each fiscal year for CMs who manage multiple direct service contracts to complete a risk assessment. A copy of the risk assessment must be added to the contract file and sent to the Bureau Contract Liaison. Completion of this task will be included in the CM’s performance expectations.</p> <p>(3.2) The Bureau of Tobacco Free Florida will identify and adhere to a filing process for all deliverables that are not associated with backup documentation required to accompany an invoice. The Bureau Contract Liaison will have the responsibility to CM files to ensure all deliverables are being retained either electronically or in the physical contract file. The Bureau Contract Liaison will also begin holding monthly CM technical assistance meetings to review requirements of DOHP 250-14-19, <i>Contractual Services</i> and communicate new information from Office of Contract Administration.</p>	
A-2223-001	June 29, 2023	Bureau of Women, Infants and Children Program Services	<p>CONFIDENTIAL - An issue related to dormant accounts.</p> <p>The Bureau of Women, Infants and Children Program Services should address the issue.</p>	The Bureau of Women, Infants and Children Program Services is addressing the issue.	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64200100

Phone Number: 850-245-4150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
A-2223-001	June 29, 2023	Bureau of Women, Infants and Children Program Services	CONFIDENTIAL - An issue related to access management. The Bureau of Women, Infants and Children Program Services should address the issue.	The Bureau of Women, Infants and Children Program Services is addressing the issue.	
A-2223-001	June 29, 2023	Bureau of Women, Infants and Children Program Services	CONFIDENTIAL - An issue related to timeouts. The Bureau of Women, Infants and Children Program Services should address the issue.	The Bureau of Women, Infants and Children Program Services is addressing the issue.	
A-2122-007	November 18, 2022	Bureau of Family Health Services	Medicaid Family Planning Waiver Program records were not maintained in a secure and organized manner at county health departments (CHDs). The Bureau of Family Health Services should work with County Health Systems (CHS) and the Department's Records Management Liaison Officer to ensure CHDs understand their responsibility to identify the location, and maintain the files in a consistent, secure, and organized manner.	The Bureau of Family Health Services and CHS have taken steps to ensure that CHDs understand their responsibility for, and the importance of locating and maintaining files in a secure, organized manner, in accordance with Florida Statutes and the <i>Records Management Policy</i> . CHS addressed the issue in the consortia meetings held in November and December 2022; and the Bureau addressed the issue during the November 2022 and February 2023 quarterly conference calls. The Bureau of Family Health Services updated the performance improvement monitoring site visit checklist to include a requirement for program staff to observe that the Waiver Program records are easily located and kept behind locked doors.	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64200100

Phone Number: 850-245-4150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
A-2122-005	August 19, 2022	Bureau of Chronic Disease	<p>The Department's official contract performance record was not available for the full term of the contracts.</p> <p>The Bureau of Chronic Disease should ensure all provider contract files are maintained in compliance with requirements in DOHP 250-14-19, <i>Contractual Services</i>.</p>	<p>The CM created an electronic file folder and corresponding three-ring binder to maintain all contract files as required by the Contractual Services Policy for each executed epilepsy service contract.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64200100

Phone Number: 850-245-4150

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
A-2122-005	August 19, 2022	Bureau of Chronic Disease	<p>Nonspecific contract language and inadequate CM training made it difficult to evaluate completion of deliverables.</p> <p>(2.1) The Bureau of Chronic Disease should clearly define the deliverables to ensure the Department, CMs, and providers are of the same understanding and agree on the requirements of each contract.</p> <p>(2.2) The Bureau of Chronic Disease should continue to improve training of CMs, specifically regarding definition of terms used in standard contract language.</p>	<p>(2.1) New epilepsy service contracts were executed in October 2022, with clear and specific contract language on services tasks, deliverables, performance measures and financial consequences. The contracts include clear definitions to distinguish between a new case/patient versus an existing case/patient and what constitutes a group activity/event. Moreover, additional documentation has been requested under the scope of work to ensure Bureau of Chronic Disease staff can appropriately track and confirm the number of new and existing cases/patients a provider serves each month.</p> <p>(2.2) The Bureau of Chronic Disease’s Section conducts monthly meetings to discuss in detail any error recently identified by the Section Administrator, review any new guidance provided by the Department’s Office of Contract Administration and Oversight, and address any CM questions.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64200100

Phone Number: 850-245-4150

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
A-2122-005	August 19, 2022	Bureau of Chronic Disease	<p>Contract monitoring was inadequate.</p> <p>(3.1) The Bureau of Chronic Disease should continue developing and enhancing processes to ensure all contract deliverables are appropriately evaluated and contract monitoring is adequate.</p> <p>(3.2) The Bureau of Chronic Disease should ensure financial consequences are assessed and collected in accordance with contract language.</p>	<p>(3.1) Newly executed epilepsy service contracts require the provider to complete a reporting template each month. This template, with additional supporting documentation as needed, helps both the Bureau of Chronic Disease CM and program manager to review objectively if deliverables are met each month in addition to aiding in the completion of the invoice performance analysis (IPA). Furthermore, the Bureau of Chronic Disease’s Section Administrator is presently conducting administrative monitoring as scheduled. Finally, in-person site visits are scheduled for April 2023 for all executed epilepsy service contracts.</p> <p>(3.2) All executed epilepsy contracts include financial consequences that have been acknowledged by the respective providers and Bureau of Chronic Disease contract and programmatic staff during the execution of the contract. All Bureau of Chronic Disease staff have been trained to perform an IPA accurately to determine if deliverables have or have not been met; for deliverables not met, the pre-determined financial consequence will be levied.</p>	

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A-2122-005	August 19, 2022	Bureau of Chronic Disease	<p>Suncoast submitted invoices and Monthly Progress Reports late or not at all. Additionally, Department management was not timely notified of Suncoast’s failure to submit required documentation in compliance with the contract.</p> <p>(4.1) In instances where the Provider does not submit the invoices and Reports timely, make efforts to obtain the required documentation and apply applicable financial consequences. The Bureau of Chronic Disease should make efforts to obtain the required documentation and apply applicable financial consequences.</p> <p>(4.2) The Bureau of Chronic Disease should develop a process to notify Department management of contractor noncompliance after repeated failures of providers, to ensure additional actions are taken in a timely manner.</p> <p>(4.3) If the Department renews the contract with Suncoast, the Bureau of Chronic Disease should consider including language for termination of the contract if the deliverables are not adequately and timely met.</p>	<p>(4.1) For all executed epilepsy service contracts, Bureau of Chronic Disease contract and program managers are in regular communications with all providers. Specifically, the Bureau of Chronic Disease program manager sends reminder emails to submit the monthly invoice before the specified deadline. Moreover, the Bureau of Chronic Disease program manager has established a set monthly “Epilepsy Office Hour” through Microsoft Teams for providers to ask for any technical assistance or address any concern.</p> <p>(4.2) For providers that are noncompliant, a notification system has been established to notify Department management of noncompliance and commence steps to rectify the noncompliance.</p> <p>(4.3) All new executed epilepsy contracts include language for termination of the contract if deliverables are not adequately and timely met. This language has been discussed with Bureau staff and the epilepsy providers accordingly.</p>	

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(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
A-2122-005	August 19, 2022	Bureau of Chronic Disease	<p>The CM's supervisor's review of the contract files was not sufficient.</p> <p>The Bureau of Chronic Disease should require contract file supervisory reviews to be adequately and timely reviewed in compliance with DOHP 250-14-19, <i>Contractual Services</i>.</p>	<p>All five (5) epilepsy contracts were executed in October 2022. During this time, the CM and Program Manager communicated with the epilepsy providers to ensure they knew and were aware of the new changes to their Attachment I/Scope of Work. After six months of being executed, a file review was conducted in April 2023 by the CM Supervisor. During this review, the CM Supervisor made sure that each epilepsy contract file met the Department's contract documentation requirements and the terms of the contract. No file review findings were found.</p>	

Office of Policy and Budget - June 2023

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)				
64200100					

1. GENERAL

1.1 Are Columns A01, A04, A05, A91, A92, A93, A36, A10, IA1, IA4, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? (CSDI or Web LBR Column Security)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Have Column A03 trust fund files been copied to Column A12? Run Schedule I (SC1R, SC1 or SC1R, SC1D adding column A12) to verify.	Y				
1.5 Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? (CSDR, CSA)	Y				

TIP The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. A security control feature included in the LAS/PBS Web upload process requires columns to be in the proper status before uploading to the portal.

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 57 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 28)? Do they clearly describe the issue?					

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.					
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity and program component at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")					
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")					

Fiscal Year 2024-25 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)				
64200100					

<p>TIP Generally look for and be able to fully explain significant differences between A02 and A03.</p>	
<p>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.</p>	
<p>TIP Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.</p>	

4. EXHIBIT D (EADR, EXD)

4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 60 of the LBR Instructions?					
	Y				
4.2 Is the program component code and title used correct?					
	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.)					
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AUDITS:

5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")					
5.3 FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.)					
5.4 A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.)					
TIP If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					
TIP If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
TIP Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2022-23 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.					
TIP If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a \$5,000 allowance at the department level.					

6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)

6.1 Are issues appropriately aligned with appropriation categories?					
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Fiscal Year 2024-25 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)
	64200100

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.	
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7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)

7.1 Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 28 of the LBR Instructions.)	Y				
7.2 Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 63 through 70 of the LBR Instructions.)	Y				
7.3 Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 67 through 70 of the LBR Instructions?	Y				
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				
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				
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				
7.7 Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OAD/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 95 of the LBR Instructions.)	Y				
7.8 Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y				
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Y				
7.10 Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #24-003?	Y				
7.11 When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N				
7.12 Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y				
7.13 Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A				
7.14 Do the amounts reflect appropriate FSI assignments?	Y				
7.15 Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)				
Action	64200100				
7.16 Do the issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 27 and 89 of the LBR Instructions.)	N/A				
7.17 Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y				
7.18 Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A				
7.19 Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y				
AUDIT:					
7.20 Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	N/A				
7.21 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	N/A				
7.22 Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y				
7.23 Have FCO appropriations been entered into the nonrecurring column (A04)? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Y				
7.24 Has narrative been entered for all issues requested by the agency? Agencies do not need to include narrative for startup issues (1001000, 2103XXX, etc.) that were not input by the agency. (NAAR, BSNR)	Y				
7.25 Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2023-24? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2023-24. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	Y				
TIP Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 63 through 70 of the LBR Instructions.					
TIP Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue					

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Action	Program or Service (Budget Entity Codes)				
64200100					

TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2023-24 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)

8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
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?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y				
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?	Y				
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				

Fiscal Year 2024-25 LBR Technical Review Checklist

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Action		Program or Service (Budget Entity Codes)				
		64200100				
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y				
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01, Section III?	Y				
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Has the agency 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				
AUDITS:						
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? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.32	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

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Action		Program or Service (Budget Entity Codes)			
		64200100			
8.33	Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y			
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y			
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See pages 121 through 126 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	N/A			
10. SCHEDULE III (PSCR, SC3)					
10.1	Is the appropriate lapse amount applied? (See page 91 of the LBR Instructions.)	Y			
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 94 and 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	Y			
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?	Y			
TIP	If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.				
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.	Y			
13. SCHEDULE VIIIB-1 (EADR, S8B1)					
13.1	NOT REQUIRED FOR THIS YEAR				
TIP	If all or a portion of an issue is intended to be reduced on a nonrecurring basis, include the total reduction amount in Column A91 and the nonrecurring portion in Column A92.				
14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)					
14.1	Do the reductions comply with the instructions provided on pages 100 through 103 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y			

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Action	Program or Service (Budget Entity Codes)				
Action	64200100				

TIP Compare the debt service amount requested (IOE N or other IOE used for debt service) with the debt service need included in the Schedule VI: Detail of Debt Service, to determine whether any debt has been retired and may be reduced.					
TIP If all or a portion of an issue is intended to be reduced on a nonrecurring basis, in the absence of a nonrecurring column, include that intent in narrative.					

15. SCHEDULE VIIC (EADR, S8C) (NO LONGER REQUIRED)

16. SCHEDULE XI (UCSR,SCXI) (LAS/PBS Web - see pages 105-109 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)

16.1 Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y				
16.2 Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?	Y				

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:

16.3 Does the FY 2022-23 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y				
16.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y				
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	Y				
16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in Audit #3 do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)	Y				
16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					

17. MANUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to the Florida Fiscal Portal)

17.1 Do exhibits and schedules comply with LBR Instructions (pages 53 through 109 of the LBR Instructions), and are they accurate and complete?	Y				
17.2 Does manual exhibits tie to LAS/PBS where applicable?	Y				
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				
17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 129 and 130 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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.

	Program or Service (Budget Entity Codes)				
Action	64200100				

17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	Y				
---	---	--	--	--	--

AUDITS - GENERAL INFORMATION

TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 155 through 157) for a list of audits and their descriptions.					
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					

18. CAPITAL IMPROVEMENTS PROGRAM (CIP) (Required to be posted to the Florida Fiscal Portal)

18.1 Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y				
18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y				
18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
18.5 Are the appropriate counties identified in the narrative?	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				
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				
--	---	--	--	--	--



**Fiscal Year
2024-2025**

**DISEASE CONTROL
& HEALTH PROTECTION
EXHIBITS AND SCHEDULES**



**Fiscal Year
2024-2025**

**DISEASE CONTROL
& HEALTH PROTECTION
SCHEDULE I SERIES**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 HEALTH **Budget Period:** 2024-2025
Program: EH Professional Certification
Fund: Grants & Donations T.F.
Specific Authority: 381.01
Purpose of Fees Collected: Certification & renewal of environmental Health professionals.
OCA = EHCET

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

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

<u>SECTION I - FEE COLLECTION</u>	<u>ACTUAL</u>	<u>ESTIMATED</u>	<u>REQUEST</u>
	<u>FY 2022 - 2023</u>	<u>FY 2023 - 2024</u>	<u>FY 2024 - 2025</u>
<u>Receipts:</u>			
_____	4,545	5,000	5,000

Total Fee Collection to Line (A) - Section III	4,545	5,000	5,000

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	62,406	63,098	63,098
Other Personal Services			
Expenses	50	50	50
Operating Capital Outlay			

Surcharge to Trust Fund	334	350	350
Indirect Costs Charged to Trust Fund	4,167	4,167	4,167
Total Full Costs to Line (B) - Section III	66,957	67,665	67,665

Basis Used: _____

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	4,545	5,000
TOTAL SECTION II	(B)	66,957	67,665
TOTAL - Surplus/Deficit	(C)	(62,412)	(62,665)

EXPLANATION of LINE C:
Requests to consider fee increases have been denied, staff responsibilities have been shifted to reduce overall support costs slightly, but the program is still not self sufficient.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-2025
Program: 64200200 Disease Control and Health Protection
Fund: 2531 Planning & Eval TF

Specific Authority: FS 381.0202 (3)
Purpose of Fees Collected: Support laboratory services provided
 J5A00

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

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

<u>SECTION I - FEE COLLECTION</u>	<u>ACTUAL</u>	<u>ESTIMATED</u>	<u>REQUEST</u>
	<u>FY 2022 - 2023</u>	<u>FY 2023 - 2024</u>	<u>FY 2024 -2025</u>
<u>Receipts:</u>			
Contract, CHDs, & Lab billings	3,598,849	3,778,791	3,967,731
Medicaid, Medicare & 3rd Party	621,768	652,857	685,499
	-	-	-
	-	-	-
Total Fee Collection to Line (A) - Section III	4,220,617	4,431,648	4,653,230

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	617,041	647,893	680,288
Other Personal Services	14,364	15,082	15,836
Expenses	2,663,399	2,796,569	2,936,398
Operating Capital Outlay	45,105	47,361	49,729
Contracted Services	473,083	496,737	521,574
Lease	21,204	22,264	23,377
Indirect Costs Charged to Trust Fund	2,127	2,234	2,345
Total Full Costs to Line (B) - Section III	3,836,324	4,028,140	4,229,547

Basis Used: Estimated increased 5% from Actual.
 Request increased 5% from Estimated

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	4,220,617	4,431,648	4,653,230
TOTAL SECTION II	(B)	3,836,324	4,028,140	4,229,547
TOTAL - Surplus/Deficit	(C)	384,293	403,508	423,683

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-2025
Program: 64200200 Disease Control and Health Protection
Fund: 2531 Planning & Eval TF
Specific Authority: FS 383.14
Purpose of Fees Collected: Provide Laboratory Screening for metabolic disorders, other hereditary and congenital disorders for newborns. Q1000

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

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

<u>SECTION I - FEE COLLECTION</u>	<u>ACTUAL</u>	<u>ESTIMATED</u>	<u>REQUEST</u>
	<u>FY 2022 - 2023</u>	<u>FY 2023 - 2024</u>	<u>FY 2024 -2025</u>
<u>Receipts:</u>			
Fee for live births - hospitals/birth centers	3,202,756	3,683,169	4,235,645
Medicaid/Medicare	5,822,106	6,695,422	7,699,735
Third Party	19,097,631	21,962,275	25,256,616
Other	1,050,771	1,208,387	1,389,645
Total Fee Collection to Line (A) - Section III	29,173,264	33,549,253	38,581,641

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	2,751,288	3,163,981	3,638,578
Other Personal Services	36,030	41,435	47,650
Expenses	12,069,533	13,879,963	15,961,958
Operating Capital Outlay	49,567	57,002	65,552
Contracted Services	2,087,583	2,400,721	2,760,829
Lease	7,690	8,843	10,170
Indirect Costs Charged to Trust Fund	11,967,789	13,762,957	15,827,401
Total Full Costs to Line (B) - Section III	28,969,481	33,314,903	38,312,139

Basis Used: Estimated increased 15% from Actual, (increase over prior FY)
 Request increased 15% from Estimated

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	29,173,264	33,549,253
TOTAL SECTION II	(B)	28,969,481	33,314,903
TOTAL - Surplus/Deficit	(C)	203,783	234,350

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-2025
Program: 64200200 Disease Control and Health Protection
Fund: 2531 Planning & Eval TF

Specific Authority: FS 403.0625, FS 403.863 & FS 403.8635
Purpose of Fees Collected: Certification of Labs that perform either analyses of environmental samples or water samples (Florida Safe Drinking Water Act) LJWCP

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 -2025
<u>Receipts:</u>			
License renewals, applications, and certifications	707,100	742,455	779,578

Total Fee Collection to Line (A) - Section III	707,100	742,455	779,578

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	448,700	471,135	494,692
Other Personal Services		-	-
Expenses	17,218	18,079	18,983
Operating Capital Outlay		-	-
Contracted Services	19,037	19,989	20,989
Lease	1,186	1,246	1,308
Indirect Costs Charged to Trust Fund		-	-
Total Full Costs to Line (B) - Section III	486,141	510,448	535,971

Basis Used: Estimated increased 5% from Actual
 Request increased 5% from Estimated

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	707,100	779,578
TOTAL SECTION II	(B)	486,141	535,971
TOTAL - Surplus/Deficit	(C)	220,959	243,607

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024 -2025
Program: Radon Program
Fund: Radiation Protection Trust Fund
Specific Authority: F.S. 404.056
Purpose of Fees Collected: Provide statewide certification and monitoring for Radon inspections/mitigation. OCA = 9R000

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
_____	164,650	164,650	164,650

Total Fee Collection to Line (A) - Section III	164,650	164,650	164,650

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	107,643	138,989	138,989
Other Personal Services			
Expenses	1,303	1,500	1,500
Operating Capital Outlay			

Surcharge to Trust Fund	13,190	13,190	13,190
Indirect Costs Charged to Trust Fund	10,602	10,602	10,602
Total Full Costs to Line (B) - Section III	132,738	164,281	164,281

Basis Used: _____

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	164,650	164,650
TOTAL SECTION II	(B)	132,738	164,281
TOTAL - Surplus/Deficit	(C)	31,912	369

EXPLANATION of LINE C:

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Federal Grants Trust Fund
Budget Entity:	64200200
LAS/PBS Fund Number:	2261

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(162,952,265.85)	(A)		(162,952,265.85)
ADD: Other Cash (See Instructions)	91,233.20	(B)		91,233.20
ADD: Investments	0.21	(C)		0.21
ADD: Outstanding Accounts Receivable	9,927,704.05	(D)		9,927,704.05
ADD: BE Transfer from 64200800	185,123,770.89	(E)		185,123,770.89
Total Cash plus Accounts Receivable	32,190,442.50	(F)	0.00	32,190,442.50
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	18,659,284.12	(H)		18,659,284.12
Approved "B" Certified Forwards	13,531,158.38	(H)		13,531,158.38
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	(0.00)	(K)	0.00	(0.00)**

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Federal Grants Trust Fund</u>
LAS/PBS Fund Number:	<u>2261/ BE 64200200</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	(172,835,331.40) (A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

[] (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	[] (C)
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SWFS Adjustment # and Description	[] (C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(13,531,158.38) (D)
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Approved FCO Certified Forward per LAS/PBS	[] (D)
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A/P not C/F-Operating Categories	1,242,718.89 (D)
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BE Transfer from 64200800	185,123,770.89 (D)
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[] (D)

[] (D)

ADJUSTED BEGINNING TRIAL BALANCE:

0.00 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

0.00 (F)

DIFFERENCE:

0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Radiation Protection Trust Fund
Budget Entity:	64200200
LAS/PBS Fund Number:	2569

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,064,947.69	(A)		1,064,947.69
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	70,659.25	(D)		70,659.25
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	1,135,606.94	(F)	0.00	1,135,606.94
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	7,114.31	(H)		7,114.31
Approved "B" Certified Forwards		(H)		0.00
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	3,590.00	(I)		3,590.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	1,124,902.63	(K)	0.00	1,124,902.63 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Radiation Protection Trust Fund
LAS/PBS Fund Number:	2569/64200200

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	1,118,600.54 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	(C)
SWFS Adjustment # and Description	(C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(D)
Approved FCO Certified Forward per LAS/PBS	(D)
A/P not C/F-Operating Categories	(D)
Current Compensated Absences Liability	6,302.09 (D)
	(D)
	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	1,124,902.63 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	1,124,902.63 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Administrative Trust Fund
Budget Entity:	64200200
LAS/PBS Fund Number:	2021

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	3,126,208.41	(A)		3,126,208.41
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	3,126,208.41	(F)	0.00	3,126,208.41
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	28,440.86	(H)		28,440.86
Approved "B" Certified Forwards	32,872.83	(H)		32,872.83
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	3,064,894.72	(K)	0.00	3,064,894.72 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Administrative Trust Fund
LAS/PBS Fund Number:	2021/ BE 64200200

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	3,097,767.55 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	(C)
SWFS Adjustment # and Description	(C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(32,872.83) (D)
Approved FCO Certified Forward per LAS/PBS	(D)
A/P not C/F-Operating Categories	(D)
	(D)
	(D)
	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	3,064,894.72 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	3,064,894.72 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Grants and Donations Trust Fund
Budget Entity:	64200200
LAS/PBS Fund Number:	2339

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	73,997,848.85	(A)		73,997,848.85
ADD: Other Cash (See Instructions)	214,335.00	(B)		214,335.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	728,767.28	(D)		728,767.28
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	74,940,951.13	(F)	0.00	74,940,951.13
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	5,810,534.88	(H)		5,810,534.88
Approved "B" Certified Forwards	978,945.82	(H)		978,945.82
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	962.44	(I)		962.44
LESS: BE Transfer to 64200500	2,600,081.46	(J)		2,600,081.46
Unreserved Fund Balance, 07/01/23	65,550,426.53	(K)	0.00	65,550,426.53 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Grants and Donations Trust Fund</u>
LAS/PBS Fund Number:	<u>2339/ BE 64200200</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	68,904,455.03 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	(C)
SWFS Adjustment # and Description	(C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(978,945.82) (D)
Approved FCO Certified Forward per LAS/PBS	(D)
A/P not C/F-Operating Categories	200,324.83 (D)
Current Compenstated Liabilty	24,673.95 (D)
BE Transfer 64200500	(2,600,081.46) (D)
	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	65,550,426.53 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	65,550,426.53 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Planning and Evaluation Trust Fund
Budget Entity:	Department Level
LAS/PBS Fund Number:	2531/ BE 64200200

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	14,644,662.83	(A)		14,644,662.83
ADD: Other Cash (See Instructions)	468,488.33	(B)		468,488.33
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	856,242.34	(D)		856,242.34
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	15,969,393.50	(F)	0.00	15,969,393.50
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	1,061,093.18	(H)		1,061,093.18
Approved "B" Certified Forwards	862,245.92	(H)		862,245.92
Approved "FCO" Certified Forwards	12,769,247.00	(H)		12,769,247.00
LESS: Other Accounts Payable (Nonoperating)	203,707.86	(I)		203,707.86
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	1,073,099.54	(K)	0.00	1,073,099.54 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Planning and Evaluation Trust Fund</u>
LAS/PBS Fund Number:	<u>2531/ BE 64200200</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	15,056,875.36 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(209,251.21) (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	(C)
SWFS Adjustment # and Description	(C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(862,245.92) (D)
Approved FCO Certified Forward per LAS/PBS	(12,769,247.00) (D)
A/P not C/F-Operating Categories	7,155.13 (D)
Adjustment for Inventory	(150,186.82) (D)
	(D)
	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	1,073,099.54 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	1,073,099.54 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64200200

Phone Number: 850-245-4150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
A-2223-004	July 24, 2023	Bureau of Communicable Diseases	<p>The Bureau of Communicable Diseases did not correctly identify Broward Regional Health Planning Council, Inc. as a "service organization", thus failing to obtain all required System and Organization (SOC) reports as required by contract terms.</p> <p>The Bureau of Communicable Diseases should correctly identify Broward Regional Health Planning Council, Inc., under contract CODOK and any subsequent contracts, as a service organization and as such, obtain and review all required SOC reports annually, per the terms of the contract.</p>	<p>The Department executed CODOK, Amendment 4. This amendment updated the contract to reflect Broward Regional Health Planning Council, Inc.'s status as a service organization, serving as a third-party administrator and is subject to SOC reporting requirements.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64200200

Phone Number: 850-245-4150

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
A-2223-004	July 24, 2023	Bureau of Communicable Diseases	<p>The Bureau of Communicable Diseases Diseases did not maintain sufficient documentation to support whether #TheBurgCares, Inc. obtained appropriate liability insurance, as required by Department policy. Diseases did not maintain sufficient documentation to support whether #TheBurgCares, Inc. obtained appropriate liability insurance, as required by Department policy.</p> <p>(3.1) #TheBurgCares, Inc. should obtain sufficient insurance to comply with terms established in contracts B9D756 and CC01BC7 and provide a Certificate of Insurance to the Bureau of Communicable Diseases to support such compliance.</p> <p>(3.2) The Bureau of Communicable Diseases should obtain and maintain sufficient documentation supporting insurance requirements in all applicable contract files.</p>	<p>(3.1) Insurance has been obtained. #TheBurgCares, Inc. will comply with the terms of its contracts.</p> <p>(3.2) The Department has obtained the certificate of liability insurance for #TheBurgCares, Inc. and will maintain a copy in the appropriate files.</p>	
A-2223-001	June 29, 2023	Bureau of Epidemiology	<p>CONFIDENTIAL - An issue related to user access.</p> <p>The Bureau of Epidemiology should address the issue.</p>	<p>The Bureau of Epidemiology is addressing the issue.</p>	
A-2223-001	June 29, 2023	Bureau of Epidemiology	<p>CONFIDENTIAL - An issue related to dormant accounts.</p> <p>The Bureau of Epidemiology should address the issue.</p>	<p>The Bureau of Epidemiology is addressing the issue.</p>	

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Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

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Phone Number: 850-245-4150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
A-2223-001	June 29, 2023	Bureau of Epidemiology	CONFIDENTIAL - An issue related to access management. The Bureau of Epidemiology should address the issue.	The Bureau of Epidemiology is addressing the issue.	
A-2223-001	June 29, 2023	Bureau of Epidemiology	CONFIDENTIAL - An issue related to timeouts. The Bureau of Epidemiology should address the issue.	The Bureau of Epidemiology is addressing the issue.	
A-2223-001	June 29, 2023	Bureau of Epidemiology	CONFIDENTIAL - An issue related to authentication. The Bureau of Epidemiology should address the issue.	The Bureau of Epidemiology is addressing the issue.	
A-2223-001	June 29, 2023	Bureau of Epidemiology	CONFIDENTIAL - An issue related to account creation. The Bureau of Epidemiology should address the issue.	The Bureau of Epidemiology is addressing the issue.	
R-2223-004	January 31, 2023	Bureau of Epidemiology	CONFIDENTIAL - An issue related to access breach. The Bureau of Epidemiology should address the issue.	The Bureau of Epidemiology is addressing the issue.	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64200200

Phone Number: 850-245-4150

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
AG-2023-174	March 30, 2023	Bureau of Epidemiology	<p>Florida Department of Health (FDOH) did not conduct periodic reviews of Florida State Health Online Tracking System (Florida SHOTS) user access privileges or always promptly deactivate Florida SHOTS access privileges upon a user’s separation from FDOH employment.</p> <p>FDOH management should establish procedures to provide for periodic documented reviews of Florida SHOTS user access privileges and enhance controls to ensure that Florida SHOTS user access privileges are deactivated immediately upon a user’s separation from FDOH employment or when access privileges are no longer required.</p>	<p>FDOH has implemented Azure Single Sign On (SSO) for all Florida SHOTS users within the Immunization Section. SSO ensures that all users who separate from FDOH will have access to Florida SHOTS removed upon separation. The onboarding process for other FDOH users of Florida SHOTS (county health department users, etc.) is being conducted, thus ensuring that Florida SHOTS will automatically deactivate a user’s access upon separation from FDOH employment as their credentials will not be authenticated as a FDOH user. FDOH is updating Florida SHOTS user access privilege policies to automatically terminate user accounts if Florida SHOTS has not been accessed by the user for 15 days. Periodic notifications will be sent to local organization account administrators directing them to review organization users and delete any accounts of users who are no longer with the organization.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64200200

Phone Number: 850-245-4150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AG-2023-174	March 30, 2023	Bureau of Epidemiology	<p>Certain security controls related to user authentication for the Florida State Health Online Tracking System (Florida SHOTS) need improvement to ensure the confidentiality, integrity, and availability of Florida SHOTS data and related information technology (IT) resources.</p> <p>FDOH management should improve certain security controls related to Florida SHOTS user authentication to ensure the confidentiality, integrity, and availability of Florida SHOTS data and related IT resources.</p>	<p>FDOH has implemented SSO for all Florida SHOTS users within the Immunization Section. The onboarding process for other FDOH users of Florida SHOTS (county health department users, etc.) is being conducted and is projected to be complete by May 31, 2023. FDOH is in the process of updating security controls related to user authentication procedures to be compliant with industry standards to ensure the confidentiality, integrity, and availability of system data.</p>	

Office of Policy and Budget - June 2023

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISEASE CONTROL AND HEALTH PROTECTION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
64200200					

1. GENERAL

1.1 Are Columns A01, A04, A05, A91, A92, A93, A36, A10, IA1, IA4, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? (CSDI or Web LBR Column Security)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Have Column A03 trust fund files been copied to Column A12? Run Schedule I (SC1R, SC1 or SC1R, SC1D adding column A12) to verify.	Y				
1.5 Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? (CSDR, CSA)	Y				

TIP The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. A security control feature included in the LAS/PBS Web upload process requires columns to be in the proper status before uploading to the portal.

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 57 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 28)? Do they clearly describe the issue?	Y				

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.					
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity and program component at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")					
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")					

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISEASE CONTROL AND HEALTH PROTECTION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)				
64200200					

TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				

4. EXHIBIT D (EADR, EXD)

4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 60 of the LBR Instructions?	Y			
4.2	Is the program component code and title used correct?	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			
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AUDITS:

5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.)	Y			
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.)	Y			
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2022-23 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a \$5,000 allowance at the department level.				

6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)

6.1	Are issues appropriately aligned with appropriation categories?	Y			
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Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISEASE CONTROL AND HEALTH PROTECTION
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Action	Program or Service (Budget Entity Codes)
	64200200

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.	
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7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)

7.1 Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 28 of the LBR Instructions.)	Y				
7.2 Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 63 through 70 of the LBR Instructions.)	Y				
7.3 Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 67 through 70 of the LBR Instructions?	Y				
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				
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				
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				
7.7 Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OAD/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 95 of the LBR Instructions.)	Y				
7.8 Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y				
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Y				
7.10 Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #24-003?	Y				
7.11 When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A				
7.12 Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y				
7.13 Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A				
7.14 Do the amounts reflect appropriate FSI assignments?	Y				
7.15 Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISEASE CONTROL AND HEALTH PROTECTION
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	Program or Service (Budget Entity Codes)				
Action	64200200				
7.16 Do the issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 27 and 89 of the LBR Instructions.)	N/A				
7.17 Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y				
7.18 Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A				
7.19 Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y				
AUDIT:					
7.20 Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	N/A				
7.21 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	N/A				
7.22 Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y				
7.23 Have FCO appropriations been entered into the nonrecurring column (A04)? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Y				
7.24 Has narrative been entered for all issues requested by the agency? Agencies do not need to include narrative for startup issues (1001000, 2103XXX, etc.) that were not input by the agency. (NAAR, BSNR)	Y				
7.25 Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2023-24? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2023-24. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	Y				
TIP Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 63 through 70 of the LBR Instructions.					
TIP Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue					

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISEASE CONTROL AND HEALTH PROTECTION
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Action	Program or Service (Budget Entity Codes)				
64200200					

TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2023-24 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)

8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
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?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y				
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?	Y				
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				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISEASE CONTROL AND HEALTH PROTECTION
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Action	Program or Service (Budget Entity Codes)				
	64200200				

8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y				
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01, Section III?	Y				
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Has the agency 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				
AUDITS:						
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? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.32	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISEASE CONTROL AND HEALTH PROTECTION
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Action	Program or Service (Budget Entity Codes)				
64200200					

8.33	Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y				
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y				
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP	Determine if the agency is scheduled for trust fund review. (See pages 121 through 126 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.					
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					

9. SCHEDULE II (PSCR, SC2)

AUDIT:

9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	N/J				
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10. SCHEDULE III (PSCR, SC3)

10.1	Is the appropriate lapse amount applied? (See page 91 of the LBR Instructions.)	Y				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 94 and 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	Y				

11. SCHEDULE IV (EADR, SC4)

11.1	Are the correct Information Technology (IT) issue codes used?	Y				
TIP	If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.					

12. SCHEDULE VIIIA (EADR, SC8A)

12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.	Y				
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13. SCHEDULE VIIIB-1 (EADR, S8B1)

13.1	NOT REQUIRED FOR THIS YEAR					
TIP	If all or a portion of an issue is intended to be reduced on a nonrecurring basis, include the total reduction amount in Column A91 and the nonrecurring portion in Column A92.					

14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)

14.1	Do the reductions comply with the instructions provided on pages 100 through 103 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y				
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Fiscal Year 2024-25 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)				
Action	64200200				

TIP Compare the debt service amount requested (IOE N or other IOE used for debt service) with the debt service need included in the Schedule VI: Detail of Debt Service, to determine whether any debt has been retired and may be reduced.	
TIP If all or a portion of an issue is intended to be reduced on a nonrecurring basis, in the absence of a nonrecurring column, include that intent in narrative.	

15. SCHEDULE VIIIC (EADR, S8C) (NO LONGER REQUIRED)

16. SCHEDULE XI (UCSR,SCXI) (LAS/PBS Web - see pages 105-109 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)

16.1 Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y				
16.2 Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?	Y				

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:

16.3 Does the FY 2022-23 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y				
16.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y				
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	Y				
16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in Audit #3 do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)	Y				
16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					

17. MANUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to the Florida Fiscal Portal)

17.1 Do exhibits and schedules comply with LBR Instructions (pages 53 through 109 of the LBR Instructions), and are they accurate and complete?	Y				
17.2 Does manual exhibits tie to LAS/PBS where applicable?	Y				
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				
17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 129 and 130 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISEASE CONTROL AND HEALTH PROTECTION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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	Program or Service (Budget Entity Codes)				
Action	64200200				

17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	Y				
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AUDITS - GENERAL INFORMATION

TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 155 through 157) for a list of audits and their descriptions.					
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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				
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18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y				
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18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
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18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
---	---	--	--	--	--

18.5 Are the appropriate counties identified in the narrative?	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				
--	---	--	--	--	--

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.					
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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				
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**Fiscal Year
2024-2025**

MEDICAL MARIJUANA REGULATION EXHIBITS AND SCHEDULES



**Fiscal Year
2024-2025**

MEDICAL MARIJUANA REGULATION SCHEDULE I SERIES

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Department of Health **Budget Period:** 2024-2025
Program: Office of Medical Marijuana Use
Fund: Grants and Donations Trust Fund

Specific Authority: ss. 381.986 and 381.988, F.S.
Purpose of Fees Collected: The Department shall collect fees sufficient to cover the costs of administering the program under sections 381.986 and 381.988, F.S.

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022-2023	FY 2023-2024	FY 2024-2025
Receipts:			
Identification Card Applications	64,900,703	74,769,271	81,641,362
MMTC Applications/Renewals	15,968,939	7,992,747	32,117,991
CMTL Applications/Renewals	515,891	374,495	610,295
Fines/Fees	2,498,220	750,000	787,500
Total Fee Collection to Line (A) - Section III	83,883,752	83,886,513	115,157,148

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	5,478,893	10,166,210	10,166,210
Other Personal Services	589,778	1,118,131	1,118,131
Expenses	1,091,321	1,992,363	1,992,363
Operating Capital Outlay	317	6,000	-
Motor Vehicles	-	166,080	-
Contracted Services	8,879,332	16,015,353	19,926,228
OMMU IT Systems	1,487,527	2,955,227	-
Transfer to FAMU	6,463,150	9,311,760	10,777,403
Risk Management	147,660	19,725	19,725
Lease/Lease-Purchase	2,834	11,500	11,500
Transfer DMS HR Assessment	26,016	45,277	45,277
Indirect Costs Charged to Trust Fund	43,377,863	38,090,258	10,341,915
Total Full Costs to Line (B) - Section III	67,544,691	79,897,884	54,398,752

Basis Used: _____

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	83,883,752	83,886,513
TOTAL SECTION II	(B)	67,544,691	79,897,884
TOTAL - Surplus/Deficit	(C)	16,339,061	3,988,629

EXPLANATION of LINE C:

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Grants and Donations Trust Fund
Budget Entity:	
LAS/PBS Fund Number:	2339/64200500

	Balance as of 6/30/2023		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(A)		(A)		0.00
ADD: Other Cash (See Instructions)	(B)		(B)		0.00
ADD: Investments	(C)		(C)		0.00
ADD: Outstanding Accounts Receivable	(D)		(D)		0.00
ADD: BE Transfer from 64200200	2,600,081.46 (E)		(E)		2,600,081.46
Total Cash plus Accounts Receivable	2,600,081.46 (F)		0.00 (F)		2,600,081.46
LESS Allowances for Uncollectibles	(G)		(G)		0.00
LESS Approved "A" Certified Forwards	(H)		(H)		0.00
Approved "B" Certified Forwards	(H)		(H)		0.00
Approved "FCO" Certified Forwards	(H)		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	2,600,081.46 (I)		(I)		2,600,081.46
LESS: _____	(J)		(J)		0.00
Unreserved Fund Balance, 07/01/23	0.00 (K)		0.00 (K)		0.00 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Grants and Donations Trust Fund
LAS/PBS Fund Number:	2339/64200500

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	(2,600,081.46) (A)
--	---------------------------

Subtract Nonspendable Fund Balance (GLC 56XXX)

	[] (B)
--	---------

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	[] (C)
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SWFS Adjustment # and Description	[] (C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	[] (D)
---	---------

Approved FCO Certified Forward per LAS/PBS	[] (D)
--	---------

A/P not C/F-Operating Categories	[] (D)
----------------------------------	---------

BE Transfer from 64200200	2,600,081.46 (D)
---------------------------	------------------

	[] (D)
--	---------

	[] (D)
--	---------

ADJUSTED BEGINNING TRIAL BALANCE:

	0.00 (E)
--	-----------------

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	0.00 (F)
--	-----------------

DIFFERENCE:

	0.00 (G)*
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***SHOULD EQUAL ZERO.**

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / OFFICE OF MEDICAL MARIJUANA USE
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)				
64200500					

1. GENERAL

1.1 Are Columns A01, A04, A05, A91, A92, A93, A36, A10, IA1, IA4, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? (CSDI or Web LBR Column Security)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Have Column A03 trust fund files been copied to Column A12? Run Schedule I (SC1R, SC1 or SC1R, SC1D adding column A12) to verify.	Y				
1.5 Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? (CSDR, CSA)	Y				
TIP The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. A security control feature included in the LAS/PBS Web upload process requires columns to be in the proper status before uploading to the portal.					

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 57 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 28)? Do they clearly describe the issue?	Y				

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.					
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity and program component at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")					
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")					

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Action	Program or Service (Budget Entity Codes)			
Action	64200500			

TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				

4. EXHIBIT D (EADR, EXD)

4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 60 of the LBR Instructions?	Y			
4.2	Is the program component code and title used correct?	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			
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AUDITS:

5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.)	Y			
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.)	Y			
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2022-23 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a \$5,000 allowance at the department level.				

6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)

6.1	Are issues appropriately aligned with appropriation categories?	Y			
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Fiscal Year 2024-25 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)
	64200500

TIP Exhibit D-3 is not required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.

7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)

7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 28 of the LBR Instructions.)	Y			
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 63 through 70 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 67 through 70 of the LBR Instructions?	Y			
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			
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			
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			
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OAD/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 95 of the LBR Instructions.)	Y			
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y			
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y			
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #24-003?	Y			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Y			
7.15	Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y			

Fiscal Year 2024-25 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)				
Action	64200500				
7.16 Do the issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 27 and 89 of the LBR Instructions.)	N/A				
7.17 Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y				
7.18 Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A				
7.19 Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y				
AUDIT:					
7.20 Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	N/A				
7.21 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	N/A				
7.22 Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y				
7.23 Have FCO appropriations been entered into the nonrecurring column (A04)? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Y				
7.24 Has narrative been entered for all issues requested by the agency? Agencies do not need to include narrative for startup issues (1001000, 2103XXX, etc.) that were not input by the agency. (NAAR, BSNR)	Y				
7.25 Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2023-24? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2023-24. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	Y				
TIP Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 63 through 70 of the LBR Instructions.					
TIP Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue					

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / OFFICE OF MEDICAL MARIJUANA USE
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)			
64200500				

TIP If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).	
TIP If an appropriation made in the FY 2023-24 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.	

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)

8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y			
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?	Y			
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y			
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?	Y			
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			

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / OFFICE OF MEDICAL MARIJUANA USE
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)				
	64200500				

8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y				
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01, Section III?	Y				
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Has the agency 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				
AUDITS:						
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? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.32	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

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Action		Program or Service (Budget Entity Codes)				
		64200500				
8.33	Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y				
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y				
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP	Determine if the agency is scheduled for trust fund review. (See pages 121 through 126 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.					
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHEDULE II (PSCR, SC2)						
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	N/J				
10. SCHEDULE III (PSCR, SC3)						
10.1	Is the appropriate lapse amount applied? (See page 91 of the LBR Instructions.)	Y				
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 94 and 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	Y				
11. SCHEDULE IV (EADR, SC4)						
11.1	Are the correct Information Technology (IT) issue codes used?	Y				
TIP	If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.					
12. SCHEDULE VIIIA (EADR, SC8A)						
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.	Y				
13. SCHEDULE VIIIB-1 (EADR, S8B1)						
13.1	NOT REQUIRED FOR THIS YEAR					
TIP	If all or a portion of an issue is intended to be reduced on a nonrecurring basis, include the total reduction amount in Column A91 and the nonrecurring portion in Column A92.					
14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)						
14.1	Do the reductions comply with the instructions provided on pages 100 through 103 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / OFFICE OF MEDICAL MARIJUANA USE
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
Action	64200500				

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.	
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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.	
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15. SCHEDULE VIIC (EADR, S8C) (NO LONGER REQUIRED)

16. SCHEDULE XI (UCSR,SCXI) (LAS/PBS Web - see pages 105-109 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)

16.1 Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)					
	Y				
16.2 Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?					
	Y				

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:

16.3 Does the FY 2022-23 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)					
	Y				
16.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")					
	Y				
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")					
	Y				
16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in Audit #3 do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)					
	Y				
16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")					
	Y				

TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.	
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17. MANUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to the Florida Fiscal Portal)

17.1 Do exhibits and schedules comply with LBR Instructions (pages 53 through 109 of the LBR Instructions), and are they accurate and complete?					
	Y				
17.2 Does manual exhibits tie to LAS/PBS where applicable?					
	Y				
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?					
	Y				
17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 129 and 130 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?					
	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / OFFICE OF MEDICAL MARIJUANA USE
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)				
64200500					

17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	Y				
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AUDITS - GENERAL INFORMATION

TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 155 through 157) for a list of audits and their descriptions.					
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TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
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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				
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18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y				
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18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
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18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
---	---	--	--	--	--

18.5 Are the appropriate counties identified in the narrative?	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				
--	---	--	--	--	--

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.					
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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				
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**Fiscal Year
2024-2025**

**COUNTY HEALTH DEPARTMENTS LOCAL
HEALTH NEEDS
EXHIBITS AND SCHEDULES**



**Fiscal Year
2024-2025**

**COUNTY HEALTH DEPARTMENTS
LOCAL HEALTH NEEDS
SCHEDULE I SERIES**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	County Health Department Trust Fund
Budget Entity:	64200700
LAS/PBS Fund Number:	2141

	Balance as of 6/30/2023	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	78,554,430.35 (A)		78,554,430.35
ADD: Other Cash (See Instructions)	10,632,268.79 (B)		10,632,268.79
ADD: Investments	86,323,564.99 (C)		86,323,564.99
ADD: Outstanding Accounts Receivable	63,202,150.48 (D)		63,202,150.48
ADD: _____	(E)		0.00
Total Cash plus Accounts Receivable	238,712,414.61 (F)	0.00	238,712,414.61
LESS Allowances for Uncollectibles	2,598,262.15 (G)		2,598,262.15
LESS Approved "A" Certified Forwards	22,575,832.01 (H)		22,575,832.01
Approved "B" Certified Forwards	1,312,097.78 (H)		1,312,097.78
Approved "FCO" Certified Forwards	13,035,173.00 (H)		13,035,173.00
LESS: Other Accounts Payable (Nonoperating)	9,195.26 (I)		9,195.26
LESS: _____	(J)		0.00
Unreserved Fund Balance, 07/01/23	199,181,854.41 (K)	0.00	199,181,854.41 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>County Health Department Trust Fund</u>
LAS/PBS Fund Number:	<u>2141/ BE 64200700</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	233,527,774.58 (A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

(34,627,355.31) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	_____ (C)
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SWFS Adjustment # and Description	_____ (C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(1,312,097.78) (D)
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Approved FCO Certified Forward per LAS/PBS	(13,035,173.00) (D)
--	----------------------------

A/P not C/F-Operating Categories	14,153,516.63 (D)
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464,835.31 (D)

10,353.98 (D)

_____ (D)

ADJUSTED BEGINNING TRIAL BALANCE:

199,181,854.41 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

199,181,854.41 (F)

DIFFERENCE:

0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2023 - 2024

Department: HEALTH

Chief Internal Auditor: Mark H. Boehmer, CPA

Budget Entity: 64200700

Phone Number: 850-245-4150

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
R-2122-002	January 6, 2023	Office of Deputy Secretary for County Health Systems	<p>Various general controls were found to be deficient or non-existent within the 10 county health departments (CHDs) visited.</p> <p>The Office of Deputy Secretary for County Health Systems management should discuss these areas of concern with all CHDs and take actions deemed appropriate to improve statewide operations..</p>	The Office of Deputy Secretary for County includes these findings in the consortia meeting notes for the next round of meetings which will occur in February 2023.	

Office of Policy and Budget - June 2023

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
64200700					

1. GENERAL

1.1 Are Columns A01, A04, A05, A91, A92, A93, A36, A10, IA1, IA4, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? (CSDI or Web LBR Column Security)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Have Column A03 trust fund files been copied to Column A12? Run Schedule I (SC1R, SC1 or SC1R, SC1D adding column A12) to verify.	Y				
1.5 Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? (CSDR, CSA)	Y				

TIP The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. A security control feature included in the LAS/PBS Web upload process requires columns to be in the proper status before uploading to the portal.

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 57 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 28)? Do they clearly describe the issue?	Y				

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.					
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity and program component at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")					
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")					

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
64200700					

TIP Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.					

4. EXHIBIT D (EADR, EXD)

4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 60 of the LBR Instructions?	Y				
4.2 Is the program component code and title used correct?	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				
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AUDITS:

5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y				
5.3 FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.)	Y				
5.4 A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.)	Y				
TIP If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					
TIP If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
TIP Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2022-23 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.					
TIP If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a \$5,000 allowance at the department level.					

6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)

6.1 Are issues appropriately aligned with appropriation categories?	Y				
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Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)
	64200700

TIP Exhibit D-3 is not required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.

7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)

7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 28 of the LBR Instructions.)	Y			
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 63 through 70 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 67 through 70 of the LBR Instructions?	Y			
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			
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			
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			
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OAD/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 95 of the LBR Instructions.)	Y			
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y			
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y			
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #24-003?	Y			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Y			
7.15	Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y			

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS					
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE					
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)			
		64200700			
7.16	Do the issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 27 and 89 of the LBR Instructions.)	N/A			
7.17	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y			
7.18	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A			
7.19	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y			
AUDIT:					
7.20	Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	N/A			
7.21	Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	N/A			
7.22	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y			
7.23	Have FCO appropriations been entered into the nonrecurring column (A04)? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Y			
7.24	Has narrative been entered for all issues requested by the agency? Agencies do not need to include narrative for startup issues (1001000, 2103XXX, etc.) that were not input by the agency. (NAAR, BSNR)	Y			
7.25	Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2023-24? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2023-24. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	Y			
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 63 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)				
64200700					

TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2023-24 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)

8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
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?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y				
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?	Y				
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				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)				
64200700					

8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y				
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01, Section III?	Y				
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Has the agency 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				
AUDITS:						
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? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.32	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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	Program or Service (Budget Entity Codes)				
Action	64200700				
8.33 Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y				
8.34 Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y				
TIP The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP Determine if the agency is scheduled for trust fund review. (See pages 121 through 126 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.					
TIP Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1 Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	N/J				
10. SCHEDULE III (PSCR, SC3)					
10.1 Is the appropriate lapse amount applied? (See page 91 of the LBR Instructions.)	Y				
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 94 and 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	Y				
11. SCHEDULE IV (EADR, SC4)					
11.1 Are the correct Information Technology (IT) issue codes used?	Y				
TIP If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.					
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1 Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.	Y				
13. SCHEDULE VIIIB-1 (EADR, S8B1)					
13.1 NOT REQUIRED FOR THIS YEAR	N/A				
TIP If all or a portion of an issue is intended to be reduced on a nonrecurring basis, include the total reduction amount in Column A91 and the nonrecurring portion in Column A92.					
14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)					
14.1 Do the reductions comply with the instructions provided on pages 100 through 103 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)				
Action	64200700				

TIP Compare the debt service amount requested (IOE N or other IOE used for debt service) with the debt service need included in the Schedule VI: Detail of Debt Service, to determine whether any debt has been retired and may be reduced.					
TIP If all or a portion of an issue is intended to be reduced on a nonrecurring basis, in the absence of a nonrecurring column, include that intent in narrative.					

15. SCHEDULE VIIIC (EADR, S8C) (NO LONGER REQUIRED)

16. SCHEDULE XI (UCSR,SCXI) (LAS/PBS Web - see pages 105-109 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)

16.1 Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y				
16.2 Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?	Y				

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:

16.3 Does the FY 2022-23 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y				
16.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y				
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	Y				
16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in Audit #3 do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)	Y				
16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					

17. MANUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to the Florida Fiscal Portal)

17.1 Do exhibits and schedules comply with LBR Instructions (pages 53 through 109 of the LBR Instructions), and are they accurate and complete?	Y				
17.2 Does manual exhibits tie to LAS/PBS where applicable?	Y				
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				
17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 129 and 130 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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	Program or Service (Budget Entity Codes)				
Action	64200700				

17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	Y				
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AUDITS - GENERAL INFORMATION

TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 155 through 157) for a list of audits and their descriptions.					
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TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
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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				
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18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y				
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18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
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18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
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18.5 Are the appropriate counties identified in the narrative?	Y				
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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				
--	---	--	--	--	--

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.					
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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				
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**Fiscal Year
2024-2025**

**STATEWIDE PUBLIC HEALTH
SUPPORT SERVICES
EXHIBITS AND SCHEDULES**



**Fiscal Year
2024-2025**

**STATEWIDE PUBLIC HEALTH
SUPPORT SERVICES
SCHEDULE I SERIES**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 - Depr. Of Health **Budget Period:** 2024 - 2025
Program: 64200800 - Emergency Preparedness & Community Support
Fund: 2569 - Radiation Protection TF
Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: Radioactive Materials Licensing & Inspection
KN000

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

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

SECTION I - FEE COLLECTION

	ACTUAL	ESTIMATED	REQUEST
	FY 2022 -2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
<u>Licensing Fees</u>	3,069,180	3,222,639	3,383,771
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
Total Fee Collection to Line (A) - Section III	3,069,180	3,222,639	3,383,771

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	2,301,328	2,416,394	2,537,214
Other Personal Services	5,287	5,552	5,829
Expenses	334,731	351,467	369,040
Operating Capital Outlay	609	640	672
Contracted Services	24,143	25,350	26,618
Fixed Capital Outlay	38,461	40,385	42,404
Lease/Purchase/Equipment	1,418	1,489	1,563
Refunds - State Revenue	-	-	-
Service Charge to GR 8%	294,544	318,108	343,556
Transfer to DMS/HR	4,659	4,891	5,136
Vehicles	107,897	113,292	118,956
Indirect Costs Charged to Trust Fund	-	-	-
Total Full Costs to Line (B) - Section III	3,113,077	3,277,567	3,450,989

Basis Used: _____

SECTION III - SUMMARY

TOTAL SECTION I	(A)	3,069,180	3,222,639	3,383,771
TOTAL SECTION II	(B)	3,113,077	3,277,567	3,450,989
TOTAL - Surplus/Deficit	(C)	(43,897)	(54,928)	(67,218)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 - Depr. Of Health **Budget Period:** 2024 - 2025
Program: 64200800 - Emergency Preparedness & Community Support
Fund: 2569 - Radiation Protection TF
Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: Radiological Analysis of Drinking Water - SDWA
 JS000

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

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

SECTION I - FEE COLLECTION

	ACTUAL	ESTIMATED	REQUEST
	FY 2022 -2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
Testing Fees	1,375	1,444	1,516
Total Fee Collection to Line (A) - Section III	1,375	1,444	1,516

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits			
Other Personal Services			
Expenses		500	500
Operating Capital Outlay			
Contracted Services			
Fixed Capital Outlay			
Lease/Purchase/Equipment			
Refunds - State Revenue			
Service Charge to GR 8%	110	119	128
Transfer to DMS/HR			
Vehicles			
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	110	619	628

Basis Used: _____

SECTION III - SUMMARY

TOTAL SECTION I	(A)	1,375	1,444	1,516
TOTAL SECTION II	(B)	110	619	628
TOTAL - Surplus/Deficit	(C)	1,265	825	888

EXPLANATION of LINE C:

EPA drinking water certification of the laboratory is no longer maintained, so the laboratory is not engaged in fee analysis of drinking water samples. On-site certification of SDWA laboratories is also no longer performed by this program. Both of these factors have resulted in decreased revenue. However, the laboratory must be in a minimal state in order to be able to appropriately respond to a radiological incident. The prior year cash balance in the RPTF will be used to cover the expenses of maintaining the laboratory.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 - Depr. Of Health **Budget Period:** 2024 - 2025
Program: 64200800 - Emergency Preparedness & Community Support
Fund: 2569 - Radiation Protection TF
Specific Authority: Chapter 468, Part IV, F.S.
Purpose of Fees Collected: X-Ray Technologist Certification
 JT000

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

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

<u>SECTION I - FEE COLLECTION</u>	<u>ACTUAL</u>	<u>ESTIMATED</u>	<u>REQUEST</u>
	<u>FY 2022 -2023</u>	<u>FY 2023 - 2024</u>	<u>FY 2024 - 2025</u>
<u>Receipts:</u>			
Certification Fees	1,149,480	1,206,954	1,267,301
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
	-	-	-
Total Fee Collection to Line (A) - Section III	1,149,480	1,206,954	1,267,301

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	570,464	598,988	628,937
Other Personal Services	2,858	3,001	3,151
Expenses	82,394	86,513	90,839
Operating Capital Outlay	18,082	18,986	19,935
Contracted Services	10,221	10,732	11,269
Fixed Capital Outlay	-	-	-
Intangible Assets	545	573	601
Refunds - State Revenue	-	-	-
Service Charge to GR 8%	105,772	114,234	123,373
Transfer to DMS/HR	822	863	906
Vehicles	-	-	-
Indirect Costs Charged to Trust Fund	-	-	-
Total Full Costs to Line (B) - Section III	791,159	833,890	879,011

Basis Used: _____

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	1,149,480	1,206,954
TOTAL SECTION II	(B)	791,159	833,890
TOTAL - Surplus/Deficit	(C)	358,321	373,064

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 - Depr. Of Health **Budget Period:** 2024 - 2025
Program: 64200800 - Emergency Preparedness & Community Support
Fund: 2569 - Radiation Protection TF

Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: X-Ray Machine Registration & Inspection
 JPA00

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

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

SECTION I - FEE COLLECTION	ACTUAL	ESTIMATED	REQUEST
	FY 2022 -2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
Registration Fees	2,903,865	3,049,058	3,201,511
	-	-	-
Total Fee Collection to Line (A) - Section III	2,903,865	3,049,058	3,201,511

SECTION II - FULL COSTS			
<u>Direct Costs:</u>			
Salaries and Benefits	2,091,414	2,195,984	2,305,784
Other Personal Services	15,922	16,718	17,554
Expenses	230,537	242,064	254,167
Operating Capital Outlay	3,171	3,330	3,496
Contracted Services	27,692	29,076	30,530
Fixed Capital Outlay	-	-	-
Intangible Assets	1,758	1,846	1,939
Refunds - State Revenue		-	-
Service Charge to GR 8%	237,753	256,774	277,315
Transfer to DMS/HR	1,918	2,014	2,115
Vehicles	115,960		
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	2,726,126	2,747,807	2,892,900

Basis Used: _____

SECTION III - SUMMARY			
TOTAL SECTION I	(A)	2,903,865	3,201,511
TOTAL SECTION II	(B)	2,726,126	2,892,900
TOTAL - Surplus/Deficit	(C)	177,739	308,611

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2024-2025
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
Vital Statistics - Marriage license Display Fee 6UM00
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: Fee for certified copy of commemorative marriage license.

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
<u>Receipts:</u>			
Marriage license Display Fee	3,175	4,425	4,525

Total Fee Collection to Line (A) - Section III	3,175	4,425	4,525

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	-	-	-
Other Personal Services	-	-	-
Expenses	-	-	-
Operating Capital Outlay	-	-	-
Service Charge to General Revenue	270	325	325

Indirect Costs Charged to Trust Fund	-	-	-
Total Full Costs to Line (B) - Section III	270	325	325

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances
as of June 30, 2023

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	3,175	4,425	4,525
TOTAL SECTION II	(B)	270	325	325
TOTAL - Surplus/Deficit	(C)	2,905	4,100	4,200

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period: 2024-2025**
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
 \$2 Birth Certificate Surcharge Fee 7Z000
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: \$2 surcharge for each request for a certification of a Florida birth record.

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
<u>Receipts:</u>			
\$2 Birth Certificate Surcharge			
from Central Office	315,674	317,252	318,839
\$2 Birth Certificate Surcharge			
from County Offices	968,608	969,577	970,546
Total Fee Collection to Line (A) - Section III	1,284,282	1,286,829	1,289,385

<u>SECTION II - FULL COSTS</u>	ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
<u>Direct Costs:</u>			
Salaries and Benefits	1,359,185	1,427,144	1,498,501
Other Personal Services	-	-	-
Expenses *	5,461	6,500	6,500
Operating Capital Outlay	-	-	-
Service Charge to General Revenue	101,689	102,706	102,706
Transfers to DMS	-	-	-
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	1,466,335	1,536,350	1,607,707

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances
as of June 30, 2023

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	1,284,282	1,286,829	1,289,385
TOTAL SECTION II	(B)	1,466,335	1,536,350	1,607,707
TOTAL - Surplus/Deficit	(C)	(182,053)	(249,521)	(318,322)

EXPLANATION of LINE C:
 * Direct costs includes \$5,424 of operating expenses for Org. Code: 64-98-85-05-050

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2024-2025
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
 Vital Statistics - Collection of Birth Records 32J00
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: Annual contract for providing Florida birth record data to the Social Security Administration.

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
<u>Receipts:</u>			
Social Security Administration Birth	899,762	900,662	901,562

Total Fee Collection to Line (A) - Section III	899,762	900,662	901,562

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	566,733	595,070	624,823
Other Personal Services	-	-	-
Expenses *	1,937	2,700	2,700
Operating Capital Outlay	-	-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	568,670	597,770	627,523

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances as of June 30, 2023

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	899,762	901,562
TOTAL SECTION II	(B)	568,670	627,523
TOTAL - Surplus/Deficit	(C)	331,092	274,039

EXPLANATION of LINE C:
 * Direct costs includes \$1,937 of operating expenses for Org. Code: 64-98-85-05-050

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2024-2025
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
 Vital Statistics - CPSC Agreement 32K00
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: Annual contract for providing Florida death record data to the U.S.
 Consumer Product Safety Commission.

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
<u>Receipts:</u>			
Consumer Product Safety Commission Death	381	4,200	4,200

Total Fee Collection to Line (A) - Section III	381	4,200	4,200

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	-	-	-
Other Personal Services	-	-	-
Expenses	-	-	-
Operating Capital Outlay	-	-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	-	-	-

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances
 as of June 30, 2023

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	381	4,200
TOTAL SECTION II	(B)	-	-
TOTAL - Surplus/Deficit	(C)	381	4,200

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2024-2025
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
Vital Statistics - NDI Contracts 32M00
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: Annual contract for providing Florida death record data to the National Center for Health Statistics

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

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

SECTION I - FEE COLLECTION	ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
<u>Receipts:</u>			
National Death Index	249,745	264,361	264,361

Total Fee Collection to Line (A) - Section III	249,745	264,361	264,361

SECTION II - FULL COSTS			
<u>Direct Costs:</u>			
Salaries and Benefits	-	-	-
Other Personal Services	-	-	-
Expenses	-	-	-
Operating Capital Outlay	-	-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	-	-	-

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances as of June 30, 2023

SECTION III - SUMMARY			
TOTAL SECTION I	(A)	249,745	264,361
TOTAL SECTION II	(B)	-	-
TOTAL - Surplus/Deficit	(C)	249,745	264,361

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2024-2025
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
Vital Statistics Cooperative Program AC000
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: Annual contract for providing Florida vital record data to the National Center for Health Statistics

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022-2023	FY 2023-2024	FY 2024-2025
Receipts:			
Vital Statistics Cooperative Program	583,583	1,166,166	777,444

Total Fee Collection to Line (A) - Section III	583,583	1,166,166	777,444

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	905,877	921,730	937,860
Other Personal Services	-	-	-
Expenses *	2,712	3,000	3,000
Operating Capital Outlay	-	-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	908,589	924,730	940,860

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances as of June 30, 2023

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	583,583	1,166,166	777,444
TOTAL SECTION II	(B)	908,589	924,730	940,860
TOTAL - Surplus/Deficit	(C)	(325,006)	241,436	(163,416)

EXPLANATION of LINE C:
*Direct costs includes \$2,712 of operating expenses for Org. Code: 64-98-85-05-050

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2024-2025
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
EFDRS Enhancement 2013-15 BQSP1
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: Pilot Fetal Death Electronic Registration

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
<u>Receipts:</u>			
_____	-	-	-

Total Fee Collection to Line (A) - Section III	-	-	-

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	-	-	-
Other Personal Services	-	-	-
Expenses	-	33,501	-
Operating Capital Outlay	-	-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	-	33,501	-

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances
as of June 30, 2023

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	-	-
TOTAL SECTION II	(B)	-	33,501
TOTAL - Surplus/Deficit	(C)	-	(33,501)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2024-2025
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
EVVE - Electronic Verification of Vital Events - DRSP1
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: Provides government-to-government verifications of births and deaths

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
<u>Receipts:</u>			
_____	209,030	59,500	60,000

Total Fee Collection to Line (A) - Section III	209,030	59,500	60,000

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	-	-	-
Other Personal Services	-	-	-
Expenses	138,743	-	-
Operating Capital Outlay	-	-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	138,743	-	-

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances
as of June 30, 2023

SECTION III - SUMMARY

TOTAL SECTION I	(A)	209,030	59,500	60,000
TOTAL SECTION II	(B)	138,743	-	-
TOTAL - Surplus/Deficit	(C)	70,287	59,500	60,000

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2024-2025
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
Special Prtoject- Contract CORHR DRSP2
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: No fees

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
<u>Receipts:</u>			
_____	-	-	-

Total Fee Collection to Line (A) - Section III	-	-	-

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	-	-	-
Other Personal Services	-	-	-
Expenses	22,384	10,355	-
Operating Capital Outlay	-	-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	22,384	10,355	-

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances
as of June 30, 2023

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	-	-
TOTAL SECTION II	(B)	22,384	10,355
TOTAL - Surplus/Deficit	(C)	(22,384)	(10,355)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period: 2024-2025**
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
 Vital Statistics Certified Records JV000
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: Fees for certified copies of Florida vital records; processing amendments, corrections, adoptions, paternity, etc. and filing of marriage and dissolution of marriage.

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022-2023	FY 2023-2024	FY 2024-2025
Receipts:			
Vital Statistics Certification Fees	4,686,587	4,691,274	4,695,965
Marriage License Filing Fees	702,942	703,645	704,349
Dissolution of Marriage Filing Fees	397,839	398,237	398,635
Total Fee Collection to Line (A) - Section III	5,787,368	5,793,156	5,798,949

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	3,927,775	4,124,164	4,330,372
Other Personal Services	708,890	726,612	745,141
Expenses *	1,904,424	1,999,645	2,099,627
Operating Capital Outlay	17,834	28,302	28,302
Service Charge to General Revenue	454,381	465,741	477,384
Lease/Purchase	29,745	52,241	52,241
Refund State Revenues	221	200	200
Risk Mgt Ins.	46,405	46,405	46,405
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	7,089,675	7,443,310	7,779,672

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances
as of June 30, 2023

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	5,787,368	5,793,156	5,798,949
TOTAL SECTION II	(B)	7,089,675	7,443,310	7,779,672
TOTAL - Surplus/Deficit	(C)	(1,302,307)	(1,650,154)	(1,980,723)

EXPLANATION of LINE C:
 *Direct costs includes \$1,254,169 of operating expenses for Org. Codes: 64-98-85-05-050, 64-85-05-05-000 and 64-85-05-05-300

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2024-2025
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
Child Support Administration KZ000
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: Reimbursement by the Department of Revenue of expenditures for processing and filing Child Support Enforcement paternity actions

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

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

SECTION I - FEE COLLECTION	ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
<u>Receipts:</u>			
Department of Revenue Reimbursements	277,411	305,152	381,940

Total Fee Collection to Line (A) - Section III	277,411	305,152	381,940

SECTION II - FULL COSTS			
<u>Direct Costs:</u>			
Salaries and Benefits	158,180	166,089	174,393
Other Personal Services	102,562	105,126	107,807
Expenses *	656	700	1,400
Operating Capital Outlay	-	-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	261,398	271,915	283,600

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances as of June 30, 2023

SECTION III - SUMMARY			
TOTAL SECTION I	(A)	277,411	381,940
TOTAL SECTION II	(B)	261,398	283,600
TOTAL - Surplus/Deficit	(C)	16,013	98,340

EXPLANATION of LINE C:
 * Direct costs includes \$581 of operating expenses for Org. Code: 64-98-85-05-050

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2024-2025
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
 Vital Statistics Billing LZ000
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: Fees for conducting special studies and providing Florida vital record data as requested by individuals and organizations.

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

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

SECTION I - FEE COLLECTION	ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
<u>Receipts:</u>			
Vital Statistics Special Study Fees	156,190	156,971	157,756

Total Fee Collection to Line (A) - Section III	156,190	156,971	157,756

SECTION II - FULL COSTS			
<u>Direct Costs:</u>			
Salaries and Benefits	-	-	-
Other Personal Services	-	-	-
Expenses	-	-	-
Operating Capital Outlay	-	-	-
Service Charge to General Revenue	7,499	7,536	7,574

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	7,499	7,536	7,574

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances as of June 30, 2023

SECTION III - SUMMARY				
TOTAL SECTION I	(A)	156,190	156,971	157,756
TOTAL SECTION II	(B)	7,499	7,536	7,574
TOTAL - Surplus/Deficit	(C)	148,691	149,435	150,182

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period: 2024-2025**
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
 \$1.50 Child Welfare Certificate Surcharge Fee X9000
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: \$1.50 surcharge for each request for a certification of a Florida birth record.

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

	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
X	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2022-2023	ESTIMATED FY 2023-2024	REQUEST FY 2024-2025
Receipts:			
\$1.50 Child Welfare Certificate Surcharge	236,510	236,747	236,983
Deposited from Counties in Trust Fund For Transfer to DMS	763,823	764,587	765,351
Total Fee Collection to Line (A) - Section III	1,000,333	1,001,334	1,002,334

SECTION II - FULL COSTS

Direct Costs:			
Salaries and Benefits	-	-	-
Other Personal Services	-	-	-
Expenses	-	-	-
Operating Capital Outlay	-	-	-
Service Charge to General Revenue	79,185	79,977	80,777
Transfers to DMS	1,100,763	1,106,267	1,111,798
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	1,179,948	1,186,244	1,192,575

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances
as of June 30, 2023

SECTION III - SUMMARY

TOTAL SECTION I	(A)	1,000,333	1,001,334	1,002,334
TOTAL SECTION II	(B)	1,179,948	1,186,244	1,192,575
TOTAL - Surplus/Deficit	(C)	(179,615)	(184,910)	(190,241)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2024-25**
Program: 64200800 Statewide Public Health Support
Fund: 390001-Brain and Spinal Cord Injury Program
Specific Authority: 316.0083(1)(b)3.b, 320.131, 938.07, 381.785
 320.080868(4)(a), 381.21(2)(d)
Purpose of Fees Collected: Fees collected support the Brain and Spinal Cord Injury Program and clients

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

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

SECTION I - FEE COLLECTION

	ACTUAL FY 2022-2023	ESTIMATED FY 2023- 2024	REQUEST FY 2024-2025
<u>Receipts:</u>			
<u>Traffic-Related Civil Penalties (021015)</u>	4,828,325	5,069,741	5,323,228
<u>Temporary & Motorcycle Licenses Tags (015023)</u>	1,388,553	1,457,981	1,530,880
<u>Fee for Convicion (012009)</u>	18,034	18,936	19,883
<u>Boating Under the Influence Fines (012018)</u>	1,125,309	1,181,574	1,251,287
<u>Subrogation (018093)</u>	27,317	28,683	30,117
<u>Miscellaneous/REFUNDS</u>	14,550	15,278	16,042
<u>AHCA Reimbursement (015075)</u>	-	-	-
<u>Cash & Grants Donation</u>	-	-	-
<u>Red Light Camera Tickets Fines (012010)</u>	4,360,994	2,600,204	2,730,214
Total Fee Collection to Line (A) - Section III	11,763,081	10,372,397	10,901,651

SECTION II - FULL COSTS

Direct Costs:

<u>Salaries and Benefits</u>	2,588,918	2,997,812	3,147,703
<u>Other Personal Services</u>	100,715	124,190	174,390
<u>Expenses</u>	487,807	573,192	604,000
<u>Operating Capital Outlay</u>	-	-	-
<u>Contractual (100777 and 100778)</u>	1,062,120	1,563,582	1,623,582
<u>Purchased Client Services</u>	1,171,315	1,676,352	1,976,352
<u>Brain and Spinal Cord Waiver/Long Term Care Waiver</u>	-	-	-
<u>Statutory-Payout to Miami Project to Cure Paralysis & U</u>	2,739,022	4,000,000	4,000,000
<u>Leasing/Human Resources/Other</u>	7,305	47,576	47,576
<u>8% Service Charge</u>	795,980	835,779	877,568
Total Full Costs to Line (B) - Section III	8,953,181	11,818,483	12,451,171

Basis Used:

Civil penalties, Tempory Tags, BUI and RLC revenue projections were increased by 5%.

SECTION III - SUMMARY

TOTAL SECTION I	11,763,081	10,372,397	10,901,651
TOTAL SECTION II	8,953,181	11,818,483	12,451,171
TOTAL - Surplus/Deficit	2,809,900	(1,446,086)	(1,549,520)

EXPLANATION of LINE C:

Expenditures and revenue vary by year. With expected growth of the Program, that the number of clients served will increase which will in turn add additional costs for salaries for additional staff needed, expenditures and purchase client services.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2024-2025**
Program: 64200800 Statewide Public Health Support
Fund: 192002 Emergency Medical Services
Specific Authority: F.S. 401.34, 401.465
Purpose of Fees Collected: To improve and expand prehospital emergency medical services

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023-2024	FY 2024 -2025
<u>Receipts:</u>			
EMDSP-Emergency Dispatcher Certificate	404,983	85,000	413,858
IL000-Licensure & Certification Fees	420,842	479,432	456,602
Total Fee Collection to Line (A) - Section III	825,825	564,432	870,460

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	72,120	79,332	87,265
Other Personal Services	135,185	148,704	163,574
Expenses			
Operating Capital Outlay			
Indirect Costs Charged to Trust Fund	30,303	33,333	36,667
Total Full Costs to Line (B) - Section III	237,608	261,369	287,506

Basis Used: Revenue: Average percentage (50%) from trend analysis.
Costs: Average percentage (10%) from trend analysis.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	825,825	564,432	870,460
TOTAL SECTION II	(B)	237,608	261,369	287,506
TOTAL - Surplus/Deficit	(C)	588,217	303,063	582,954

EXPLANATION of LINE C:
 EMDSP fees increased 409% from FY21-22 to FY22-23. Recert cycles. IL000 fees increased 30% from FY 21-22 to FY22-23. Summary total shows a surplus which is the result of OPS vacancy periods.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** **2024-2025**
Program: 64200800 Statewide Public Health Support
Fund: 192002 Emergency Medical Services

Specific Authority: F.S. 320.0801, 318.14(5), 318.18(15)(a)1, 318.18(3)(h), 318.18(5)(c), 318.18(20), 938.07, 318.21, 316.061, 316.0083(1)(b)3.b

Purpose of Fees Collected: To promote the availability and accessibility of trauma care in the state

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

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

SECTION I - FEE COLLECTION

	ACTUAL FY 2022 -2023	ESTIMATED FY 2023 - 2024	REQUEST FY 2024 - 2025
<u>Receipts:</u>			
<u>HD000-EMS Trauma Center Verification</u>	2,518,363	2,669,465	2,829,633
<u>HD001-Civil Penalty</u>	271,602	287,898	305,172
<u>HD002-Red Light Running Fine</u>	1,637,454	1,735,701	1,839,843
<u>HD004-Traffic Violation Fine</u>	8,320	8,819	9,348
<u>HD005-Traffic Violation Fine</u>	144,087	152,732	161,896
<u>HD006-Traffic Violation Fine</u>	949,031	1,005,973	1,066,331
<u>HD0TX Total</u>	38,495	40,805	43,253
<u>RLCTK-Red Light Ticket Revenue</u>	7,815,346	8,284,267	8,781,323
Total Fee Collection to Line (A) - Section III	13,382,698	14,185,660	15,036,799

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	570,961	605,219	641,532
<u>Other Personal Services</u>	145,000	153,700	162,922
<u>Expenses</u>	81,525	86,417	91,601
<u>Operating Capital Outlay</u>	2,780	2,947	3,124
<u>Contractual</u>	223,100	236,486	250,675
<u>Leasing</u>	5,897	6,251	6,626
<u>Trauma Payouts (HD001-RLCTK)</u>	9,987,131	10,586,359	11,221,540
<u>8% DMS Service Charge</u>	1,296,747		
Total Full Costs to Line (B) - Section III	12,313,141	11,677,378	12,378,020

Basis Used: Revenues: Average percentage (6%) from trend analysis.
Costs: Average percentage (6%) based on trend analysis.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	13,382,698	14,185,660	15,036,799
TOTAL SECTION II	(B)	12,313,141	11,677,378	12,378,020
TOTAL - Surplus/Deficit	(C)	1,069,557	2,508,282	2,658,779

EXPLANATION of LINE C:

Traffic fines and red-light camera revenue and expenditures vary by year.
Costs still impacted by Covid ex.: high vacancy rate, but projected to normalize in the next two years.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Emergency Medical Services Trust Fund
Budget Entity:	64200800
LAS/PBS Fund Number:	2192

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	6,229,751.83	(A)		6,229,751.83
ADD: Other Cash (See Instructions)	20,852.00	(B)		20,852.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	6,250,603.83	(F)	0.00	6,250,603.83
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	4,027,099.37	(H)		4,027,099.37
Approved "B" Certified Forwards	71,837.29	(H)		71,837.29
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	344,957.10	(I)		344,957.10
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	1,806,710.07	(K)	0.00	1,806,710.07 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Emergency Medical Services Trust Fund</u>
LAS/PBS Fund Number:	<u>2192/ 64200800</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	1,878,187.37 (A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

	[] (B)
--	---------

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	[] (C)
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SWFS Adjustment # and Description	[] (C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(71,837.29) (D)
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Approved FCO Certified Forward per LAS/PBS	[] (D)
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A/P not C/F-Operating Categories	359.99 (D)
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	[] (D)
--	---------

	[] (D)
--	---------

	[] (D)
--	---------

ADJUSTED BEGINNING TRIAL BALANCE:

	1,806,710.07 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	1,806,710.07 (F)
--	-------------------------

DIFFERENCE:

	0.00 (G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Federal Grants Trust Fund
Budget Entity:	64200800
LAS/PBS Fund Number:	2261

	Balance as of 6/30/2023	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	181,219,258.43 (A)	0.00	181,219,258.43
ADD: Other Cash (See Instructions)	137,096.05 (B)	0.00	137,096.05
ADD: Investments	28,521,227.36 (C)	0.00	28,521,227.36
ADD: Outstanding Accounts Receivable	5,827,685.90 (D)	0.00	5,827,685.90
ADD: Transfer 64200800	(185,718,718.83) (E)	0.00	(185,718,718.83)
Total Cash plus Accounts Receivable	29,986,548.91 (F)	0.00	29,986,548.91
LESS Allowances for Uncollectibles	0.00 (G)	0.00	0.00
LESS Approved "A" Certified Forwards	2,913,324.52 (H)	0.00	2,913,324.52
Approved "B" Certified Forwards	3,183,152.42 (H)	0.00	3,183,152.42
Approved "FCO" Certified Forwards	0.00 (H)	0.00	0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)	0.00	0.00
LESS: _____	0.00 (J)	0.00	0.00
Unreserved Fund Balance, 07/01/23	23,890,071.97 (K)	0.00	23,890,071.97 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Federal Grants Trust Fund</u>
LAS/PBS Fund Number:	<u>2261/ BE 64200800</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	212,774,429.53	(A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

		(B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description		(C)
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SWFS Adjustment # and Description		(C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(3,183,152.42)	(D)
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Approved FCO Certified Forward per LAS/PBS		(D)
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A/P not C/F-Operating Categories	17,513.69	(D)
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TNFR from BE 64200800	(185,718,718.83)	(D)
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		(D)
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		(D)
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ADJUSTED BEGINNING TRIAL BALANCE:

	23,890,071.97	(E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	23,890,071.97	(F)
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DIFFERENCE:

	0.00	(G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Brain and Spinal Cord Injury Trust Fund
Budget Entity:	64200800
LAS/PBS Fund Number:	2390

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	5,177,604.58	(A)		5,177,604.58
ADD: Other Cash (See Instructions)	650.55	(B)		650.55
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	5,178,255.13	(F)	0.00	5,178,255.13
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	730,139.67	(H)		730,139.67
Approved "B" Certified Forwards	293,609.78	(H)		293,609.78
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	209,024.51	(I)		209,024.51
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	3,945,481.17	(K)	0.00	3,945,481.17 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Brain and Spinal Cord Injury Trust Fund
LAS/PBS Fund Number:	2390/ BE 64200800

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	4,216,213.17 (A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

	(B)
--	-----

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	(C)
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SWFS Adjustment # and Description	(C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(293,609.78) (D)
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Approved FCO Certified Forward per LAS/PBS	(D)
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A/P not C/F-Operating Categories	8,811.99 (D)
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Current Compensated Absences Liability	14,065.79 (D)
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	(D)
--	-----

	(D)
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ADJUSTED BEGINNING TRIAL BALANCE:

	3,945,481.17 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	3,945,481.17 (F)
--	------------------

DIFFERENCE:

	0.00 (G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Radiation Protection Trust Fund
Budget Entity:	64200800
LAS/PBS Fund Number:	2569

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	6,108,464.85	(A)	0.00	6,108,464.85
ADD: Other Cash (See Instructions)	5,138.12	(B)	0.00	5,138.12
ADD: Investments	0.00	(C)	0.00	0.00
ADD: Outstanding Accounts Receivable	109,022.75	(D)	0.00	109,022.75
ADD: _____	0.00	(E)	0.00	0.00
Total Cash plus Accounts Receivable	6,222,625.72	(F)	0.00	6,222,625.72
LESS Allowances for Uncollectibles	0.00	(G)	0.00	0.00
LESS Approved "A" Certified Forwards	178,733.07	(H)	0.00	178,733.07
Approved "B" Certified Forwards	138,715.57	(H)	0.00	138,715.57
Approved "FCO" Certified Forwards	23,691.00	(H)	0.00	23,691.00
LESS: Other Accounts Payable (Nonoperating)	96,689.76	(I)	0.00	96,689.76
LESS: _____	0.00	(J)	0.00	0.00
Unreserved Fund Balance, 07/01/23	5,784,796.32	(K)	0.00	5,784,796.32 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Radiation Protection Trust Fund
LAS/PBS Fund Number:	2569 / BE 64200800

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	5,929,782.22 (A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

	(B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	(C)
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SWFS Adjustment # and Description	(C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(138,715.57) (D)
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Approved FCO Certified Forward per LAS/PBS	(23,691.00) (D)
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A/P not C/F-Operating Categories	7,114.47 (D)
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Current Compensated Absences Liability	10,306.20 (D)
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	(D)
--	-----

	(D)
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ADJUSTED BEGINNING TRIAL BALANCE:

	5,784,796.32 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	5,784,796.32 (F)
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DIFFERENCE:

	0.00 (G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Administrative Trust Fund
Budget Entity:	64200800
LAS/PBS Fund Number:	2021

	Balance as of 6/30/2023		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(80,837.65)	(A)			(80,837.65)
ADD: Other Cash (See Instructions)		(B)			0.00
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable		(D)			0.00
ADD: BE Transfer from 64100200	145,841.53	(E)			145,841.53
Total Cash plus Accounts Receivable	65,003.88	(F)	0.00		65,003.88
LESS Allowances for Uncollectibles		(G)			0.00
LESS Approved "A" Certified Forwards	46,094.31	(H)			46,094.31
Approved "B" Certified Forwards	18,909.57	(H)			18,909.57
Approved "FCO" Certified Forwards		(H)			0.00
LESS: Other Accounts Payable (Nonoperating)		(I)			0.00
LESS: _____		(J)			0.00
Unreserved Fund Balance, 07/01/23	0.00	(K)	0.00		0.00 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Administrative Trust Fund
LAS/PBS Fund Number:	2021/ BE 64200800

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	(126,949.93) (A)
--	-------------------------

Subtract Nonspendable Fund Balance (GLC 56XXX)

	_____ (B)
--	-----------

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	_____ (C)
-----------------------------------	-----------

SWFS Adjustment # and Description	_____ (C)
-----------------------------------	-----------

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(18,909.57) (D)
---	------------------------

Approved FCO Certified Forward per LAS/PBS	_____ (D)
--	-----------

A/P not C/F-Operating Categories	17.97 (D)
----------------------------------	------------------

BE Transfer from 64100200	145,841.53 (D)
---------------------------	-----------------------

	_____ (D)
--	-----------

	_____ (D)
--	-----------

ADJUSTED BEGINNING TRIAL BALANCE:

	0.00 (E)
--	-----------------

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	0.00 (F)
--	-----------------

DIFFERENCE:

	0.00 (G)*
--	------------------

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Grants and Donations Trust Fund</u>
LAS/PBS Fund Number:	<u>2339 / BE 64200800</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	17,340,623.69	(A)
--	----------------------	-----

Subtract Nonspendable Fund Balance (GLC 56XXX)

		(B)
--	--	-----

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description		(C)
-----------------------------------	--	-----

SWFS Adjustment # and Description		(C)
-----------------------------------	--	-----

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(185,750.92)	(D)
---	---------------------	-----

Approved FCO Certified Forward per LAS/PBS		(D)
--	--	-----

A/P not C/F-Operating Categories	636.54	(D)
----------------------------------	---------------	-----

		(D)
--	--	-----

		(D)
--	--	-----

		(D)
--	--	-----

ADJUSTED BEGINNING TRIAL BALANCE:

	17,155,509.31	(E)
--	----------------------	-----

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	17,155,509.31	(F)
--	----------------------	-----

DIFFERENCE:

	0.00	(G)*
--	-------------	------

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Grants and Donations Trust Fund
Budget Entity:	64200800
LAS/PBS Fund Number:	2339

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	14,717,345.75	(A)		14,717,345.75
ADD: Other Cash (See Instructions)	6,086.32	(B)		6,086.32
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	3,976,231.10	(D)		3,976,231.10
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	18,699,663.17	(F)	0.00	18,699,663.17
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	1,358,402.94	(H)		1,358,402.94
Approved "B" Certified Forwards	185,750.92	(H)		185,750.92
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	17,155,509.31	(K)	0.00	17,155,509.31 **

Notes:

*SWFS = Statewide Financial Statement

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Planning and Evaluation Trust Fund
Budget Entity:	64200800
LAS/PBS Fund Number:	2531

	Balance as of 6/30/2023	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	9,013,250.02 (A)		9,013,250.02
ADD: Other Cash (See Instructions)	284,905.74 (B)		284,905.74
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	72,317.47 (D)		72,317.47
ADD: _____			0.00
Total Cash plus Accounts Receivable	9,370,473.23 (F)	0.00	9,370,473.23
LESS Allowances for Uncollectibles			0.00
LESS Approved "A" Certified Forwards	231,965.09 (H)		231,965.09
Approved "B" Certified Forwards	127,400.15 (H)		127,400.15
Approved "FCO" Certified Forwards	29,334.00 (H)		29,334.00
LESS: Other Accounts Payable (Nonoperating)	231,710.56 (I)		231,710.56
LESS: _____			0.00
Unreserved Fund Balance, 07/01/23	8,750,063.43 (K)	0.00	8,750,063.43 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Planning and Evaluation Trust Fund</u>
LAS/PBS Fund Number:	<u>2531/ BE 64200800</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	8,880,768.42 (A)
--	-------------------------

Subtract Nonspendable Fund Balance (GLC 56XXX)

(150,186.82) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	_____ (C)
-----------------------------------	-----------

SWFS Adjustment # and Description	_____ (C)
-----------------------------------	-----------

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(127,400.15) (D)
---	-------------------------

Approved FCO Certified Forward per LAS/PBS	(29,334.00) (D)
--	------------------------

A/P not C/F-Operating Categories	8,274.12 (D)
----------------------------------	---------------------

Current Compensated Absences Liability	17,755.04 (D)
--	----------------------

Adjustment for Inventory	150,186.82 (D)
--------------------------	-----------------------

_____ (D)

ADJUSTED BEGINNING TRIAL BALANCE:

8,750,063.43 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

8,750,063.43 (F)

DIFFERENCE:

0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

For Fiscal Year 2024-25



July 2023

FLORIDA DEPARTMENT OF HEALTH

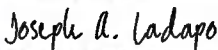


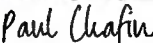
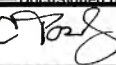
SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

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SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Florida Department of Health	Schedule IV-B Submission Date:
Project Name: Enterprise Data Lake-House and Advanced Analytics Platform	Is this project included in the Agency's LRPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FY 2024-25 LBR Issue Code:	FY 2024-25 LBR Issue Title:
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): James C. Veal, Chief Information Officer, (850) 245-4256, Chris.Veal@flhealth.gov	
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:
	7/21/2023
Printed Name: Joseph A. Ladapo, M.D., Ph.D.	
Agency Chief Information Officer (or equivalent):	Date:
	7/19/2023
Printed Name: James C. Veal	
Budget Officer:	Date:
	7/19/2023
Printed Name: Ty Gentle or Ashley Freidin	
Planning Officer:	Date:
	7/19/2023
Printed Name: Paul F. Chafin	
Project Sponsor:	Date:
	7/21/2023
Printed Name: Cassandra G. Pasley, BSN, JD	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Melissa Jordan, MS, MPH, (850)245-4577, melissa.jordan@flhealth.gov CDR Aaron B. Otis, MPH, REHS, (850)617-1534, Aaron.Otis@flhealth.gov Antonio Dawkins, MPA, PMP, (850)245-4611, Antonio.dawkins@flhealth.gov
Cost Benefit Analysis:	Pura Ahler, (850)245-4239, pura.ahler@flhealth.gov
Risk Analysis:	Paul F. Chafin, (850)245-4238, paul.chafin@flhealth.gov
Technology Planning:	Paul F. Chafin, (850)245-4238, paul.chafin@flhealth.gov
Project Planning:	Lola Bass, PMP, (850)617-5879, lola.bass@flhealth.gov

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

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

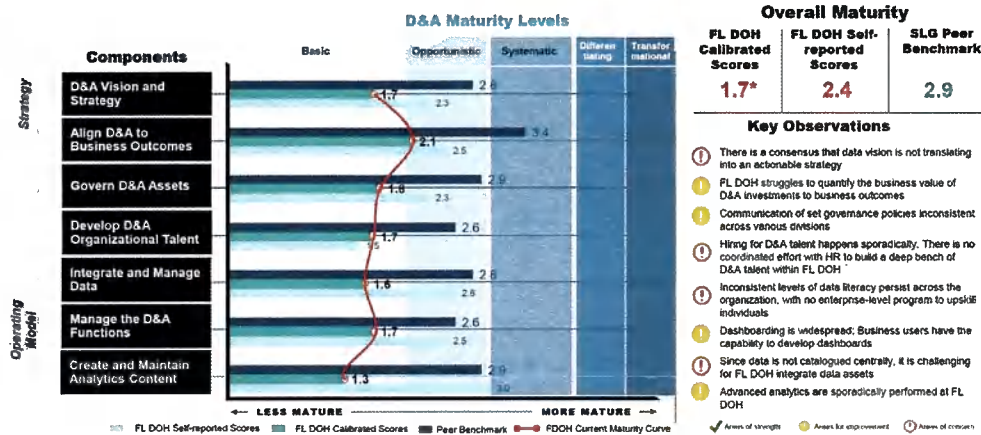
A. Background and Strategic Needs Assessment

1. Business Need

The Florida Department of Health (Department) is responsible for protecting the public health and safety of the residents and visitors of Florida. To achieve its health goals, the Department developed (or procured) and maintained many automated solutions and more than 300 data systems/databases at the state and local levels. These solutions have been brought into the information technology (IT) landscape at different times per the business needs of the individual public health programs and, in most cases, in silos without considering the requirements related to cross-data sharing, data domain analytics and reporting. Most of these systems and applications need to be interoperable with other applications or data sources within the Department and have led to siloed information directly impacting how the Department understands and responds to emerging health threats and issues. The data silos create inconsistent information, hinder the ability to scale up processes, produce redundancies in data collection and analysis, and establish barriers to information sharing internally between Divisions, Bureaus, County Health Departments, and external stakeholders, customers, and leaders.

The Department conducted data and analytics maturity assessments which revealed some glaring enterprise technology gaps in the areas of enterprise data and analytics, enterprise data integration, lack of having a single source of truth for patients across the Department services, and the inability to bring all data together for the timely decision-making and response about public health issues. The diagram below demonstrates the Department’s current maturity in measured components.

The D&A Maturity Assessment Shows that FDOH has a “Basic” level of Maturity with Most Areas Lagging the Gartner Peer Benchmark



Despite significant progress and investments to improve the data and analytics capabilities, the lack of enterprise-level data analytics and an integration strategy puts a strain on Department’s resources, having to traverse through multiple non-integrated databases and data sources for insightful data analysis to support more effective and efficient business processes affecting health outcomes.

2. Business Objectives

Across the nation, other states and public health entities are embarking on a data modernization initiative (DMI) and journey, using modern technology and tools to connect, store and rapidly conduct advanced analytics to address health issues. To embark on its own DMI journey, the Department requests to use funds provided by the Centers for Disease Control and Prevention (CDC) Public Health Infrastructure grant awarded on December 1, 2022, through November 30, 2027, to assess our current technology and data ecosystems, develop an agency-wide enterprise data lake house with Application Programming Interfaces (API) and an advanced analytics platform to create modern, integrated, and real-time public health data and surveillance enabling the Department to provide better services and protect Floridians from any health threat.

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

The Department aims to develop a resilient technology infrastructure and an adaptable, sustainable, and ‘response-ready’ workforce to assist public health stakeholders solve problems before they happen. This goal aligns with the Governor’s Priority 5.2 to “Improve the efficiency and effectiveness of government agencies at all levels,” the Florida’s Digital Services mission to “deliver better government services and transparency to Floridians through design and technology,” and supports use cases which improve efficiency in services, and detection of emerging health issues to ultimately improve health outcomes for all Floridians.

Using an effective data strategy, the Department seeks to develop an enterprise data lake house, a data management architecture combining the key features and benefits of a data lake (storage and costs) and a data warehouse (analytical capabilities). Features of the data lake house will also include APIs which allow systems and applications to speak to one another in a common language and create a system within the enterprise enabling data sharing between applications in real-time. As part of the new technology environment, the Department will develop and integrate an advanced analytics platform to provide ready-to-access, real-time, high-quality data for rapid analysis and predictive analytics capabilities. Advanced analytics allows more confident business decisions informed by real-time data and metrics to improve decision-making and response, improve reporting capabilities, and strengthen our ability to detect and respond to health-related threats.

This project will also include building the capacity and developing a sustainability plan to maintain the strategy and resource landscape into the future. The project aligns with the vision, goals, and objectives of the CDC DMI and will follow the CDC DMI’s North Star Architecture. The planned implementation approach is to deliver the project over multiple years as illustrated in Figure 1-1 Proposed Project Timeline and Appendix A – DMI Technology Ecosystem Infographic.

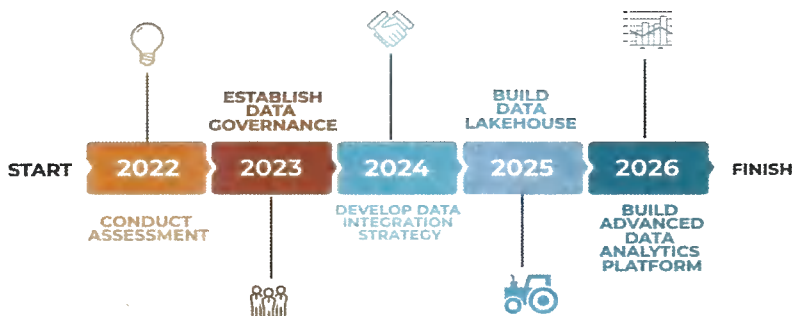


FIGURE 1-1 PROPOSED PROJECT TIMELINE

B. Baseline Analysis

1. Current Business Process(es)

There are varying department level analytics outcomes but no centralized data and analytics specific vision and strategy. The Department is missing a centralized enterprise data lake-house, and an advanced analytics platform connected into the lake-house as a single source of truth. All the necessary data sets, data models or catalogs are only partially available, and the data structure is not optimized. There are numerous systems operating as data silos. Realtime analytics capability exists, however there is a focus on reporting rather than providing analytics to the business. Metrics exist in silos across the divisions, employees are not fully enabled to define and create metrics and dashboards. Every bureau has different laws and rules on data sharing and there are considerable barriers to sharing the data between programs.

The current data integration, reporting, and analytics processes are application specific. That is, each application has its own processes and techniques for data sharing and reporting. In some cases, the transactional system provides all reporting methods and in other cases the transactional system provides operational reporting, but strategic reporting is done via dedicated databases or data warehouses. The reporting is accomplished through a variety of technologies including dashboards, canned reports, ad hoc reports, and data dumps. Reporting solutions are offered to authorized users, other state agencies, and the

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

public depending on the specific application and data.

Divisions (such as Administration, Pharmacy, Emergency Preparedness) mostly reliant on file-based transfer (employ – Office of Information Technology custom solution). However, there is no Managed File Transfers (MFTs) capability. Other systems such as Merlin (reportable disease system), DCAM, FLShots and others employ APIs and webservices to power real-time integrations. But they lack capability to manage and govern APIs. For other Divisions, mostly point-to-point integrations are implemented, which are difficult to manage and upgrade. Some teams (e.g., Merlin and FLShots) have developed custom screens to govern few integrations or applications, however, they do not support/govern the whole gamut of integrations in place currently, indicating limited ability to govern or monitor.

2. Assumptions and Constraints

Assumptions identified for the Enterprise DMI include but are not limited to the following:

- The Department will identify a project sponsor for this project to champion the initiative, provide guidance and direction about the vision, objectives, and scope, and to serve as the authority for escalated project decision-making.
- The Department will identify resources who will form part of the collaboration workgroup for the project. These should be subject matter experts of different critical Department data domains.
- The Department will identify and assign a project manager to work alongside the collaboration workgroup to lead the implementation efforts.
- Project is contingent on CDC's approval of the Department's goals, approach, and plan for use of the designated funds.
- The project schedule is dependent upon the acceptance of the scope of work stated in the project charter, and the further work breakdown being completed after getting additional feedback from subject matter experts about the realistic effort and timeframe needed to complete planned tasks.
- The initial high-level objectives and tasks listed in the project charter will be elaborated in greater detail during the project implementation.
- There is a project scope change management process to manage scope changes and addition of new requirements.

Potential constraints include:

- Department resource availability to support the Enterprise Data Modernization project may be constrained due to daily operations and other priorities.
- Procurement and implementation of the data lake-house solution may require additional time and/or expertise resulting in the inability to meet the planned project scope.
- Delays in related projects may impact project timeline or in-scope project items.
- Grant funding requirements may limit in-scope work items if objectives are not measurable.

C. Proposed Business Process Requirements

1. Proposed Business Process Requirements

The current reporting and analytics processes are application specific. That is, each application has its own processes and techniques for doing operational and strategic reporting. In some cases, the transactional system provides all reporting methods and in other cases the transactional system provides operational reporting and strategic reporting is done via dedicated databases or data warehouses. The reporting is accomplished through a variety of technologies including dashboards, canned reports, ad hoc reports, and data dumps. Depending upon the application and data, the reporting solutions are produced for authorized users, other state agencies and for public consumption.

2. Business Solution Alternatives

The Department considered the following to be potential business solution alternatives when planning this initiative:

- Continue operating data systems and producing reports as they are today; however, some business units will make incremental improvements in data sharing and advanced data analytics when funding sources are available. This will not be an enterprise approach, rather

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

an ad hoc approach.

- Develop an enterprise data lake house and advanced analytics platform as centralized hubs to bring critical data into and draw real-time, high-quality, and predictive analytics. This strategy will require improved data interoperability capabilities for the data sources.

3. Rationale for Selection

- The Department has a once-in-a-lifetime opportunity to develop a robust and modern solution that will stand the test of time and will strengthen the Department's capacity to carry out its overall mission and detect and respond to current and emerging health-related threats.
- Given the funding opportunity, guidance, and current advances in technology, it would be irresponsible to continue to do business as is and not try to address current challenges and opportunities to use the vast amount of data and information available in a more timely, strategic, and efficient manner.
- The first solution alternative considered would only offer incremental ad hoc improvements without addressing the issues related to siloed systems and legacy interoperability capabilities. This would not be the most efficient option as there would be duplicate logic and data sharing efforts, besides not necessarily lending itself to leverage the availability of modern technology at large scale.
- The second alternative is the Department's preferred option from the perspective of using modern technology and architecture to address issues about being able to consume unstructured data sets, resolve data quality issues, increase the capacity of data storage for large volumes of data, and improve processing capacity for data transformation and trends and predictive analysis. Current data lake-house, warehouse, and analytics offerings include modern technology such as artificial intelligence (AI), machine learning, robotics process automation, which will greatly benefit the Department's new Data Modernization landscape.

4. Recommended Business Solution

The initial plan is to identify priority data domains and use cases which can be scaled and built upon to expand to other Divisions and data domains within the Department. Specifically, the vision of this workgroup would be to recruit dedicated resources with the right skillsets that can successfully help implement the vision and create a sustainability plan allowing this project to maintain and continue to improve these capabilities. These resources will develop policies and processes to ensure secure, consistent, accurate, and highly available data to define and promote common data standards and interoperability solutions to improve data-sharing capabilities. Additionally, the Department aims to build a single integrated enterprise-level data lake-house to make critical data sets accessible and to support advanced data analytics capabilities such as data mining, statistical analysis, forecasting, predictive modeling, machine learning and AI, self-service tools, data discovery tools, visualization tools, real-time analytics tools. This will greatly increase the Department's capability to have a 360-degree view of our business and the citizens served.

D. Functional and Technical Requirements

See Appendix B for a list of Functional and Technical requirements.

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

III. Success Criteria

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	An operational Data Governance model.	Department will ensure a Data Governance Model is established and appropriately staffed.	Department, Citizens of Florida, and Department Business Partners	06/2025
2	A validated Enterprise Data Modernization Architecture Framework detailing the “As Is” state, the “To Be” state and a migration plan.	Department will validate the feasibility of the DMI Architecture.	Department, Citizens of Florida, and Department Business Partners	06/2026
3	A functional Enterprise Data Lake House that aligns with the CDC North Star Architecture Blueprint.	Department will validate the Lake House via the implementation of selected use cases.	Department, Citizens of Florida, and Department Business Partners	06/2026
4	A functional Enterprise Advanced Analytics Platform.	Department will validate the Advanced Analytics Platform via the implementation of selected use cases.	Department, Citizens of Florida, and Department Business Partners	06/2026
5	Implementation of up to fifty data use cases prioritized by the Department.	Department staff will validate each use case based on the established success criteria for the use case.	Department, Citizens of Florida, and Department Business Partners	06/2028
6	An IT workforce capable of supporting the Enterprise Data Lake House and Advanced Analytics Platform.	Department will evaluate the roles, responsibilities, and skill sets of existing staff and close any knowledge gaps with training. Additionally, the Department will modify recruitment practices to ensure staff hired has the knowledge, skills, and abilities to support the Enterprise Data Lakehouse and Advanced Analytics Platform.	Department, Citizens of Florida, and Department Business Partners	06/2028

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

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

A. Benefits Realization 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	Improve the Department's agility in responding to public health issues or operational inefficiencies.	Divisions, Bureaus, County Health Departments, and external stakeholders	Real-time access to critical data	Increased staff availability to perform other critical public health tasks	11/27
2	Advance collaboration, knowledge sharing, and decision making through the defining enterprise-level data sources and data.	Divisions, Bureaus, County Health Departments, and external stakeholders	Establish Data Governance Framework	All data sources in scope are identified and catalogued	06/24
3	Improve data sharing and interoperability capabilities of critical systems to deliver high-quality, real-time information for state public health decisions and reporting.	Divisions, Bureaus, County Health Departments, and external stakeholders	Establishing interoperability strategy	All data use cases in scope are interconnected and available	11/27
4	Reduce time consuming reconciliation and data correction processes.	Divisions, Bureaus, County Health Departments, and external stakeholders	Identify and improve data quality at time of data ingestion	Increased staff availability to perform other critical public health tasks	11/27
5	Improve ability to plan and make informed decisions through the development of intuitive dashboards for critical data sets.	Divisions, Bureaus, County Health Departments, and external stakeholders	Real-time access to critical data	Increased staff availability to perform other critical public health tasks	11/27
6	Reduce existing cloud analytic costs.	Divisions, Bureaus, and County Health Departments	Less cloud services required	Cost will reduce by 40% in FY 2027/28	11/27

B. Cost Benefit Analysis (CBA)

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

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

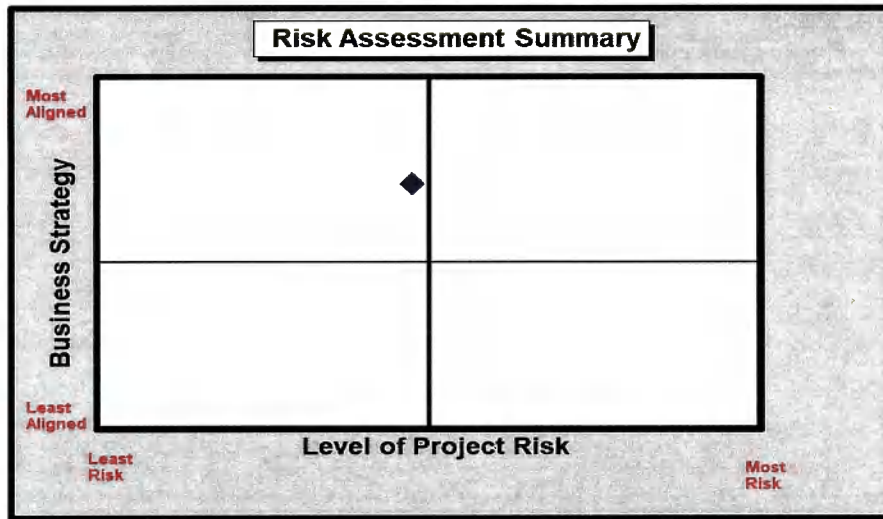
Cost Benefit Analysis	
Form	Description of Data Captured
CBA Form 1 - Net Tangible Benefits	<p>Agency Program Cost Elements: Existing program operational costs versus the expected program operational costs resulting from this project. The agency needs to identify the expected changes in operational costs 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, 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"> • Return on Investment • Payback Period • Breakeven Fiscal Year • Net Present Value • Internal Rate of Return

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

V. Schedule IV-B Major Project Risk Assessment

The Risk Assessment summary is shown in the graphic below. See Appendix D for the risk assessment details.

Project	<i>Enterprise Data Lake-House and Advanced Analytics Platform</i>	
Agency	<i>Dept. of Health</i>	
FY 2024-25 LBR Issue Code:	FY 2024-25 LBR Issue Title:	
<i>Issue Code</i>	<i>Issue Title</i>	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
<i>Paul Chafin - Paul.Chafin@Flhealth.gov</i>		
Executive Sponsor	<i>Cassandra G. Pasley, BSN, JD</i>	
Project Manager	<i>Lola Bass, PMP</i>	
Prepared By	<i>Paul Chafin</i>	<i>7/6/2023</i>



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

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

VI. Schedule IV-B Technology Planning

A. Current Information Technology Environment

1. Information Technology Standards

The future state of the Department's technology will revolve around Cloud Native Computing technologies, including containerized workloads, container orchestration technologies, cloud-hosted database management systems, industry-standard operating systems, and industry-standard development tools. See Appendix B for additional details.

2. Current System

a. Description of Current System

There is no single system for reporting and analytics in the Department. Rather, each application or group of applications has its own reporting/analytics solution. Currently, approximately 29 standalone reporting solutions are utilized not counting the transactional systems that provide reporting functionality in many cases.

As noted above, the lack of enterprise-level data analytics and an integration strategy puts a strain on Department resources, having to traverse through multiple non-integrated databases and data sources for insightful data analysis to support more effective and efficient business processes affecting health outcomes.

b. Current System Resource Requirements

Approximately 103 servers are devoted to reporting and analytics in the Department. Once again, this does not include transactional systems that provide some reporting functions. In terms of processing power, this represents about 300 cores of computing power.

c. Current System Performance

The various reporting systems are generally available 24 hours a day, seven days a week, excluding planned maintenance windows. The volume of data loaded, and queries performed is specific to each reporting system. The existing data systems lack the capability to elastically scale workloads in response to changing conditions. The Department will develop specific metrics for the Enterprise Data Lake House and Analytics solution as part of the analysis requested by this Schedule IV-B.

B. Current Hardware and/or Software Inventory

The table below is the hardware and software inventory for the standalone reporting systems in the Department. Note this list does not include transactional system that also may perform reporting functions.

DEPARTMENT REPORTING SYSTEMS					
#	System	Description	# Servers	Operating System & Database	Analytic Technologies
1	Qlik	Dashboard and reporting tool used by numerous Department business units	15	Windows Server	Qlik
2	Florida CHARTS	Publicly available health data	5	Windows Server, SQL Server	Logi Analytics, SSAS

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

DEPARTMENT REPORTING SYSTEMS					
#	System	Description	# Servers	Operating System & Database	Analytic Technologies
3	Business Objects Enterprise	Used by various business units for reporting	6	Windows Server, SQL Server	SAP BOE
4	MQA Business Intelligence Portal	Access management for MQA Qlik Dashboards	3	Windows Server, SQL Server	.NET Core
5	MQA Dashboard	MQA Workload Management	3	Windows Server, SQL Server	.NET
6	MQA Data Warehouse	MQA Analytics	11	Windows Server, SQL Server	SQL
7	MQA Public Data Portal	Publicly Available MQA Data	3	Windows Server, SQL Server	.NET
8	CORTNE	Department Financial Reporting	2	Windows Server, SQL Server	SSRS
9	SAS – Disease Control	Disease Control Analytics	2	Windows Server	SAS
10	AIMS 2.0	AIDS Reporting	5	Windows Server	.NET and Java Script
11	ATACS	Tobacco Reporting	1	Windows Server	.NET
12	Biometrics	Lab Reporting	1	Windows Server	.NET
13	CareWare	AIDS Reporting	4	Windows Server, SQL Server	.NET and Java Script
14	CHP Analytics	Community Health Analytics	5	Windows Server, SQL Server	Web
15	CPS	County Reporting	4	Windows Server, SQL Server	Web
16	CRV	Chrystal Reports Viewer	3	Windows Server	.NET
17	eReports	Newborn Screening Reporting	1	Windows Server, SQL Server	.NET
18	Florida Health Performs	Performance Management	2	Windows Server, SQL Server	.NET and Web

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DEPARTMENT REPORTING SYSTEMS					
#	System	Description	# Servers	Operating System & Database	Analytic Technologies
19	Plan View	Strategic Planning	2	Windows Server, SQL Server	.NET and Web
20	HIV Report Portal	HIV Reporting	5	Windows Server, SQL Server	.NET and Java Script
21	HIV Dashboard	HIV Reporting	3	Windows Server, SQL Server	.NET and Java Script
22	HMS Minimum Dataset	HMS Reporting	1	Windows Server, SQL Server	.NET
23	HMS Reporting Portal	HMS Reporting	68	Windows Server, Iris	Logi Analytics
24	PIMS	Performance Management	1	Windows Server	.NET
25	Plan Tracking System	Performance Management	2	Windows Server, SQL Server	.NET and Web
26	PMQI Projects Review Database	Performance Management	2	Windows Server, SQL Server	.NET
27	SAS – Community Health Assessment	Community Health Reporting	2	Windows Server, SQL Server	Crystal Reports
28	Vital Stats Reports	Vital Statistics Reporting	2	Windows Server, SQL Server	.NET
29	WIC Direct	EBT Reporting	6	Windows Server, Oracle	.NET
30	Youth Middle School Behavior Survey	Youth health reporting	1	Windows Server	.NET

C. Proposed Technical Solution

1. Technical Solution Alternatives

Various technical solution alternatives exist that could theoretically meet the needs of the Department. These can be categorized into two broad alternatives detailed below.

Alternative #1 – Traditional Approach. The traditional approach to an enterprise data analysis and data integration solution would be to size and purchase hardware and software for an on-premises installation. This would include databases, data integration brokers, ETL tools, reporting and data visualization tools among others. This approach would require a significant capital outlay and would require precise planning with little room for experimentation or agile development.

Alternative #2 – Modern Approach. The modern approach to an enterprise data analysis and data

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

integration solution is to utilize the pay-as-you-go model offered by cloud computing resources. This allows both infrastructure and software to be consumed only when needed and in use. Resources can scale up and down on demand as business needs change. Since this approach does not involve a large up-front capital outlay it is inherently less risky than the traditional approach. Additionally, this approach allows for experimentation and agile development. This alternative aligns with the CDC North Star Architecture.

2. Rationale for Selection

To reduce risk, reduce the total cost of ownership and allow the Department to adopt new technologies in an agile manner it is recommended that Alternative #2 be selected.

3. Recommended Technical Solution

Alternative #2, “Modern Approach” is the recommended technical solution.

D. Proposed Solution Description

1. Summary Description of Proposed System

The proposed system will be a cloud-based Enterprise Data Integration and Analysis solution. This solution will consist of the following components:

- Data Lakehouse
- Data Lakes
- Data Warehouses
- Data Marts
- Data Integration Engines
- Data Extraction, Transformation and Loading Tools
- Artificial Intelligence and Machine Learning Engines
- Custom AI / ML Models
- AI / ML Modeling Tools
- Robotic Process Automation (RPA)
- Low Code / No Code Application Platforms (LCAP)
- Enterprise Master Person Index (EMPI)
- Data Reporting and Visualization Tools
- System Administration and Performance Optimization Tools
- Disaster Recovery Solution
- Cost Management Tools allowing Chargeback / Show Back

At completion, the solution will integrate all 300+ data systems in the Department, allowing rapid fact-based decision-making across existing siloed systems. Additionally, this solution will allow collaboration across business units within the Department and with other State and Federal agencies. Selected portions of the solution will be available to the public. Modern software design techniques, like microservices and APIs, will allow for the rapid creation of composable applications in response to evolving public health threats and business needs. By employing artificial intelligence and machine learning technologies and techniques, the Department will be able to analyze data and solve real-world public health problems in a manner simply not possible today with our legacy analytics systems. Finally, using “Citizen Development” tooling will empower business users to explore, analyze and utilize their data.

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

The following funding requirements have been identified:

SCHEDULE IV-B FOR ENTERPRISE DATA LAKE-HOUSE AND ADVANCED ANALYTICS PLATFORM

FUNDING REQUIREMENTS					
Type	FY2024-25	FY2025-26	FY2026-27	FY2027-28	Total
Cloud Lakehouse/ Analytics Platform	\$2,500,000	\$3,000,000	\$3,500,000	\$4,000,000	\$13,000,000
Implementation Services	\$4,250,000	\$3,750,000	\$3,250,000	\$1,354,167	\$12,604,167
Data Architect 1	\$249,600	\$249,600	\$249,600	\$104,000	\$852,800
Data Architect 2	\$249,600	\$249,600	\$249,600	\$104,000	\$852,800
IV&V	\$250,000	\$250,000	\$250,000	\$104,166	\$854,166
Total	\$7,499,200	\$7,499,200	\$7,499,200	\$5,666,333	\$28,163,933

E. Capacity Planning

The assessment being requested by this Schedule IV-B will include a capacity planning component to properly size an enterprise-wide Data Lakehouse and Analytics solution for the Department. The Department's data volume across all systems grows by approximately 10% annually. Across all its IT systems, the Department houses approximately 750 TB of data. Approximately 29 standalone reporting systems in the Department are running on approximately 103 servers.

VII. Schedule IV-B Project Management Planning

The Department's Office of Information Technology (OIT) operates a Project Management Office. The OIT Project Management Office (PMO) is a service organization created to support IT projects.

The goals of the PMO are to ensure that:

- IT Project completion dates are met.
- IT Projects are completed within budget.
- IT Project objectives are met as customers are satisfied with the product and service delivered.
- IT Project deliverables have passed quality control measures.
- IT Projects are managed as effectively and efficiently as possible.

To achieve its goal, OIT's PMO closely follows the Project Management Institute project management best practices and framework and the standards set forward by Florida Administrative Code (FAC) 60GG-1 for applicable project levels. OIT PMOs have standardized how IT projects are planned, executed, tracked, and reported by establishing repeatable processes and procedures and implementing a project management tool. The initial project plan is included in Appendix E of this document.

VIII. Appendices

The following appendices are included with this document:

- Appendix A – DMI Technology Ecosystem Infographic
- Appendix B – Functional and Technical Requirements
- Appendix C – DMI Cost Benefit Analysis
- Appendix D – Risk Assessment
- Appendix E – Project Management Plan

Appendix A – DMI Technology Ecosystem Infographic



Data Modernization Initiative Technology Ecosystem



MAY 2022 – 2023

Assessment

Assess the current state and gaps of DOH data ecosystem

FALL 2023

Data Governance

Launch a collection of processes, policies, roles, metrics, and standards that ensures an effective and efficient use of information.



FALL 2024

Data Integration Strategy

Define the process of combining, consolidating, and merging data from multiple disparate sources to attain a single, uniform view of data and enable efficient data management, analysis, and access.

SPRING 2025

Build Lakehouse

A new, open data management architecture that combines the flexibility, cost-efficiency, and scale of data lakes with the data management and Atomicity, Consistency, Isolation, and Durability (ACID) transactions of data warehouses, enabling business intelligence (BI) and machine learning (ML) on all data.



SUMMER 2025

Enterprise Master Person Index (EMPI)

A next generation EMPI can provide a centralized person view across applications and leverage advanced capabilities to improve patient identification and patient record matching accuracy.



WINTER 2026

Data Analytics/Command Center

Formalize analytics capabilities building reports and dashboards and incorporating advanced analytics capabilities.



Note: Like many projects, timelines are estimates and may adjust due to unanticipated changes.

Appendix B - Functional and Technical Requirements

#	Req. Type	Req. Category	Requirement
1	Functional	AI	The solution shall provide computational linguistics capabilities including the ability to analyze text, translate text and perform sentiment analysis.
2	Functional	AI	The solution shall provide support for image recognition and tagging.
3	Functional	AI	The solution shall provide image generation capabilities.
4	Functional	AI	The solution shall provide for the use of custom language models and large language models.
5	Functional	AI	The solution shall provide for fine grained governance of the Artificial Intelligence (AI).
6	Functional	AI	The solution shall provide for video recognition and tagging.
7	Functional	AI	The solution shall provide for machine learning (ML) enhanced Optical Character Recognition (OCR) services.
8	Functional	AI	The solution shall provide for automated data preparation.
9	Functional	AI	The solution shall provide feature engineering including the ability to automatically evaluate data and add metadata to a dataset that is submitted to the provider. This can be done via crowdsourcing capabilities or ML models. The feature may also allow for automated detection and classification of features and generation of new features.
10	Functional	AI	The solution shall provide automated model building services that analyze the data and recommend the potential best algorithms that developers can use to build and optimize the model. The service automatically optimizes the performance and accuracy of the model by tuning the hyperparameters of the model and may also blend algorithms. These models require the users to provide datasets that can be used to train the models. In addition to the raw data, users must provide datasets that include metadata tags that have the attributes they want the models to be trained to identify. They must also identify the variable that they want to model to predict.
11	Functional	AI	The solution shall provide Model Management/Operationalization services that offer model factory/orchestration functionality to automate the building of ML pipelines, including model training, deployment, monitoring and management of models in production. The services should also automate creation of APIs needed to access the models. This capability allows developers to monitor models in test and production environments to assess model performance and model drift. These services may provide automated retraining of the model and provision for replacing an outdated model with a better one. These services may also provide for packaging and provisioning of infrastructure for the models created such as Kubernetes containers. Additional features may include business KPIs for model value and ability to assess the quality of data impacting the model performance.
12	Functional	AI	The solution shall provide text generation capabilities.
13	Functional	Analytics	The solution shall provide for advanced analytics.
14	Functional	Analytics	The solution shall provide for streaming analytics.
15	Functional	Analytics	The solution shall provide support for integration with .NET applications and other modern development tools including Low Code / No Code (LCAP) and Robotic Process Automation (RPA) tools.
16	Functional	Analytics	The solution shall provide data science capabilities including the ability to create, train and deploy AI models.
17	Functional	Analytics	The solution shall provide an analytics catalog. That is, the solution shall have the ability to display analytic content to make it easy to find and consume. The catalog is searchable and makes recommendations to users.

#	Req. Type	Req. Category	Requirement
18	Functional	Analytics	The solution shall provide automated insights and augmented analytics. This includes the ability to apply ML techniques to automatically generate insights for end users (for example, by identifying the most important attributes in a dataset).
19	Functional	Analytics	The solution shall provide collaboration capabilities. That is the solution shall provide the application of collaboration capabilities to analytics workstreams for organizations that want to provide an environment where a broad spectrum of users can simultaneously co-produce an analytics project.
20	Functional	Analytics	The solution shall provide data preparation capabilities including support for drag-and-drop, user-driven combination of data from different sources, and the creation of analytic models (such as user-defined measures, sets, groups and hierarchies).
21	Functional	Analytics	The solution shall provide for data science integration. This includes capabilities that enable augmented development and prototyping of composable data science and machine learning (DSML) models by citizen data scientists and data scientists with integration into the broader data science and machine learning ecosystem.
22	Functional	Analytics	The solution shall provide the capability to connect to various data sources on premise or in the cloud. This includes all relational databases, document databases, non-SQL databases, key value stores, object databases, graph databases, unstructured data like file shares, Software as a Service (SaaS) applications, and others.
23	Functional	Analytics	The solution shall provide for data storytelling including the ability to combine interactive data visualization with narrative techniques to package and deliver insights in a compelling, easily understood form for presentation to decision makers.
24	Functional	Analytics	The solution shall provide data visualization capabilities including support for highly interactive dashboards and exploration of data through the manipulation of chart images. Included is an array of visualization options that go beyond those of pie, bar and line charts, such as heat and tree maps, geographic maps, scatter plots and other special-purpose visuals.
25	Functional	Analytics	The solution shall provide data governance capabilities to track usage and manage how information is shared and promoted.
26	Functional	Analytics	The solution shall provide metrics stores including the ability to provide a virtualized layer that allows users to create and define metrics as code, govern those metrics from data warehouses, and service all downstream analytics, data science and business applications. This also includes capabilities such as goal management.
27	Functional	Analytics	The solution shall support natural language query capabilities in at least English and Spanish.
28	Functional	Analytics	The solution shall support at least the following user types: business analyst, augmented consumer, data scientist and analytics developer.
29	Functional	Analytics	The solution shall provide transactional consistency including support for Database Management Services (DBMS)-guaranteed properties of “atomicity, consistency, isolation and durability” (ACID) to ensure reliable, recoverable database transactions, and potentially distributed transaction support over geographic distance. It can include forms of relaxed, eventual or tunable consistency for specific use cases.

#	Req. Type	Req. Category	Requirement
30	Functional	Analytics	The solution shall provide for the ability to program augmented transactions including support for embedded analysis and machine learning as part of the processing of a transaction, and/or the ability for distinct augmented analytical applications to be invoked in the completion of a transaction under DBMS control.
31	Functional	Analytics	The solution shall provide the ability to perform automated performance tuning including the ability to optimize performance for queries, transactions and workloads to meet performance service level agreements (SLAs). This can include the availability of performance-enhancing features.
32	Functional	Analytics	The solution shall provide support for online transaction processing (OLTP) transaction, lightweight transaction, augmented transactions and event stream processing.
33	Functional	Cost Management	The solution shall provide fine grained cost accounting for all resources to enable chargeback / showback to various business units.
34	Functional	Cost Management	The solution shall provide predictive cost modelling to enable budget forecasting.
35	Functional	Cost Management	The solution shall provide the ability to forecast, budget usage, monitor and control costs by throttling, workload or user prioritization or other means.
36	Functional	Cost Management	The solution shall provide FinOps support including capabilities that enable data and analytics leaders to iteratively control spending, understand product performance and make choices regarding price-to-performance trade-offs; resulting in optimal allocation of resources in the cloud.
37	Functional	Data Integration	The solution shall provide support for data movement topologies including the support of uni-/bi-/multidirectional movement of data across endpoints (such as synchronize, compare-repair, broadcast, consolidate and peer-peer) via physical and virtual modes, meeting batch/microbatch/real-time latency requirements.
38	Functional	Data Integration	The solution shall provide support for data virtualization including the executing of distributed queries against disparate data sources that are virtually integrated. It requires adapters to data sources, a metadata repository and a distributed query engine that can provide results in various ways (e.g., API, JDBC) for downstream consumption.
39	Functional	Data Integration	The solution shall provide stream data integration including the processing data in motion (such as streams or events) and provisioning the in-stream data for downstream consumption, analysis or storage.
40	Functional	Data Integration	The solution shall provide application programming interfaces (API) services including data as a service enabled through API design capabilities to create and manage outbound API endpoints over existing data assets, and handle inbound API consumption to ingest internal and external data.
41	Functional	Data Integration	The solution shall provide complete data transformation capabilities that ease complex data processing operations such as fixing outliers, stubbing missing values, sophisticated parsing, automating data warehouses and creating reusable transformations.
42	Functional	Data Integration	The solution shall provide augmented data integration capabilities that improve and optimize data integration operations (self-healing schema drifts, auto recovery) via extensive use of metadata (usage data, transaction logs, system workloads) and prepackaged ML algorithms that inform or automate tasks to ingest, transform, combine and provision data.

#	Req. Type	Req. Category	Requirement
43	Functional	Data Integration	The solution shall provide metadata support capabilities that support the extensive use of metadata (usage data, transaction logs, system workloads) that can automate the broader data management and operations tasks through ML and AI.
44	Functional	Data Integration	The solution shall provide data preparation capabilities including the usability of data integration (DI) tools both for data engineers and citizen integrators, and the suitability of data integration tools to support a range of business roles (e.g., citizen integrators, business analysts) for self-service. The emphasis is on empowering non-technical staff using various techniques such as low-code/no-code data blending and visual exploration.
45	Functional	Data Integration	The solution shall provide data governance capabilities that assist data governance mandates (like data quality and data lineage) while handling data for meeting specific use cases (like master data management (MDM) and data sharing).
46	Functional	Data Integration	The solution shall provide DataOps support capabilities including the change management capabilities to data and related artifacts (Git integration of data pipelines, data model management), automation (automated testing), and orchestration of data delivery (CI/CD pipelines) with appropriate levels of security to improve the use and value of data.
47	Functional	Data Integration	The solution shall support data engineering, cloud data integration, operational data integration and data fabric integration.
48	Technical	Performance	The solution shall meet the performance requirements of each identified use case.
49	Technical	Administration	The solution shall provide management and administration that includes the ability to manage instances and resources, monitor operations, track and implement security, high availability and disaster recovery, and to do these and other tasks at enterprise scale.
50	Technical	Administration	The solution shall provide resource management including the ability to automatically handle different types and sizes of workload simultaneously while enforcing or dynamically extending policy-based resource limits, handle varying and conflicting workloads while optimizing response times and prioritize workloads to meet policy-defined service levels.
51	Technical	Architecture	The solution shall make use of fine grained services to enable the rapid creation of composable applications in response to changing business needs.
52	Technical	Architecture	The solution shall make use of open standards to enable the integration with current and future development, reporting, analytics and other applications.
53	Technical	Architecture	The solution shall make use of Infrastructure-as-Code and APIs to enable programmatic modification and enhancements.
54	Technical	Architecture	The solution shall provide the ability to support complex relational operations involving many tables.
55	Technical	Architecture	The solution shall provide multi-model support. This includes the ability to support different storage and logical models within the DBMS, such as JSON data and external tables, efficiently and with performance optimization, as well as additional capabilities such as temporal, time series, geospatial and graph, among others.

#	Req. Type	Req. Category	Requirement
56	Technical	Architecture	The solution shall provide some degree of support for Multicloud, Intercloud and Hybrid cloud support. This includes the ability to deploy and operate analytic and operational activities across multiple cloud environments and on-premises. Multicloud means the ability to operate on multiple cloud platforms, intercloud means the ability to use data across multiple clouds as a single logical entity, and hybrid means the ability to run on-premises and clouds.
57	Technical	Architecture	The solution shall provide support for distributed transactions including the ability to access data outside of the internal storage of a DBMS and optimize distributed access by a variety of methods such as push-down, extended metadata, statistics collection and a distributed catalog.
58	Technical	Architecture	The solution shall be able to meet the following uses cases: Traditional Data Warehouse, Logical Data Warehouse, Data Lake and Streaming Analytics.
59	Technical	Architecture	The solution shall align with the Centers for Disease Control North Star Reference Architecture.
60	Technical	Availability	Excluding planned maintenance windows, the solution shall be available 24/7/365.
61	Technical	Availability	The solution shall maintain an uptime of 99.5% measured on a monthly basis
62	Technical	Continuity	The solution shall provide a disaster recovery solution that enables a Recovery Time Objective of not more than 24 hours.
63	Technical	Continuity	The solution shall provide a disaster recovery solution that enables a Recovery Point Objective of not more than 2 hours.
64	Technical	Continuity	The solution shall provide a disaster recovery solution that enables failover and failback across regions.
65	Technical	Performance	The solution shall be elastically scalable as needed.
66	Technical	Security	The solution shall comply with the cybersecurity standards set forth in Florida Administrative Code 60GG-2.
67	Technical	Security	The solution shall be HIPPA compliant.
68	Technical	Security	The solution shall meet all relevant requirements as set forth in the DOH Security Policy.
69	Technical	Architecture	The solution shall meet the NIST definition of cloud computing as defined in Special Publication (NIST SP) - 800-145.
70	Technical	Architecture	The solution shall meet the requirements set forth in Florida Administrative Code 60GG-5.
71	Technical	Architecture	The solution shall provide the capability to perform optimization, statistics collection, the ability to use static and dynamic plans, partitioning, partition elimination and storage tiering for performance and materialized views, among other features.
72	Technical	Architecture	The solution shall meet all relevant requirements as set forth in Florida Administrative Code 60GG-4
73	Technical	Project Management	The project implementation shall comply with all requirements in Florida Administrative Code 60GG-3

Appendix C – DMI Cost Benefit Analysis

CBAForm 1 - Net Tangible Benefits

Agency	Florida Department of Health	Project	Enterprise-level Data Lakehouse and Advanced Analytics Platform
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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
A. Personnel Costs -- Agency-Managed Staff	\$683,100	\$0	\$683,100	\$683,100	\$0	\$683,100	\$683,100	\$0	\$683,100	\$683,100	\$0	\$683,100	\$0	\$0	\$0
A.b Total Staff	4.00	0.00	4.00	4.00	0.00	4.00	4.00	0.00	4.00	4.00	0.00	4.00	0.00	0.00	0.00
A-1.a. State FTEs (Salaries & Benefits)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-1.b. State FTEs (#)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-2.a. OPS Staff (Salaries)	\$445,500	\$0	\$445,500	\$445,500	\$0	\$445,500	\$445,500	\$0	\$445,500	\$445,500	\$0	\$445,500	\$0	\$0	\$0
A-2.b. OPS (#)	3.00	0.00	3.00	3.00	0.00	3.00	3.00	0.00	3.00	3.00	0.00	3.00	0.00	0.00	0.00
A-3.a. Staff Augmentation (Contract Cost)	\$237,600	\$0	\$237,600	\$237,600	\$0	\$237,600	\$237,600	\$0	\$237,600	\$237,600	\$0	\$237,600	\$0	\$0	\$0
A-3.b. Staff Augmentation (# of Contractors)	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00	0.00	0.00	0.00
B. Application Maintenance Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-4. Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Data Center Provider Costs	\$500,000	\$0	\$500,000	\$500,000	\$0	\$500,000	\$500,000	-\$100,000	\$400,000	\$500,000	-\$200,000	\$300,000	\$500,000	-\$300,000	\$200,000
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$500,000	\$0	\$500,000	\$500,000	\$0	\$500,000	\$500,000	-\$100,000	\$400,000	\$500,000	-\$200,000	\$300,000	\$500,000	-\$300,000	\$200,000
C-3. Network / Hosting Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other <i>Cloud Lakehouse/Analytics Platform</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Facility Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Other Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-1. Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-2. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-3. Other <i>IVV</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-4. Other <i>Implementation Services</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total of Recurring Operational Costs	\$1,183,100	\$0	\$1,183,100	\$1,183,100	\$0	\$1,183,100	\$1,183,100	-\$100,000	\$1,083,100	\$1,183,100	-\$200,000	\$983,100	\$500,000	-\$300,000	\$200,000
F. Additional Tangible Benefits:		\$0			\$0			\$0			\$0			\$0	
F-1. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
F-2. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
F-3. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
Total Net Tangible Benefits:		\$0			\$0			\$100,000			\$200,000			\$300,000	

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 25%
Placeholder	<input type="checkbox"/>	Confidence Level

State of Florida
Cost Benefit Analysis

APPENDIX A

Fiscal Year 2023-24

A		B		C		D		E		F		G		H		I		J		K		L		M		N		O		P		Q		R		S		T	
1 Florida Department of Health				Enterprise-level Data Lakehouse and Advanced Analytics Platform				CBA Form 2A Baseline Project Budget																															
2 Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.				FY2024-25		FY2025-26		FY2026-27		FY2027-28		FY2028-29		TOTAL																									
3				\$ -		\$ 7,499,200		\$ 7,499,200		\$ 7,499,200		\$ 5,666,333		\$ -		\$ 28,163,933																							
4 Item Description <i>(remove guidelines and annotate entries here)</i>		Project Cost Element		Appropriation Category		Current & Previous Years Project-Related Cost		YR 1 Base Budget		YR 2 Base Budget		YR 3 Base Budget		YR 4 Base Budget		YR 5 Base Budget		TOTAL																					
5 Costs for all state employees working on the project.		FTE		S&B		\$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		\$ -																					
6 Costs for all OPS employees working on the project.		OPS		OPS		0.00		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		\$ -																					
7 Staffing costs for personnel using Time & Expense.		Staff Augmentation		Contracted Services		\$ -		2.00 \$ 499,200 \$ -		2.00 \$ 499,200 \$ -		2.00 \$ 499,200 \$ -		2.00 \$ 208,000 \$ -		0.00 \$ - \$ -		\$ 1,705,600																					
8 Project management personnel and related deliverables.		Project Management		Contracted Services		\$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		\$ -																					
9 Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.		Project Oversight		Contracted Services		\$ -		0.00 \$ 250,000 \$ -		0.00 \$ 250,000 \$ -		0.00 \$ 250,000 \$ -		0.00 \$ 104,167 \$ -		0.00 \$ - \$ -		\$ 854,167																					
10 Staffing costs for all professional services not included in other categories.		Consultants/Contractors		Contracted Services		\$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		0.00 \$ - \$ -		\$ -																					
11 Separate requirements analysis and feasibility study procurements.		Project Planning/Analysis		Contracted Services		\$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ -																					
12 Hardware purchases not included in data center services.		Hardware		OCO		\$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ -																					
13 Commercial software purchases and licensing costs.		Commercial Software		Contracted Services		\$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ -																					
14 Professional services with fixed-price costs (i.e. software development, installation, project documentation)		Project Deliverables		Contracted Services		\$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ - \$ -		\$ -																					
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		\$ -		\$ 2,500,000 \$ -		\$ 3,000,000 \$ -		\$ 3,500,000 \$ -		\$ 4,000,000 \$ -		\$ - \$ -		\$ 13,000,000																					
17 Other contracted services not included in other categories.		Other Services - Implementation Ser		Contracted Services		\$ -		\$ 4,250,000		\$ 3,750,000		\$ 3,250,000		\$ 1,354,167		\$ -		\$ 12,604,167																					
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				\$ -		2.00 \$ 7,499,200 \$ -		2.00 \$ 7,499,200 \$ -		2.00 \$ 7,499,200 \$ -		2.00 \$ 5,666,333 \$ -		0.00 \$ - \$ -		\$ 28,163,933																					

CBAForm 2 - Project Cost Analysis

Agency	<u>Florida Department of Health</u>	Project	<u>Enterprise-level Data Lakehouse and Advanced Analytics Platform</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 (*)	\$7,499,200	\$7,499,200	\$7,499,200	\$5,666,333	\$0	\$28,163,933
CUMULATIVE PROJECT COSTS <i>(includes Current & Previous Years' Project-Related Costs)</i>	\$7,499,200	\$14,998,400	\$22,497,600	\$28,163,933	\$28,163,933	
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	\$0	\$0	\$0	\$0	\$0	\$0
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Grants <input checked="" type="checkbox"/>	\$7,499,200	\$7,499,200	\$7,499,200	\$5,666,333	\$0	\$28,163,933
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$7,499,200	\$7,499,200	\$7,499,200	\$5,666,333	\$0	\$28,163,933
CUMULATIVE INVESTMENT	\$7,499,200	\$14,998,400	\$22,497,600	\$28,163,933	\$28,163,933	

Characterization of Project Cost Estimate - CBAForm 2C		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	Confidence Level	
Order of Magnitude <input checked="" type="checkbox"/>	Confidence Level	20%
Placeholder	Confidence Level	

Cost Benefit Analysis

CBAForm 3 - Project Investment Summary

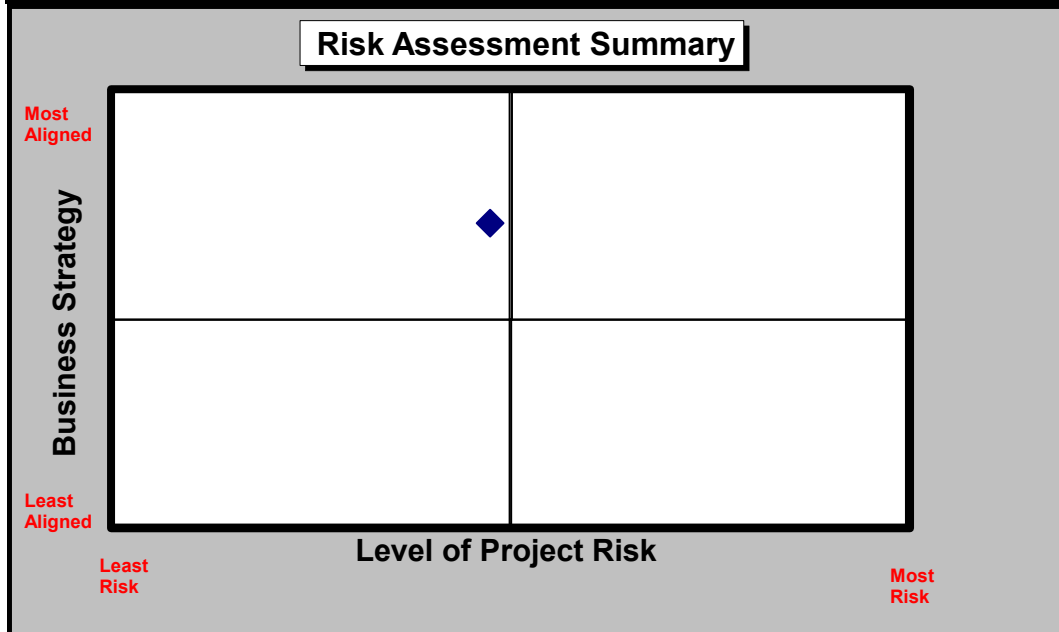
Agency Florida Department of Health Project Enterprise-level Data Lakehouse and A

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	\$7,499,200	\$7,499,200	\$7,499,200	\$5,666,333	\$0	\$28,163,933
Net Tangible Benefits	\$0	\$0	\$100,000	\$200,000	\$300,000	\$600,000
Return on Investment	(\$7,499,200)	(\$7,499,200)	(\$7,399,200)	(\$5,466,333)	\$300,000	(\$27,563,933)
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)	(\$25,394,388)	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 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28
Cost of Capital	3.50%	3.50%	3.60%	3.60%	3.60%

Project	<i>Data Modernization Initiative</i>	
Agency	<i>Dept. of Health</i>	
FY 2023-24 LBR Issue Code:	FY 2023-24 LBR Issue Title:	
<i>Issue Code</i>	<i>Issue Title</i>	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
<i>Paul Chafin - Paul.Chafin@Flhealth.gov</i>		
Executive Sponsor	<i>Cassandra Pasley</i>	
Project Manager	<i>Lola Bass</i>	
Prepared By	<i>Paul Chafin</i>	<i>7/6/2023</i>



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

Agency: Dept. of Health

Project: Data Modernization Initiative

Section 1 -- Strategic Area			
#	Criteria	Values	Answer
1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	81% to 100% -- All or nearly all objectives aligned
		41% to 80% -- Some objectives aligned	
		81% to 100% -- All or nearly all objectives aligned	
1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Documented with sign-off by stakeholders
		Informal agreement by stakeholders	
		Documented with sign-off by stakeholders	
1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings
		Most regularly attend executive steering committee meetings	
		Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is completely documented
		Vision is partially documented	
		Vision is completely documented	
1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	No changes needed
		Changes unknown	
		Changes are identified in concept only	
		Changes are identified and documented	
		Legislation or proposed rule change is drafted	
1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	Few or none
		Some	
		All or nearly all	
1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Minimal or no external use or visibility
		Moderate external use or visibility	
		Extensive external use or visibility	
1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Single agency-wide use or visibility
		Single agency-wide use or visibility	
		Use or visibility at division and/or bureau level only	
1.10	Is this a multi-year project?	Greater than 5 years	Between 3 and 5 years
		Between 3 and 5 years	
		Between 1 and 3 years	
		1 year or less	

Agency: Dept. of Health

Project: Data Modernization Initiative

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

Agency: Dept. of Health

Project: Data Modernization Initiative

Section 3 -- Organizational Change Management Area			
#	Criteria	Values	Answer
3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Minimal changes to organization structure, staff or business processes structure
		Moderate changes to organization structure, staff or business processes	
		Minimal changes to organization structure, staff or business processes structure	
3.02	Will this project impact essential business processes?	Yes	Yes
		No	
3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	41% to 80% -- Some process changes defined and documented
		41% to 80% -- Some process changes defined and documented	
		81% to 100% -- All or nearly all processes defined and documented	
3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	Yes
		No	
3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	Less than 1% FTE count change
		1% to 10% FTE count change	
		Less than 1% FTE count change	
3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	Less than 1% contractor count change
		1 to 10% contractor count change	
		Less than 1% contractor count change	
3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with greater change requirements
		Recently completed project with fewer change requirements	
		Recently completed project with similar change requirements	
		Recently completed project with greater change requirements	

Agency: Agency Name

Project: Project Name

Section 4 -- Communication Area			
#	Criteria	Value Options	Answer
4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
		No	
4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Negligible or no feedback in Plan	Proactive use of feedback in Plan
		Routine feedback in Plan	
		Proactive use of feedback in Plan	
4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
		No	
4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
		No	
4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	Some key messages have been developed
		Some key messages have been developed	
		All or nearly all messages are documented	
4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	Plan does not include desired messages outcomes and success measures	Success measures have been developed for some messages
		Success measures have been developed for some messages	
		All or nearly all messages have success measures	
4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
		No	

Agency: Dept. of Health

Project: Data Modernization Initiative

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

Agency: Dept. of Health

Project: Data Modernization Initiative

Section 6 -- Project Organization Area			
#	Criteria	Values	Answer
6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	Yes
		No	
6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented	Some have been defined and documented
		Some have been defined and documented	
		All or nearly all have been defined and documented	
6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	System Integrator (contractor)
		Agency	
		System Integrator (contractor)	
6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	2
		2	
		1	
6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Needed staff and skills have not been identified	Some or most staff roles and responsibilities and needed skills have been identified
		Some or most staff roles and responsibilities and needed skills have been identified	
		Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	Yes, experienced project manager dedicated full-time, 100% to project
		No, project manager is assigned 50% or less to project	
		No, project manager assigned more than half-time, but less than full-time to project	
		Yes, experienced project manager dedicated full-time, 100% to project	
6.07	Are qualified project management team members dedicated full-time to the project	None	No, business, functional or technical experts dedicated more than half-time but less than full-time to project
		No, business, functional or technical experts dedicated 50% or less to project	
		No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
		Yes, business, functional or technical experts dedicated full-time, 100% to project	
6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Few or no staff from in-house resources	Half of staff from in-house resources
		Half of staff from in-house resources	
		Mostly staffed from in-house resources	
		Completely staffed from in-house resources	
6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Minimal or no impact
		Moderate impact	
		Extensive impact	
6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes	Yes
		No	
6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	Yes, all stakeholders are represented by functional manager
		No, only IT staff are on change review and control board	
		No, all stakeholders are not represented on the board	
		Yes, all stakeholders are represented by functional manager	

Agency: Dept. of Health

Project: Data Modernization Initiative

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
		Project Management team will use the methodology selected by the systems integrator	
		Yes	
7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
		1-3	
		More than 3	
7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
		Some	
		All or nearly all	
7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	41 to 80% -- Some have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	41 to 80% -- Some have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	41 to 80% -- Some are traceable
		41 to 80% -- Some are traceable	
		81% to 100% -- All or nearly all requirements and specifications are traceable	
7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	Some deliverables and acceptance criteria have been defined and documented
		Some deliverables and acceptance criteria have been defined and documented	
		All or nearly all deliverables and acceptance criteria have been defined and documented	
7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
		Only project manager signs-off	
		Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	41 to 80% -- Some have been defined to the work package level
		41 to 80% -- Some have been defined to the work package level	
		81% to 100% -- All or nearly all have been defined to the work package level	
7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	Yes
		No	
7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	Yes
		No	
7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
		Project team uses formal processes	
		Project team and executive steering committee use formal status reporting processes	
7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
		Some templates are available	
		All planning and reporting templates are available	
7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
		No	
7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	All known risks and mitigation strategies have been defined
		Some have been defined and documented	
		All known risks and mitigation strategies have been defined	
7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
		No	
7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
		No	

Agency: Dept. of Health

Project: Data Modernization Initiative

Section 8 -- Project Complexity Area			
#	Criteria	Values	Answer
8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	Similar complexity
		More complex	
		Similar complexity	
		Less complex	
8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
		3 sites or fewer	
		More than 3 sites	
8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
		3 sites or fewer	
		More than 3 sites	
8.04	How many external contracting or consulting organizations will this project require?	No external organizations	1 to 3 external organizations
		1 to 3 external organizations	
		More than 3 external organizations	
8.05	What is the expected project team size?	Greater than 15	Greater than 15
		9 to 15	
		5 to 8	
		Less than 5	
8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	None
		2 to 4	
		1	
		None	
8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Agency-wide business process change
		Agency-wide business process change	
		Statewide or multiple agency business process change	
8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	Yes
		No	
8.09	What type of project is this?	Infrastructure upgrade	Combination of the above
		Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
		Business Process Reengineering	
		Combination of the above	
8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Similar size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	
8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Greater size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	

Appendix E – Project Management Plan

PROJECT CHARTER

The purpose of this Project Charter is to ensure a common understanding of the goals, objectives, and anticipated scope of work of the Enterprise Data Modernization initiative, and to guide its planning and implementation. This is a living document that shall be updated at major milestones throughout the project lifecycle.

Project Name

This project is referred to as the Data Modernization Architectural Framework (DMAF)

Project Purpose

The Center for Disease Control (CDC) has established a Data Modernization Initiative (DMI) with the goal of getting better, faster, actionable insights for decision-making at all levels of public health. Through recent CDC grant funding related to this DMI and current assessments of the Department's data landscape, the Department seeks to formalize its enterprise data integration and analytics strategy and build a data modernization landscape. The proposed landscape includes advanced data interoperability, integration, and data lakehouse/warehouse options to align data and analytics capabilities to business and strategic goals.

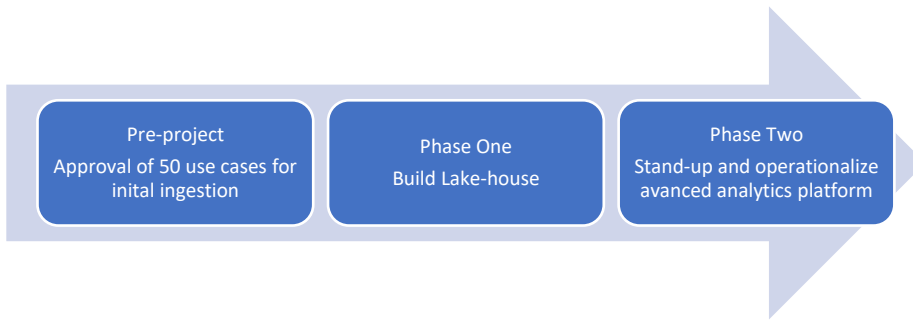
Project Objectives

Specific objectives for the Data Modernization Architectural Framework project include:

- Maintaining enterprise data accuracy, consistency, integrity, and ease of accessibility for data analytics purposes.
- Being able to support executive leadership in public health program planning and decision-making through the development of intuitive dashboards for critical data sets.
- Improving the data sharing and interoperability capabilities of critical Department systems to deliver high-quality, real-time information for state public health decisions and reporting as per the North Start Architecture guidance.
- Expanding the use of dashboards and advanced analytics including geospatial analysis, predictive analysis, and forecasting for disease surveillance and other public health or administration data domains.
- Utilizing additional data sets such as disease genomics data.
- Enabling enterprise-level data warehouse capabilities to make critical data sets accessible and optimize the structure to support data integration and analysis.
- Reducing time-consuming reconciliation and data correction processes.
- Improving the Department agility's in responding to public health issues or operational inefficiencies.
- Finding 'hidden' connections and eliminating departmental silos.

Project Phases

The DMAF Project delivery will be implemented over several years as illustrated below.



Project Management

The primary project management methodology used by the Department is based on the Project Management Institute's Project Management Framework, but Agile methodology is also used when appropriate. The project Sponsor, project Manager, in collaboration with the Office of Information Technology Project Management Office will decide which methodology is best for this project.

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

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

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

- Monitoring project progress; identifying, documenting, evaluating and resolving project related problems that may arise.
- Reviewing, evaluating, and making decisions with regard to proposed changes; Changes to project scope will be tightly controlled according to a documented change request, review and approval process agreed to by all stakeholders.
- Monitoring and taking appropriate actions about risks as required by the risk management plan.
- Monitoring and tracking issues as required by a documented issue reporting and management process.
- Monitoring the quality of project deliverables and taking appropriate actions with regard to any project deliverables that are deficient in quality.

Project Scope

The project scope includes:

- Recruiting and establishing the project team, technical and programmatic workgroups, and leadership oversight committee.
- Identifying and prioritizing enterprise level data integration and advanced analytics needs.
- Establishing policies, processes, controls, and strategies to govern data related requirements such as, but not limited to, security, integrity, availability, accessibility, integration, and data sharing.
- Designing and implementing a robust, enterprise capable Public Health Data Warehouse/Lakehouse (DW) and Data Analytics solution (with potential inclusion of an API management tool) in an organized, efficient, and sustainable manner, for the storing and utilizing enterprise data pulled from a diverse array of sources such as, but not limited to: EMS, e-Vitals, Health Management System (HMS), Health Stats, FL Essence, MQA LEIDs, HIV, Overdose Registry, Cardiac Arrest Registry, Trauma Registry, Stroke Registry, Public Safety Answering Points (PSAP), Mobile Integrated Health, and others.
- Migration of up to fifty data sets into the DW solution will be done in phases.
- Establishment of the following tools:
 - Data Integration Engines
 - Data Extraction, Transformation and Loading Tools
 - Artificial Intelligence and Machine Learning Engines
 - Custom AI / ML Models
 - AI / ML Modeling Tools
 - Robotic Process Automation (RPA)
 - Low Code / No Code Application Platforms (LCAP)
 - Enterprise Master Person Index (EMPI)
 - Data Reporting and Visualization Tools
 - System Administration and Performance Optimization Tools
 - Cost Management Tools allowing Chargeback / Show Back
- Adoption of Disaster Recovery Solution
- Assessment of current workforce capabilities to use advanced data tools and the identification of training and research needs.

Also Included in the Project Scope

- Organizational Change Management
- Independent Verification and Validation (IV&V)

- Data conversion and migration
- Statewide system implementation
- Content development for training materials and system help screens
- End-user training
- Operations and maintenance planning
- Reporting functions

Project Timeline

A preliminary, high-level project timeline is shown in the table below. The actual project timeline will be highly dependent upon the technology solution.

Proposed Project Timeline	
Fiscal Year	Major Milestones
FY2023-2024	<ul style="list-style-type: none"> • Establish DMI governance process • Identify use cases for Data Warehouse • Release procurement documents and select DMAF vendor(s) • Release procurement documents and select IV&V vendor
FY2024-25	<ul style="list-style-type: none"> • Establish project and initiation documentation and artifacts • Data Integration Strategy • Validate requirements and Use Cases • Stand-up Data Lake-House • Commence data ingestion of use cases
FY2025-26	<ul style="list-style-type: none"> • Continue ingestion of use cases • Establish Enterprise Master Person Index (EMPI) • Stand-up Advanced Analytics Platform and tools
FY2026-27	<ul style="list-style-type: none"> • Continue ingestion of use cases • Operationalize Advanced Analytics tools and processes

Project Deliverables

The following table contains a preliminary list of project deliverables. The final deliverables list,

which will include acceptance criteria, will be developed in conjunction with the selected implementation vendor and will be appropriate to the technology solution chosen.

Project Deliverables	
Name	Deliverable Description
Project Management Status Reports	Includes weekly status reports to project management team and monthly progress reports to the Project Steering Committee.
Risk and Issue Registers	Prioritized lists of risks and issues identified and reviewed during the course of the project.
Meeting Minutes	Record of decisions, action items, issues, and risks identified during formal stakeholder meetings.
Schedule IV-B Feasibility Study (Updates) - Optional	Incorporates information collected during initial phases, to be submitted with the Department's Legislative Budget Request for follow on phases.
Procurement Documents - Optional	Shall include the procurement vehicle selected (i.e., Invitation to Negotiate) and any supporting documentation.
Project Charter	Issued Project Sponsor that formally authorizes the existence of the project and provides the Project Manager with the authority to apply organizational resources to project activities.
Project Management Plan	Includes the following documents as required by the Department's OIT processes and procedures: <ul style="list-style-type: none"> • Work Breakdown Structure • Resource Loaded Project Schedule • Change Management Plan • Communication Plan • Document Management Plan • Scope Management Plan • Quality Management Plan • Risk Management Plan • Risk Response Plan • Issue Management Plan • Resource Management Plan • Conflict Resolution Plan • Baseline Project Budget
As-Is Business Process Flows	Represents, graphically, the current state of public assistance business processes using standard business process notation. This document should include narrative descriptions of key activities, including owners, inputs and outputs.

Project Deliverables	
Name	Deliverable Description
To-Be Business Process Flows	Description for the vision of the business process post automation implementation
Functional/non-Functional Requirements Document	This deliverable shall include, at a minimum: <ul style="list-style-type: none"> • Unique identification of each requirement • A clear description of the functional and non- functional requirements for the system • A traceability matrix to include requirement ID, requirement type, process, activity, requirement description, priority, and source
Technical Design Specification	Detailed technical design for data and information processing in the new business system to include: <ul style="list-style-type: none"> • Data Model/ERD • Data Dictionary • Technical Architecture (to include a hardware usage plan)
Design Demonstration	Review and acceptance of the system integrator's design required before proceeding to development. Key stakeholders will experience the prototype and then a go/no-go decision will be submitted to the Project Sponsors for action.
Data Conversion Plan	Plan for converting data from existing systems to meet the specifications of the new lake-house design; to include detailed data conversion mapping.
Knowledge Transfer Plan	Details the steps taken to adequately transfer knowledge about the system to the resources that ultimately will be responsible for implementation.
Organizational Change Management (OCM) Plan	Describes the overall objectives and approach for managing organizational change during the project, including the methodologies and deliverables that will be used to implement OCM for the project.
OCM Status Reports	Includes weekly status reports to project management team and monthly progress reports to the Project Steering Committee.
Stakeholder Analysis	Identifies of the groups impacted by the change, the type and degree of impact, group attitude toward the change and related change management needs.
Training Plan	Defines the objectives, scope and approach for training all stakeholders who require education about the new organizational structures, processes, policies and system functionality.

Project Deliverables	
Name	Deliverable Description
Change Readiness Assessment	Surveys the readiness of the impacted stakeholders to “go live” with the project and identifies action plans to remedy any lack of readiness.
IV&V Project Charter	A document issued by the Project Sponsor that formalizes the scope, objectives, and deliverables of the IV&V effort.
IV&V Status Reports	Includes quarterly reports to the Executive Management Team and the Project Steering Committee.
IV&V Periodic Assessments	Documents the results of IV&V activity to determine the status of project management processes and outcomes including but not limited to: <ul style="list-style-type: none"> • Schedule Review Summary • Budget Review Summary • Business Alignment Summary • Risk Review Summary • Issue Review Summary • Organizational Readiness Summary • Recommended Next Steps/Actions for each of the above areas • Milestone and Deliverable reviews (to determine if the project is prepared to proceed to the next phase in the project work plan) • Current scorecard of the project management disciplines • Strengths and areas for improvement in the project management disciplines • IV&V Next Steps/Actions
IV&V Lessons Learned	Documents obstacles navigated during the IV&V project and associated best practices.
IV&V Contract Compliance Checklist	Documents that all contractual requirements have been met by vendors involved with the project.
Data Migration Plan	Plan for migration of data from existing systems to the new database.
Test Plans	Detailed test plans for unit testing, system testing, load testing, and user acceptance testing.
Test Cases	Documented set of actions to be performed within the system to determine whether all functional requirements have been met.
Implementation Plan	Detailed process steps for implementing the new business system statewide.
Functional Data Lake-House	Final production version of the new data lake-house.
Functional Advanced Analytics Platform	Final production version of the advanced analytics platform and tools.

Project Deliverables	
Name	Deliverable Description
Master Person Index	Final production version of the Master Person Index
Disaster Recovery Solution	Approved and validated disaster recovery solution
System Operation and Maintenance Plan	Detailed plan for how the finished system will be operated and maintained.
System Sustainability Plan	Detailed plan on maintaining the data lake-house and associated tools.

Project Milestones

It is anticipated the project will be managed according to the following milestones. Go/no-go checkpoints may be added to the project schedule where appropriate based on the chosen solution. Checkpoints will require Project Sponsor sign-off prior to commencing the next activity.

Project Milestones by Phase		
Milestone	Phase	Deliverable(s) to Complete
Legislative Approval	Pre-project	<ul style="list-style-type: none"> Updated Schedule IV-B
Federal Funding Approval	Pre-project	<ul style="list-style-type: none"> Advance Planning Document
Vendor Procurement	Pre-project, One	<ul style="list-style-type: none"> Updated Schedule IV-B General System Design Procurement Documentation
Project Kick-Off	One	<ul style="list-style-type: none"> Project Charter
Project Management Documents Completed	One	<ul style="list-style-type: none"> Various (See deliverable list)
Business Process Analysis Completed	One	<ul style="list-style-type: none"> As-Is Business Process Flows To-Be Business Process Flows
Acceptance of Functional and Technical Requirements	One	<ul style="list-style-type: none"> System Requirements Document Requirements Document
Acceptance of Validated Requirements	One	<ul style="list-style-type: none"> Validated Functional Requirements Document
Acceptance of Functional Data Lake-House	One	<ul style="list-style-type: none"> Validated Data Lake-House
Functional Advanced Analytics Platform	Two	<ul style="list-style-type: none"> Validated advanced analytics platform and tools.
Master Person Index	Two	<ul style="list-style-type: none"> Validated Master Person Index
Disaster Recovery Solution	Two	<ul style="list-style-type: none"> Approved and validated disaster recovery solution
System Operation and Maintenance Plan	Two	<ul style="list-style-type: none"> Detailed plan for how the finished system will be operated and maintained.

Project Milestones by Phase		
Milestone	Phase	Deliverable(s) to Complete
End User Training Complete	Two	<ul style="list-style-type: none"> On-site training sessions Training materials
Project Close-out	Two	<ul style="list-style-type: none"> Lessons Learned Knowledge Transfer Contract Compliance Checklist Project Close-out Checklist

Affected Stakeholders and Groups

Below are the project stakeholders that have been identified to-date.

Stakeholders	
Major Stakeholders	How They Are Affected or How They Will Participate
Project Sponsor	<ul style="list-style-type: none"> Oversee alignment of activities to support Department goals. Provide high-level oversight to the project and become more heavily involved should any issue resolution be necessary. Provide final decision on project escalations.
Executive project team	<ul style="list-style-type: none"> Oversee alignment of activities to support Department goals. Provide high-level oversight to the project and become more heavily involved should any issue resolution be necessary. Provide final decision on project escalations.
Project Manager	<ul style="list-style-type: none"> Coordinate planning and preparation for EDM implementation. Coordinate with Sponsor and Collaboration Workgroup for availability of resources. Schedule and facilitate project status meetings. Report on project status. Coordinate project activities with the Collaboration Workgroup, DW solution vendor, and other project stakeholders. Maintain Action Items, Change, Decisions, Risks, Issues, Lessons Learned Logs. Follow up on action items. Maintain project schedule.
Data Domain SMEs	<ul style="list-style-type: none"> Provide insights into data domain, data issues, and data processes. Support data cleansing efforts. Support data extraction/migration efforts. Support data validation/testing.
Integration SMEs	<ul style="list-style-type: none"> Provide expertise with existing application integration and integration capabilities. Review vendor integration designs. Support integration implementation. Support integration testing.
Application Project Managers	<ul style="list-style-type: none"> Coordinate EMD / DW / DA implementation with other application initiatives. Support EMD planning and review project schedule. Coordinate availability of application staff.
Data Architects	<ul style="list-style-type: none"> Provide technical expertise about the design and structure of the DW / DI / DA implementation.

Stakeholders	
Major Stakeholders	How They Are Affected or How They Will Participate
Application Owners / Business Unit Leads	<ul style="list-style-type: none"> • Coordinate EMD / DW / DA implementation with other application and business unit initiatives. • Support EMD planning and review project schedule. • Coordinate availability of application and business staff. • Provide approval on any business-related escalations.
General Public	<ul style="list-style-type: none"> • Data analytics on emerging health issues will allow the Department to react in less time saving lives and reducing costs.

Assumptions and Constraints

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

- A suitable architecture model exists to facilitate rapid and scalable deployment of business rules.
- The Department will identify a project sponsor for this project to champion the initiative, provide guidance and direction about the vision, objectives, and scope, and to serve as the authority for escalated project decision-making.
- The Department will identify resources that will form part of the collaboration workgroup for the project. These should be subject matter experts of different critical Department data domains.
- The Department will identify and assign a project manager to work alongside the collaboration workgroup to lead the implementation efforts.
- Project is contingent on CDC's approval of the Department's goals, approach, and plan for use of the designated funds.
- The project schedule is dependent upon the acceptance of the scope of work stated in the project charter, and the further work breakdown being completed after getting additional feedback from subject matter experts about the realistic effort and timeframe needed to complete planned tasks.
- The initial high-level objectives and tasks listed in the project charter will be elaborated in greater detail during the project implementation.
- There is a project scope change management process to manage scope changes and addition of new requirements.
- The procurement process for the systems solution(s) will be timely, fair, open, competitive and without serious challenge.
- The Department will embrace the Organizational Change Management needed to implement the recommended solution.
- The project team will be adequately staffed to accomplish the project's deliverables, milestones, and infrastructure, manage user involvement, produce necessary project planning documents, project status reporting, etc.
- Data conversion and migration from multiple legacy systems will be required.
- All labor costs for the project are assumed to be for system integrator and support contractor staff only, exclusive of state employees.
- Labor rates for contracted staff are assumed to be in accordance with the IT consulting State Term Contract for staff augmentation and comparable to similar projects recently undertaken by other Florida State Agencies.

Constraints

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

- Department resource availability to support the Enterprise Data Modernization project may be constrained due to daily operations and other priorities.
- Procurement and implementation of the data warehouse solution may require additional time and/or expertise resulting in the inability to meet the planned project scope.
- Delays in related projects may impact project timeline or in-scope project items.
- Grant funding requirements may limit in-scope work items if objectives are not measurable.
- Approval by either the Executive Office of the Governor (in consultation with the Legislature) or the Legislative Budget Commission is required before any appropriated funds are made available to the Department.
- All schedules depend on the continual availability of appropriated funds.
- State and/or federal statutory changes, changes in administrative rules, and Department's policy changes may impact the project.
- The software tools supporting desired capabilities will be determined based on the solution proposed by the selected system integration vendor.
- Department staff availability.
- Stakeholder understanding of project dynamics and impacts.

Change Request Process

Projects of this magnitude should expect change as the project progresses through the design, development, and implementation phases. All change requests will be formally documented and validated by the Steering Committee and/or Project Sponsor depending upon the Change Management Plan. Once validation has occurred, the appropriate stakeholders will assess the change and determine the associated time and cost implications.

Upon acceptance of the change request and its validation by the appropriate party, the tasks to implement the change will be incorporated into the project plan and a project change order will be initiated. A priority will be assigned, and the request will be scheduled accordingly.

PROJECT MANAGEMENT

Work Breakdown Structure

The Work Breakdown Structure (WBS) is not available at this time and will be generated as part of the project management activities in the first quarter for FY 2023-2024.

Resource Loaded Project Schedule

A preliminary project schedule is not available at this time. However, it should be noted that the actual project schedule will be highly dependent upon the technology solution chosen. The development of the actual project schedule will be the responsibility of the project manager and selected implementation vendor.

Project Budget

See section 3, Cost Benefit Analysis in the Schedule IV-B for a breakdown of the project budget.

Project Organization

Project Steering committee members will include the Deputy Secretary for Operations, Assistant Deputy Secretary for Health, Assistant Deputy Secretary for County Health Systems, and Chief Information Officer.

During monthly steering committee meetings with the project management team, the committee will evaluate the project's adherence to the planned schedule, scope and use of resources. Finally, the Steering Committee will act as advocates for the project whenever possible and especially when needed to bolster the confidence and resolve of other key stakeholders.

The Project Management Team will be headed by the Project Manager and will include OIT and Program office resources.

Project Quality Control

Purpose: To understand project quality requirements and ensure that effective quality control processes and procedures are in place and operational in time to support the needs of the project.

The project will follow the PMO guidelines delineating timeline, budget, and quality specifications for each deliverable. Each deliverable will be assigned detailed acceptance criteria in the project contract. Quality will be monitored and controlled by the Project Management Team and deliverables will be accepted only when the acceptance criteria have been met. The PMO will provide oversight and assistance to the entire Project Team to ensure that standards are followed.

Project Quality	
Project Area	Description
Development Standards	If applicable, the vendor selected for design and development of the solution will follow Department's SDLC programming and development standards.
Testing Management	The vendor will follow the established standards of the Department for Testing Management. This includes unit testing, integration testing, system testing, load testing and user acceptance testing.
Approval	All deliverables will require individual stakeholder approval and sign-off upon completion of the final draft.
Software Configuration Management	If applicable, the vendor will follow the established standards of the Department for Software Configuration Management. This includes Stakeholder sign-off, documentation, and version control.
Contract Management	The Department Contract Management will be involved in contract management. All contracts must pass executive and legal approval. In addition, external project oversight will be required for contract negotiation.

In addition to these formal areas of quality control, the following practices will be maintained

during the life of the project.

- Peer reviews of artifacts.
- Project team acceptance and approval.
- Periodic project team meetings.
- Project status meetings.
- Periodic contractor, contract manager, project manager and project team meetings.
- Change control management processes, including the creation of a change review and control board that provides representation for all affected stakeholders.
- Contract manager and Project Sponsor acceptance and approval.
- Maintain detailed requirements definitions under configuration management.
- Defined test plan with standard levels of technical and acceptance testing.
- Risk Management and Mitigation.

Quality will be monitored throughout the project by the PMO. Multiple levels of acceptance by all stakeholders will be built into the process to ensure project quality control.

External Project Oversight

Purpose: To understand any unique oversight requirements or mechanisms required by this project.

A full-scale Independent Verification and Validation (IV&V) effort will be in place throughout the life of the project. The purpose of IV&V is to provide an unbiased review and assessment of the project to help ensure it is meeting its desired goals, it adheres to internally documented or recognized industry standards and guidelines, the products or deliverables meet the requirements and are of high quality, appropriate controls are defined and utilized, and that the stakeholders in the process are effectively involved and aligned. Specific objectives of the IV&V effort for this project will include:

- Providing validation that the awarded implementation vendor:
 - Complies with the terms of the contract.
 - Performs and provides deliverables to the satisfaction of the Department.
 - Fulfills the technical and non-technical requirements of the contract.
 - Completes the project within the expected timeframe.
 - Demonstrates value and is committed to achieving the goals outlined by the Department.
 - Acts in the best interests of the Department and surfaces issues in a timely and comprehensive manner.
- Providing an independent, forward-looking perspective on the project by raising key risks, issues and concerns and making actionable recommendations to address them.
- Enhancing management's understanding of the progress, risks and concerns relating to the project and providing information to support sound business.
- Provide ongoing advice and direction to the Executive Management Team, the Project Steering Committee, the Project Director and Department Executive Leadership

throughout each phase of the project.

RISK MANAGEMENT

Purpose: To ensure that the appropriate processes are in place to identify, assess, and mitigate major project risks that could prevent the successful completion of this project.

The purpose of risk management is to identify the risk factors for the project and establish a risk management plan to minimize the probability that the risk will negatively impact the project.

The project management methodology chosen for this project will include processes, templates, and procedures for documenting and mitigating risk. Formal risk analysis, tracking and mitigation will be ongoing throughout all phases of the project. Risks are actively identified, detailed, and prioritized. Mitigation strategies are developed. Risks are tracked, mitigated and closed throughout the lifecycle.

Mitigation Strategies

Risk mitigation involves prioritizing, evaluating and implementing the appropriate risk-reducing activities in response to the risk assessment. Risk mitigation options include:

- **Risk Assumption.** Accept the potential risk as unavoidable, continue the project, and implement controls to lower the risk to an acceptable level.
- **Risk Avoidance.** Avoid the risk by eliminating the cause of the risk, the consequence of the risk, or both (e.g., forego certain aspects of the project that are particularly risky).
- **Risk Limitation.** Limit risk by implementing controls that prevent the adverse impact from a particular risk or provide early detection of rising risk so that project leadership can respond to correct the risky condition.
- **Risk Planning.** Manage risk by developing a risk mitigation plan that prioritizes, implements, and maintains controls.
- **Research and Acknowledgement.** Lower the risk of adverse project impact by acknowledging the vulnerability and researching controls that can be applied to manage or eliminate it.
- **Risk Transference.** Transfer or share risk through options that compensate for the adverse impact, such as performance bonding and insurance.

Risk Management Plan

All phases of the project will follow the standards defined by the Project Management Office (PMO). PMO standards include processes, templates, and procedures for documenting and mitigating risk. Formal risk analysis, tracking and mitigation will be ongoing throughout all phases of the project. Risks are actively identified, detailed, and prioritized. Mitigation strategies are developed. Risks are tracked, mitigated and closed throughout the lifecycle.

A Risk Management Plan (RMP) will be developed and adhered to throughout all phases of the project. The RMP will include clear risk management procedures including standard checkpoints and mitigation strategies. Execution of a well-defined RMP with clear mitigation strategies for each risk is critical to the success of the DLAF project.

The purpose of risk management is to identify the risk factors for the project and establish a risk

management plan to minimize the probability that the risk will negatively impact the project. It is recommended that the following checkpoints be followed during the project:

Task	Recommendation
Risk Management Plan	Have planned semi-annual reviews and updates after the submission and approval of the Risk Management Plan with the Steering Committee. More frequent or "as required" updates should be performed.
Risk Management Reviews	As part of a disciplined approach to addressing project risks, monthly Risk Meetings should be conducted during the project lifecycle.

Project Risk and Mitigation Table

The following table provides an overview of the strategies that Department will employ to mitigate the risks identified by the risk assessment tool in Section 4.2 of the Schedule IV-B.

Risk Registry					
#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
Strategic (Medium Risk)					
A1	Lack of governance – agreement on sharing of data	High	Low	<ul style="list-style-type: none"> Ensure security of data that is shared. Emphasize benefits of sharing the data. Understand risks and challenges that may be created by design decisions and create a process to make enterprise-wide decisions based on confidentiality of the data. 	
Change Management (High Risk)					
B1	Implementation efforts disrupt the performance of existing applications/systems	Low	Low	<ul style="list-style-type: none"> Communicate any modifications to existing applications/systems to business/technical owners. Ensure integrations and changes are properly designed, implemented, and tested. 	
Communication (High Risk)					
C1	Inadequate involvement from participating resources	Medium	High	<ul style="list-style-type: none"> Ensure participating resources understand the project's goals and objectives and are committed to its success. 	
Fiscal (High Risk)					
D1	Lack of approval from CDC for use of the awarded funds	Medium	High	<ul style="list-style-type: none"> Develop and submit supplemental plan and any other grant documentation required as per instructions provided by the CDC and with sufficient level of detail to make clear the purpose and plan of our project. Be prompt in responding to any follow-up questions. 	
D2	Delay or lack of approval of budget amendment for spend authority	High	Medium	<ul style="list-style-type: none"> Closely collaborate with the Office of Budget and Revenue Management to provide timely and complete information for the development of the budget amendment. 	

Risk Registry					
#	Risk description and Impact	Probability of Occurrence	Risk Tolerance	Mitigation Strategy	Assigned Owner
D3	Reduction or removal of funding	Low	High	<ul style="list-style-type: none"> Sustainability must be always taken into consideration when evaluating the scope of prioritizing requirements to ensure that work products can be sustained beyond funding period or to determine approach to take if funding is suddenly stopped or reduced (include exit strategies or dependencies on grant funding on all contracts). 	
Project Organization (High Risk)					
E1					
Project Management (Medium Risk)					
F1	Lack of decision authority	Low	Low	<ul style="list-style-type: none"> Ensure decision makers have been identified and are notified of key decision points. 	
Project Complexity (High Risk)					
G1					

ORGANIZATIONAL CHANGE MANAGEMENT

Purpose: To increase the understanding of the key requirements for managing the changes and transformation that the users and process owners will need to implement for the proposed project to be successful.

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

Department will adhere to the standards of the PMO for Organizational Change Management. A specific OCM methodology has not been identified at this Phase but will be identified in the Organizational Change Management Plan after project initiation.

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

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

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

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

PROJECT COMMUNICATION

Purpose: To ensure that effective communication processes are in place to disseminate information and receive feedback from users, participants, and other project stakeholders to facilitate project success.

The DLAF project will use communication methods proven to be effective on large-scale IT implementations and will follow the standards developed by the PMO. These will include a communication plan, a formal project kick-off meeting, status meetings, milestone reviews, adoption of methodology in defining roles, responsibilities and quality measures of deliverables, regular status reports, regular review and evaluation of project issues and risks, periodic project evaluation, regular system demonstrations and reviews, and a project artifact repository.

Disseminating knowledge among stakeholders is essential to the project's success. Project sponsors, core project team members and key stakeholders must be kept informed of the project status and how changes to the status affect them. The more people are kept informed about the progress of the project and how it will help them in the future, the more they will participate and benefit.

At this phase, the specific communication needs of project stakeholders and the methods and frequency of communication have not been established. This will be done during the project planning activities. The project communication methodology will espouse the following types of information dissemination:

Top-Down

It is crucial that all participants in this project sense a high degree of executive support and guidance for this effort. The executive leadership of the organization (project sponsor) needs to speak with a unified, enthusiastic voice about the project and what it holds for everyone involved. The project will require dedicated, 'hands-on' organizational change management if it is to be successful. Not only will the executives need to speak directly to all levels of the organization, but they will also need to listen to all levels as well. The transition from the project management practices of today to the practices envisioned for tomorrow will be driven by a sure and convinced leadership focused on a vision and guided by clearly defined, strategic, measurable goals.

Bottom-Up

To solidify the buy-in and confidence of the personnel involved in bringing the proposed changes to reality, it will be important to communicate the way in which the solutions were created. If the perception in the organization is that the core project team created the proposed changes in isolation, resistance is likely to occur. However, if it is understood that all participants were consulted, acceptance will be likely.

Middle-Out

Full support at all levels of management is important for sustainable improvement. At this level (as with all levels), there must be an effort to find and communicate the specific benefits of the changes. People need a personal stake in the success of the project management practices.

A detailed Communication Plan will be completed. Requirements for effective communication methods will be incorporated into the vendor contract for implementation with the new system. These will include project kick off, regular status meetings, regular status reports, regular review and evaluation of project issues and risks, milestone reporting, periodic project evaluation, regular product demonstrations and reviews, a web-based discussion board, project website, etc. It is expected that the Communication Plan will be adhered to and receive updates as applicable during the life of the project.



Technology Initiative Review Worksheet

2024-2025 Legislative Budget Cycle

REQUEST OVERVIEW

Agency: Florida Department of Health	Issue Title: Development of a Department of Health Enterprise-level Data Lakehouse and Advanced Analytics Platform	
Agency Contact (name, phone, and email): Emma Spencer 850-245-4035 Chris Veal 850-245-4256	Issue Code:	OPB Unit: (Use Acronym)

SUMMARY

(Insert brief, high-level summary of this funding request)

Across the nation, other states and public health entities are embarking on a data modernization initiative (DMI) and journey, using modern technology and tools to connect, store and rapidly conduct advanced analytics to address health issues. To embark on its own DMI journey, the Department requests to use funds provided by the Centers for Disease Control and Prevention (CDC) Public Health Infrastructure grant awarded on December 1, 2022, through November 30, 2027, to assess our current technology and data ecosystems, develop an agency-wide enterprise data lake house with Application Programming Interfaces (API) and an advanced analytics platform to create modern, integrated, and real-time public health data and surveillance that enables the Department to provide better services and protect Floridians from any health threat.

Using an effective data strategy, the Department seeks to develop an enterprise data lake house, a data management architecture combining the key features and benefits of a data lake (storage and costs) and a data warehouse (analytical capabilities). Features of the data lake house will also include APIs which allow systems and applications to speak to one another in a common language and create a system within the enterprise enabling data sharing between applications in real-time. As part of the new technology environment, the Department will develop and integrate an advanced analytics platform to provide ready-to-access, real-time, high-quality data for rapid analysis and predictive analytics capabilities. Advanced analytics allows more confident business decisions informed by real-time data and metrics to improve decision-making and response, improve reporting capabilities, and strengthen our ability to detect and respond to health-related threats.

Is this initiative a project currently subject to FL[DS] oversight? (Total project cost in excess of \$10m)
Yes

Have you coordinated previously with FL[DS] on this initiative relative to any impact(s) on cybersecurity and data interoperability initiatives? (If yes, please describe)
We have not had the opportunity yet, but we do not expect any impacts related to cybersecurity related to this implementation. We took the opportunity to make FLDS' Chief Data Officer and his staff aware of this initiative in an introductory meeting we have with them.

Has an LBR request for this same or similar technology initiative been submitted previously? If so, what was the outcome?
No

Could this initiative be considered application(s) modernization and/or cloud migration(s)? (If yes, please describe)
This initiative can be considered application modernization, but it is not application specific.

Is this a function that is also performed by one or more other agencies? (ex. Licensing/credentialing, case management)
No



Do you anticipate any direct impacts to other agencies due to this initiative? (If yes, please describe)
 We expect that our interoperability and data sharing capabilities will be improved due to this initiative which it could be of benefit to other agencies, but we do not anticipate any direct impact.

Are further amendments to the LBR anticipated?
 This is a multi-year implementation and as we complete phases of the project and adjust our plans based on findings or lessons learned from completed phases, we anticipate the LBR to be amended in the next fiscal years throughout the life of the project.

FISCAL INFORMATION

Funding Requested in Current LBR

Appropriation Category	Cost Component ¹	GR	GR NR	TF	TF NR	Total
Contracted Services				\$ 1,705,600		\$ 1,705,600
Data Center Provider Costs				\$13,000,000		\$13,000,000
Other Services – IV&V Services				\$ 854,167		\$ 854,167
Other Services – Implementation Services				\$12,604,167		\$12,604,167

Requested Positions (FTE or OPS): 0

Total Project Cost (All Years): \$28,163,934

¹Cost category should summarize IT project/resource costs and includes staff augmentation, hardware, software licenses, etc.

PROJECT DETAIL

PROBLEM AND OPPORTUNITY:

Identify the problems and opportunities that drive this request.

<p>Is there a change in statutory, administrative, departmental, security, or other compliance related requirement(s) driving this request? Describe and include any required implementation dates, if applicable. (If no, skip the following question or mark "N/A")</p>	No
<p>Is the change in statutory, administrative, departmental, security, or other compliance related requirements noted above the primary driver this request?</p>	No



<p>Describe the business function(s) or program(s) this technology solution seeks to improve.</p>	<p>This initiative seeks to collectively improve Department's programs and services and its agility in responding to public health issues or emerging threats and operational inefficiencies.</p>
<p>What operational improvements are the primary driver(s) for this request? (ex: wait/hold time, employee turnover)</p>	<p>Breaking data silos and improving data sharing and interoperability capabilities of critical systems to deliver high-quality, real-time information for state public health decisions and reporting.</p>
<p>What are the challenges in your current service delivery system? (ex. Incomplete transactions, security vulnerabilities)</p>	<p>The lack of enterprise-level data analytics and an integration strategy puts a strain on Department's resources, having to traverse through multiple non-integrated databases and data sources for insightful data analysis to support more effective and efficient business processes affecting health outcomes.</p>
<p>Quantify the challenges being experienced by the current service delivery system? (ex: avg wait time, % of transactions not successfully completed)</p>	<p>There is no comprehensive historical data to quantify all the instances of labor-intensive efforts for insightful data analysis. As an example, during the pandemic, three four-man hours daily, 12 hours, were spent in data collection, correction, and processing to produce required COVID-19 reports. And this was for a set of reports for which pattern was already developed for and known.</p>
<p>Describe how the project will be quantifiably measured for success. (ex. "x%" expected reduction in avg wait time, "y% increase expected in successful transactions)</p>	<p>Increased staff availability to perform other critical public health tasks.</p>
<p>List how the financial impact of the project will be measured (Return on Investment, etc.).</p>	<p>There will be some cost reduction in the out years as legacy applications are replaced by the modern data management network. We expect improved public health outcome.</p>
<p>Confirm whether you intend to include any fiscal penalties or incentives through the contracting or procurement process for quantifiable vendor performance.</p>	<p>Fiscal penalties will be included in any contracts entered upon.</p>
<p>Describe alternatives approaches or methodologies have you analyzed both from financial and operational perspectives.</p>	<p>Two options were considered related to this initiative:</p> <ol style="list-style-type: none"> 1. Continue operating data systems and producing reports as it is being done today and having some business units making incremental improvements in data sharing and advanced data analytics when funding sources are available. This will not be an enterprise approach, rather an ad hoc approach. 2. Develop an enterprise data lake house and advanced analytics platform as centralized hubs to bring critical data into and draw real-time, high-quality, and predictive analytics. This strategy will



	<p>require improved data interoperability capabilities for the data sources. Option # 2 selected.</p>
<p>OPERATIONAL IMPACT: Identify the services offered, the recipient/consumers of services, and how the proposed technology initiative will improve the service(s) delivery and utilization.</p>	
<p>Describe the most typical recipients/consumers of the services for which this technology initiative is supporting and meant to improve (ex: family receiving food stamps, new resident trying to start a business in the state).</p>	<p>This initiative is expected to improve the Department’s agility in responding to public health issues and operational inefficiencies that will positively impact Florida residents and visitors.</p>
<p>Describe the most typical providers of the services for which this technology initiative is supporting and meant to improve (ex: case worker, customer service rep).</p>	<p>This initiative is expected to support strategic, operational, and predictive decision-making based on high-quality, real-time, and integrated data for all Divisions, Bureaus, County Health Departments, and external stakeholders.</p>
<p>Describe the services typically provided through existing operations. (ex. SNAP eligibility, reemployment assistance)</p>	<p>The Department offers many services like medical services, disease surveillance, children’s medical services, environmental health protection, health regulation, women, infants, and children services, and many others. These services are supported by current reporting analytics processes.</p>
<p>Describe how the services are currently delivered (ex: legacy application, paper based, in-person).</p>	<p>The current reporting and analytics processes are application specific. That is, each application has its own process and techniques for doing operational and strategic reporting. In some cases, the transactional system provides all reporting methods and in other cases the transactional system provides operational reporting and strategic reporting is done via dedicated databases or data warehouses.</p>
<p>Describe how technology supports current service delivery.</p>	<p>The reporting is accomplished through a variety of technologies including dashboards, canned reports, ad hoc reports, and data dumps.</p>
<p>How are you currently measuring service delivery and what metrics are being used.</p>	<p>Currently each application has its own usage metrics.</p>
<p>BUDGET ESTIMATES: Identify the estimated budget needed for the proposed technology solution.</p>	



<p>For the current service delivery, please describe the total cost to provide a single service unit.</p>	<p>No applicable.</p>
<p>For the proposed technology solution, please describe the expected total cost per single unit of service.</p>	<p>No applicable.</p>
<p>Describe any expected or anticipated recurring need for this proposed technology solution.</p>	<p>During the first year of performance for this project, the Department seeks to get assistance from a vendor to develop a sustainability plan that will outline the people, processes, and products that will be needed in a recurring basis to maintain the new technology landscape for the longer term.</p>
<p>Describe the expected total cost for the proposed technology solution.</p>	<p>Currently, it is expected that the total cost of the proposed technology solution and implementation services will be approximately \$28M over the life of the project.</p>

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
64200800					

1. GENERAL

1.1 Are Columns A01, A04, A05, A91, A92, A93, A36, A10, IA1, IA4, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? (CSDI or Web LBR Column Security)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Have Column A03 trust fund files been copied to Column A12? Run Schedule I (SC1R, SC1 or SC1R, SC1D adding column A12) to verify.	Y				
1.5 Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? (CSDR, CSA)	Y				

TIP The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. A security control feature included in the LAS/PBS Web upload process requires columns to be in the proper status before uploading to the portal.

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 57 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 28)? Do they clearly describe the issue?	Y				

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.					
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity and program component at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")					
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")					

Fiscal Year 2024-25 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)			
64200800				

TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				

4. EXHIBIT D (EADR, EXD)

4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 60 of the LBR Instructions?	Y				
4.2	Is the program component code and title used correct?	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				
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AUDITS:

5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y				
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.)	Y				
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.)	Y				
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2022-23 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.					
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a \$5,000 allowance at the department level.					

6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)

6.1	Are issues appropriately aligned with appropriation categories?	Y				
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Fiscal Year 2024-25 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)
	64200800

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.	
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7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)

7.1 Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 28 of the LBR Instructions.)	Y				
7.2 Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 63 through 70 of the LBR Instructions.)	Y				
7.3 Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 67 through 70 of the LBR Instructions?	Y				
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				
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				
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				
7.7 Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OAD/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 95 of the LBR Instructions.)	Y				
7.8 Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y				
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Y				
7.10 Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #24-003?	Y				
7.11 When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	Y				
7.12 Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y				
7.13 Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A				
7.14 Do the amounts reflect appropriate FSI assignments?	Y				
7.15 Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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.

	Program or Service (Budget Entity Codes)				
Action	64200800				
7.16 Do the issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 27 and 89 of the LBR Instructions.)	N/A				
7.17 Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y				
7.18 Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A				
7.19 Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y				
AUDIT:					
7.20 Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	N/A				
7.21 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	N/A				
7.22 Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y				
7.23 Have FCO appropriations been entered into the nonrecurring column (A04)? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Y				
7.24 Has narrative been entered for all issues requested by the agency? Agencies do not need to include narrative for startup issues (1001000, 2103XXX, etc.) that were not input by the agency. (NAAR, BSNR)	Y				
7.25 Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2023-24? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2023-24. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	Y				
TIP Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 63 through 70 of the LBR Instructions.					
TIP Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue					

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)			
64200800				

TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2023-24 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)

8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y			
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?	Y			
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y			
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?	Y			
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			

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
		64200800				
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y				
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01, Section III?	Y				
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Has the agency 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				
AUDITS:						
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? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.32	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES						
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE						
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)	
					64200800	
8.33	Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?				Y	
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?				Y	
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP	Determine if the agency is scheduled for trust fund review. (See pages 121 through 126 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.					
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHEDULE II (PSCR, SC2)						
AUDIT:						
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)				N/J	
10. SCHEDULE III (PSCR, SC3)						
10.1	Is the appropriate lapse amount applied? (See page 91 of the LBR Instructions.)				Y	
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 94 and 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.				Y	
11. SCHEDULE IV (EADR, SC4)						
11.1	Are the correct Information Technology (IT) issue codes used?				Y	
TIP	If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.					
12. SCHEDULE VIIIA (EADR, SC8A)						
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.				Y	
13. SCHEDULE VIIIB-1 (EADR, S8B1)						
13.1	NOT REQUIRED FOR THIS YEAR					
TIP	If all or a portion of an issue is intended to be reduced on a nonrecurring basis, include the total reduction amount in Column A91 and the nonrecurring portion in Column A92.					
14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)						
14.1	Do the reductions comply with the instructions provided on pages 100 through 103 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)				Y	

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
64200800					

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.					
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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.					
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15. SCHEDULE VIIC (EADR, S8C) (NO LONGER REQUIRED)

16. SCHEDULE XI (UCSR,SCXI) (LAS/PBS Web - see pages 105-109 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)

16.1 Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y				
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16.2 Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?	Y				
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AUDITS INCLUDED IN THE SCHEDULE XI REPORT:

16.3 Does the FY 2022-23 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y				
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16.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y				
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16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	Y				
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16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in Audit #3 do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)	Y				
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16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
--	---	--	--	--	--

TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					
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17. MANUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to the Florida Fiscal Portal)

17.1 Do exhibits and schedules comply with LBR Instructions (pages 53 through 109 of the LBR Instructions), and are they accurate and complete?	Y				
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17.2 Does manual exhibits tie to LAS/PBS where applicable?	Y				
--	---	--	--	--	--

17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				
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17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 129 and 130 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y				
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Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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.

	Program or Service (Budget Entity Codes)				
Action	64200800				

17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	Y				
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AUDITS - GENERAL INFORMATION

TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 155 through 157) for a list of audits and their descriptions.					
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TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
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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				
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18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y				
--	---	--	--	--	--

18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
---	---	--	--	--	--

18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
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18.5 Are the appropriate counties identified in the narrative?	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				
--	---	--	--	--	--

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.					
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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				
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**Fiscal Year
2024-2025**

CHILDREN'S SPECIAL HEALTH CARE EXHIBITS AND SCHEDULES



**Fiscal Year
2024-2025**

CHILDREN'S SPECIAL HEALTH CARE SCHEDULE I SERIES

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Donations Trust Fund
Budget Entity:	64300100
LAS/PBS Fund Number:	2168

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	144,709,706.56	(A)		144,709,706.56
ADD: Other Cash (See Instructions)	25.00	(B)		25.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	75,505,429.52	(D)		75,505,429.52
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	220,215,161.08	(F)	0.00	220,215,161.08
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	147,721,669.43	(H)		147,721,669.43
Approved "B" Certified Forwards	54,753.03	(H)		54,753.03
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	52.00	(I)		52.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	72,438,686.62	(K)	0.00	72,438,686.62 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Donations Trust Fund
LAS/PBS Fund Number:	2168/ BE 64300100

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	72,486,207.33 (A)
--	-------------------

Subtract Nonspendable Fund Balance (GLC 56XXX)

	(B)
--	-----

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	(C)
-----------------------------------	-----

SWFS Adjustment # and Description	(C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(54,753.03) (D)
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Approved FCO Certified Forward per LAS/PBS	(D)
--	-----

A/P not C/F-Operating Categories	1,300.63 (D)
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Current Compensated Absences Liability	5,931.69 (D)
--	--------------

	(D)
--	-----

	(D)
--	-----

ADJUSTED BEGINNING TRIAL BALANCE:

	72,438,686.62 (E)
--	-------------------

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	72,438,686.62 (F)
--	-------------------

DIFFERENCE:

	0.00 (G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Federal Grants Trust Fund
Budget Entity:	64300100
LAS/PBS Fund Number:	2261

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	7,396,953.80	(A)		7,396,953.80
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	16,143,005.39	(D)		16,143,005.39
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	23,539,959.19	(F)	0.00	23,539,959.19
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	15,097,624.29	(H)		15,097,624.29
Approved "B" Certified Forwards	1,045,058.43	(H)		1,045,058.43
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	7,397,276.47	(K)	0.00	7,397,276.47 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Federal Grants Trust Fund
LAS/PBS Fund Number:	2261/64300100

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds;	8,442,316.93 (A)
GLC 539XX for proprietary and fiduciary funds	
Subtract Nonspendable Fund Balance (GLC 56XXX)	(B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	(C)
SWFS Adjustment # and Description	(C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(1,045,058.43) (D)
Approved FCO Certified Forward per LAS/PBS	(D)
A/P not C/F-Operating Categories	17.97 (D)
	(D)
	(D)
	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	7,397,276.47 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	7,397,276.47 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Maternal and Child Health Block Grant Trust Fund
Budget Entity:	64300100
LAS/PBS Fund Number:	2475

	Balance as of 6/30/2023		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(1,111,429.81)	(A)			(1,111,429.81)
ADD: Other Cash (See Instructions)		(B)			0.00
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable	2,304,937.57	(D)			2,304,937.57
ADD: BE Transfer 64200100	1,111,429.81	(E)			1,111,429.81
Total Cash plus Accounts Receivable	2,304,937.57	(F)	0.00		2,304,937.57
LESS Allowances for Uncollectibles		(G)			0.00
LESS Approved "A" Certified Forwards	1,400,314.54	(H)			1,400,314.54
Approved "B" Certified Forwards	904,623.03	(H)			904,623.03
Approved "FCO" Certified Forwards		(H)			0.00
LESS: Other Accounts Payable (Nonoperating)		(I)			0.00
LESS: _____		(J)			0.00
Unreserved Fund Balance, 07/01/23	(0.00)	(K)	0.00		(0.00)**

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Maternal and Child Health Block Grant Trust Fund</u>
LAS/PBS Fund Number:	<u>2475/ BE 64300100</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	[(206,869.33)] (A)
--	----------------------

Subtract Nonspendable Fund Balance (GLC 56XXX)

[] (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	[] (C)
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SWFS Adjustment # and Description	[] (C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	[(904,623.03)] (D)
---	----------------------

Approved FCO Certified Forward per LAS/PBS	[] (D)
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A/P not C/F-Operating Categories	[62.55] (D)
----------------------------------	---------------

BE Transfer from 64200100	[1,111,429.81] (D)
---------------------------	----------------------

[] (D)

[] (D)

ADJUSTED BEGINNING TRIAL BALANCE:

[0.00] (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

[0.00] (F)

DIFFERENCE:

[0.00] (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Social Services Block Grant Trust Fund
Budget Entity:	64300100
LAS/PBS Fund Number:	2639

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	3,046,068.03	(A)		3,046,068.03
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	3,046,068.03	(F)	0.00	3,046,068.03
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	777,184.00	(H)		777,184.00
Approved "B" Certified Forwards	258,982.68	(H)		258,982.68
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	2,009,901.35	(K)	0.00	2,009,901.35 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Department Title:	Budget Period: 2024 - 2025
	Health
Trust Fund Title:	Social Services Block Grant Trust Fund
LAS/PBS Fund Number:	2639/64300100

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	2,268,884.03 (A)
--	------------------

Subtract Nonspendable Fund Balance (GLC 56XXX)

	(B)
--	-----

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	(C)
-----------------------------------	-----

SWFS Adjustment # and Description	(C)
-----------------------------------	-----

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(258,982.68) (D)
---	------------------

Approved FCO Certified Forward per LAS/PBS	(D)
--	-----

A/P not C/F-Operating Categories	(D)
----------------------------------	-----

	(D)
--	-----

	(D)
--	-----

	(D)
--	-----

ADJUSTED BEGINNING TRIAL BALANCE:

	2,009,901.35 (E)
--	------------------

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	2,009,901.35 (F)
--	------------------

DIFFERENCE:

	0.00 (G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS) For Fiscal Year 2024-2025



4/14/2023

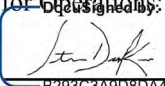
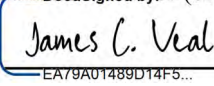
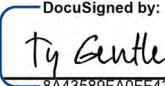

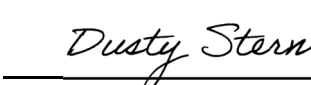
DEPARTMENT OF HEALTH

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SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Department of Health	Schedule IV-B Submission Date: 4/14/2023
Project Name: Early Steps Data System	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2024-25 LBR Issue Code: 36328CO	FY 2024-25 LBR Issue Title: Children's Medical Services – Early Steps Data System - Continuation
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Dusty Stern, (850) 841-8652, Dusty.Stern@flhealth.gov	
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.	
Deputy Secretary for Operations:  <small>B293C3A9D8DA489...</small>	Date: 9/13/2023
Printed Name: Antonio Dawkins, MPA, PMP	
Agency Chief Information Officer (or equivalent):  <small>EA79A01489D14F5...</small>	Date: 9/13/2023
Printed Name: James C. Veal	
Budget Officer:  <small>8A43589FA0FF43E...</small>	Date: 9/13/2023
Printed Name: Ty Gentle	
Division Officer: 	Date: 9/13/2023
Printed Name: Marcy R. Hajdukiewicz, MS	
Bureau Sponsor: 	Date: 9/13/2023
Printed Name: Dusty Stern, BSN, RN	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Dusty Stern, (850) 841-8652, Dusty.Stern@flhealth.gov
Cost Benefit Analysis:	Dusty Stern, (850) 841-8652, Dusty.Stern@flhealth.gov
Risk Analysis:	Dusty Stern, (850) 841-8652, Dusty.Stern@flhealth.gov
Technology Planning:	Dusty Stern, (850) 841-8652, Dusty.Stern@flhealth.gov
Project Planning:	Dusty Stern, (850) 841-8652, Dusty.Stern@flhealth.gov

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)**II. Schedule IV-B Business Case – Strategic Needs Assessment****A. Background and Strategic Needs Assessment****1. Business Need**

The Individuals with Disabilities Education Act (IDEA)¹ is a federal law that provides children, including those with disabilities, a free and appropriate public education. Part C of IDEA provides for early intervention services for children under three years of age with a developmental disability, with a developmental delay, or at-risk for delay.

The Florida Department of Health (Department), Division of Children’s Medical Services, Early Steps Program implements and administers Part C of the IDEA in Florida.

The Early Steps Program is vital for children ages 0–36 months who have been diagnosed with developmental delays or who have been diagnosed with a condition that could lead to a developmental delay. This program impacts the lives of many of Florida’s families on a daily basis.

The Early Steps Program provides developmental evaluation, early intervention services, and training and support services in a variety of home and community settings. These services and supports enhance family and caregiver confidence and capacity to meet the child’s developmental needs and desired outcomes.

To provide these services, U.S. Department of Education (USDOE) makes available grant funding annually to states for the implementation of Part C of the IDEA. Funds are allocated based on each state’s number of children from birth through age two as a proportion of the nationwide child population.

In Florida, the Department is the lead agency responsible for program oversight, which includes, but is not limited to, administrative functions, federal reporting, federal grant management, fiscal accountability, and monitoring contract compliance. The Early Steps Program is administered throughout the state in 15 geographic regions through contracts with 13 organizations. The Local Early Steps (LES) Programs are the contracted entities responsible for service provision that includes evaluations for children referred for eligibility, assessments for intervention planning, coordination of services, delivery of early intervention services by working with internal and community service providers and other community resources, and transition when the child leaves the program.

To administer the Program, the Department uses the University of Florida (UF) Early Steps (ES) Data System which was originally developed in 1981 by the UF to track developmental follow-up for certain infants born in or transferred to neonatal intensive care units in hospitals across Florida. Since its inception, the system has expanded to become the statewide web-based data collection and reporting system for the Early Steps Program. Six years ago, Early Steps transitioned to a new system, Children’s Medical Services – Kids Integrated Data System (CMS-KIDS). However, this system was costly and did not meet the needs of the Early Steps Program, so the Department returned to the UF data system in 2015. The UF data system is not able to effectively support the ongoing needs and requirements of the Early Steps Program.

The following is a list of items not supported by the current UF Early Steps Data System:

- The current system does not capture the level of detail needed to accurately and easily provide reports and data to the Department, the Legislature, or the USDOE. Incorrect reporting of information could affect federal grant funding.
- The current system is cumbersome for the service providers and the LES programs to use. Service providers and case coordinators spend an inordinate amount of time in paper based and manual processes. This negatively impacts the time to serve children and families. In addition, it may serve as a deterrent to potential service providers who do not currently participate in the program.
- For consecutive years, the USDOE has determined Florida to be in “needs assistance” in implementing the requirements of the IDEA Part C. A significant factor in this assessment is the lack of data completeness and the number of data anomalies. Should Florida not improve, the State may be determined to be an at-risk grantee and special conditions may be imposed on the State’s IDEA Part C grant award. A more robust data system will allow Florida to provide more accurate reporting, analyze local data, and engage in root cause

¹ <https://sites.ed.gov/idea/>

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

analysis and improvement strategies.

A modernized, streamlined system will reduce the amount of paperwork and manual data entry on the part of service coordinators and service providers around the state, allowing more time to spend working with and providing services to Florida families. In addition, a better system may actually increase the number of providers by making it easier to do business in the state. The new system will provide modules for case management and provider management, and will be used by Department staff, LES program staff, service providers, and families of children in the Program.

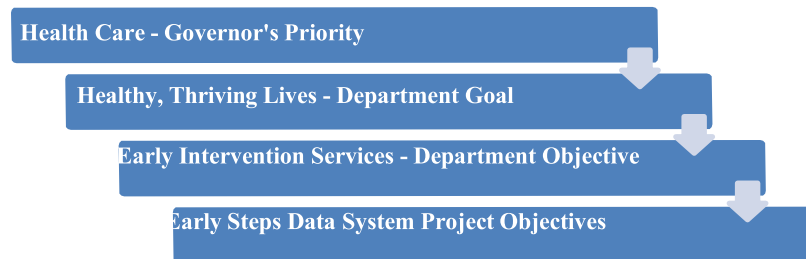
In Fiscal Year (FY) 2017-2018, the Department established a multi-year timeline to develop and implement a new administrative data system for the Early Steps Program. The Department had received non-recurring budget authority for this project. Although the Department received budget authority in FY 2018-2019, these funds reverted due to procurement and contract negotiations taking longer than originally planned; resulting in a one-year delay on the project development. Due to challenges faced throughout the project including, project management turnover from both the vendor and the program, ongoing communication issues related to functionality, in addition to compounding effects of COVID restrictions, the project timeline was extended, and after multiple meetings with the vendor, the Early Steps Program determined the system will not have the functionality needed or meet the expectations or requirements as outlined in the contract. The Department determined that additional time would not result in a viable solution. Therefore, the Department terminated the contract on June 29, 2021, with the vendor.

There is still a need to acquire a modernized, streamlined system to ensure the Early Steps Program can provide and report on the early intervention services for children in Florida. The Department seeks to procure a new vendor that is experienced in developing data systems for programs administering Part C of the IDEA federal regulations.

November 28, 2022, the Department awarded a contract to the Strategic Solution Group, LLC (SSG) for the implementation of a modern, cloud based early invention data system. SSG, in collaboration with DOH, will plan, design, and implement a cloud-based solution to support early intervention client and service data management, claims processing and adjudication of Part C claims, programmatic oversight, and reporting for the Early Steps Program. Additionally, SSG will make system modifications to meet DOH's needs identified during the operations and maintenance phase.

2. Business Objectives

The business objectives of this project are directly linked to the Department's Long Range Program Plan (LRPP) objectives. The LRPP demonstrates how the Department's objectives are in turn are linked to the Governor's priorities.



One of the Governor's priorities is Health Care; Promote innovation in health care that reduces the cost of medical procedures and services and increases access to care for Floridians. This is reflected in the Department's goals:

Department Goals	
1	Healthy, Thriving Lives
2	Health Care Resiliency
3	Emerging Health Threats
4	Capacity Building

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

5	Communications and Partnerships
6	Regulatory Efficiency

In turn, the Department's goals are supported by its objectives.

Goal #1: Healthy, Thriving Lives
Objective 1J: Provide early intervention services for eligible children with special health care needs.

One of the Department's measures of success is based on the percentage of children whose Individualized Family Support Plan (IFSP) session was held within 45 days of referral. These measures are provided in the table below.

Baseline/Year	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28
84.5% / 2020-22	86.5%	88.5%	90%	90%	90%

In its Long-Range Program Plan for *FY 2023-2024 through FY 2027-2028*, the Department provides the following information on the Early Steps Program.²

Purpose: Early Steps is Florida's early intervention system providing services to families of infants and toddlers (birth to 36 months) with significant developmental delays, conditions likely to result in delays, and those who are at-risk of a developmental delay. Early intervention services are provided to enable the family to implement developmentally appropriate learning opportunities during everyday activities and routines

Five-Year Trends: Objective 1J - Provide early intervention services for eligible children and youth with special health care needs. The performance trend for timely individualized Family Support Plan (ISFP) development showed steady improvement during the current 5-year trend: 90.3% in FY 2018-19, 91.2% in FY 2019-20, and 98.2% FY 2020-21. However, the performance trend decreased to 92.15% in FY 2021-22.

Conditions: The performance trend for timely IFSP development decreased over the last year. The local Early Steps programs struggled with provider recruitment and retention which caused delays in scheduling evaluations and initial IFSP meetings in a timely manner. **Five-Year Plan and Projections:** The program will continue to promote an emphasis on technical assistance to local programs and update quality assurance monitoring procedures and processes to ensure timely development and individualized IFSPs. A new data system is needed in order to meet Early Steps objectives in the face of a growing Florida population. These objectives (and expected benefits) are:

- A single source of record for everything pertaining to a child, which will allow for the tracking of outcome data
- System alerts that will assist the program with maintaining compliance with federal timelines
- Families will have immediate access to the child's IFSP
- More efficient operations: rather than spending time searching for information from multiple sources the information will be in the system, freeing up the LES staff's time to interact more with the families and providers
- Ability to complete work tasks within the Early Steps Data System via modern mobile technology

² Florida Department of Health, *Long Range Program Plan, FY 2023-2024 through FY 2027-2028*, September 30, 2022 (hereafter referred to as the Department LRPP)

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

- Ability to interface with other state agencies and private entities, as appropriate
- Increase programmatic oversight and data quality and integrity to ensure compliance with federal regulations

In addition, the USDOE has determined Florida to be in “needs assistance” in implementing the requirements of the IDEA Part C. A significant factor in this assessment is the lack of data completeness and the number of data anomalies in Florida. Should Florida not improve, the State may be determined to be an at-risk grantee and Special Conditions may be imposed on the State’s IDEA Part C grant award. A more robust data system will allow Florida to provide more accurate reporting, analyze local data, and engage in root cause analysis and improvement strategies; and instead of becoming at-risk, the Program can shed its “needs assistance” status.

B. Baseline Analysis

1. Current Business Process(es)

As depicted in Figure 1.0 Early Steps Program Functional Model, the Early Steps Program currently has two main business functions, Case Management and Program Management. These functions are supported by Global Services business functions and validated and verified via Auditing tasks.

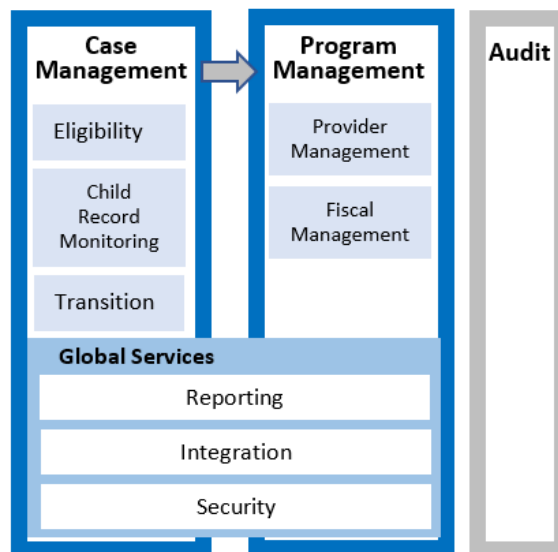


Figure 1: Early Steps Program Functional Model

Case Management

Within the Case Management business function, the Early Steps Program provides client-facing services that determine program eligibility, track progress in the program, and assist with the transition to long-term care solutions.

a. Eligibility Business Process

The eligibility business process begins with the receipt of a referral recommendation for a child that may be eligible to participate in the Early Steps Program. The LES program offices review the referral and contacts the family to learn more information about the child. The LES confirms that the child is between the ages of 0 to 36 months and discusses the child’s areas of concern with the family. If the information provided by the family indicates that the child has been diagnosed with a developmental delay or has been diagnosed with a condition that could lead to a developmental delay, the child is determined to be eligible for the Program. An IFSP document is created utilizing the data obtained during the referral follow up discussion with the family. The IFSP document identifies the list of services that are recommended to address the child’s developmental needs.

b. Child Record Monitoring Business Process

Once a child has been determined eligible for the Early Steps Program, their progress with the Program is monitored

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

via the Child Tracking business process. The process begins with the Service Coordinator, from the LES office, working with the family to confirm the child's developmental needs. Based on the needs, the Service Coordinator identifies the service provider(s) and notifies the family of the provider's information so that appointments can be scheduled to initiate the services. The Service Coordinator also updates the IFSP document with the service provider information. Annually, the Service Coordinator works with the family to confirm that the child is still eligible to participate in the Early Steps Program and to determine if the child's developmental needs have changed and therefore, require a change in the services that have been recommended for the child.

c. Transition Business Process

The Transition business process activities initiate when the child is within ninety days of turning three years old. The process begins with the Service Coordinator submitting a notification letter to the Florida Department of Education and the local school district to provide the child's information. The Service Coordinator facilitates a Transition Conference with the child's parents and the local school district to determine the services the school will provide for the child and the steps that will be taken to implement the services. If the parent chooses not to notify the school district of their child's developmental delay, the Service Coordinator facilitates a meeting between the parents and local community resources who may be of assistance in providing services for the child. If the parent chooses not to notify the school district and not to work with the local resources, the Service Coordinator does not implement any transition activities for the child, but continues to work with the child as a part of the Early Steps Program until the child turns three years old. All children are transitioned out of the Early Steps Program at the age of three.

Program Management

Within the Program Management business function, the Early Steps Program defines guidelines for managing the contracts with the LES program offices and the workflow of interactions with the service providers.

d. Provider Management Business Process

The Provider Management business process begins when a service provider has been identified as a potential resource for the Early Steps Program. The LES receives the provider's information and confirms the service provider's credentials are valid. The service provider's information is stored in a list of approved service providers. This list is utilized by Service Coordinators to identify the provider that will perform intervention services for a child.

e. Fiscal Management Business Process

The Fiscal Management business process involves the administration and oversight of the Early Steps Program's System of Payments as it relates to monitoring Federal Grants and ensuring compliance with IDEA Part C fiscal regulations. This business process includes but is not limited to, accounting functions, financial reporting, and billing operations that utilize the public and private insurance claim adjudication process. The billing component of this business process further requires an integration with multiple external platforms including billing agents, clearinghouses, Florida Medicaid, and various other third-party insurance companies. All interfaces of the billing module must be compliant with the Health Insurance Portability and Accountability Act and conducted via cross-industry standard Electronic Data Interchange.

Early Steps Program Business Process Stakeholders

The key stakeholders associated with completing the Early Steps business processes are depicted in the table below.

Entity	Stakeholder	Business Process Role
Department of Health	Early Steps Program State Office (ESSO)	The Early Steps Program state office team is responsible for the overall administration of the Early Steps Program throughout the state of Florida. The state office works with contracted vendors throughout the state to provide the services to eligible children. The state office also ensures that all federal and state guidelines are followed.
LES Vendor	LES Director	The LES Director is responsible for ensuring that the vendor completes their contractual obligations, including the contractually required deliverables. The Director is also responsible for timely submission of invoices to the Early Steps Program state office.

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

LES Program Vendor	Service Coordinator	The LES vendor Service Coordinator is responsible for working with the families of the children participating in the Early Steps Program to ensure the children are receiving the services needed to support their developmental delay.
Service Provider	Service Provider	The Service Provider is responsible for providing the services to the child and documenting the service intervention case notes.
Eligible Florida Residents	Program Participant	The Program Participant is responsible for attending their service appointments and informing their Service Coordinator of any changes to their personal and/or medical history.

Early Steps Program Business Process Supporting Technology

Currently, the Early Steps Program utilizes the UF Data System to support its business processes. While the current system is used by both the Early Steps state office staff and the LES staff to track services provided to children participating in the Early Steps Program, it has limited data capturing capability.

The following is a list items not supported by the current UF Data System:

- The current system does not allow end-users create ad-hoc reports; currently the staff has to work with the UF system administrators to create an ad-hoc report
- The current system does not have adequate provider management data capturing capabilities; instead, a separate system is used to store supporting provider documents
- The current system does not have alerts informing users of upcoming tasks/actions that require completion
- The current system does not capture the child's complete record of involvement with the Early Steps Program; instead, the record is pieced together based on electronic and paper documents
- The current system does not support the billing and invoicing process which is now done as a manual paper-based process
- The current system does not readily support modern mobile technologies

2. Assumptions and Constraints

The current assumptions are:

- Conducting the project is dependent on legislative funding authority
- Project planning and procurement will begin during FY 2021-22
- The Independent Verification and Validation (IV&V) vendor will begin July 1, 2022
- Procurement will be through GSA Schedule 70
- The ESDS vendor contract will begin during FY 2022-2023
- This is a multi-year, multi-phase project
- Any project scope changes and changes to existing systems will be managed through a rigid change control process to ensure tracking of changes, documentation of changes, and adherence to the change control process.
- The Early Steps Program and SSG will work collaboratively to implement ESDS based on the processes in this PMP and in the Contract.
- The Early Steps Program will continue to operate the legacy UF system until the agreed upon go live date of ESDS.

The current constraints are:

- Early Steps state staff and LES staff resources identified for this project are not 100% allocated to the

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

ESDS project. There will be resource constraints that need to be considered due to limited availability, other project assignments, and current work responsibilities.

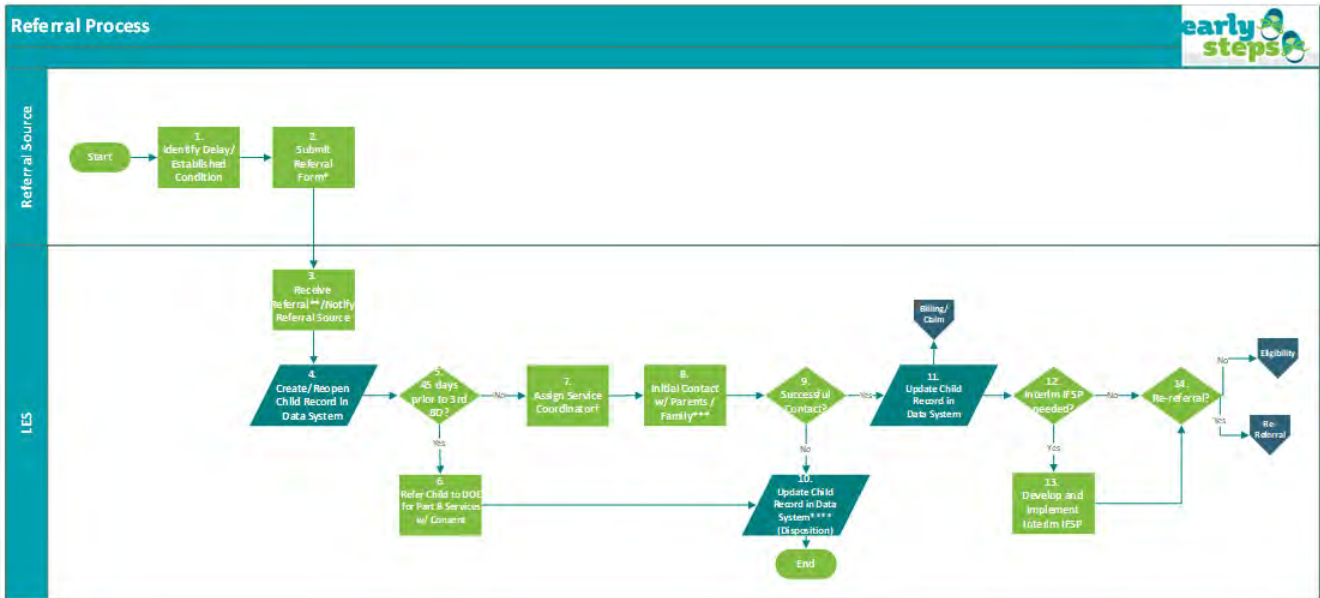
- Deliverables are budgeted for specific Fiscal Years and must be paid in the applicable Fiscal Year only.
- The project is fixed price, which means that scope is also fixed and will be limited to what is outlined in the Contract; additional requests will follow the Change Request Process outlined in this PMP.
- Subject Matter Expert’s (SMEs) resource constraints from all stakeholders and availability of LES stakeholders could impact project schedule

C. Proposed Business Process Requirements

1. Proposed Business Process Requirements

The diagrams and correlating narrative tables depicted below (on the following pages) illustrate the proposed business process workflows for both the Case Management and Program Management functional areas.

Referral Process



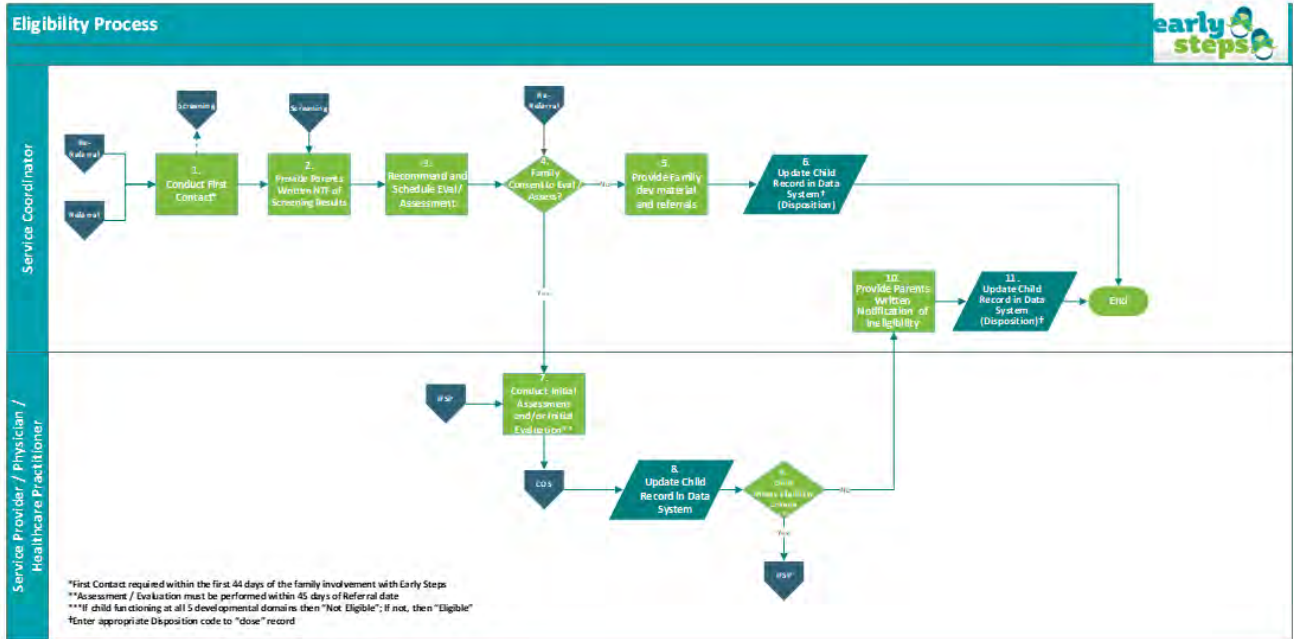
Referral Process	
Step	Process Step Description
1	The Referral process begins when a LES receives a referral to the Early Steps program. A child is referred to the Early Steps program upon determination the child may have a developmental delay or has an established condition. Primary referral sources include parents, doctors, teachers etc., however any individual may refer a child to the Early Steps program.
2	The Referral Source should submit a referral to an LES as soon as possible, but in no case more than seven calendar days after identifying a child who may have a developmental delay or an established condition. Currently, submissions are submitted via the Early Steps websites, phone, fax, email, mail, or in person.
3	The LES receives and records the referral and notifies the Referral Source they have received the referral. The referral date is the date the referral is received by the LES. Acceptance of additional information at the time of referral requires parental consent. The following should be included on all referral forms as part of the information collection process. However, even if some of the information is missing it is still considered a referral if the LES has

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Referral Process	
Step	Process Step Description
	adequate information to contact the parents/guardian. 1. Contact information for parents/guardian, 2. Age of child, if known, 3. Date of referral, 4. Source of referral, and 5. Reason for referral. If an LES receives contact to initiate services for a child that does not reside in their catchment area, it should immediately be transferred to the appropriate LES and is not considered a referral for the transferring LES.
4	The LES searches the data system for an existing child record, if the child record exists it is reopened. If the child record is not found, the LES creates a new child record in the data system.
5	If the referral is greater than 45 days before the child's third birthday, the child may be eligible for Part C and the referral process continues.
6	If a referral of a child to the Early Steps program is fewer than 45 days before that child's third birthday, the child may be eligible for Part B, the LES, with parental consent, the LES must refer the child to the state Department of Education and the school district for the area in which the child resides; however, the LES is not required to conduct an evaluation/assessment, determine eligibility or develop an initial IFSP under these circumstances. The child record is updated with the appropriate Disposition code to "close" the child record in the data system, and the process ends.
7	The LES will assign a Service Coordinator to the child and family. This is the earliest point a Service Coordinator may be assigned however, a Service Coordinator may be assigned at any point prior to Eligibility.
8	The LES must contact the parent of a child referred within five calendar days after receipt of the referral to inform the parent that the referral has been received, perform intake, explain costs, determine consent for billing purposes and advise them of next steps in the first contacts process. The contact must be documented in the child's record in the data system. In the case of a family that self-refers, the initial contact is made at the time of this first telephone contact with the family.
9	If the LES is successful in contacting the family and updated contact information is obtained, the child's record will be updated in the data system. If the family cannot be contacted, updated contact information should be obtained from the Referral Source or a county health department, if possible.
10	If the LES is unsuccessful in contacting the family after repeated attempts or the family declines services, the child record is updated with the appropriate Disposition code to "close" the child record in the data system and the process ends.
11	If the LES is successful in contacting the family, the LES documents the initial contact in the child record in the data system.
12	The LES determines if an Interim IFSP is needed.
13	If an Interim IFSP is needed, with parental consent, the LES may develop an Interim IFSP in unique situations to authorize the initiation of early intervention services prior to the completion of an evaluations/assessment.
14	If an Interim IFSP is not needed and the referral is not considered a re-referral, the process continues to the Eligibility process. If the referral is considered a re-referral of a child previously referred in the Early Steps program, the process continues to the Re-referral process.

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Eligibility Process



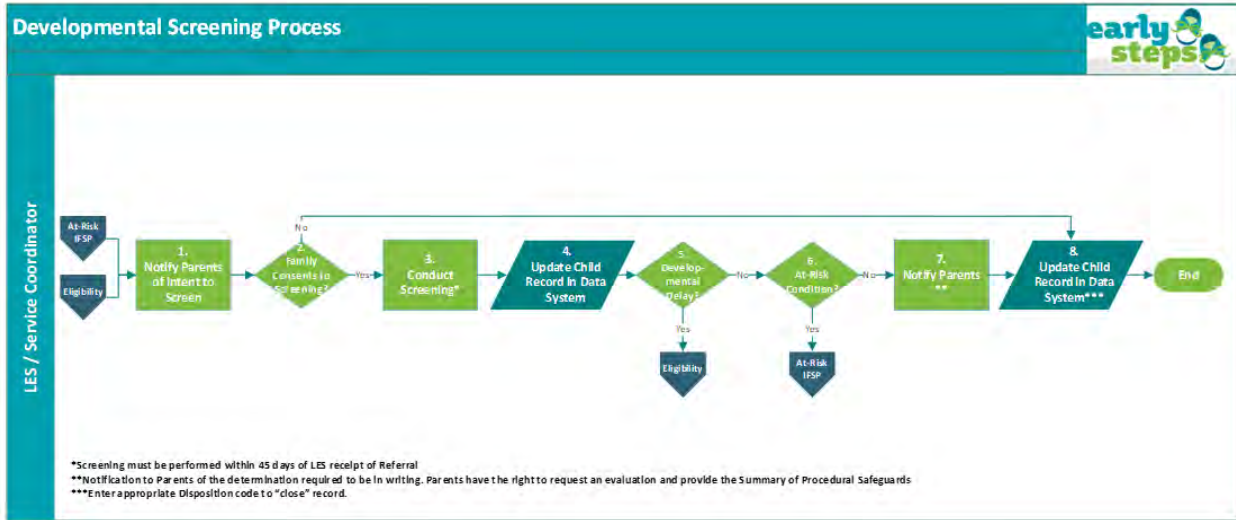
Eligibility Process	
Step	Process Step Description
1	The Eligibility process begins when a Service Coordinator conducts first contact activities with the family. The purpose of first contacts is to: Establish a relationship with the child and family and to gather information about them in preparation for the evaluation and assessment; Orient the family to Early Steps; Conduct child screening if needed; and Provide the family with information about the Early Steps program and complete required paperwork. The first contact occurs between referral and the initial evaluation/assessment during the first 44 days of the family’s involvement with Early Steps. Although screening is not required during first contacts, a developmental screening with a recommended instrument may be helpful to the evaluation and assessment team when a child does not have an established condition or obvious developmental delay.
2	If the screening indicates the child may have a developmental delay, the LES must notify the parents in writing of the possible delay.
3	The After first contact has occurred, the Service Coordinator recommends and schedules an evaluation and / or assessment.
4	If the parent consents to the evaluation the LES must receive the state-approved consent form before testing occurs. The family must receive prior written notice of the scheduled date for the evaluation or assessment within a reasonable amount of time prior to the evaluation and/or assessment occurring.
5	If the parent does not consent to the evaluation, the LES must contact the family to explain the child will not be able to receive an evaluation or assessment unless consent is given, and explain the nature of the evaluation, assessment, and other services that would be available if the child were to meet eligibility criteria. The LES should provide the family with developmental materials, referrals to appropriate community agencies, and contact information for the Early Steps program.
6	The Service Coordinator enters the appropriate Disposition code to “close” the child record in the data system and the Eligibility process ends.
7	If the Parent consents to the evaluation, the appropriate qualified personnel including the Service

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Eligibility Process	
Step	Process Step Description
	Coordinator performs multidisciplinary procedures to determine the child's initial eligibility for Early Steps. The initial evaluation and the initial assessment must be completed within 45 days of the date the LES received the referral of the child for determination of IDEA, Part C eligibility.
8	After the initial evaluation and / or initial assessment has been conducted, an Entry Child Outcomes Summary (COS) assessment is performed. The Service Coordinator documents the results of the initial assessment and evaluation in the BDI Manager and inputs the entry COS results on the child record in the data system.
9	If the child meets the eligibility criteria the process continues to the IFSP process.
10	If the child does not meet the eligibility criteria, the Service Coordinator will provide the Parent written notice of the child's ineligibility, a copy of the evaluation results and information about the dispute process. With parental consent, the Service Coordinator determines if referrals to other appropriate programs can be provided.
11	The Service Coordinator enters the appropriate Disposition code to "close" the child record in the data system and the Eligibility process ends.

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Developmental Screening Process



Developmental Screening Process	
Step	Process Step Description
1	The Developmental Screening process begins when an LES chooses to screen a child based on findings during the Eligibility process or if an At-Risk IFSP exists. If the determination to screen has been made, the LES must provide the Parent a Notice of Intent to Screen.
2	If the family consents to a screening, consent must be obtained using the state approved form before administering screening procedures to determine if a child is eligible for the Early Steps program. If the family does not consent to screening, the Service Coordinator enters the appropriate Disposition code to “close” the record in the data system (see Step 8).
3	A Developmental Screening is a brief assessment procedure designed to identify infants and toddlers who may have a developmental concern and need more intensive diagnostic or assessment activities. Once the parent consents to the screening, the LES must conduct the screening within 45 days of the date the LES received the referral. The parents have the right to request an evaluation at any time during the screening process. The LES must provide a copy of the screening results to the family.
4	The Service Coordinator updates the child record in the data system to reflect the screening results.
5	If the screening results indicate the child may have a developmental delay, the LES must notify the parent in writing of the possible delay using Form 1065, Prior Written Notice, and provide the parent the Summary of Procedural Safeguards documentation. When a development delay is indicated from the screening, the Service Coordinator will follow the Eligibility process starting with step 3 (Recommend and Schedule the Evaluation and/or Assessment).
6	If the screening indicates the child is at-risk for a development delay, the At-Risk IFSP process is followed. A child is eligible based on an at-risk condition if the child has a physical or mental condition known to create a risk of developmental delay.
7	If the screening indicates the child is not at-risk and functioning at age level in all five developmental domains, the LES must provide the parent the Summary of Procedural Safeguards documentation and notify the parent in writing of the determination and the right to request an evaluation using Form 1065, Prior Written Notice, If the parent requests and consents to an evaluation at any time during the screening process, an evaluation of the child must be conducted.
8	The Screening process ends when the Service Coordinator updates the child record to reflect the screening results and enters the appropriate Disposition code to “close” the child record in the data system.

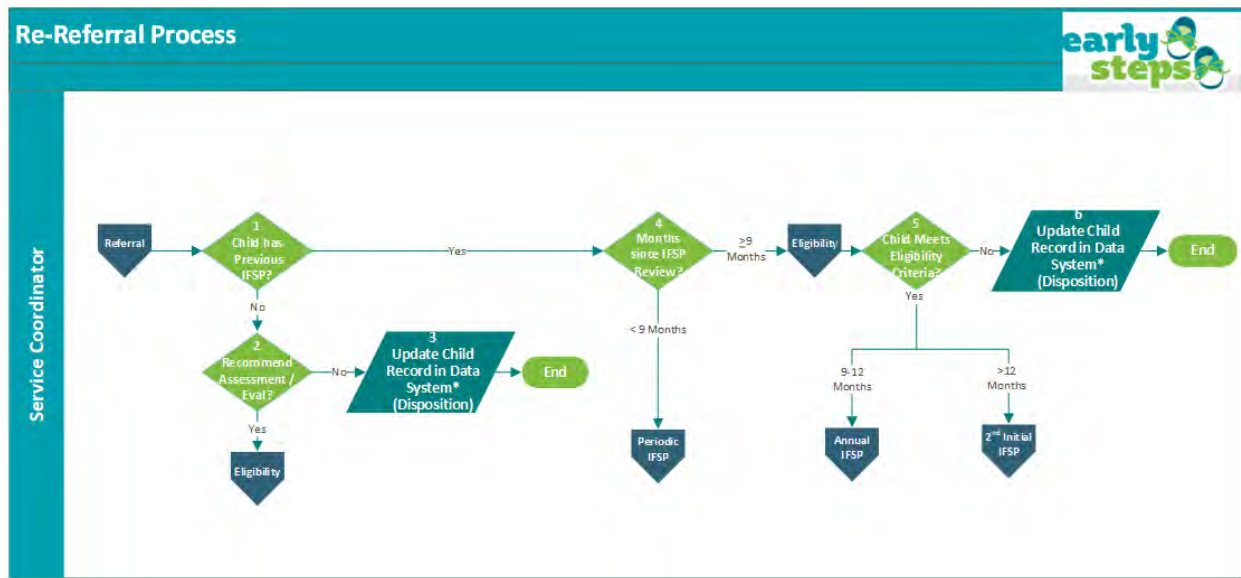
SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

IFSP Process	
Step	Process Step Description
	initial meeting doesn't occur within 45 days, it must be documented with the appropriate Barrier code on the child record in the data system.
9	An Initial IFSP is created by the IFSP team, and the child record is updated in the data system.
10	The Service Coordinator must obtain Parental consent and signature on the initial IFSP to indicate approval of the initial IFSP. Consent is also required any time an IFSP is updated or when a child is re-referred.
11	If the parent does not sign the IFSP and Service Authorization, the Service Coordinator enters the appropriate Disposition code to "close" the child record in the data system and the process ends.
12	If the parent consents to and signs the IFSP, the Service Coordinator provides a signed copy of the IFSP to the IFSP Team.
13	The Service Coordinator updates the IFSP and the child record in the data system.
14	The Service Coordinator must obtain Parental consent and signature of the Service Authorization to indicate the approval of the services determined in the IFSP. If intervention services are declined, the Child can still have an active IFSP for Service Coordination services.
15	If the Parent gives consent to services, the Service Coordinator updates the record in the data system.
16	Services are coordinated with the family to occur in the natural environment, by the Service Coordinator. IDEA, Part C funds can be appropriately used as the payor of last resort to ensure that early intervention services are provided in the natural environment if a third-party payor does not cover the provision of a particular early intervention service in the setting specified to be the natural environment on the Individualized Family Support Plan (IFSP).
17	Services are provided to the child as outlined in the IFSP. The Service Coordinator identifies the Service Providers to fulfill the service needs documented in the IFSP. The Service Coordinator connects the families with the Service Providers and a service begin date is entered into the data system. Services must be provided within 30 days of the date of parental consent. If the Service Coordinator has not connected the family with the Service Provider and updated the data system with a service begin date within 30 days of the family consent date, the system sends a notification alerting the Service Coordinator that action needs to be taken to ensure that the child is receiving services.
18	The Service Coordinator verifies if the services are provided in accordance with the IFSP, in regard to the frequency and the duration of the services.
19	If the services are not provided according to the IFSP, the Service Coordinator intervenes to ensure the services are provided as outlined in the IFSP.
20	If the services are provided according to the IFSP, the Service Coordinator will determine if the child should Transition/Exit the program, or if an Annual or Periodic IFSP review is required. If the child should Transition/Exit, the Service Coordinator will initiate the Transition/Exit process.
21	<p>If the Service Coordinator determines an IFSP review is required, they will schedule either a periodic review or annual review of the IFSP.</p> <p>A periodic review is conducted every 6 months by the Service Coordinator to determine if any adjustments are needed to the service offerings the child is receiving. If changes are needed, the IFSP is updated to reflect the change in services and a new family consent is required. IFSPs must be reviewed at least every six months from the date of the initial or annual review, or more frequently if conditions warrant, or if the family requests a review.</p> <p>An annual review of the child's case is conducted by the Service Coordinator to determines the child's eligibility status for the upcoming year.</p> <p>Children transferred from within the state or from another LES will get a Periodic Review. Fostered or adopted children with new placements get a new IFSP. Children transferred from out of state will need to complete the Eligibility process.</p>
22	Following the periodic or annual review, the Service Coordinator will determine if the child continues to meet eligibility criteria. If the child no longer meets eligibility criteria, the child continues to the Transition process.

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IFSP Process	
Step	Process Step Description
23	The Service Coordinator will begin formal transition planning and discussions with the family regarding the transition process to begin as early as when the child is 27 months old, will provide the parents with the Understanding Notification Brochure and explain the Notification Opt-out choice regarding the notification of transfer to an LEA and SEA.
24	If the child remains eligible to receive services, including a child who was re-referred, the IFSP Team will develop the applicable Annual or Periodic IFSP and update the child record in the data system.
A	If the child remains eligible to receive services and an Annual or Periodic IFSP was developed, the IFSP process resumes with the capture of parental consent at step 10.
B	If the child remains eligible to receive services but an Annual or Periodic IFSP was not developed, the At-Risk process is initiated at step 2.

Re-Referral Process

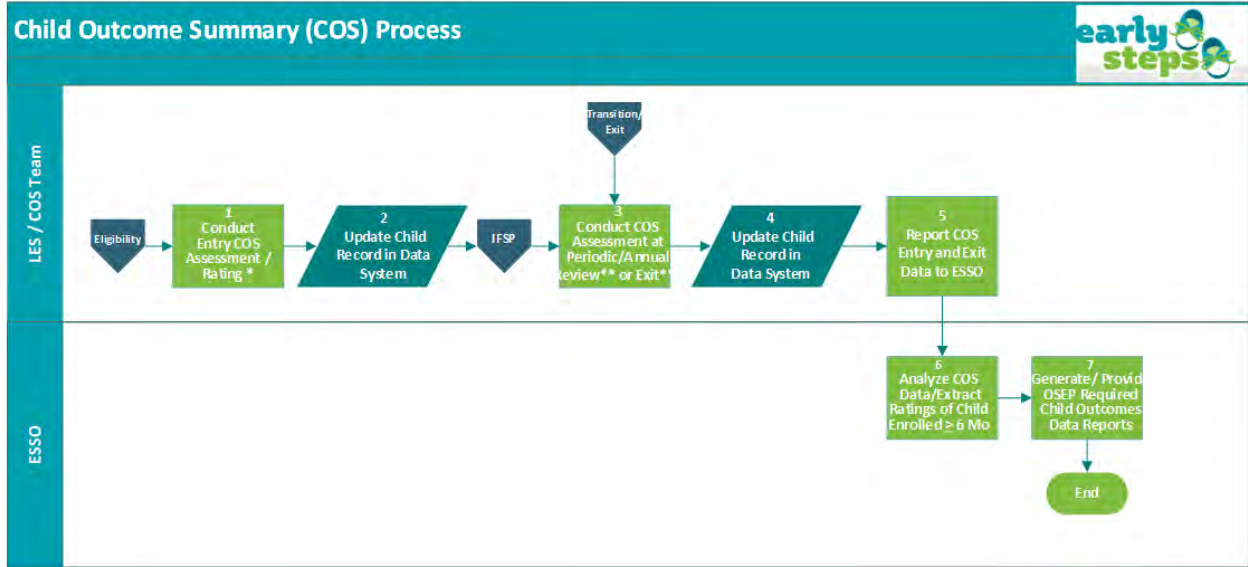


Re-referral Process	
Step	Process Step Description
1	The Re-referral process begins at the end of the Referral process. The Service Coordinator will verify if the referred child has previously received an IFSP.
2	When a child’s previous Referral does not result in an IFSP, the Service Coordinator will recommend if an evaluation and / or assessment is needed. If the Service Coordinator recommends an evaluation/assessment, the Eligibility process is initiated.
3	When the Service Coordinator does not recommend an evaluation/assessment, the child record is updated with the appropriate Disposition code to “close” the child record in the data system, and the process ends.
4	When the child has previously received an IFSP, the Service Coordinator verifies when the most recent IFSP review occurred. If this IFSP Review occurred <9 months prior, the process continues to the IFSP process to initiate a Periodic IFSP. If the IFSP Review occurred ≥ 9 months prior, the process continues to the Eligibility Process.
5	When the child goes through Eligibility process, the Service Coordinator determines if the child meets the eligibility criteria. If the child meets the eligibility criteria, and the IFSP review occurred between 9 and 12 months, the process continues to the IFSP process to initiate an Annual IFSP. If the child meets the eligibility criteria, and the IFSP review occurred greater than 12 months ago, the process continues to the IFSP process to initiate a 2 nd Initial IFSP.

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Re-referral Process	
Step	Process Step Description
6	If the child does not meet the eligibility criteria, the child record is updated with the appropriate Disposition code to “close” the child record in the data system, and the process ends.

Child Outcome Summary (COS) Process

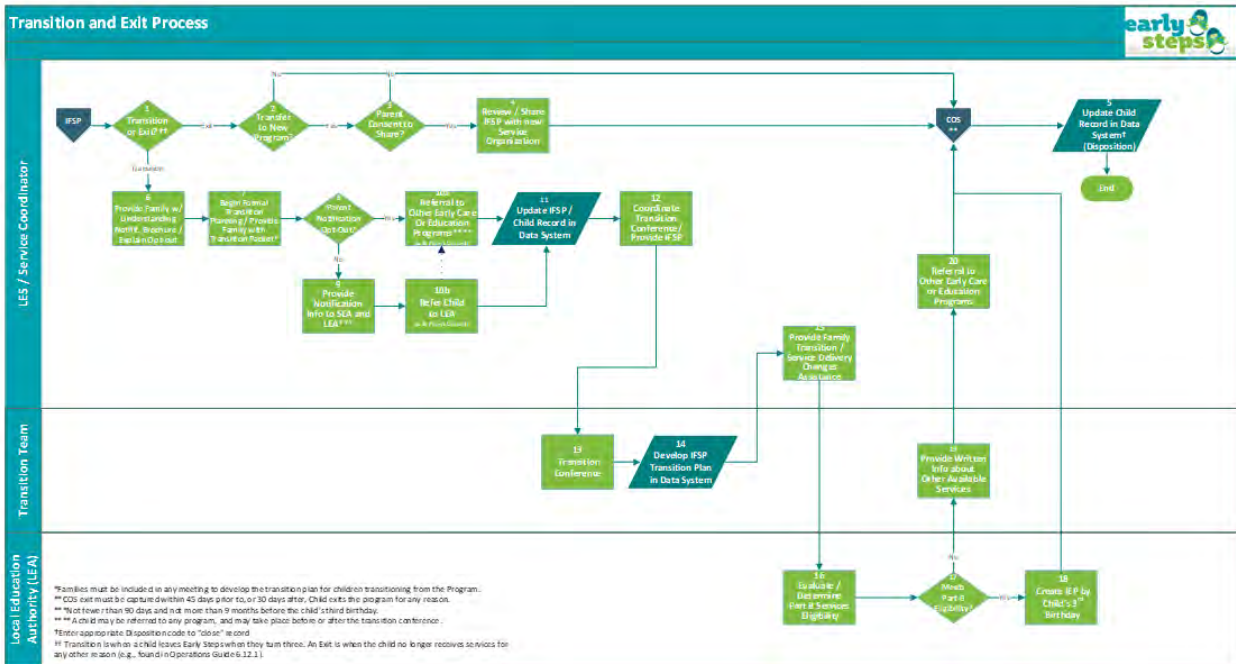


Child Outcomes Summary (COS) Process	
Step	Process Step Description
1	The Child Outcomes Summary (COS) process is initiated during the Eligibility process after the Initial Assessment and/or Initial Evaluation is conducted. The LES / COS Team is required to identify a child outcomes entry rating within 30 days of the child’s initial IFSP meeting or during the first provider visit.
2	After conducting the Entry COS assessment, the LES / COS Team updates the child record in the data system with the assessment results.
3	The LES / COS Team is encouraged to perform a COS assessment and obtain a COS rating in conjunction with a child’s Periodic or Annual IFSP review meeting. The LES / COS Team is required to perform an Exit COS assessment for a child Transitioning / Exiting the Early Steps program. When a child Transition/Exits the Early Steps Program, the Exit COS rating must be obtained no more than 45 days before the child’s exit or within 30 days following the child’s exit.
4	The LES will update the child record in the data system with the results from the Periodic, Annual, or Exit COS assessment.
5	Each LES must provide ESSO with valid and reliable Entry and Exit COS ratings data for every child who has been enrolled in the Early Steps program.
6	ESSO will receive the Entry and Exit COS reported by the LES to determine which ratings to include in federal outcomes data reports. The ratings for children enrolled in Early Steps for a minimum of 6 months are used to generate federally required child outcomes data reports (e.g., State Performance Plan / Annual Performance Report) and reported to OSEP by ESSO.

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Child Outcomes Summary (COS) Process	
Step	Process Step Description
7	<p>ESSO is required to report to the Office of Special Education Programs (OSEP) on the percentage of infants and toddlers with Individualized Family Support Plans (IFSPs) who demonstrate improvement in specific child outcome areas.</p> <p>The COS process ends after ESSO provides OSEP with the federally required child outcomes data for children enrolled in Early Steps for a minimum of 6 months.</p>

Transition and Exit Process



Transition/Exit Process	
Step	Process Step Description
1	The Transition/Exit process begins when the Service Coordinator determines if a child is Transitioning/Exiting the Early Steps program. Transition occurs when children participating in the Early Steps program leave the program because they are turning three and will transition to receiving services through local school district or other early care and education programs. Exit occurs when a child leaves the program for any other reason
2	If the child is exiting the program, the Service Coordinator will determine if the child will be transferring to a new service organization or is no longer eligible to receive services. Any child that transfers will need to have requested components of the child record as defined by the Interagency Agreement sent to the new service organization. The Service Coordinator will assist the family in adapting to new settings and changes in service delivery.
3	If the child is transitioning to a new service organization, the Service Coordinator must obtain parental consent prior to sharing the child's record with any other service delivery organizations.
4	When parental consent is provided, the Service Coordinator is responsible for reviewing a sharing the child's IFSP with the new service organization. Additionally, the LES is required to perform a COS assessment for a child transitioning / exiting the Early Steps program. When a child exits the program, the COS rating must be obtained no more than 45 days before the child's exit or within 30 days

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

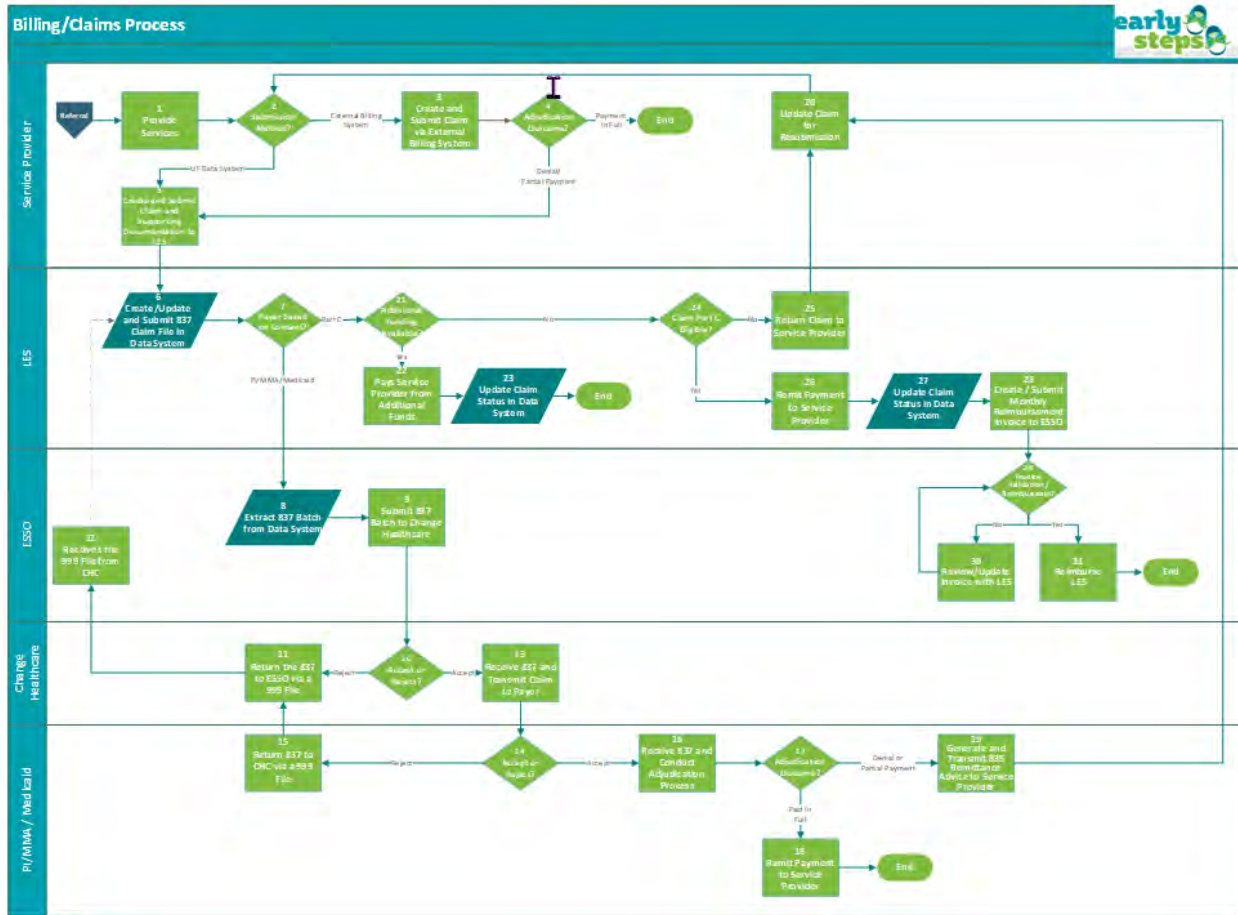
Transition/Exit Process	
Step	Process Step Description
	following the child's exit.
5	The process ends when the Service Coordinator updates the child record with the COS assessment results and enters the appropriate Disposition code to "close" the child record in the data system.
6	If it was determined in Step 1 the child is transitioning, the Service Coordinator will provide the parents with the Understanding Notification Brochure and explain the Notification Opt-out choice regarding the notification of transfer to an LEA and SEA. Without a written Notification Opt-out from the family, the LEA and SEA will be provided notification.
7	The Service Coordinator will begin formal transition planning and discussions with the family regarding the transition process to begin as early as when the child is 27 months old. The Service Coordinator will provide the family with a transition packet (e.g., Transition Booklet for Families, Getting to Know Me and My Family, Getting to Know Your New Teacher and School, Head Start brochure, APD brochure).
8	The Service Coordinator will determine if a written Notification Opt-Out was received from the family. In the absence of written Notification of Opt-out, the LES will notify the LEA and SEA where the child resides.
9	If the family did not provide a written Notification of Opt-out, the Service Coordinator will provide notification to the LEA and SEA so that both institutions are aware that the child is currently receiving services from the Early Steps program/Part C and may soon be eligible for preschool services under the Prekindergarten Program for Children with Disabilities/Part B. Notification is the formal process of the LES providing contact information in a monthly batch to the LEA and SEA about transitioning children. Notification is required to occur no fewer than 90 days and no more than 9 months before the child's third birthday.
10a	If the family did provide a written Notification of Opt-out, the LES, with parental consent, will send referral information, as defined by the Interagency Agreement between the Service Organization and the LES, to any other early care and education program the family requests. A child may be referred to any program, and the referral may take place before or after the transition conference.
10b	If the family did not provide a written Notification of Opt-out, the LES, with parental consent, will send referral information, as defined by the Interagency Agreement between the LEA and the LES, to the LEA. A child referred to the LEA may also be referred to any other program the family requests, and the referral may take place before or after the transition conference.
11	The Service Coordinator updates the IFSP and the child record with referral information, in the data system.
12	The Service Coordinator will coordinate the Transition Conference. This includes ensuring all required participants are invited and applicable child information is provided to the attendees prior to the meeting.
13	The IFSP Team will conduct a Transition Conference. At the conference, a Transition Plan is created to outline how the child will receive services after they turn three and to capture other applicable information.
14	During the Transition Conference, the Transition Team will develop the IFSP Transition Plan in the data system.
15	After the transition plan is created, LES and Service Coordinator will assist families in preparing for the planned transitions to new settings and the upcoming changes in service delivery.
16	The LEA will determine if a child is eligible for Prekindergarten Program for Children with Disabilities/Part B services from the local school district. The LEA is required to complete an evaluation and eligibility determination prior to the child's third birthday.
17	After conducting the evaluation and eligibility determination, the LEA will determine if the child meets the Prekindergarten Program for Children with Disabilities/Part B services eligibility criteria, and report to that determination to the referring LES.
18	If the LEA determines the child meets the eligibility criteria for Prekindergarten Program for Children with Disabilities/Part B services, the LEA will create an IEP prior to the child's 3 rd birthday. After the LEA has received the Part B eligibility determination from the LEA, the LES is required to

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Transition/Exit Process	
Step	Process Step Description
	perform an Exit COS assessment for a child Transitioning/Exiting the Early Steps program. When a child exits the program, the COS rating must be obtained no more than 45 days before the child's exit or within 30 days following the child's exit.
19	If the LEA determines a child does not meet the eligibility criteria for the Prekindergarten Program for Children with Disabilities/Part B services, the Transition Team will provide the family with written information about other available early care service organizations or early education programs.
20	With parental consent, the LES will refer a child determined to not be eligible for the Prekindergarten Program for Children with Disabilities/Part B services to other early care service organizations. This may include Head Start, the Agency for Persons with Disabilities, or other early care and education programs requested by the family. The process ends when the LES updates the child record with the COS assessment results and enters the appropriate Disposition code to "close" the child record in the data system.

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Billing/Claims Process



Claims/Billing Process	
Step	Process Step Description
1	When a child is referred to the Early Steps program, various types of Service Providers will begin to provide billable services which include, but are not limited to, First Contact, Eligibility Determination, Service Coordination, IFSP creation, and intervention services.
2	Service Providers will determine which system to use to create and submit claims. Claims may be created and submitted using an External Billing System, or the UF Data System. Regardless of the system used to create and submit claims, all Providers are subject to pursuing payment for services according to the Early Steps System (Hierarchy) of Payments, which ensures that Early Steps and IDEA Part C funds is the Payer of Last Resort. The order in which funding for services are to be sought are subject to family consent. The order is as follows: <ol style="list-style-type: none"> 1. Private insurance 2. Medicaid 3. Community funding 4. Other state program funds 5. Other federal program funds 6. IDEA, Part C
3	If the Service Provider submits a claim using an External Billing System to pursue payment for the services provided, the claim will be created and submitted using a system or process external to the UF Data System (e.g., EPIC, Provider Group systems). Claims for Early Intervention Services adjudicated via External Billing Systems may still be submitted to the UF Data System for payment from Part C funds.

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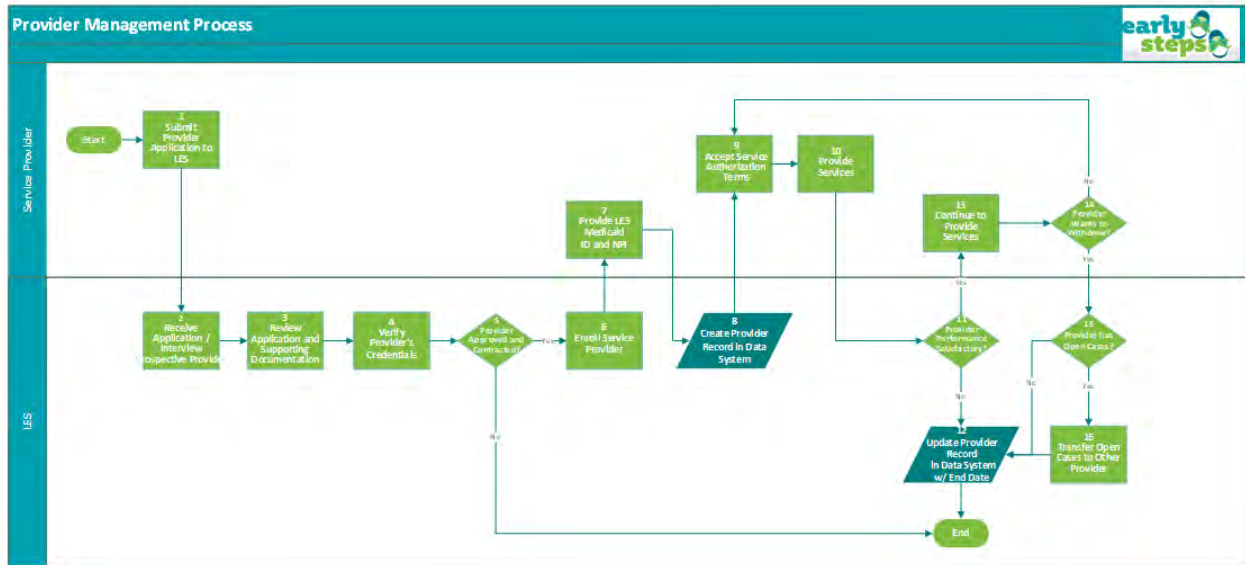
Claims/Billing Process	
Step	Process Step Description
4	The possible outcomes of claim adjudication include denial, partial payment, or payment in full. If a claim is paid in full, the Billing/Claims process ends. If a claim is denied or partially paid, the Service Provider submits the information and supporting documentation needed to create a claim to the LES.
5	If the Service Provider submits a claim using the UF Data System to pursue payment for services provided, the Service Provider submits the information and supporting documentation needed to create the claim to the LES. Claims that have been denied or partially paid may be eligible for payment from Part C funds, if submitted with the appropriate documentation. Examples of these claims include, but are not limited to, the Natural Environment Support Fee, Service Provider travel, and co-pays for families.
6	The LES will create, update, and submit an 837 claim file in the UF Data System on behalf of the Service Provider. The UF Data System will generate a unique Claim ID each time an 837 claim file is submitted. The 837 claim file includes the information required for a Payer to adjudicate a claim, the entire lifecycle of the claim, and any information needed for an LES to review if a claim is eligible for payment from Part C funds. Note: When an 837 claim file has been returned on a 999 file or an 835 Electronic Remittance Advice, the LES will correct those claims in the user portals of the agency the claim was submitted to and will update and resubmit through the UF Data System.
7	If the parent consented to use Private Insurance, Managed Medical Assistance (MMA), or Medicaid, the 837 claim file will be sent to the appropriate Payer. Families may remove or provide consent to use Private Insurance, MMA, or Medicaid at any time and for any services. When the lifecycle of the claim demonstrates prior denials or partial payments from Private Insurance, MMA, or Medicaid, the claim will be processed by the LES for payment from Part C funds regardless of consent.
8	Each week, ESSO extracts the claims that are flagged for submission as a batch 837 claim file from the UF Data System.
9	After the file is extracted, ESSO will submit the file to Change Healthcare through the Change Healthcare portal.
10	Change Healthcare will determine if the claims on the 837 claim file will be accepted or rejected. The status of each claim is reported on the 999 file.
11	If the 837 claim file is rejected by Change Healthcare, it is documented as rejected on the 999 file, and returned to the LES for editing and resubmission. Change Healthcare also transmits the 999 files returned by the Payer to ESSO. Claims returned on the 999 file are not considered submitted because they are returned prior to adjudication.
12	The 999 file is received by ESSO and documents the status of each claim on the submitted 837 claims file. Each LES is responsible for checking on the status of the submitted 837 claims file to determine if any claims were rejected. ESSO is not responsible for notifying the LES.
13	If the 837 claim file is accepted by Change Healthcare, it is documented as accepted on the 999 file, and the claim is securely transmitted to the Payer.
14	The Payer will determine if the 837 claim transmitted from Change Healthcare will be accepted or rejected.
15	If the 837 claim is rejected by the Payer, it is returned to Change Healthcare via a 999 file. Claims returned to Change Healthcare are not considered submitted for timely filing purposes.
16	If the 837 claim is accepted, the Payer receives the 837 claims file and conducts the adjudication process, thus making a determination to either pay or deny the services on the claim.
17	The possible outcomes of the claim adjudication process include denial, partial payment, or payment in full.
18	If the adjudication outcome determined is to pay the claim in full, the Payer will remit the payment to the Service Provider and the Billing/Claims process ends. Note: When a Service Provider accepts partial payment from Medicaid, it is considered payment in full, and the Billing/Claims process ends.
19	If the adjudication outcome determined is denial or partial payment, the payer will generate and return an 835 Remittance Advice, with an explanation of denied or partially paid claim(s), to the Service

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Claims/Billing Process	
Step	Process Step Description
	Provider.
20	<p>When the Service Provider receives the 835 Remittance Advice, they will update the claim accordingly for resubmission.</p> <p>If the claim was returned with a soft denial, the Service Provider is required to edit the missing, incomplete, or invalid information and resubmit the claim information to the LES. Soft denials are not eligible for payment from Part C funds and therefore the Service Provider must resubmit the edited claim information to the original Payer.</p> <p>If the claim was returned with a hard denial, the Service Provider may edit and resubmit the claim according to the Early Steps System (Hierarchy) of Payments, appeal the denial, or submit the claim information to the LES for payment from Part C funds.</p> <ul style="list-style-type: none"> • If the hard denial came from Private Insurance, and the child is eligible for Medicaid, the Service Provider must submit the claim to Medicaid. • If the hard denial came from Private Insurance, and the child is not eligible for Medicaid, the Service Provider may submit the claim to the LES for payment. • If the hard denial came from Medicaid, the Service Provider may submit the claim to the LES for payment. <p>If the claim was partially paid from a Private Insurance, the Service Provider may submit the remaining balance to the LES for payment.</p>
21	If the Payer, based on consent, in Step 7 is Part C funds, the LES will determine if any additional funding sources for early intervention services are available. Additional sources include, but are not limited to, third party revenues, local school district funding, community funding resources, and other state or federal programs.
22	If additional funding sources are available, the LES will remit payment to the Service Provider from the additional funds.
23	The LES will then update the claim status in the UF Data System, and the Billing/Claims process ends.
24	If additional funding sources are not available, the LES will determine if the claim submitted is eligible for payment with Part C Funds.
25	If the LES determines the claim is not eligible for payment with Part C funds, the claim is returned to the Service Provider with the reason for ineligibility, and recommendations for updating and resubmission.
26	If the LES determines the claim is eligible for payment with Part C funds, the LES will remit payment to the Service Provider.
27	The LES will then update the claim status in the UF Data System.
28	After payments have been made to the Service Providers, the LES will create and submit a Monthly Reimbursement Invoice to ESSO requesting reimbursement of all claims and other eligible services paid for with Part C funds.
29	Upon receipt of the Monthly Reimbursement Invoice, ESSO will perform a validation of the invoice to determine if the expenditures on the invoice are reimbursable.
30	If ESSO determines the payments on the Monthly Reimbursement Invoice are not reimbursable, ESSO will facilitate a review and update of the invoice with the LES.
31	If ESSO determines the payments on the Monthly Reimbursement Invoice are reimbursable, ESSO will reimburse the LES and the Billing/Claims process ends.

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Provider Management Process



Provider Management Process	
Step	Process Step Description
1	The Provider Management process begins when a prospective Service Provider or Provider Group submits an application to each LES serving the county(ies) in which they desire to provide services. Applications are required from all prospective internal and external Service Providers, Provider Groups, and individual Service Providers employed by the Provider Groups.
2	The LES will receive the application and interview the prospective Service Provider and Provider Groups. Service Providers that are employed by Provider Groups will also be interviewed on an individual basis to determine eligibility as an Early Steps Provider.
3	The LES will review the application and supporting documentation prior to deciding on suitability as an Early Steps Service Provider using the Provider Attestation Checklist. The Provider Attestation Checklist outlines the documentation the LES is required to collect and verify from each prospective Service Provider or Provider Group.
4	Additionally, the LES will verify the credentials and / or licensure of all prospective Service Providers. If the Service Provider is contracted with a Provider Group, the Provider Group credentials will also be verified. The prospective Service Provider will submit evidence and documentation of education, experience, accreditation, licensure, etc., for the LES to verify and validate.
5	Upon completion of the provider interview, review of application and documentation, and verification of the Provider's credentials, the LES will determine if the prospective Service Provider is qualified to provide Early Intervention services to eligible children in the LES service area and will approve and contract with the Service Provider or reject the application. If the LES rejects the application, the Service Provider is notified, and the Provider Management Process ends. The contract between the Service Provider and LES defines the Provider's role and responsibilities, general requirements, enrollment, training requirements, timelines, and claims and billing practices. A copy of the contract between a Service Provider or Provider Group is required to be provided to ESSO for subcontract monitoring purposes.

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Provider Management Process	
Step	Process Step Description
6	If the Service Provider is approved and contracted, the LES will enroll the prospective Service Provider. Enrollment includes submitting the new Service Provider and supporting documentation from the Attestation Checklist to Medicaid. Additionally, the Service Provider will complete onboarding tasks and ESSO and LES training requirements.
7	An Early Steps Service Provider is required to have a Medicaid ID and Individual National Provider Identification (NPI) number and is required to submit these to the LES upon enrollment. A Service Provider with an existing Medicaid ID as a practitioner or therapist will need additional Medicaid IDs specific to Early Intervention. Each Service Provider may have up to three Medicaid IDs for Early Intervention.
8	After enrollment and verification of the Medicaid ID and NPI, the LES will create a Provider Record in the data system. A Service Provider can be contracted by multiple LESs however each LES is required to create a separate Provider Record only viewable by that LES.
9	The Service Provider must accept the Service Authorization terms and agree to meet specific service requirements for a child. A Service Provider will only have access to view the child record information when they are designated on a Service Authorization for that child. A Service Authorization is updated every 6 months.
10	The Service Provider may begin to provide services to eligible children in their service area. Only Service Providers who have an active Provider Record in the data system may fulfill the service needs of children enrolled in the Early Steps program.
11	The LES is required to monitor the Service Provider and determine if the Service Provider is or is not meeting the performance standards specified in the contract. ESSO requires the LES to review subcontracted Service Providers or Provider Groups performance after the first 6 months, and every 3 years subsequently.
12	If the LES determines the Service Provider or Provider Groups is not meeting the contractual performance standards or is no longer needed in the area, the LES enters an end date to “inactivate” the Provider record in the data system and the Provider Management process ends.
13	If the Service Provider is meeting the contractual performance standards, the Service Provider will continue to provide new and ongoing services.
14	At any time, the Service Provider may opt to withdraw from providing services for the Early Steps program. If the Service Provider remains an Early Steps Service Provider, they will continue to accept Service Authorization terms to provide new and ongoing services.
15	If the Service Provider opts to withdraw from the program, the LES will verify if the Service Provider has any open cases. If the Service Provider has no open cases, the LES will update the Provider record in the data system and the Provider Management process ends.
16	If the Service Provider has open cases, the LES will update the Service Authorization to transfer the open cases to another contracted Service Provider. Once the cases are transferred, the LES enters an end date to “inactivate” the Provider record in the data system and the Provider Management process ends.

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2. Business Solution Alternatives

Early Steps conducted a market analysis to determine if suitable solutions were available in the market in 2021 following the termination of the previous contracted vendor. The Early Steps Program worked with the Federal technical assistance center to identify established data system vendors in other states. The Early Steps Program reached out to multiple states IDEA Part C programs to assess the systems used, specifically for early intervention programs throughout the nation. Following the analysis of existing systems and the vendors associated, the Early Steps Program analyzed the option to procure a vendor through the GSA Schedule 70.

During the 2021 market analysis, the Department evaluated the options available to meet the needs of the Florida Early Steps Program and developed the following three alternatives:

- Status Quo: Remain with the existing UF system and develop a contract for enhancements needed to meet baseline needs.
- Develop a Custom Solution: This option involves using in-house and/or staff augmentation resources to build a brand-new solution from the ground up.
- Deploy a Pre-Built Solution: This option involves procuring a vendor to implement either:
 - A transfer solution from another state,
 - Configure a commercial-off-the-shelf (COTS) case management and billing system, or
 - Implement any combination of COTS, transfer, and necessary customizations or configuration changes.

3. A Pre-Built solution could be a cloud, Software-as-a-Service (SaaS), or hosted solution. Rationale for Selection

The following high-level scoring method assisted in evaluating the options. For each alternative 10 criteria were given a score of 3 (High Fit), 2 (Medium Fit), or 1 (Low Fit).

Scoring the Alternatives			
Category	Status Quo	Custom	Pre-Built
Supports Case Management	1	3	3
Supports Contract Management	1	3	3
Flexibility and Adaptability	1	3	3
Capacity for Growth	1	3	3
Data Integrity	2	3	3
User Interface	1	3	3
Cost	3	1	2
Risk	1	1	3
Total	11	20	23

In evaluating the options, Early Steps has determined that:

- The status quo does not meet the needs of the Department and is a contributing factor to the state being in a “needs assistance” status with the Federal government.
- A custom-built solution is likely to cost more and have a much higher risk of not meeting timelines and scope.

4. Recommended Business Solution

The recommended alternative is to procure and deploy a Pre-Built solution that is currently used in another state for

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the purpose of providing services under the IDEA, Part C.

The Early Steps Program began project planning and procurement activities in FY 2021-2022. The Department recommends the funding for Florida's Early Steps system modernization project be approved and sufficient funds be appropriated.

The Early Steps Program recommends that the replacement of the system be conducted according to best practices to transition to a solution that meets the business process requirements and user needs as delineated in this document.

D. Functional and Technical Requirements

The table below lists the proposed project requirements.

Requirement #	Requirement
REG-001	The system shall provide an extensive array of administrative functions. Please explain administrative functions available in the solution.
REG-002	The system shall allow System Administrators (SAs) to have the ability to configure Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), and IDEA Part C compliant user access roles, and permissions.
REQ-003	The SAs shall be able to configure and run auditing reports. Audit reports can include (but are not limited to): all user activity (event) reports, including information about the browser and IP, any change made in the system (including changes made by a SAs), any data or documents that are loaded into the system by identified users including start and end times and information of records that fail to load.
REQ-004	The SAs shall have the ability to create HIPAA compliant dashboard views that are unique to the user roles within the system.
REQ-005	The SAs shall have the ability to create, inactivate, and update system business rules and reports, access Child Record and service data, manually link or unlink Child Records in the system.
REQ-006	The SAs shall have the ability to create, inactivate, and update fiscal business rules related to reports, claims and payments in the system across all Programs, and download data for additional reporting purposes.
REQ-007	The SAs shall have the ability to configure hyperlinks to other functionality within the site.
REQ-008	The SAs shall have the ability to Import/Export system data.
REQ-009	The SAs shall be able to download the data in the same format and structure as how the data is stored by the system.
REQ-010	The SAs shall be able to update and track the Fee schedule. (The Fee Schedule is a list of billable service rates that is subject to change).
REQ-011	The system shall have the capacity to calculate an eligibility timeframe based on the most recent eligibility evaluation and the age of the child on the Date of Eligibility Notification.
REQ-012	The system shall support the ability for ESSO to configure eligibility timeframes.
REQ-013	The system shall provide the ability for an SA to administratively re-activate an enrollment for exceptional circumstances (agency role).
REQ-014	The system shall provide the ability for ESSO to administer case management (e.g., child enrollments, referrals, evaluations/assessments, IFSPs, etc.), fiscal management, and provider management, including management of all requirements (e.g., validation changes, creation or changing of criteria, adjusting limits, inclusion of reference tables, etc.)
REQ-015	The system shall provide the ability to link to external data sites (e.g., local school districts, state agency, etc.).
REQ-016	The system shall provide the ability for the ESSO to maintain a data dictionary for all tables and data elements in the system, including version tracking.
REQ-017	The system shall provide the ability for ESSO to create reference tables that business

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	rules and queries can access.
REQ-018	The system shall allow ESSO the ability to add categories to reference table and update existing categories.
REQ-019	The system shall provide the ability for ESSO to edit individual system records. These changes will be tracked by User ID and date/time updated. The system will either submit a notification to the identified users or include edits as part of a standard report.
REQ-020	The system shall allow the ability for ESSO to survey one or more types of identified users, including families.
REQ-021	The system shall provide web UI link(s) for the Early Steps website (e.g., Service Provider portal, referral, parent portal).
REQ-022	The system shall provide ESSO with the ability to oversee and manage individual role-based tasks and deadlines.
REQ-023	The system shall permit the configuration and application of business rules based on specific deadlines for the submission of claim or service records.
REQ-024	The system shall allow dynamic, easy modification of business rules and management of exceptions in response to changing business needs and regulations. The system shall allow an identified user to edit rules without having to change the application code.
REQ-025	The system shall support the ability of ESSO to do the following: <ul style="list-style-type: none"> • Creation and configuration of business rules to meet business objectives • Maintenance of business rules • Creation, importing of, updating and use of one or more reference tables for business rules • Configuration of navigation or process flows to allow or disallow access to certain data, data sets or areas in the system • Approval processes that bypass rules or allow/disallow access to certain data, data sets or areas in the system
REQ-026	The system shall provide ESSO with the ability to configure a business rule with multiple paths through the rule. Most business rules are based on a combination of conditions, scenarios, or flows.
REQ-027	The system shall allow configurable rules that permit the modification of a navigation flow by a SA.
REQ-028	All system dates related to ESSO standards and rules shall be configurable in the system and accessible based on the identified user.
REQ-029	The system shall have the capacity to apply complex business rules and adjudication logic in the claims processing and adjudication workflow. This will include, but not be limited to, calculations, such as the following: <ul style="list-style-type: none"> • Age of the child (expressed in days, months, or years) at the time of the service • Excessive service hours • Number of months between an initial service type and this service date • Maximum obligation amounts based on Provider
REQ-030	The system shall have the ability to send and receive 270/271 EDI with AHCA in order to determine a child's status at any time during their enrollment.
REQ-031	The system shall have the ability to look up specific child, service and insurance information captured in the system; the 837 and 271 transactions; and Insurance and override information. This information will be used for adjudication of claims by the business rules engine.
REQ-032	The system shall provide a solution for the approval or denial of claims or services based on claim history that includes any override decisions.
REQ-033	The system shall have the capacity to configure and employ business rules based on, but not limited to: <ul style="list-style-type: none"> • Fiscal year or multiple fiscal years • Adjustment reason code, specific employer groups, out-of-state plans, providers, and other entities • Service dates and dates of submission • Exceptions

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	<ul style="list-style-type: none"> • Overrides
REQ-034	<p>The system shall assign error code(s) to claim records that fail to pass business rules. Business rule violations include the following, but not limited to:</p> <ul style="list-style-type: none"> • Claim is a duplicate • Reason for claim is unacceptable or requires additional review • Child has not been registered in the system • Missing child data • Date of service in relation to other dates (e.g., referral date, discharge date) • Service date of claim occurs on or after the child's third birth date with no prior authorization • Service hours or sessions during a timeframe (e.g., week, month, year) exceed operational standards • No reimbursement waiver authorization for specified services • Charge exceeds the value of the service • Submission date occurs after deadline
REQ-035	The system shall process all records through its business rules and assign error codes where a service has failed a business rule. Service statuses shall be assigned based on whether the service passes or does not pass the business rules. A service may fail multiple business rules.
REQ-036	The system shall allow a Service Provider to electronically submit supplemental documentation (e.g., a written correspondence between the insurer and the Provider.)
REQ-037	The system shall allow identified users to manually override a business rule on claims or services that are pending after the review of supplemental documentation. If no other business rule errors exist on the claim and/or service, then the records are readied for payment processing.
REQ-038	The system shall allow for and track adjudication of received claims corrections or credits (adjustment to charges or services).
REQ-039	The system shall have a "viewer" for the identified user to be able to see the raw or parsed claim. It shall allow the identified user to see all claim components and better understand the reason for rejection (in case there is a format or translation issue, and a 999 file has been generated).
REQ-040	The system shall have a "viewer" of child or multiple child claims as specified that provides all claim data.
REQ-041	The system shall provide a solution for selecting and overriding claims or services to be manually approved or denied.
REQ-042	The system shall provide the ability to upload documents of different file types (e.g., PDF, Word, Excel) and link them to different areas of the Child Record, Service Provider record, etc.
REQ-043	The system shall provide the ability to download various notices, forms, and letters of different file types (e.g., PDF, Word, Excel).
REQ-044	The system shall provide soft errors and hard errors when entering certain data items incorrectly or when not completing items.
REQ-045	The system shall flag incomplete or invalid data entry in an obvious manner to the identified user so that needed corrections are clear.
REQ-046	The system shall standardize reference or lookup tables within the system so that the code, description, and effective dates follow a standardized naming convention.
REQ-047	The system shall include a start and end date for each category on a reference table.
REQ-048	The system shall provide the ability to read from multiple reference tables for business rules and querying (e.g., multiple reference tables of medical conditions with effective start and end dates).
REQ-049	The system shall display areas where data is "In process", or "Complete" so that it is easy for an identified user to address an incomplete record.
REQ-050	The system shall provide conversion functionality (e.g., ability to toggle between pounds/ounces to grams when entering birth weight).
REQ-051	The system shall always calculate the child's age dynamically.

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REQ-052	The system shall allow additional questions to be enabled based on the response to one or more previous questions.
REQ-053	The system shall capture, store, and retrieve documents in electronic form.
REQ-054	The system shall accommodate child adoptions and follow federal and state guidelines (e.g., redaction, cloning record, confidentiality.)
REQ-055	The system shall have the ability to spell check text in the data entry fields.
REQ-056	The system shall have the ability for language options to view and print in Creole and Spanish any system generated content.
REQ-057	The system shall be designed so that an identified user sees their tasks when they log into the system. Any tasks that are overdue or approaching the due date will be listed first. Task list can be sorted by any data element.
REQ-058	The system shall be designed so that when a deadline is set for a task, the system shall be configured to take an action based on the deadline approaching or passing. Actions can include sending a reminder task to the team member or escalating visibility of the task to leadership.
REQ-059	The system shall calculate “child status” based on data and services in the system.
REQ-060	The system shall calculate the child’s age in months related to the service dates (e.g., referral date, discharge date). The age of the child is the actual age (child is 0 months of age until the following month up through the date before their birth date, etc.). Note: children are considered 0 months of age at birth.
REQ-061	The system shall have the ability to calculate if the child is inside or outside the LES Office catchment area based on the child’s city or town of residence.
REQ-062	The system shall include comprehensive rules’ management capabilities, including an intuitive rules composer/editor and a high performing rules engine.
REQ-063	The system shall allow ESSO the ability to design pre-defined workflows within the application. This should include defining the sequence of data entering, mandated fields, screens and exceptions to the pre-designed workflows.
REQ-064	The system shall store all business rules with effective start and end dates.
REQ-065	The system shall enable ESSO to identify a date within the system to use to compare against the start and end date within a rule.
REQ-066	The system shall enable ESSO the ability to identify a “required” data field.
REQ-067	The system shall allow the ability for ESSO to identify the required data necessary to save a “form” or page.
REQ-068	The system shall allow required business rules to be subject to other business rules (e.g., required data but user can exit the data field).
REQ-069	The system shall allow business rules that are warnings.
REQ-070	The system shall have the ability to provide validation messages.
REQ-071	The system shall have the ability to reject input that breaks validation rules.
REQ-072	The system shall provide the ability to pre-define the phases of the program’s lifecycle along with any significant tasks that must be completed for a program to progress from one phase to another.
REQ-073	<p>The system shall categorize the Child Record for business rule use:</p> <ul style="list-style-type: none"> • Referred only • Intake only • Ineligible • Eligible, no IFSP • IFSP, no services • IFSP <p>This “Child Status” is critical for business rule use as it clearly delineates the disposition of the child in the system.</p>
REQ-074	The system shall ensure data quality and accuracy through enforcement of business rules.
REQ-075	The system shall warn the identified user of all potential modifications, if any, that will occur to the child’s record prior to the update of data within the system.
REQ-076	The system shall allow an identified user to provide a request for an approval, along with a justification, to bypass or override a business rule or requirement.

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REQ-077	The system shall provide the ability for ESSO to approve or deny the override request and will document this and any comments in the system.
REQ-078	The system shall document the override status within the child and Service Provider record.
REQ-079	The system shall provide user interfaces (UI) for user roles defined.
REQ-080	The system shall provide user dashboards. Please describe your default dashboard capabilities and their configurability for user roles defined.
REQ-081	The system shall provide a Main Menu, notification interface, tasks bar, etc., for easy navigation of information once an identified user has logged in.
REQ-082	The system shall provide the identified user interface with a consistent and predictable look and feel.
REQ-083	The system shall support Alerts/Notifications. Please describe how the system handles Alerts/Notifications Functionality for identified users.
REQ-084	The system shall allow alert criteria to be configurable (modify, disable) by an identified user (e.g., ESSO SA, LES SA.)
REQ-085	The system shall provide the necessary information to create and send various notices, forms, and letters (e.g., mail merges) to different groups.
REQ-086	The system shall provide notification capability within the system between identified users (e.g., training announcements, policy changes).
REQ-087	The system shall have the ability to generate letters from templates and system data.
REQ-088	The system shall allow identified user roles the ability to oversee and manage automated and manual system notifications.
REQ-089	The system shall allow identified user roles the ability to configure system notifications depending on certain criteria.
REQ-090	The system shall allow identified user roles the ability to modify the number, frequency, and recipients of system notifications.
REQ-091	The system shall allow notifications to be automatically generated from the scheduler in real-time as events occur or according to configurable timeframes.
REQ-092	The system shall create system notifications.
REQ-093	The system shall capture or log user activity (events and access). All user activity (events and access) must be auditable in the system. Please describe the auditing functionality throughout your system addressing all requirements.
REQ-094	The system shall support the comprehensive and granular logging of all user actions, including administrative users.
REQ-095	The system shall support mobile and tablet web browsers. Please describe the solution's mobile browser compatibility.
REQ-096	The system shall provide a mobile version of the application.
REQ-097	The system shall provide a solution when the connectivity issues compromise the mobile version functionality of the application. The system shall provide an offline solution for where there is no access to internet. This may entail the storing of captured data in a secure manner (encrypted) with the ability to later upload the data to the system or another option.
REQ-098	The system shall provide a solution for where there is no access to internet during the face-to-face visit. This may entail the storing of captured data in a secure manner (encrypted) with the ability to later upload the data to the system or another option.
REQ-099	The system shall be able to differentiate between data that has been synced (due to offline data entry) and data that is waiting to be uploaded.
REQ-100	The system shall support two mechanisms for data collection: 1) direct data entry into the system and 2) secure upload of child and service data into the system.
REQ-101	During direct data collection or upon data upload, the system shall enforce all rules related to consistency of data within the Child Record and between the Child Record and child service data.
REQ-102	Reports of all Child Record data and services uploaded shall be made accessible to the appropriate identified users within the system.
REQ-103	The data file export shall be supported through a secure download process to which files

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	can be exported daily.
REQ-104	Files processed through a secure download process site shall be consistent with state standards for secure HIPAA data in transmission and at rest.
REQ-105	The data transaction files shall be structured in a standardized format and documented to facilitate local agency download of the files (XML and CVS) and absorption of the system data into their database.
REQ-106	The system shall provide the ability to receive Child Record and service delivery data from a Service Provider system.
REQ-107	The system shall support documentation and translation functionality to allow for a standardized data file or files to be uploaded into the system.
REQ-108	During the import, each record shall be looked at individually (automated) and processed against the same operational business rules as the system interface in order to identify any errors or warnings in that particular record, prior to adding the record to the system database.
REQ-109	The system shall accept or reject data at the record segment level and will not reject the entire record or file if only a subset of the file has errors.
REQ-110	The system shall make available within the application a downloadable summary report that lists any errors or warnings that existed in the import file along with summary data on the number or records that were added to the database.
REQ-111	All Child Record data and services imported shall be made accessible to the appropriate identified users within the system via database and reports. Similarly, rejected and subsequently corrected records should be available for monitoring purposes through reports.
REQ-112	Files processed through a secure upload process shall be encrypted and comply with HIPAA requirements and standards for data transmission.
REQ-113	The system shall check the download folder periodically for incoming files. The frequency the folder is checked shall be configurable.
REQ-114	The system shall provide an Interface Control Document for Webservice, detailing all the data specifications required to import the data into the system.
REQ-115	Identified users with the appropriate permissions shall have access to the data files sent/received for review purposes.
REQ-116	Data import processing shall run to completion and in the event of bad data should terminate gracefully and log any errors to help determine what went wrong.
REQ-117	The system shall provide a file in response to an EHR file upload that contains the system generated Child ID so that the Service Provider may link it to their EHR child ID for updates and claims reporting.
REQ-118	The system shall have a mechanism for accepting updates to system data based on the system generated Child ID that is stored in the EHR.
REQ-119	The system shall track which EHR was the source system for each Child Record that is uploaded from an EHR.
REQ-120	The system will enable an LES to transition from one import/export option to another.
REQ-121	The system shall provide the ability to export and import Child Record and service delivery data from an LES Billing system or EHR. The import file will go through the same business rules as the system user interface. The system will validate the records and send back an acceptance or error message to the LES Billing system or EHR.
REQ-122	The system shall provide the ability to exchange child level insurance eligibility information with the AHCA.
REQ-123	The system shall provide the ability to accept files from all payer sources.
REQ-124	The system's platform shall enable integration with other Department systems as well as other legacy and external systems such as: <ul style="list-style-type: none"> • Vital Statistics • Medical Quality Assurance (MQA) • Newborn Hearing and Screening Program
REQ-125	The system shall provide the ability to receive Transportation Vouchers and transportation service utilization data and allow them to be sent back for payment of the

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	vouchers.
REQ-126	The system shall provide the ability to export and import Child Record and service delivery data to/from external systems.
REQ-127	The system shall display which services were successfully sent to a LES Office billing, PMS or Electronic Health Record system.
REQ-128	The system shall provide reports of all children, services, and modifications sent to an LES Office billing, PMS, or Electronic Health Record system.
REQ-129	The system shall provide the ability to send notification data to the Local Education Agency (LEA)/State Education Agency (SEA).
REQ-130	The system shall capture all required data for the creation of a Program Record.
REQ-131	The system shall capture LES organizational data (e.g., Service Coordinator, direct services personnel, SSIP staff, supporting staff, subcontracted entities and individuals, etc.).
REQ-132	The system shall capture Service Coordinator data (e.g., change in the Service Coordinator, case load in real times, etc.)
REQ-133	The system shall capture natural environment support fees.
REQ-134	The system shall capture travel related expenses (including uploading attachments, etc.)
REQ-135	The system shall store contract deliverable templates the LES Office can access and utilize to complete contractual obligations.
REQ-136	The system shall have the ability to run reports to support proof of contractual obligations submission.
REQ-137	The system shall have the ability to enter, edit, track, and report claims and payment sources for all services provided (regardless of payer).
REQ-138	The system shall have the ability for identified users to enter, edit, and track the Individualized Family Support Plan Team's (IFSP Team) relevant data.
REQ-139	The system shall have the ability for ESSO to assign a catchment area based on zip code and counties served by the LES Office.
REQ-140	The system shall capture all required data for the creation of a Service Provider Record.
REQ-141	The system shall allow identified users secure access and provide Service Provider portal registration and logon functionality.
REQ-142	The system shall allow LES offices to approve Service Provider enrollment requests, determine identified user roles, etc.
REQ-143	The system shall allow Service Providers to maintain Service Provider accounts.
REQ-144	The system shall allow Service Providers to submit credentials and have credentials verified (including uploading attachments, etc.)
REQ-145	The system shall provide the ability to collect, store, edit, document, and track certifications, trainings, and credential information.
REQ-146	The system shall allow Service Providers to enter Service Provider demographics.
REQ-147	The system shall allow LESs and Service Providers to deactivate Service Provider record.
REQ-148	The system shall verify and update invalid data received from other systems (e.g., AHCA, MQA).
REQ-149	The system shall allow Service Providers to enter and manage their personnel data (e.g., start/end dates, license, Medicaid ID, NPI, etc.)
REQ-150	The system shall allow identified users to search Service Providers (based on required fields.)
REQ-151	The system shall have the ability to display selected data points as part of the Child Record header.
REQ-152	The system shall have the ability to identify "child record status" by fiscal year. For example, a child may have been referred in FY15 (June 2015), was deemed eligible and received IFSP services in FY16 (July 2015). This child's "status" would be different in FY15 vs FY16.
REQ-153	The system shall capture parental consent (e.g., electronic signature) in accordance with state guidelines and IDEA regulations and meets industry standards.
REQ-154	The system shall provide blank printable forms for manual completion and later data

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	entry as well as printable completed “forms” showing a child’s record.
REQ-155	The system shall allow an easily accessible area for comments or general notes within a child’s record. Comments and notes will be linked to the identified user who added the information.
REQ-156	The system shall have the ability to enter, edit, and track Complaints, Mediations, and Due Process Hearings Count and Results.
REQ-157	The system shall provide the ability for an identified user to update child status criteria and eliminate or add statuses.
REQ-158	The system shall generate a unique Child ID for each child and maintain a single record per child.
REQ-159	The system shall allow for the submission of referrals from non-system users via a web UI link on the Early Steps website.
REQ-160	All identified users of the system shall have appropriate access to a child’s record based on their role and responsibilities.
REQ-161	The system shall search for existing child records in the system before allowing the identified user to create a new Child Record to avoid creating duplicate Child Records.
REQ-162	The system shall have a search functionality that minimizes duplication of children by identifying the same child based on the child’s name, alternative names, date of birth, and gender. Additional matching functionality will identify near matches (e.g., exact match except for day of birth).
REQ-163	The minimum required data for creation of a Referral Record shall include Referral Date, Referral Source, Referral Reason, ES Referral Date, Child Name, Child Sex, Child DOB, Child Race, Caregiver Name, Caregiver Relation to Child, Caregiver Contact. Additional optional data fields will be included.
REQ-164	The system shall allow alternative first and last names to be entered and saved (if not already in the system) as part of searching for a child.
REQ-165	The system shall provide a list of all children that match or are considered as potential or near matches (based on to be determined criteria).
REQ-166	The system shall provide the ability for a Service Provider to create a new Child Record based on information entered as part of the child search.
REQ-167	<p>The system shall, prior to creating a new Child Record, link to or be set up as an integrated service with an extract from the Bureau of Vital Statistics, the Florida birth record file, to check if there is a child match.</p> <ul style="list-style-type: none"> • If the child matches exactly, then the Child Record is automatically created. Birth data such as race are included in the record. • If the child is a potential match (based on to be determined criteria) and the Service Provider selects this as a match, then the Child Record is created using birth record data. • If there is no match to a birth record, then a new Child Record is automatically created. • If the Service Provider rejects all potential matches, then a new Child Record is created.
REQ-168	<p>The system shall identify the outcome of the birth record search process and link it to the child’s record:</p> <ul style="list-style-type: none"> • No match • Exact match • Near match, accepted • Near match, rejected
REQ-169	The system shall not allow a Child Record to be entered if the child is three years of age or older, other than with an override exception by a SA.
REQ-170	The system shall allow the Child Record to be accessed by multiple identified users across multiple locations (as long as the users have the appropriate permissions and roles to access the Child Record).
REQ-171	The system shall merge two Child Records when it has been identified that two Child Records are, in fact, the same child.
REQ-172	The system shall provide a solution for data updates to the Child Record (e.g., name

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	change).
REQ-173	The system shall provide a solution for modification or data updates to the Child Record as a result of an update on the Child Record (e.g., if the birth date is updated, this has an effect on the age of the child, eligibility timeframe, IFSP timeliness, acceptable discharge reasons, etc.).
REQ-174	All searches performed by a Service Provider shall be tracked including date of search, identified user who searched and search criteria (including full name, date of birth, gender).
REQ-175	The system shall provide a solution for splitting a Child Record when it has been identified that one Child Record is, in fact, two different children.
REQ-176	The system shall have the ability to link children who are siblings.
REQ-177	The system shall provide the ability for an identified user to search/view children exclusive to their program to access the child's record (and their respective service authorizations).
REQ-178	The system shall provide the ability to document and track attempts to contact the family after the initial referral (e.g., dates, number of attempts, outcomes).
REQ-179	The system shall capture all required data for the creation of an Enrollment Record.
REQ-180	The system shall allow active dual Enrollment Records across LES offices.
REQ-181	The system shall provide the ability to create multiple enrollments per child within a program. A child shall not have more than one unique ID.
REQ-182	The system shall create an Enrollment Record: <ul style="list-style-type: none"> • If there are no existing enrollments • If the existing enrollments have all been discharged (only the most recent enrollment within an LES office may be active) • Upon the completion of one Referral Record
REQ-183	The system shall notify the Service Provider at the point of creating an enrollment if another program has enrolled this child. The system shall allow the enrollment to be created, will identify the other program, and will document this as a dual enrollment.
REQ-184	The system shall keep a history of all enrollments.
REQ-185	The system shall provide the ability to store multiple referrals per enrollment.
REQ-186	The system shall identify the earliest referral date entered to define the timeframe for initial contact, evaluation, and enrollment except in cases of re-referral after discharge.
REQ-187	The system shall allow additional Referral Records to be entered under an enrollment as long as the referral date occurs within the enrollment timeframe.
REQ-188	The system shall provide identified users the ability to edit the LES assignment data entry field to transfer the child to another LES while maintaining the historic data of the LES assignment data entry field.
REQ-189	The system shall create an Activity Log of services for each child at the initial enrollment. An Activity Log is specific to a child.
REQ-190	The system shall allow the Activity Log to be available for entry of all services whether the child has one or multiple enrollments under the program.
REQ-191	The system shall associate each activity or service with an enrollment.
REQ-192	The system shall provide the ability for an identified user to assign a child/children to a Service Coordinator or any other Service Provider in order to allow them to enter services, progress notes, and other data as needed to a child's record.
REQ-193	The system shall allow an identified user to designate the Service Coordinator within the child's enrollment. A Service Coordinator must be assigned to an Enrollment Record at all times.
REQ-194	The system shall allow the identified user to select a Service Provider who is approved by the program and active within the system.
REQ-195	The system shall allow transfers between Service Coordinators for a child(ren). A history will be kept.
REQ-196	The system shall display the Service Coordinator's name within an Enrollment Record.
REQ-197	The system shall provide the ability to collect and document evaluation/assessment data in the system.

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REQ-198	The system shall associate an evaluation/assessment with a Child Record.
REQ-199	The system shall have effective start and end dates for each evaluation/assessment template.
REQ-200	The system shall have the ability to automatically designate an evaluation/assessment as “In Process” or “Complete” according to the questions answered within the evaluation.
REQ-201	The system shall have the ability for identified users to lock a completed evaluation so that no other edits are allowed.
REQ-202	The system shall allow an identified user to delete or edit a “locked” evaluation if required.
REQ-203	The system shall support COS process and / or reference table used for the calculation of scores and measures based on the entry, exit, made progress questions.
REQ-204	The system shall support a workflow or decision structure used to determine eligibility status (e.g., at-risk, developmental delay, established condition, clinical judgement).
REQ-205	The system shall support multiple child eligibility requirements over time (due to updates to eligibility) and allow the eligibility process to be date-defined and readily changeable. The specific set of criteria (i.e., version) used to determine eligibility will be linked to the child's record. Future updates to eligibility criteria will not affect a child's previously determined eligibility. A child's eligibility should always be calculated using the eligibility criteria in place at the time of the determination.
REQ-206	The system shall provide the calculation of the child outcome automatically at the completion of an exit evaluation for every child who has received 6 or more months of services.
REQ-207	The system shall record the type of outcome; entry, exit, or periodic / annual.
REQ-208	The system shall have the ability to report child outcome results at the child level.
REQ-209	The system shall have the ability to report child outcome results at the LES and ESSO Program level.
REQ-210	The system shall contain components and design requirements according to the IFSP in place at the time of development and implementation.
REQ-211	The system shall contain components and design requirements for the three types of IFSPs (e.g., General, At-risk, and Interim).
REQ-212	The system shall require an evaluation when required prior to the development of an IFSP.
REQ-213	The system shall pre-populate an IFSP with all relevant information (e.g., outcomes and goals) based on the most recent IFSP, if consent is in place or the IFSP is a subsequent IFSP within the same program for the child.
REQ-214	The system shall calculate and display the IFSP due date and the IFSP review date. For transferred and re-referred children, both of these dates are based on their previous IFSP review and due dates, if still valid.
REQ-215	The system shall allow the identified user to create a new IFSP after each new evaluation, timeframe, periodic review, and type of IFSP.
REQ-216	The system shall track any changes or modifications (history) of an IFSP. The system shall allow changes to be created as an IFSP review and displayed as a modification to the IFSP. A signature is required by the parent if any modifications are documented.
REQ-217	The system shall have the ability for the identified user to lock a completed IFSP so that no other edits are allowed.
REQ-218	The system shall display and provide a copy of the IFSP according to the approved IFSP used by the Department.
REQ-219	The system shall allow all assigned identified users to access the IFSP.
REQ-220	The system shall identify when the first IFSP service occurs on an IFSP, regardless of IFSP type (except IFSP Reviews where there are no service changes) and is or is not compliant (30 days from the initial IFSP Signature date). If the service did not occur within the compliance timeframe, a reason for the delay is required to be documented in the system.
REQ-221	The system shall allow the identified user to update the Transition Section of the IFSP.
REQ-222	The system shall calculate and display the transition compliance timeframe within the

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	IFSP Transition section for transition plan, LEA notification, and Transitional Conference.
REQ-223	The system shall have the ability to create a file of notification information to be sent to an LEA for children potentially eligible for special education services. The LEA notification file will include information specified by the identified users and will be available for download.
REQ-224	The system shall allow a family that initially opted out of a notification to the LEA to later be referred to an LEA.
REQ-225	The system shall require a reason for the transition plan, LEA notification, SEA notification, or Transitional Conference when the occurrence happens outside of the compliance timeframe.
REQ-226	The system shall create an SEA file consisting of all children entered into the system the day of the LEA notification.
REQ-227	The system shall allow modification of information included on the SEA file.
REQ-228	The system shall allow modification to the frequency of the SEA file creation.
REQ-229	The system shall provide a solution for maintaining schedules and calendars.
REQ-230	The system shall allow identified users to enter case notes, progress reports, strategies for caregivers, and permit sharing with other team members and the child's family.
REQ-231	The system shall display all progress notes in a unified and standard way for easy use.
REQ-232	The system shall allow identified users secure access and provide family portal registration and logon functionality.
REQ-233	The system shall allow LES identified users to initiate parent accounts.
REQ-234	The system shall allow parents to maintain parent accounts.
REQ-235	The Parent Portal shall be user friendly and present a "look and feel" consistent with existing materials and web presence.
REQ-236	The Parent Portal shall be accessible to parent/guardian in multiple formats/platforms (e.g., PC, mobile devices).
REQ-237	The system shall provide information to the Parent Portal in real time.
REQ-238	The Parent Portal shall provide the ability for identified users to upload notifications, reminders, general announcements and information for parents/guardians.
REQ-239	The system shall provide the ability to allow the child's parents/guardians to view their child specific IFSPs and care plan activities. Information will be pulled from the IFSP plan and displayed to the parent/guardian.
REQ-240	The system shall allow identified users to print out the IFSP, assigned Providers, notes, etc. directly from the Parent Portal.
REQ-241	The system shall automatically inactivate the parent's account three months after the child is discharged as well as follow the Department's inactive use guidelines.
REQ-242	The system shall associate the Parent portal access with the guardianship information collected in the system. Additional parent portal access will be determined by guardians associated with the account.
REQ-243	The system shall notify the parent/guardian prior to their account being inactivated (three months after the child's discharge). An account can be reinstated if the child is re-enrolled as an IFSP child.
REQ-244	The system shall allow ESSO to collect input and feedback (Family Survey) from families regarding state initiatives and other concerns from the Parent Portal.
REQ-245	The Parent Portal shall link multiple children of a parent/guardian to their login ID.
REQ-246	The Parent Portal shall allow the parent/guardian to choose which child's data to view, if there are multiple children associated with their login ID.
REQ-247	The system shall allow the identified user to collect and document a child's discharge data in the system.
REQ-248	The system shall associate a discharge with an enrollment.
REQ-249	The system shall only allow a discharge on an active enrollment.
REQ-250	The system shall notify or report to the Service Coordinator that the child has not received services for three months and may be in need of a discharge.
REQ-251	The system shall allow the Service Provider to enter a future date and reason code

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	(pause) for service continuation if the child will not be receiving services for a while in order to identify valid enrollments that should remain active.
REQ-252	The system shall notify or report to the Service Coordinator that the child has aged out and is in need of a discharge when the child turns 37 months of age.
REQ-253	The system shall allow the number and frequency of discharge notifications to be modified.
REQ-254	The system shall lock down the Child Record where identified users cannot edit program-specific data for that enrollment thirty days (30) following completion of discharge.
REQ-255	The system's data shall be easily accessible by the Department's business analysis, reporting, and business intelligence tools.
REQ-256	The system shall support real-time access to reports.
REQ-257	The system shall provide HIPAA compliant, secure, role-based ability to view and/or export reports.
REQ-258	The system shall provide access through the main interface with standard reporting integrated into the workflow.
REQ-259	The system shall allow reports generated by the system to be exported in a variety of formats, minimally including XML, CSV, PDF, and Excel.
REQ-260	The system shall provide a comprehensive reporting package to accommodate all informational needs.
REQ-261	The reporting package shall be a comprehensive combination of administrative functionality, electronic data files, standard reports, and ad hoc reporting capabilities.
REQ-262	The system shall provide reports in a format that the identified users can access and easily modify (e.g., Microsoft Excel rather than PDF).
REQ-263	The system shall allow the creation of ad hoc, canned, and queried reports.
REQ-264	The system shall allow the ability to select how reports are sorted.
REQ-265	The system shall provide report summary totals.
REQ-266	The system shall allow the identified user to query one or more tables in the system.
REQ-267	The system shall provide both the code and the description from the reference or lookup table (e.g., 1 Hispanic) on querying results.
REQ-268	The system shall allow the identified user to select data fields from one or many tables for downloading purposes.
REQ-269	The system shall have a data dictionary or guidance document for the identified user that provides assistance with the use of downloaded data.
REQ-270	The system shall provide the capability to develop tables of data that will be used by ESSO for specified reports within the environment.
REQ-271	The system shall allow report toggling between active records and inactive records. For example: (1) Assessment records flagged as an error should not be included. (2) Inactive Child Records should not be included. (3) Child Records not having any services should not be included.
REQ-272	The system shall provide a redacting feature for the reporting of certain data on reports.
REQ-273	The system shall provide the ability to send reports (e.g., AHCA, FL Department of Education (FL DOE)) according to specified requirements on formats and transmission.
REQ-274	The system shall offer the identified user access to a comprehensive cost modeling, forecasting, and self-service analytic and reporting tool.
REQ-275	The system shall have the capacity to integrate Child Record and services data into fiscal reporting.
REQ-276	Develop a Billing Manual in cooperation with ESSO.
REQ-277	The system shall have the capacity to set up a schedule of reports, downloads, tasks, etc., that can be easily modified and used.
REQ-278	The system shall provide the ability for the identified user to do ad hoc querying.
REQ-279	The system shall allow access to staff productivity metrics through the integrated reporting system.
REQ-280	APR (Annual Performance Report)
REQ-281	Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) Annual Report

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REQ-282	State Plan
REQ-283	Annual Legislative Report
REQ-284	618 Reporting Data
REQ-285	Part C of the Individuals with Disabilities Education Act (IDEA) Application/Policy Submission
REQ-286	QA Reporting
REQ-287	COS
REQ-288	Family Survey Reporting
REQ-289	Child Outcome (OSEP)
REQ-290	Exiting (OSEP)
REQ-291	Family Survey (OSEP)
REQ-292	Natural Environment (OSEP)
REQ-293	SSIP (OSEP)
REQ-294	Timely IFSPs (OSEP)
REQ-295	Timely Services (OSEP)
REQ-296	Transition (OSEP)
REQ-297	State Performance Plan (SPP) /APR Summary
REQ-298	Indicator Reports (OSEP)
REQ-299	Eligibility (OSEP)
REQ-300	EMAPS (618)
REQ-301	Corrective Action Plan Tracking
REQ-302	Child Count Summary
REQ-303	Child Count
REQ-304	Child Outcome Entry/Exit
REQ-305	Report Cards (by LES office)
REQ-306	Focused Monitoring (customizable by user)
REQ-307	Error Report Summary
REQ-308	Error Threshold Report. In order to ensure accurate reporting, LES offices that have greater than a predefined threshold of children without services that are not discharged.
REQ-309	Follow-Up Child Report
REQ-310	ESSO Fiscal Reporting (e.g., Child profile, Invoices and Charges by Provider, Utilization Report (YTD current & previous FY), Budget Projections, etc.)
REQ-311	Activity Log
REQ-312	Child Record Error Reports
REQ-313	Family Survey Summary
REQ-314	LES Office Profile
REQ-315	LES Office Summary: Child Status
REQ-316	LES Office Summary: Clinical Judgment
REQ-317	LES Office Summary: DCF Child Status
REQ-318	LES Office Summary: Diagnoses
REQ-319	LES Office Summary: Eligibility
REQ-320	LES Office Summary: Ethnicity
REQ-321	LES Office Summary: Exiting Reason
REQ-322	LES Office Summary: Gender
REQ-323	LES Office Summary: Primary Child's Residence
REQ-324	LES Office Summary: Primary Insurance
REQ-325	LES Office Summary: Primary Language
REQ-326	LES Office Summary: Primary Legal Custody
REQ-327	LES Office Summary: Professional Discipline: Costs

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REQ-328	LES Office Summary: Professional Discipline: Hours
REQ-329	LES Office Summary: Race
REQ-330	LES Office Summary: Referral Age
REQ-331	LES Office Summary: Referral Reason
REQ-332	LES Office Summary: Referral Source
REQ-333	Service Provider Staff Roster with assigned roles and access to the system
REQ-334	Service Provider Master List (PML)
REQ-335	Service Coordinator Report
REQ-336	Children referred but not assigned yet either because child has not had an intake or assessment or IFSP
REQ-337	Third Party Denial Report
REQ-338	Third Party Revenue Report
REQ-339	The system shall support the receipt of HIPAA 5010 EDI transactions from submitters in real-time and batch mode.
REQ-340	The system shall allow identified users to upload encrypted files that comply with HIPAA requirements and standards.
REQ-341	The system shall translate HIPAA EDI transaction data into a Department approved data structure.
REQ-342	The system shall support both standard coding terminologies such as ICD-10 as well as custom coding schemes. The system shall operate with predetermined non-standard HIPAA service and adjustment codes. Providers will create and send an 837 claim with specific non-HIPAA compliant service delivery and adjustment reason codes.
REQ-343	The system shall create a HIPAA EDI Companion Guide outlining HIPAA 5010 billing standard and non-standard elements and requirements. This companion guide is to be used in conjunction with the HIPAA 5010 ANSI X12N implementation guides. The companion guide shall supplement, but not contradict or replace any requirements in the ANSI X12N implementation guides.
REQ-344	The system shall enable the user to view claims and services in a way that is user-friendly and allows the identified user to view claim status and business rule error codes easily.
REQ-345	The system shall accept service delivery reporting from insurers who have adopted CPT codes and rates (including flat rates) that differ from ESSO rates, including the use of multiple codes and rates within one session. The system shall also handle any denials by these insurers and calculate the correct payment based on rates adopted by ESSO.
REQ-346	The system shall have the ability to display the unique system generated child ID, LES office ID, Provider's NPI, insurer's member ID, etc. on the 837.
REQ-347	The system shall have the ability to display multiple adjustment reason codes on the 837 EOB. Any claim and line level adjustment reason codes are captured in the Claims Adjustment Segment (CAS).
REQ-348	The system shall have the ability to display the EOB information specific to all payors included in the 837 Subscriber loop.
REQ-349	The system shall have the ability to import any 270 and 271 Eligibility Benefit Response(s) associated with each transaction.
REQ-350	The system shall perform front-end HIPAA 5010 standards validation. If errors are detected during the validation process, claims containing errors will be rejected for correction and resubmission in accordance with the HIPAA EDI Companion Guide.
REQ-351	Edits or validations could result in acceptance of individual claims, rejection of individual claims for correction, or denial of individual claims. The system shall be able to generate an EDI 999 Implementation Acknowledgement document that indicates successful transmission, error to be corrected or the reason for the denial of a claim or claim file.
REQ-352	The system shall ensure that the EDI 999 is either transmitted back to the identified user or placed in an electronic mailbox for downloading by that submitter. A notification to ESSO the file is available for download would follow if the file is placed in a drop box.

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REQ-353	The system shall assign a claim status and a service line status which will be displayed when viewing the claim and/or services.
REQ-354	The system shall allow billing systems the following options to obtain electronic claim status information: <ul style="list-style-type: none"> • The system shall accept a 276 Health Care Claim Status Request electronically from AHCA and transmit a 277 Health Care Claim Status Response back to the ESSO/LES. • The Service Provider shall have the ability to view their claims and claim statuses in the system.
REQ-355	The system shall ensure the 277 response is designed to enable automatic posting of the status.
REQ-356	The system shall allow identified users to override exceptions to services as related to the Fee Schedule / IFSP.
REQ-357	The system shall capture a payment reference number to claims or services paid.
REQ-358	The system shall create Remittance Advice after LES payment documentation entered in the system and transmitted for Part C payment.
REQ-359	The system shall accept migrated data from the current legacy UF system to include the records of all children regardless of whether they are active or discharged (approximately 9 years of data).
REQ-360	The system shall accept all data including migrated data for 9 years prior to the date of migration. Describe the migration planning and process.
REQ-361	The system shall not purge data. If archiving of data is necessary due to performance limitations, the system shall meet the Department's archiving and retrieval policies and procedures to ensure that ESSO has ongoing access to all data for longitudinal analysis. Outline the procedures for deletion of records.
REQ-362	Describe how the legacy Child Record IDs will be linked to the (new) system's Child Record IDs.
REQ-363	Extract data from the legacy UF database into a target location to convert and migrate in coordination with ESSO.
REQ-364	The system shall provide a method to identify migrated data in the system.
REQ-365	The Provider shall conduct the following verification and tests as appropriate for the system components produced within each milestone: <ul style="list-style-type: none"> • Unit Testing • Automated Code Review • Integration Testing • Regression Testing • Functional Testing • Performance / Stress Testing • Security / Vulnerability Testing • Accessibility / Usability Testing • Release Dry Run • Post Release Validation
REQ-366	The Provider shall design, implement, manage, and provide the Department access to a defined set of deployment environments including at a minimum: <p>Development Environment</p> <ul style="list-style-type: none"> • Test Environment • QA Environment • UAT Environment • Production Environment • Training Environment
REQ-367	The Provider shall fully test all patches and updates prior to implementation in the production environment. Maintain a test environment to be used for such testing, as well as other functions as may be required.
REQ-368	Provide a training environment within the system that mimics functionality so all identified users can “play” with the system without the worry of “breaking” it. The training environment will be clearly labeled as such so that users are always aware of which system they are using.

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REQ-369	Provide Department specific user training sources such as web resources and videos. Please describe the training to be provided for all users.
REQ-370	Provide Department specific training materials. Please describe the online/offline training materials you provide for all users.
REQ-371	Provide integrated help/training within the solution itself (e.g., tool tips, help button). Please describe your solution's integrated help/training.
REQ-372	Provide a sample agenda of a training session.
REQ-373	Provide training by identified user role.
REQ-374	The system shall have a post implementation training area for use by identified users.
REQ-375	The system shall provide 99.99% application uptime in a calendar month, as measured by the number of actual hours available (excluding agreed upon or excused downtime) as a percentage of total hours. System availability shall be measured at a transactional level from a user's point of view.
REQ-376	The system shall be available on a 24x7x365 basis with the exception of routine, scheduled downtime for patch management and maintenance. To minimize user inconvenience, this downtime shall be no more than 4 hours a week during a consistent, scheduled time period that takes place outside of normal business hours.
REQ-377	Provide support to ESSO for agreed upon timeframe. Support shall be provided on 24 hours, 7 days a week, 365 days a year basis. Support may be requested by email or phone. Target to respond to each request for support based on the priority level assigned to the matter. Provide a tiered support model and escalation policy.
REQ-378	Provide support for 90 calendar days post go-live.
REQ-379	Maintain a target response time of an average of two seconds for 95% of all web application and web server requests. Provide regular system performance reports to the Department via email or a portal on response time and system performance. The system should be designed in such a manner as to operate efficiently over the internet and to support mobile users.
REQ-380	Ensure that data submitted by partner systems are processed prior to the next business day.
REQ-381	Ensure data validation is performed on 100% of the records and data is successfully stored for further processing.
REQ-382	Track and notify transaction errors or transactions in non-compliance, directly to partner systems.
REQ-383	Upload successful records into the system in real-time.
REQ-384	List any services that are subcontracted. Provide any operational-level agreements (OLAs). Ensure that all subcontracted services shall adhere to the minimum SLA standards as agreed to in this contract.
REQ-385	In the event of any breach of the Service's security that adversely affects the confidentiality, integrity or availability of the system or data, immediately (and in no event more than twenty-four (24) hours after discovering such breach) notify the Department.
REQ-386	Incidents and Service Requests shall be classified and responded to in an agreed upon manner with financial penalties resulting from missed response time targets.
REQ-387	Maintain and follow a disaster recovery plan designed to maintain access to the Service, and to prevent the unintended destruction or loss of data in the event of natural or human made disasters. Review and test the disaster recovery plan regularly, at minimum annually to validate the disaster recovery plan. The disaster recovery solution shall deliver a Recovery Time Objective (RTO) of twenty-four (24) hours or less and a Recovery Point Objective (RPO) of two (2) hours or less.
REQ-388	Ensure that all database backups are automated. Ensure that static servers are replicated across data centers with daily snapshots preserved at both locations for 1 week. Ensure that replication and snapshot logs are monitored. Ensure that full static server backups are performed quarterly or on as needed basis when significant modifications occur.

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REQ-389	<p>Conduct periodic independent third-party assessment of the security and privacy as required by state and federal standards and will provide audit reports, certification to the Department for review in timely manner.</p> <ul style="list-style-type: none"> • Type of audit report • Security and Vulnerability Testing • HIPAA/HITECH Audit Report • FedRAMP Certification • NIST 800-53 & NIST 800-144 Compliance Report
REQ-390	The system shall be easily customizable to collect new types of data without much technical knowledge or long lead times. The processes, forms and data collection requirements of the system will evolve over time, so the system must have the ability to easily and quickly adapt to these business process changes.
REQ-391	The system shall provide a centralized data repository that allows multiple participants to access the system at the same time.
REQ-392	The system's design shall reflect the frequent need to configure export content.
REQ-393	To the extent possible, the system's design shall be independent of OS platforms, hardware, and database solutions.
REQ-394	The system shall adopt domain frameworks so that new features can be added by using new components with no changes to existing code.
REQ-395	The system shall be able to support ESSO specific configurations and future enhancements.
REQ-396	The system shall be able to change as needed to reflect updated or new technology developments.
REQ-397	The system shall use a services-oriented architecture approach that enables the reuse of functionality as services.
REQ-398	The system shall identify and reuse available enterprise architecture components, such as single sign-on and messaging, as they become available.
REQ-399	The system shall expose components of re-useable functionality as shared services when possible.
REQ-400	The system architecture shall comply with the requirements set forth in Chapter 60GG-5, Florida Administrative Code.
REQ-401	The system shall require minimal maintenance.
REQ-402	In coordination with the Department, agree upon an upgrade cadence for the application and its underlying infrastructure.
REQ-403	Train ESSO staff to assume the responsibility for maintaining and updating the system for future enhancements when applicable.
REQ-404	Use workload models based on various factors to scale systems in order to meet present and anticipated QoS requirements.
REQ-405	The system shall be tested for scalability (as part of quality assurance) with load tests and stress tests. For SaaS/Cloud based solution, the system has to provide performance test results and performance metrics from production
REQ-406	The system shall be able to accommodate approximately 50,000 unique users concurrently (e.g., 4,000 Service Providers, 30,000 families, 2,000 ESSO and LESs).
REQ-407	Explain its incident and defect tracking and resolution process.
REQ-408	The system shall ensure HIPAA compliant security for data entry, integration and distribution.
REQ-409	The system shall encrypt data transmitted to the client browser using at least industry standard 256-bit encryption.
REQ-410	All changes to the environment must be auditable/trackable.
REQ-411	Provide ongoing access to system documentation, training materials, and training. Describe the access to ongoing training.
REQ-412	The user interface shall be user friendly and present a "look and feel" consistent with other ESSO style sheets.
REQ-413	The system shall clearly indicate to the identified user which fields are required. After input validation and before leaving the current data entry screen, the system should

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	clearly indicate to the identified user any missing or incorrect required data specific to that screen.
REQ-414	Support the ability to be programmatically accessed via RESTful Web Services. Common data formats like JSON should be employed.
REQ-415	Provide live technical support according to an approved communication process (phone, live chat, email, etc.) 365 x 24 x 7.
REQ-416	Prioritize issues based on criticality of need with defined levels of service and a clear escalation path.
REQ-417	Provide a ticketing system that, at a minimum: <ul style="list-style-type: none"> • Is secure and available via an internet browser • Tracks open and closed tickets • Reports statistics by engineer for ticket open time vs. time closed • Offers management dashboard access and reporting to track availability and key performance indicators • Allows for automatic scheduled progress reports • System Health Monitoring • Automatic detection and alert notification of any run-time issues • Shall be easily integrated with the Department's ticketing system
REQ-418	In the event software is procured on behalf of the Department, negotiate the license agreement such that the terms and conditions are acceptable to the Department.
REQ-419	Employ modern and supported database management systems.
REQ-420	Support modern browsers on both desktops, tablets, and mobile devices.
REQ-421	The system shall provide an account creation process for approved identified users using both manual entry and import/batch processes.
REQ-422	The system shall adhere to industry development standards in regard to user self-service management and lost password (the preferred method is an email link).
REQ-423	The system shall integrate the Department's Azure Active Directory identity management solution including Multi Factor Authentication (MFA) for external access.
REQ-424	The system shall provide the ability to create defined fields in the user profile (configurable by the SA).
REQ-425	The system shall provide a field that captures the date the user profile was last modified and the SA who modified it last.
REQ-426	The system shall support role-based authorization. Describe your standard and/or out of the box role functionality.
REQ-427	The system shall support attributes based on roles.
REQ-428	The system shall display configurable Acknowledgements and Disclaimers notifications (to be updateable by the SA). These must display at every user log-in.
REQ-429	The system shall support modern runtime technologies. Additionally, the system should be both cloud capable and cloud agnostic. In order to facilitate cost savings and agility, a cloud native, microservices based architecture is preferred.
REQ-430	The system shall present hosting options to either the predetermined cloud tenant or a Department cloud tenant.
REQ-431	The system shall comply with the requirements set forth in Chapter 60GG-4, Florida Administrative Code.
REQ-432	The system shall be HIPAA compliant. Obtain an independent HIPAA compliance certification of the system.
REQ-433	The system shall comply with the current NIST SP800-53 Moderate risk security control baseline. Additionally, the solution should be compliant with provisions listed in Chapter 60GG-2, Florida Administrative Code.
REQ-434	The system shall prevent unauthorized access to Department data from any public or private network.
REQ-435	The system shall prevent unauthorized physical access to any information technology resources involved in the development effort.
REQ-436	The system shall prevent interception and manipulation of Department data during transmission to and from any servers.

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REQ-437	The system shall ensure the security, confidentiality, and integrity of electronic personal data and personal information.
REQ-438	The system shall prevent unauthorized access to electronic personal data or personal information or any other Department data from any public or private network.
REQ-439	The system shall notify the Department immediately if any breach of such system or of the security, confidentiality, or integrity of electronic personal data or personal information occurs.
REQ-440	Configure at least five (5) software environments, including a development (DEV), quality assurance (QA), UAT, training and production environment.
REQ-441	Implement a change management procedure to ensure that activities in all environments remain separate and distinct from the production environment.
REQ-442	Implement a process to log and review all source control activities.
REQ-443	Implement a source control tool to ensure that all changes made to the production system are authorized, tested, and approved before migration to the production environment.
REQ-444	Development or code changes in the production environment are prohibited.
REQ-445	Implement additional internal controls as further agreed to by the Department.
REQ-446	The system shall be a browser-based application that can be accessed via an internet connection. Minimally, the system shall function fully on the following browsers: <ul style="list-style-type: none"> • Microsoft Edge (latest release) • Mozilla Firefox (latest release) • Google Chrome (latest release, all platforms) • Apple Safari 7.0+ (latest release)

III. Success Criteria

#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?
1	Early Steps operations are automated and efficient with an electronic driven focus with minimum paper transactions required.	<ul style="list-style-type: none"> • IFSP is available electronically • Reports are easily accessible • Federal timelines are tracked automatically 	<ul style="list-style-type: none"> • Families served by Early Steps Program • LESSs • ESSO Staff
2	Early Steps staff can leverage database analytics for decision making (comprehensive provider management data analytics)	<ul style="list-style-type: none"> • Can easily view how many Providers are in a certain regions and services that are offered for a particular region to quickly determine the gaps in provider needs 	<ul style="list-style-type: none"> • Families served by Early Steps Program • LESSs • ESSO Staff
3	ESDS captures all the data elements required to produce reports that could demonstrate the “true cost” of operating the program at both a statewide level and a regional level. This would assist the Early Steps team with determining how to divide funding allotments.	<ul style="list-style-type: none"> • Early Steps can track and report how much the program costs per child by region 	<ul style="list-style-type: none"> • Families served by Early Steps Program • LESSs • ESSO Staff
4	ESDS captures quality/reliable child outcome data that could be used to produce predictive analysis reports.	<ul style="list-style-type: none"> • Early Steps can track outcome data on the services provided 	<ul style="list-style-type: none"> • Families served by Early Steps Program • LESSs • ESSO Staff

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?
5	ESDS has the option to expand to include a secured mobile and/or tablet remote access application.	<ul style="list-style-type: none"> • LES staff can perform field visits and capture data using mobile devices • Families served by the Early Steps Program can use mobile devices to access a family portal 	<ul style="list-style-type: none"> • Families served by Early Steps Program • LESs • ESSO Staff

IV. Schedule IV-B Benefits Realization and Cost Benefit Analysis**A. Benefits Realization Table**

A new data system will allow the Early Steps Program to address critical needs that are not met by the current system. In addition to the tangible benefits documented in the table below and in the cost benefit analysis (CBA) there are intangible benefits of equal importance:

- Improve provider recruitment: a real problem exists now that can result in slower time-to-service to children in need. The current data system and its inefficiencies make it difficult to work as an Early Steps Service Provider so many opt not to participate. More providers are needed.
- The number of eligible children will grow as the state grows. A new system will assist the state in maintaining compliance to federal timelines.
- Improved data and access to information will result in better control, monitoring, and technical assistance of services. This will result in higher quality services.
- Most parents of children in need are millennials. Millennials use new technology. A new data system capable of supporting new technologies will improve the customer experience and participation. Mobile friendly access to information about the families' IFSP, providers, appointments, etc., will present a friendlier experience to families. These technologies can also provide for better outreach and education.

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	A single source of record for everything pertaining to a child, which will allow for the tracking of outcome data	Service recipient families	Studies have shown that for every \$1 spent on these programs can save up to \$17 by avoiding more expensive services later	Compare outcome data with longitudinal data from the Florida Department of Education (this will take years before measurements can be taken)	08/24
2	System alerts that will assist the program with maintaining compliance with federal timelines	<ul style="list-style-type: none"> • Service recipient families • LES staff • ESSO staff • State Government 	<ul style="list-style-type: none"> • Improved customer service • Greater transparency and availability of compliance data • Easier to track and avoid issues that could result in Federal 	Compare year-over-year statistics on Federal times	08/24

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

BENEFITS REALIZATION TABLE					
			intervention		
3	Families will have immediate access to the child's Individual Family Service Plan (IFSP)	<ul style="list-style-type: none"> • Service recipient families • LES staff 	<ul style="list-style-type: none"> • Improved customer service • Reduce LES staff time on manual process • Reduced printing costs 	<ul style="list-style-type: none"> • Continue annual family's surveys and compare year-over-year • A baseline for time and printing costs has been included in the CBA and can be measured after implementation of the new system 	08/24
4	More efficient operations: rather than spending time searching for information from multiple sources the information will be in the system, freeing up the LES staff's time to interact more with the families and providers	<ul style="list-style-type: none"> • Service recipient families • LES staff 	<ul style="list-style-type: none"> • Replacing the current manual, labor intensive paper-based billing process with an automated, online process will free resources to focus on service delivery • Service Coordinators take notes at on-site visits and transcribe them into the system at the office. The new system will have mobile capabilities eliminating the need to transcribe notes 	Baselines for time and printing costs have been included in the CBA and can be measured after implementation of the new system	08/24
5	Providers will find it easier to work with the Early Steps Program and receive their payments faster	<ul style="list-style-type: none"> • Service recipient families • LES staff • Providers 	<ul style="list-style-type: none"> • The program currently has difficulty recruiting and retaining Service Providers due to the difficulty of working with an outdated system. A modern system will improve the recruitment and retention of Providers • The new system is expected to reduce total time to payment 	<ul style="list-style-type: none"> • An increased number of Providers and interested Providers can be counted • A decrease in the average number of days to payment can be measured against the current average 	08/24
6	Ability to complete work tasks within, and access information from, ESDS via modern mobile technology	<ul style="list-style-type: none"> • Service recipient families • LES staff 	<ul style="list-style-type: none"> • Improved customer service • LES staff will no longer have to re-key notes that are taken at on-site visits 	<ul style="list-style-type: none"> • Continue annual family's surveys and compare year-over-year • A baseline for the expected time saved has been established and can be measured after implementation of the new system 	08/24

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

B. Cost Benefit Analysis (CBA)

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

Please see Appendix A – Cost Benefit Analysis

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

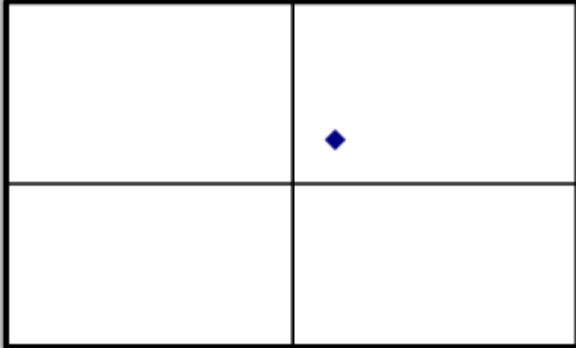
CBAForm 3 - Project Investment Summary	Agency <u>Department of Health</u>	Project <u>Early Steps Data System</u>				
COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	TOTAL FOR ALL YEARS
Project Cost	\$516,688	\$1,252,145	\$3,139,104	\$3,850,936	\$1,990,000	\$10,748,873
Net Tangible Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Return on Investment	(\$516,688)	(\$1,252,145)	(\$3,139,104)	(\$3,850,936)	(\$1,990,000)	(\$10,748,873)
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)	(\$9,611,312)	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.				
Internal Rate of Return (IRR)	NO IRR	IRR is the project's rate of return.				
Investment Interest Earning Yield -- CBAForm 3C						
Fiscal Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	
Cost of Capital	2.69%	2.90%	3.09%	3.29%	3.48%	

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

V. Schedule IV-B Major Project Risk Assessment

The Risk Assessment Tool and Risk Assessment Summary are included in Appendix B. The outcome of the Risk assessment is displayed below. Although an at-risk project, the Department is confident that the recommended solution combined with the procurement of professional project management assistance will successfully mitigate risk.

Please see Appendix B – Project Risk Assessment

Project	<i>Early Steps Data System (ESDS)</i>	
Agency	<i>Florida Department of Health</i>	
FY 2024-25 LBR Issue Code:	FY 2024-25 LBR Issue Title:	
<i>36328CO</i>	<i>Early Steps Data System Continuation</i>	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
<i>Dusty Stern Dusty.Stern@flhealth.gov</i>		
Executive Sponsor	<i>Dusty Stern</i>	
Project Manager	<i>Jessica Meyer</i>	
Prepared By	<i>DOH ES</i>	<i>4/14/2023</i>
Risk Assessment Summary		
Business Strategy	Most Aligned	
	Least Aligned	<div style="display: flex; justify-content: space-between; width: 100%;"> Least Risk Most Risk </div>
Level of Project Risk		
Project Risk Area Breakdown		
Risk Assessment Areas		Risk Exposure
Strategic Assessment		MEDIUM
Technology Exposure Assessment		MEDIUM
Organizational Change Management Assessment		HIGH
Communication Assessment		MEDIUM
Fiscal Assessment		MEDIUM
Project Organization Assessment		MEDIUM
Project Management Assessment		LOW
Project Complexity Assessment		HIGH
Overall Project Risk		HIGH

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)**VI. Schedule IV-B Technology Planning****A. Current Information Technology Environment****1. Current System**

The current system is the UF Early Steps Data System developed by the University of Florida (UF) in 1981 to track developmental follow-up for certain infants born in or transferred to neonatal intensive care units in hospitals across Florida.

a. Description of Current System

The current iteration of the UF CMS Early Steps Data System is a web-based system built in ColdFusion with an SGL Server 2008 database. UF maintains the system by contract with the Department-CMS. The system was “cloned” out of the UF Regional Perinatal Intensive Care Centers (RPICC) Data System to track developmental follow-up for the Medicaid-eligible neonates emerging from the RPICC Neonatal programs across Florida. The program was later expanded to include non-Medicaid children referred after the neonatal period under Part C of the Individuals with Disabilities Education Act (IDEA).³

During FY 2021-2022, the web-based UF ES Data System served 15 LES offices and submitted approximately 955,248M claims for over \$43M in reimbursements to centers across Florida.

The current system includes the following:

- Web-based application built on Adobe’s Cold Fusion combined with SQL 2008 R2 database
- Database and server hosting via UFHealth’s secure environment, with regular data and application backups
- Secure login with strong passwords, automatic logouts for inactivity, and account lockouts after 3 unsuccessful login attempts
- Customized user access configuration based on region, form type, and transaction type
- HTTPS-Security Certificate and encryption
- Multiple search methods
- Intensive data entry rules to support clean data collection for Medicaid billing and reporting purposes
- Receipt of submission/error information on every transaction
- Audit trail for all data changes
- Complex reporting in real time with custom report periods and filters
- SQL Server Reporting Services (SSRS) Business Intelligence-based reporting in real time

b. Current System Resource Requirements

- Help Desk ticketing system embedded "behind the password" for submission of user requests that may contain PHI
- User directories to deliver and store queued report output and documentation

c. Current System Performance

The system does not meet current workload requirements and its users are not satisfied with the system. While the UF data system meets basic data collection and reporting needs, it does not capture data needed to aid management to engage in data-driven decision making.

The following is a list of items not supported by the current Early Steps Data System:

- The current system does not allow end-users create ad-hoc reports; currently the staff must work with the UF system administrators to create an ad-hoc report
- The current system does not have adequate provider management data capturing capabilities; instead, a separate system is used to store provider supporting documents
- The current system does not have alerts informing users of upcoming tasks/actions that require completion
- The current system does not capture the child’s complete record of involvement with the Early Steps

³ <http://peds.ufl.edu/es/AboutUs/>

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

- Program; instead, the record is pieced together based on electronic and paper documents
- The current system does not readily support modern mobile technologies

2. Information Technology Standards

The Federal Part C data systems (DaSy) standard has sections that apply to custom development, but it also has sections that apply to hosted solutions that the Early Steps Data System is required to be compliant with. This includes performance, security, and data requirements. Refer to Appendix D – DaSy Data System Framework, Subcomponent: System Design and Development (SD) section.

In addition, the Early Steps Data System should:

- Be operational twenty-four hours a day with the exception of scheduled downtime for system maintenance activities. End users will be notified in advance of scheduled down-time
- Have response times of ~2 seconds or less for page loads
- Have 99.9% uptime
- Provide real-time reporting to the extent practical
- Provide real-time interface data transactions to the extent practical

The Early Steps Data System must adhere to the rules established by the Family Educational Rights and Privacy Act (FERPA) as well as address the following security measures:

- Data back-up and recovery
- Data storage
- Data encryption
- Proper destruction of data
- Secure transmission of data

Note that State standards, such as Rule 60GG-2, F.A.C. – Information Technology Standards also needs to be considered.

B. Current Hardware and/or Software Inventory

The current requirements for the Early Steps Web Server are:

- Windows OS Server, IIS 6
- Archived nightly to external file server

The current requirements for the Early Steps SQL server are:

- Windows OS Server, SQL Server 2012
- Archived nightly to external file server

C. Proposed Technical Solution

1. Technical Solution Alternatives

See Section II.C.2 for a discussion of the alternatives considered.

2. Rationale for Selection

See Section II.C.3 for a discussion of the rationale for the recommended solution.

3. Recommended Technical Solution

The Department has procured a solution offered by Strategic Solutions Group (SSG), that is experienced in developing data systems for programs administering Part C of the IDEA federal regulations. The Department will be implementing a commercial off-the-shelf (COTS) product based upon the Casetivity-EI platform provided by SSG. SSG will configure and deploy Casetivity-EI to meet the needs of the Florida Early Steps program.

Founded in 2003, SSG is a healthcare technology and information services company focused on modernizing the administration and delivery of essential services in our communities. SSG has partnered with dozens of states and

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

municipalities to improve their workflow, data management and IT systems implementation and operation. SSG's flagship product, Casativity, was purpose-built to automate essential workflows in public health organizations. Casativity is dramatically transforming how these organizations manage and execute their programs.

Casativity-EI is a fully integrated solution that covers 100% of the major functions:

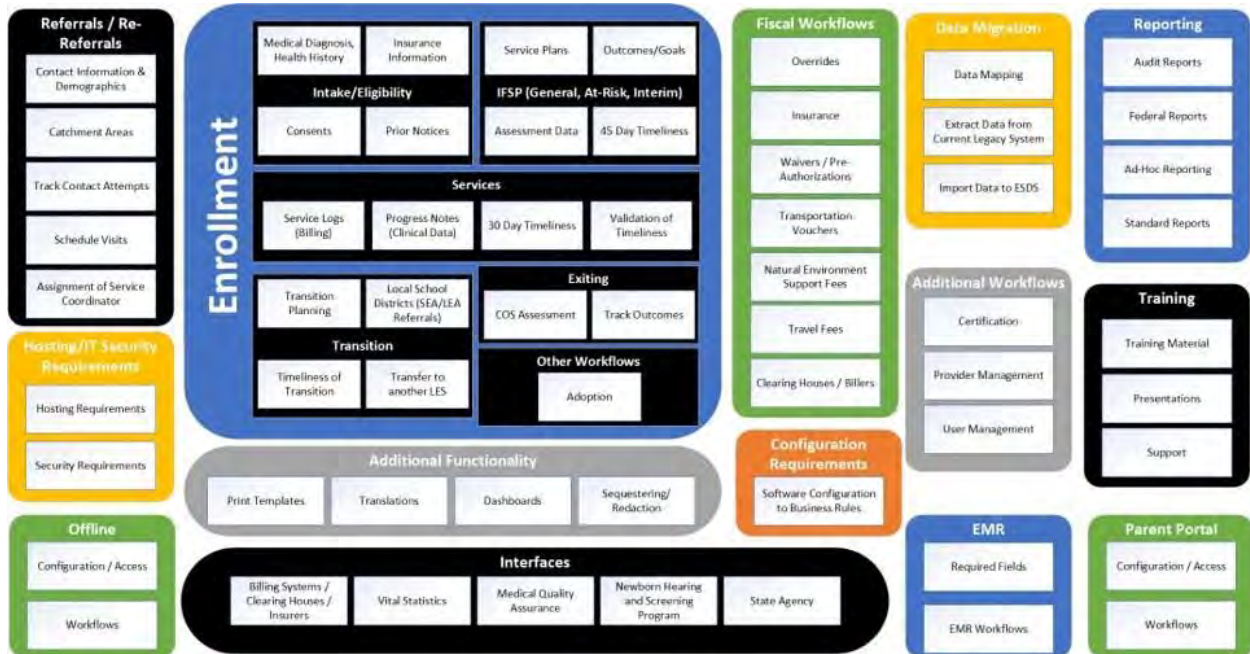
- Referral Intake
- Eligibility Verification
- IFSP Creation
- Caseload Management
- Service Coordination
- Service Logging / Progress Notes
- EI Billing
- Compliance Management
- Reporting
- Tele-health/Tele-Intervention
- Portal ready

D. Proposed Solution Description

1. Summary Description of Proposed System

ESDS will be a modern data system that will ensure programmatic and fiscal accountability of the Early Steps Program. Casativity-EI is a web-based platform that is accessible from any modern browser, including Google Chrome, Microsoft Internet Explorer, Microsoft Edge, Apple Safari and Mozilla Firefox. The system can be accessed from all available operating systems and does not require any special third-party application or components. Casativity-EI is a fully web-based system that only requires use of a browser.

SSG's cloud-based solution will support Early Intervention client and service data management and processing, claims processing and adjudication, programmatic oversight, and reporting for the Early Steps Program as depicted in the following diagram:



SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

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

Resource requirements and summary level funding resource requirements are included in the Cost Benefit Analysis appendix.

E. Capacity Planning

The ESDS project will not require additional computer hardware resources like servers, storage or network infrastructure, so a capacity plan is not needed.

VII. Schedule IV-B Project Management Planning

Please see Appendix C – Project Management Plan

VIII. Appendices

- Appendix A – Cost Benefit Analysis
- Appendix B – Project Risk Assessment
- Appendix C – Project Management Plan
- Appendix D – DaSy Data System Framework

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Appendix A – Cost Benefit Analysis

CBAForm 1 - Net Tangible Benefits		Agency Department of Health		Project Early Steps Data System												
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 2021-22			FY 2022-23			FY 2023-24			FY 2024-25			FY 2025-26			
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Cost Change Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	
A. Personnel Costs -- Agency-Managed Staff	\$1,650,280	\$0	\$1,650,280	\$2,156,204	\$0	\$2,156,204	\$2,740,543	\$0	\$2,740,543	\$2,740,543	\$0	\$2,740,543	\$2,740,543	\$0	\$2,740,543	
A.b Total Staff	22.00	0.00	22.00	24.00	0.00	24.00	31.00	0.00	31.00	31.00	0.00	31.00	31.00	0.00	31.00	
A-1.a. State FTEs (Salaries & Benefits)	\$1,539,584	\$0	\$1,539,584	\$1,575,496	\$0	\$1,575,496	\$2,529,403	\$0	\$2,529,403	\$2,529,403	\$0	\$2,529,403	\$2,529,403	\$0	\$2,529,403	
A-1.b. State FTEs (#)	19.00	0.00	19.00	19	0.00	19.00	29.00	0.00	29.00	29.00	0.00	29.00	29.00	0.00	29.00	
A-2.a. OPS Staff (Salaries)	\$93,000	\$0	\$93,000	\$236,056	\$0	\$236,056	\$97,000	\$0	\$97,000	\$97,000	\$0	\$97,000	\$97,000	\$0	\$97,000	
A-2.b. OPS (#)	1.00	0.00	1.00	2	0.00	2.00	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00	
A-3.a. Staff Augmentation (Contract Cost)	\$17,696	\$0	\$17,696	\$344,652	\$0	\$344,652	\$114,140	\$0	\$114,140	\$114,140	\$0	\$114,140	\$114,140	\$0	\$114,140	
A-3.b. Staff Augmentation (# of Contractors)	2.00	0.00	2.00	3	0.00	3.00	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00	
B. Application Maintenance Costs	\$86,725	\$0	\$86,725	\$86,725	\$0	\$86,725	\$86,725	\$0	\$86,725	\$86,725	\$0	\$86,725	\$86,725	\$0	\$86,725	
B-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
B-4. Other <i>Specify Equipment, Phones, Data Lines, Misc. Service</i>	\$86,725	\$0	\$86,725	\$86,725	\$0	\$86,725	\$86,725	\$0	\$86,725	\$86,725	\$0	\$86,725	\$86,725	\$0	\$86,725	
C. Data Center Provider Costs	\$981,668	\$0	\$981,668	\$981,668	\$0	\$981,668	\$981,668	\$0	\$981,668	\$736,251	\$0	\$736,251	\$0	\$0	\$0	
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-2. Infrastructure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-3. Network / Hosting Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C-5. Other <i>Inclusive: UF to New</i>	\$981,668	\$0	\$981,668	\$981,668	\$0	\$981,668	\$981,668	\$0	\$981,668	\$736,251	\$0	\$736,251	\$0	\$0	\$0	
D. Plant & Facility Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E. Other Costs	\$69,723,877	\$0	\$69,723,877	\$69,723,877	\$0	\$69,723,877	\$78,067,446	\$0	\$78,067,446	\$69,723,877	\$0	\$69,723,877	\$69,723,877	\$0	\$69,723,877	
E-1. Training	\$50,000	\$0	\$50,000	\$50,000	\$0	\$50,000	\$50,000	\$0	\$50,000	\$50,000	\$0	\$50,000	\$50,000	\$0	\$50,000	
E-2. Travel	\$66,560	\$0	\$66,560	\$66,560	\$0	\$66,560	\$66,560	\$0	\$66,560	\$66,560	\$0	\$66,560	\$66,560	\$0	\$66,560	
E-3. Other <i>LES Contracts, Supplies, Services</i>	\$69,607,317	\$0	\$69,607,317	\$69,607,317	\$0	\$69,607,317	\$77,950,886	\$0	\$77,950,886	\$69,607,317	\$0	\$69,607,317	\$69,607,317	\$0	\$69,607,317	
Total of Recurring Operational Costs	\$72,442,550	\$0	\$72,442,550	\$72,948,474	\$0	\$72,948,474	\$81,876,382	\$0	\$81,876,382	\$73,287,396	\$0	\$73,287,396	\$72,551,145	\$0	\$72,551,145	

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Department of Health		Early Steps Data System		CBA Form 2A Baseline Project Budget																
Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.				FY2021-22		FY2022-23		FY2023-24			FY2024-25			FY2025-26		TOTAL				
				\$ 516,688		\$ 1,252,145		\$ 3,139,104			\$ 3,850,936			\$ 1,990,000		\$ 10,748,873				
Item Description <i>(remove guidelines and annotate entries here)</i>	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	
Costs for all state employees working on the project.	FTE	S&B	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -
Costs for all OPS employees working on the project.	OPS	OPS	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -
Staffing costs for personnel using Time & Expense.	Staff Augmentation	Contracted Services	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -
Project management personnel and related deliverables.	Project Management	Contracted Services	\$ -	0.00	\$ 180,054	\$ -	0.00	\$ 180,057	\$ -	0.00	\$ 180,054	\$ -	0.00	\$ 180,054	\$ -	0.00	\$ -	\$ -	\$ -	\$ 720,219
Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	Project Oversight	Contracted Services	\$ -	0.00	\$ -	\$ -	0.00	\$ 548,038	\$ -	0.00	\$ 750,000	\$ -	0.00	\$ 375,000	\$ -	0.00	\$ -	\$ -	\$ -	\$ 1,673,038
Staffing costs for all professional services not included in other categories.	Consultants/Contractors	Contracted Services	\$ -	0.00	\$ 336,634	\$ -	0.00	\$ 466,050	\$ -	0.00	\$ 466,050	\$ -	0.00	\$ 427,132	\$ -	0.00	\$ -	\$ -	\$ -	\$ 1,695,866
Separate requirements analysis and feasibility study procurements.	Project Planning/Analysis	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hardware purchases not included in data center services.	Hardware	OCO	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Commercial software purchases and licensing costs.	Commercial Software	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ 58,000	\$ -	\$ -	\$ 1,743,000	\$ -	\$ -	\$ 2,868,750	\$ -	\$ -	\$ 1,990,000	\$ -	\$ -	\$ -	\$ 6,659,750
All first-time training costs associated with the project.	Training	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Include the quote received from the data center provider for project equipment and services. Only include one-time project costs in this row. Recurring, project-related data center costs are included in CBA Form 1A.	Data Center Services - One Time Costs	Data Center Category	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other contracted services not included in other categories.	Other Services	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Include costs associated with leasing space for project personnel.	Leased Space	Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other project expenses not included in other categories.	Other Expenses	Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total			\$ -	0.00	\$ 516,688	\$ -	0.00	\$ 1,252,145	\$ -	0.00	\$ 3,139,104	\$ -	0.00	\$ 3,850,936	\$ -	0.00	\$ 1,990,000	\$ -	\$ 10,748,873	

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

CBAForm 2 - Project Cost Analysis Agency Department of Health Project Early Steps Data System

PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	
TOTAL PROJECT COSTS (*)	\$516,688	\$1,252,145	\$3,139,104	\$3,850,936	\$1,990,000	\$10,748,873
CUMULATIVE PROJECT COSTS <i>(includes Current & Previous Years' Project-Related Costs)</i>	\$516,688	\$1,768,833	\$4,907,937	\$8,758,873	\$10,748,873	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	
General Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Grants <input checked="" type="checkbox"/>	\$516,688	\$1,252,145	\$3,139,104	\$3,850,936	\$1,990,000	\$10,748,873
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$516,688	\$1,252,145	\$3,139,104	\$3,850,936	\$1,990,000	\$10,748,873
CUMULATIVE INVESTMENT	\$516,688	\$1,768,833	\$4,907,937	\$8,758,873	\$10,748,873	

Characterization of Project Cost Estimate - CBAForm 2C		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	Confidence Level	
Order of Magnitude	Confidence Level	20%
Placeholder	Confidence Level	

CBAForm 3 - Project Investment Summary Agency Department of Health Project Early Steps Data System

	COST BENEFIT ANALYSIS -- CBAForm 3A					TOTAL FOR ALL YEARS
	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	
Project Cost	\$516,688	\$1,252,145	\$3,139,104	\$3,850,936	\$1,990,000	\$10,748,873
Net Tangible Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Return on Investment	(\$516,688)	(\$1,252,145)	(\$3,139,104)	(\$3,850,936)	(\$1,990,000)	(\$10,748,873)
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)	(\$9,611,312)	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	NO IRR	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
Cost of Capital	2.69%	2.90%	3.09%	3.29%	3.48%

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Appendix B - Project Risk Assessment

Project	Early Steps Data System (ESDS)	
Agency	Florida Department of Health	
FY 2024-25 LBR Issue Code:	FY 2024-25 LBR Issue Title:	
36328CO	Early Steps Data System Continuation	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
Dusty Stern Dusty.Stern@flhealth.gov		
Executive Sponsor	Dusty Stern	
Project Manager	Jessica Meyer	
Prepared By	DOH ES	4/14/2023
Risk Assessment Summary		
Business Strategy		
	Level of Project Risk	
Project Risk Area Breakdown		
Risk Assessment Areas		Risk Exposure
Strategic Assessment		MEDIUM
Technology Exposure Assessment		MEDIUM
Organizational Change Management Assessment		HIGH
Communication Assessment		MEDIUM
Fiscal Assessment		MEDIUM
Project Organization Assessment		MEDIUM
Project Management Assessment		LOW
Project Complexity Assessment		HIGH
Overall Project Risk		HIGH

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Agency: Florida Department of Health		Project: Early Steps Data System (ESDS)	
Section 1 -- Strategic Area			
#	Criteria	Values	Answer
1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	81% to 100% -- All or nearly all objectives aligned
		41% to 80% -- Some objectives aligned	
		81% to 100% -- All or nearly all objectives aligned	
1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Documented with sign-off by stakeholders
		Informal agreement by stakeholders	
		Documented with sign-off by stakeholders	
1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings
		Most regularly attend executive steering committee meetings	
		Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is completely documented
		Vision is partially documented	
		Vision is completely documented	
1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	No changes needed
		Changes unknown	
		Changes are identified in concept only	
		Changes are identified and documented	
		Legislation or proposed rule change is drafted	
1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	Some
		Some	
		All or nearly all	
1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Extensive external use or visibility
		Moderate external use or visibility	
		Extensive external use or visibility	
1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Single agency-wide use or visibility
		Single agency-wide use or visibility	
		Use or visibility at division and/or bureau level only	
1.10	Is this a multi-year project?	Greater than 5 years	Between 3 and 5 years
		Between 3 and 5 years	
		Between 1 and 3 years	
		1 year or less	

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Agency: Florida Department of Health		Project: Early Steps Data System (ESDS)	
Section 2 -- Technology Area			
#	Criteria	Values	Answer
2.01	Does the agency have experience working with, operating, and supporting the proposed technical solution in a production environment?	Read about only or attended conference and/or vendor presentation	Supported production system 6 months to 12 months
		Supported prototype or production system less than 6 months	
		Supported production system 6 months to 12 months	
		Supported production system 1 year to 3 years	
		Installed and supported production system more than 3 years	
2.02	Does the agency's internal staff have sufficient knowledge of the proposed technical solution to implement and operate the new system?	External technical resources will be needed for implementation and operations	External technical resources will be needed for implementation and operations
		External technical resources will be needed through implementation only	
		Internal resources have sufficient knowledge for implementation and operations	
2.03	Have all relevant technical alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	Some alternatives documented and considered
		Some alternatives documented and considered	
		All or nearly all alternatives documented and considered	
2.04	Does the proposed technical solution comply with all relevant agency, statewide, or industry technology standards?	No relevant standards have been identified or incorporated into proposed technology	Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards
		Some relevant standards have been incorporated into the proposed technology	
		Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
2.05	Does the proposed technical solution require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Minor or no infrastructure change required
		Moderate infrastructure change required	
		Extensive infrastructure change required	
		Complete infrastructure replacement	
2.06	Are detailed hardware and software capacity requirements defined and documented?	Capacity requirements are not understood or defined	Capacity requirements are based on historical data and new system design specifications and performance requirements
		Capacity requirements are defined only at a conceptual level	
		Capacity requirements are based on historical data and new system design specifications and performance requirements	

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Agency: Florida Department of Health		Project: Early Steps Data System (ESDS)	
Section 3 – Organizational Change Management Area			
#	Criteria	Values	Answer
3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes Moderate changes to organization structure, staff or business processes Minimal changes to organization structure, staff or business processes structure	Moderate changes to organization structure, staff or business processes
3.02	Will this project impact essential business processes?	Yes No	Yes
3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented 41% to 80% -- Some process changes defined and documented 81% to 100% -- All or nearly all processes defined and documented	41% to 80% -- Some process changes defined and documented
3.04	Has an Organizational Change Management Plan been approved for this project?	Yes No	No
3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change 1% to 10% FTE count change Less than 1% FTE count change	Less than 1% FTE count change
3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change 1 to 10% contractor count change Less than 1% contractor count change	Over 10% contractor count change
3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information) Moderate changes Minor or no changes	Extensive change or new way of providing/receiving services or information)
3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information Moderate changes Minor or no changes	Minor or no changes
3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years) Recently completed project with fewer change requirements Recently completed project with similar change requirements Recently completed project with greater change requirements	No experience/Not recently (>5 Years)

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Agency: Agency Name		Project: Project Name	
Section 4 – Communication Area			
#	Criteria	Value Options	Answer
4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
		No	
4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Negligible or no feedback in Plan	Proactive use of feedback in Plan
		Routine feedback in Plan	
		Proactive use of feedback in Plan	
4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
		No	
4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
		No	
4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	Some key messages have been developed
		Some key messages have been developed	
		All or nearly all messages are documented	
4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	Plan does not include desired messages outcomes and success measures	Plan does not include desired messages outcomes and success measures.
		Success measures have been developed for some messages	
		All or nearly all messages have success measures	
4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
		No	

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Agency: Florida Department of Health Project: Early Steps Data System (ESDS)			
Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.01	Has a documented Spending Plan been approved for the entire	Yes	Yes
		No	
5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and	
5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Between \$2 M and \$10 M
		Greater than \$10 M	
		Between \$2 M and \$10 M	
		Between \$500K and \$1,999,999	
		Less than \$500 K	
5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based	Yes	No
		No	
5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within $\pm 10\%$)	Detailed and rigorous (accurate within $\pm 10\%$)
		Order of magnitude - estimate could vary between	
		Placeholder - actual cost may exceed estimate by more than 100%.	
5.06	Are funds available within existing agency resources to complete this	Yes	No
		No	
5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
		Funding from local government agencies	
		Funding from other state agencies	
5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Requested but not received
		Requested but not received	
		Requested and received	
		Not applicable	
5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or	Most project benefits have been identified but not validated
		Some project benefits have been identified but not	
		Most project benefits have been identified but not	
		All or nearly all project benefits have been identified and validated	
5.10	What is the benefit payback period that is defined and documented?	Within 1 year	No payback
		Within 3 years	
		Within 5 years	
		More than 5 years	
		No payback	

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Agency: Florida Department of Health		Project: Early Steps Data System (ESDS)	
Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
		Stakeholders have not been consulted re: procurement strategy	
		Stakeholders have reviewed and approved the proposed procurement strategy	
5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Firm Fixed Price (FFP)
		Firm Fixed Price (FFP)	
		Combination FFP and T&E	
5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
		Purchase all hardware and software at start of project to take advantage of one-time discounts	
		Just-in-time purchasing of hardware and software is documented in the project schedule	
5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager assigned is not the procurement manager or the project manager
		Contract manager is the procurement manager	
		Contract manager is the project manager	
		Contract manager assigned is not the procurement manager or the project manager	
5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	No
		No	
5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	All or nearly all selection criteria and expected outcomes have been defined and documented
		Some selection criteria and outcomes have been defined and documented	
		All or nearly all selection criteria and expected outcomes have been defined and documented	
5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
		Multi-stage evaluation not planned/used for procurement	
		Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
5.18	For projects with total cost exceeding \$10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	Not applicable
		No, bid response did/will not require proof of concept or prototype	
		Yes, bid response did/will include proof of concept or prototype	
		Not applicable	

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Agency: Florida Department of Health Project: Early Steps Data System (ESDS)			
Section 6 -- Project Organization Area			
#	Criteria	Values	Answer
6.01	Is the project organization and governance structure clearly defined and documented within an approved	Yes	Yes
		No	
6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented	All or nearly all have been defined and documented
		Some have been defined and documented	
		Two or nearly all have been defined and documented	
6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	System Integrator (contractor)
		Agency	
		System Integrator (contractor)	
6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	2
		2	
		1	
6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been	Needed staff and skills have not been identified	Some or most staff roles and responsibilities and needed skills have been identified
		Some or most staff roles and responsibilities and needed skills have been identified	
		Staffing plan identifying all staff roles, responsibilities, and skill levels have been identified	
6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	Yes, experienced project manager dedicated full-time, 100% to project
		No, project manager is assigned 50% or less to	
		No, project manager assigned more than half-time, but less than full-time to project	
		Yes, experienced project manager dedicated full-time, 100% to project	
6.07	Are qualified project management team members dedicated full-time to the project	None	Yes, business, functional or technical experts dedicated full-time, 100% to project
		No, business, functional or technical experts dedicated 50% or less to project	
		No, business, functional or technical experts dedicated more than half-time but less than full-	
		Yes, business, functional or technical experts dedicated full-time, 100% to project	
6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Few or no staff from in-house resources	Few or no staff from in-house resources
		Half of staff from in-house resources	
		Mostly staffed from in-house resources	
		Completely staffed from in-house resources	
6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Minimal or no impact
		Moderate impact	
		Extensive impact	
6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope	Yes	Yes
		No	
6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	No, all stakeholders are not represented on the board
		No, only IT staff are on change review and	
		No, all stakeholders are not represented on the	
		Yes, all stakeholders are represented by functional manager	

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Agency: Florida Department of Health		Project: Early Steps Data System (ESDS)	
Section 7 – Project Management Area			
#	Criteria	Values	Answer
7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
		Project Management team will use the methodology selected by the systems integrator	
		Yes	
7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
		1-3	
		More than 3	
7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
		Some	
		All or nearly all	
7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% – None or few have been defined and documented	81% to 100% – All or nearly all have been defined and documented
		41 to 80% – Some have been defined and documented	
		81% to 100% – All or nearly all have been defined and documented	
7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% – None or few have been defined and documented	81% to 100% – All or nearly all have been defined and documented
		41 to 80% – Some have been defined and documented	
		81% to 100% – All or nearly all have been defined and documented	
7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% – None or few are traceable	81% to 100% – All or nearly all requirements and specifications are traceable
		41 to 80% – Some are traceable	
		81% to 100% – All or nearly all requirements and specifications are traceable	
7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	All or nearly all deliverables and acceptance criteria have been defined and documented
		Some deliverables and acceptance criteria have been defined and documented	
		All or nearly all deliverables and acceptance criteria have been defined and documented	
7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
		Only project manager signs-off	
		Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Agency: Florida Department of Health		Project: Early Steps Data System (ESDS)	
Section 7 -- Project Management Area			
7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% – None or few have been defined to the work package level	81% to 100% – All or nearly all have been defined to the work package level
		41 to 80% – Some have been defined to the work package level	
		81% to 100% – All or nearly all have been defined to the work package level	
7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	Yes
		No	
7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	Yes
		No	
7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
		Project team uses formal processes	
		Project team and executive steering committee use formal status reporting processes	
7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
		Some templates are available	
		All planning and reporting templates are available	
7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
		No	
7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	Some have been defined and documented
		Some have been defined and documented	
		All known risks and mitigation strategies have been defined	
7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
		No	
7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
		No	

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Agency: Florida Department of Health		Project: Early Steps Data System (ESDS)	
Section 8 -- Project Complexity Area			
#	Criteria	Values	Answer
8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	More complex
		More complex	
		Similar complexity	
		Less complex	
8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
		3 sites or fewer	
		More than 3 sites	
8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
		3 sites or fewer	
		More than 3 sites	
8.04	How many external contracting or consulting organizations will this project require?	No external organizations	More than 3 external organizations
		1 to 3 external organizations	
		More than 3 external organizations	
8.05	What is the expected project team size?	Greater than 15	9 to 15
		9 to 15	
		5 to 8	
		Less than 5	
8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	More than 4
		2 to 4	
		1	
		None	
8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Agency-wide business process change
		Agency-wide business process change	
		Statewide or multiple agency business process change	
8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	No
		No	
8.09	What type of project is this?	Infrastructure upgrade	Combination of the above
		Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
		Business Process Reengineering	
		Combination of the above	
8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Similar size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	
8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Similar size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	

Appendix C – Project Management Plan

Florida Department of Health

Early Steps Data System (ESDS)

PROJECT MANAGEMENT PLAN (PMP)

COQAK B.1.a.1)d)

3/17/2023

Version 0.3

ESDS Project Management Plan

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ESDS Project Management Plan

1 EXECUTIVE SUMMARY

The State of Florida Department of Health (the “Department”) determined there is a need to acquire a modernized, streamlined system to ensure the Early Steps Program can provide early intervention services for children in Florida in an effort to replace the legacy Early Steps data system (the “UF System”). The Department has procured a solution offered by a vendor, Strategic Solutions Group (SSG), that is experienced in developing data systems for programs administering Part C of the IDEA federal regulations. The Department will be implementing a commercial off-the-shelf (COTS) product based upon the *Casetivity*-EI platform provided by SSG. The Early Steps Program will support and maintain the legacy UF System until the new system is implemented in accordance with the terms and conditions, regulations, and requirements defined in the State of Florida Department of Health Standard Contract Number COQAK (the “Contract”).

Founded in 2003, SSG is a healthcare technology and information services company focused on modernizing the administration and delivery of essential services in our communities. SSG has partnered with dozens of states and municipalities to improve their workflow, data management and IT systems implementation and operation. SSG’s flagship product, *Casetivity*, was purpose-built to automate essential workflows in public health organizations. *Casetivity* is dramatically transforming how these organizations manage and execute their programs.

The purpose of this project is to configure and deploy *Casetivity*-EI to meet the needs of the Florida Early Steps program. A modernized, streamlined system will reduce the amount of paperwork and manual data entry on the part of service coordinators and service providers around the state, allowing more time to spend working with and providing services to Florida families.

The project will start with a Discovery phase to better understand how the Early Steps program works today, and then progress through design, configuration, and testing phases before deploying the system for use by the Florida Early Steps program, Local Early Steps Offices (LES), providers, and parents of Early Steps children. The project will also include the migration of data from the UF System to the new Early Steps Data System (“ESDS”), as well as training for end users. After go-live, the project will include a stabilization period prior to transitioning to an Operations and Maintenance (O&M) Phase.

The Project Management Plan (the “PMP”) is a living document that is continuously updated and is considered the primary source of information defining how the project will be planned, executed, monitored, and controlled. After the PMP is initially approved, any suggested changes must be agreed upon by both the ESDS and SSG PM (the “PMs”). The PMP is comprised of many subsidiary plans and communicates how project work will be executed, performance measured, scope managed, project activities monitored and controlled, how the team will deliver the final product, and project closure. The PMP provides stakeholders and Project Team members a reference to ensure the delivery and management of the project is performed as agreed upon in the approved PMP. It is the SSG and ESDS Project Managers’ responsibility to ensure that the PMP is adhered to and followed.

In addition, the PMP serves as an agreement on the approach to handling activities that occur during the ESDS Project’s Software Development Life Cycle (SDLC) as well as the ESDS Project Management Lifecycle. Any changes to the PMP will follow the Change Management Process and Deliverable Acceptance Process and will be reflected in the revision history of the PMP.

2 PROJECT SCOPE

2.1 Project Summary

Pursuant to sections 391.301 through 391.308, Florida Statutes, the Department's Early Steps Program (Early Steps Program) is responsible for providing services to eligible infants and toddlers, age birth to 36 months, who have or are at-risk for developmental disabilities or delays and also serves as the lead agency for the Individuals with Disabilities Education Act (IDEA), Public Law No., 114-95, Part 303, Part C. Early Steps services are funded through a federal grant received from the U.S. Department of Education to implement the IDEA Act requirements. Federal regulations require Part C of the IDEA funds be used as the payer of last resort, making Early Steps a vital stopgap for families after insurance, Medicaid, and other coverage is exhausted.

The Early Steps Program is administered through Local Early Steps Offices (LES), which are Early Steps Program contracted providers, located currently within 15 geographic regions throughout the state of Florida. Each LES Office is responsible for administering services, which includes evaluations for children referred for eligibility, assessments for intervention planning, coordination of services, delivery of early intervention services by working with internal and community service providers and other community resources, and transition when the child leaves the program.

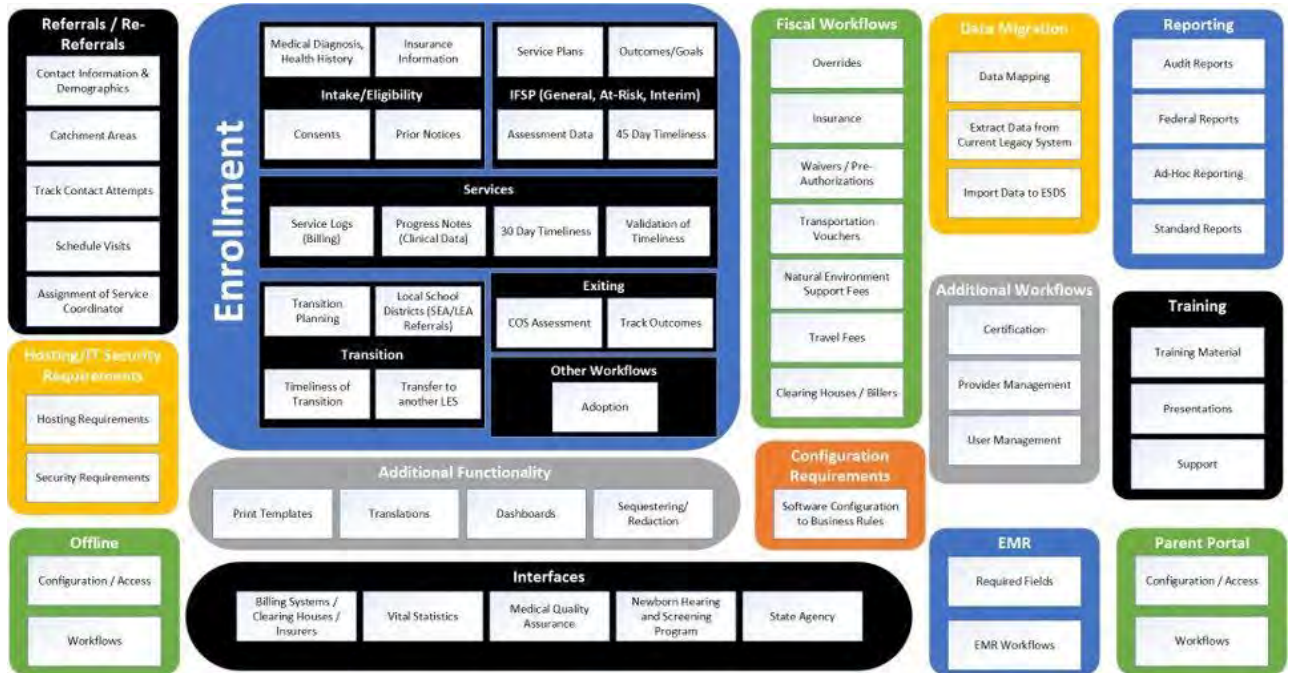
The purpose of the Early Steps Data System (ESDS) Project is to implement and configure a modern, cloud-based solution that exhibits a high degree of configurability for flexibility and meets the requirements of an Early Steps Program statewide system. The cloud-based solution will support early intervention client and service data management and processing, claims processing and adjudication, programmatic oversight, and reporting for the Early Steps Program.

2.2 In Scope

The scope of the ESDS Project includes the implementation and configuration of a cloud-based solution that exhibits a high degree of configurability and meets the requirements of an Early Steps Program statewide system. The cloud-based solution will support Early Intervention client and service data management and processing, claims processing and adjudication, programmatic oversight, and reporting for the Early Steps Program as depicted in the following diagram:

ESDS Project Management Plan

ESDS Project Scope Diagram



(Figure 1 – ESDS Project Scope Diagram)

A detailed listing of the requirements included in the scope of the ESDS Project can be found in Attachment V of the Contract (Early Steps Data System Project Requirements).

2.3 Out of Scope

Any requirements not identified as part of the Early Steps Data System Project Requirements (Attachment V) will be considered as out of scope for the ESDS Project. Out of scope items include (but are not limited to):

- Data migration for any data source other than the legacy UF Data System
- Any system integration not specified in Attachment V and/or agreed upon by the Early Steps Program and SSG and documented as such in the Requirements Traceability Matrix (RTM) and applicable Change Request documentation.
- Vital Statistics interface (de-scoped as part of initial Discovery sessions)
- Any items that are de-scoped as agreed upon by the Early Steps Program and SSG teams and documented as such in the Requirements Traceability Matrix (RTM) and applicable Change Request documentation.

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2.4 Project Objectives

A modernized, streamlined system will reduce the amount of paperwork and manual data entry on the part of service coordinators and service providers around the state, allowing more time to spend working with and providing services to Florida families. In addition, a better system may actually increase the number of providers in Florida by making it easier to do business in the state. The new system will provide modules for case management and provider management and will be used by Early Steps State Office (ESSO) staff, LES Program staff, service providers, and families of children in the Early Steps Program.

A new data system is needed to meet Early Steps Program objectives in the face of a growing Florida population. These objectives (and expected benefits) are:

Project Objective	Business Benefit
Improve case management and provider services efficiency.	A single source of record for all data pertaining to a child, which will allow for the tracking of outcome data; outcome data can help identify the most effective services.
Improve customer service; transparency and availability of compliance data; and ease of tracking and avoiding issues that could result in Federal intervention.	Maintaining compliance with federal timelines through system alerts.
Improve customer service; reduce LES staff time on manual processes; and reduce printing costs.	Families will have immediate access to the child's IFSP.
Improve operations efficiency.	Replacing the current manual, labor intensive paper-based billing process with an automated, online process will free resources to focus on service delivery; and the ability to complete work tasks within ESDS via modern mobile technology.
Improve provider recruitment.	An increase in provider participation is needed to decrease the time in beginning services for children in need.
Improve data and access to information.	Better control, monitoring, and technical assistance of services resulting in higher quality services.
Improved user interface.	Provide up-to-date user interface that allows an assortment of information to be captured through daily business processes that will enhance business workflows, provide interactive dashboards, and allow document libraries to exist within the solution.
Reduce total time to payment to providers.	Improve the process so that providers find it easier to work with the Early Steps Program and receive payments faster.

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Project Objective	Business Benefit
Improve integration processes.	Ability to interface with other state agencies and private entities, as appropriate.
Improve oversight requirements and responsibilities.	Increase programmatic oversight and data quality and integrity to ensure compliance with federal regulations

2.5 Critical Success Factors

Critical success factors are elements that must exist for the ESDS Project to be successful. The following critical success factors have been identified.

- Availability of stakeholders (ESSO, identified LES resources, etc.) to participate in Discovery sessions, Design Sessions, Demos, and User Acceptance Testing (UAT) as necessary.
- Timely decision-making throughout the project, and especially during the Discovery and Design phases.
- Proactive communication, analysis, review, and resolution of high priority risks and issues.
- Scope management – Collective focus on what is required to meet the needs outlined in the Contract and ensure project success.
- Participation in testing and training by end users.
- Meeting or exceeding content and quality expectations for all deliverables and tasks.
- The ESDS Project Team will make key subject matter experts available throughout the project to ensure the resulting product achieves project goals.
- All participating ESDS users are trained and able to utilize new functionality.
- Project is completed within the defined time period and budget.
- Management of requirements and system customizations to ensure that project scope is maintained along with stakeholder expectations and needs being met without significant impacts to schedule, quality, or budget.

2.6 Assumptions

Assumptions are factors considered true, real, or certain, without proof or demonstration. The following assumptions have been identified.

- The project is fully funded for the duration of the project.
- The Project Executives and Project Sponsor have detailed knowledge of the ESDS Project and have authority to remove impediments, make effective decisions and influence buy-in of the project.
- The PMP will be updated throughout the project based on mutual agreement between the Early Steps Program and SSG.
- Project Managers and the Project Team will adhere to and execute processes as defined in the PMP.
- Roles, responsibilities, and level of effort defined in the PMP are agreed upon and have commitment from all participants.
- Any project scope changes and changes to existing systems will be managed through a rigid change control process to ensure tracking of changes, documentation of changes, and adherence to the change control process.

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- The Early Steps Program will obtain and provide information, data, decisions, and approvals, within the requested number of business days of SSG's request unless otherwise agreed upon.
- The ESDS Project Manager will work with the SSG Project Manager to prioritize any conflicting workload requests under this project and to request via the Change Control Procedure process any necessary additional resources or changes to the project schedule.
- SSG personnel will have access to all necessary and appropriate resources (e.g., documentation, meetings, facilities, and network access) for the duration of the ESDS Project.
- An Independent Verification and Validation (IV&V) vendor (Greentree Group) will provide independent verification and validation services, and program and process oversight of the ESDS Project.
- The Early Steps Program and SSG will work collaboratively to implement ESDS based on the processes in this PMP and in the Contract.
- Requirements scope changes will be subject to a formal review and approval process.
- The Early Steps Program will provide timely access to systems and documentation.
- The Early Steps Program will provide access to SMEs and end users for, at a minimum, Discovery, Design, and UAT.
- The Early Steps Program will continue to operate the legacy UF system until the agreed upon go live date of ESDS.
- The Early Steps Program will be available and committed to discovery meetings, design review meetings, configuration checkpoint meetings, and stakeholder system demonstrations.
- The Early Steps Program will be available and committed to addressing requirement(s) questions.
- The Early Steps Program will be available and committed to identifying UAT testers, collaborating with SSG to identify test scenarios, scheduling UAT meetings, and performing UAT testing.
- The Early Steps Program will be responsible for providing translations of any print templates that are required in a language other than English (e.g., Spanish, Creole).
- External organizations involved in system integrations will be available and timely in responses.
- AHCA integration will be with the existing FL-MMIS system or AHCA ODS. The FX project is in progress, but for the purposes of this project, the integration will be with the existing FL-MMIS system.

2.7 Constraints

Constraints are factors affecting the execution of a project. The following constraints have been identified:

- Deliverables are budgeted for specific Fiscal Years and must be paid in the applicable Fiscal Year only.
- Scheduling time-sensitive meetings for large groups of stakeholders.
- Deviations from the Discovery phase timing due to the Early Steps Program's SMEs' availability constraints will result in delays to the overall Project Schedule.
- Deviations from the UAT phase timing due to the Early Steps Program's SMEs' availability constraints may result in delays to the overall Project Schedule.
- SMEs' resource constraints from all stakeholders and availability of LES stakeholders could impact project schedule.
- This project is fixed price, which means that scope is also fixed and will be limited to what is outlined in the Contract; additional requests will follow the Change Request Process outlined in this PMP.

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2.8 Interdependencies

Interdependencies are any identified projects, initiatives, and/or production systems that will be impacted by the ESDS Project. The following interdependencies have been identified:

- The legacy UF Data System will be replaced by the ESDS as part of the ESDS Project.
- Procurement of LES contracts planned for summer 2024 (same time as target release date of ESDS) needs to align with policy decisions designed into the future ESDS solution.
- System integrations as identified in Attachment V and/or agreed upon by the Early Steps Program and SSG and documented as such in the Requirements Traceability Matrix (RTM) and applicable Change Request documentation.

2.9 Milestones

Milestones mark important project achievements and are used to monitor project progress. The table below is an initial list of project milestones. Milestones will be periodically updated to align with the latest approved (re-baselined) Project Schedule.

- Authority to Proceed
- Project Kickoff Complete
- Project Management Plan and Project Schedule Complete
- Discovery Phase Complete
- Submit DRAFT System Hosting Plan
- Submit DRAFT Business Continuity Plan
- Submit DRAFT Security Plan
- Submit all plans in B.1.a.2.b
- Submit DRAFT Functional Specifications
- Submit DRAFT System Design
- Submit DRAFT Claims File (EDI) Specifications
- Submit DRAFT RTM
- Submit all approved docs for task B.1.a.2.c
- System Design Phase Complete
- Submit DRAFT Implementation Plan
- Submit DRAFT HIPAA Companion Guide
- Submit Plan for task B.1.a.3.b
- Submit DRAFT Legacy Database Analysis and Data Migration Plan
- Submit Plan for task B.1.a.3.c
- Submit DRAFT Data Migration Test Scripts
- Submit test scripts for task B.1.a.3.d
- Initial Solution Demoed
- Submit DRAFT Document Revisions for client confirmation
- Submit Approved Document Revisions
- Development and Configuration Phase Complete
- Submit DRAFT of Demonstrate Solution with Migrated Data
- Submit DRAFT of Document completed per Data Migration Plan
- Data Migrated, Demonstrated, and Plan Documented
- Submit DRAFT of UAT materials
- UAT Materials and Documentation Finalized

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- Submit DRAFT of updated RTM
- RTM Revision Complete
- Data Migration Phase Complete
- System Tested and UAT Performed
- Submit DRAFT of Training Plan and Training Materials
- Training Plan and Training Materials Developed
- UAT Phase Complete
- Training Materials Distributed and Training Conducted
- Training Phase Complete
- Submit DRAFT Configuration Guide and Solution Documentation
- Go /No-Go Decision
- ESDS Application Public Go-live
- System Implementation Phase Complete
- System Stabilization Phase Complete
- Continuous Operation of ESDS and Maintenance Phase Complete
- Enhancements and Modifications Phase Complete

2.10 Deliverables and Tasks

Project Deliverables, Tasks, Artifacts, and Work Products are tangible outputs created as the result of work being performed during the Project. An integral component of project management is defining, tracking, and managing project deliverables and tasks. Deliverable and Task Management is the process used to create, develop, submit, accept for review, and approve project Deliverables and Tasks.

The Contract and Attachment I include a detailed list of Tasks and Deliverables as well as attachments for several templates to use. SSG will create Tasks and Deliverables per the Contract and will utilize the templates that have been provided. A Task Expectation Document (TED) will be submitted by SSG and accepted by the Early Steps Program before work begins on a Task. Task and Deliverable due dates are established in the Contract and the approved Project Schedule.

The established dates represent the initial submission of the Task and/or Deliverable, and a collaborative and potentially iterative cycle of review, feedback, edits, and final approval will follow this initial submission. The Early Steps Program will sign-off on each Task document when it is approved.

Deliverables are the collection of all the Tasks within a given Deliverable. Tasks are delivered throughout a given phase. Tasks must be completed, submitted, and approved in order for a Deliverable to be invoiced and paid out. The table below lists the Deliverable and Tasks as outlined in Attachment I. The Estimated Completion Dates are based on the draft version of the Project Schedule currently in review and not the approved Project Schedule. The proposed dates listed in this table will be updated once the Project Schedule is officially signed off on and approved.

Deliverable # and Name	Task # and Name	Estimated Completion Date
B.1.b.1) Project Initiation and Discovery Phase	B.1.a.1) a) Contractor Project Personnel and Replacement Staff	12/04/2022
	B.1.a.1) b) Project Initiation/Kickoff	12/16/2022
	B.1.a.1) c) TED for Tasks 1) d) and 1) e)	12/18/2022
	B.1.a.1) d) Project Management Plan	12/22/2022

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Deliverable # and Name	Task # and Name	Estimated Completion Date
	B.1.a.1) e) Project Schedule	12/22/2022
	B.1.a.1) f) Discovery Sessions	3/17/2023
	B.1.a.1) g) Conduct Weekly Status Meetings and Submit Reports	3/24/2023
	B.1.a.1) h) Documentation and Invoice	3/22/2023
B.1.b.2) System Design	B.1.a.2) a) TED for Tasks 2) b) and 2) c)	3/24/2023
	B.1.a.2) b)1 System Hosting Plan	6/16/2023
	B.1.a.2) b)2 Business Continuity Plan	6/16/2023
	B.1.a.2) b)3 Security Plan	6/16/2023
	B.1.a.2) c)1 Functional Specifications	9/05/2023
	B.1.a.2) c)2 System Design	9/05/2023
	B.1.a.2) c)3 Claims File (EDI) Specifications	9/05/2023
	B.1.a.2) c)4 Initial Requirements Traceability Matrix (RTM)	9/05/2023
	B.1.a.2) d) Conduct Weekly Status Meetings and Submit Reports	9/04/2023
	B.1.a.2) e) Documentation and Invoice	9/11/2023
B.1.b.3) System Development	B.1.a.3) a) TED for Tasks 3) b), 3) c), 3) d), and 3) e)	4/23/2023
	B.1.a.3) b)1 Implementation Plan	7/16/2023
	B.1.a.3) b)2 Health Information and Portability Accountability Act	7/16/2023
	B.1.a.3) c) Legacy Database Analysis and Data Migration Plan	11/21/2023
	B.1.a.3) d) Data Migration Testing and Submit Data Migration Test Scripts	1/20/2024
	B.1.a.3) e) Demonstration of the Developed Solution	4/22/2024
	B.1.a.3) f) Conduct Weekly Status Meetings and Submit Reports	4/26/2024
	B.1.a.3) g) Documentation and Invoice	4/28/2024
B.1.b.4) Data Migration	B.1.a.4) a) TED for Tasks 4) b), 4) c), and 4) d)	11/03/2023
	B.1.a.4) b) Data Migration and Demonstrate the Solution with the Migrated Data	5/23/2024
	B.1.a.4) c) User Acceptance Testing Materials and Documentation	4/29/2024
	B.1.a.4) d) Update Requirements Traceability Matrix (RTM) referenced in (B.1.a.2) c)	4/24/2024
	B.1.a.4) e) Conduct Weekly Status Meetings and Submit Reports	5/24/2024
	B.1.a.4) f) Documentation and Invoice	5/28/2024
B.1.b.5) User Acceptance Testing	B.1.a.5) a) TED for Tasks 5) b) and 5) c)	4/23/2024
	B.1.a.5) b) User Acceptance Testing (UAT) and Code Revisions Required based on UAT Findings	6/24/2024
	B.1.a.5) c) Training Plan and Training Materials	6/25/2024

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Deliverable # and Name	Task # and Name	Estimated Completion Date
	B.1.a.5) d) Conduct Weekly Status Meetings and Submit Reports	6/28/2024
	B.1.a.5) e) Documentation and Invoice	6/29/2024
B.1.b.6) Training	B.1.a.6) a) TED for Task 6) c)	6/25/2024
	B.1.a.6) b) Distribute Training Materials to Participants	7/09/2024
	B.1.a.6) c) Conduct User Training and Submit Completed Training Documentation	8/08/2024
	B.1.a.6) d) Conduct Weekly Status Meetings and Submit Reports	8/09/2024
	B.1.a.6) e) Documentation and Invoice	8/13/2024
B.1.b.7) System Implementation	B.1.a.7) a) Submit TED for Tasks 7) b) and 7) c)	5/26/2024
	B.1.a.7) b) Submit Configuration Guide and Solution Documentation	7/22/2024
	B.1.a.7) c) Deploy and Implement Solution	8/12/2024
	B.1.a.7) d) Conduct Weekly Status Meetings and Submit Reports	8/12/2024
	B.1.a.7) e) Documentation and Invoice	8/17/2024
B.1.b.8) System Stabilization Post Implementation	B.1.a.8) a) Submit TED for Task 8) b)	7/5/2024
	B.1.a.8) b) Develop and Provide Post-implementation Training Resources and Revise Training Documentation	10/11/2024
	B.1.a.8) c) Provide 90 Days of Operations and Post-production Technical Support	11/10/2024
	B.1.a.8) d) Conduct Weekly Status Meetings and Submit Reports	11/10/2024
	B.1.a.8) e) Documentation and Invoice	11/14/2024
B.1.b.9) Operations and Maintenance	B.1.a.9) a) Provide Licensing, Hosting, and Maintenance	11/14/2027
	B.1.a.9) b) Conduct Monthly Status Meetings and Submit Monthly Status Reports	11/14/2027
	B.1.a.9) c) Maintain Training Materials and Resources	11/14/2027
	B.1.a.9) d) Maintain System Security	11/14/2027
B.1.b.10) Enhancements and Modifications	B.1.a.10) a) Prepare Quote	11/14/2027
	B.1.a.10) b) Complete Work Based the Approved Quote	11/14/2027
	B.1.a.10) c) Provide Summary Report for Activities Performed	11/14/2027

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2.11 Requirements Traceability

A Requirement is a singular documented need of what a particular product or service should be or perform. It is a statement that identifies a necessary attribute, capability, function, characteristic, or quality of a system or service in order for it to have value and utility to a user.

A Requirements Traceability Matrix (RTM) documents the life of a requirement and provides traceability between associated requirements and throughout the completion of the project (including, but not limited to, design and test). It enables users to find the origin of each requirement and track every change that was made to this requirement, ensuring that the final Deliverable has all the originally planned functionality.

The RTM will be created as a separate document from this Project Management Plan (PMP). Per the Contract, the RTM is Task # B.1.A.2)C)(4) and will be submitted during the System Design Phase. The specification of the RTM will be captured in the TED for Task 2)c).

3 PROJECT APPROACH

Using *Casetivity*-EI as the base platform, the ESDS Project will utilize a hybrid model of software development and configuration in which SSG will integrate benefits of both traditional Waterfall and Agile practices.

At the beginning of the project, traditional Waterfall techniques will be used to gather requirements and create design documentation. Given the fixed price nature of the contract, it is important to establish a common understanding of the required scope and how it will be addressed as early in the project as possible.

Upon completion and approval of the Design Phase, the Development and Configuration Phase will follow an iterative Agile Scrum methodology consisting of at least 15 Sprints and each Sprint having a duration of 2 weeks. Using this methodology for development and configuration allows the Project Team to incrementally configure functionality for review, providing enhanced visibility into configuration progress and allowing for feedback and adjustments during the development cycle.

Once the Development and Configuration Phase is completed and approved, the project approach will transition back to a traditional Waterfall methodology for robust system security, performance, data migration, disaster recovery, regression, and user acceptance testing (UAT). This is important to ensure that the full system is tested end-to-end and is ready to support a single cutover from the legacy UF system to the ESDS.

The following sections describe in more detail the approach that will be used for each phase of the project:

3.1 Project Initiation and Discovery Phase

- **Purpose:**
 - This phase will be focused on reaching common understanding of the current people, processes, and technology involved in the Early Steps Program, reviewing major pain points and objectives for the new data system and identifying key risk areas.

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- **Approach:**
 - Conduct Project Kickoff meetings with the Early Steps Executive Leadership, Early Steps Project Team, and Local Early Steps Subject Matter Experts (SMEs) to review Project Team Members and Roles, validate the project management approach, and review the high-level scope as detailed in the Contract. The Project Kickoff is meant to ensure that project stakeholders have a high-level understanding of and an opportunity to provide feedback regarding the project objectives, deliverables, and methodology.
 - Conduct recurring Discovery meetings several times a week and provide meeting minutes.
 - Mixture of on-site and remote meetings.
 - Target audience for each session based on the subject matter being addressed.
 - Include key stakeholders from both the ESSO and LESS.
 - Topics will be sequenced to first establish a high-level understanding and address key risk areas, followed by more detailed meetings on each topic.
 - In order to enable all topics to be addressed within the Discovery Phase timeframe, multiple Discovery workstreams will run in parallel. Proposed workstreams to run in parallel will be discussed and agreed upon with the Early Steps Program.
 - In addition to Discovery meetings, during this phase the SSG Project Team will also complete a review of Early Steps As-Is process documentation and any additional system documentation provided for the legacy UF Data System.
- **Output:**
 - The baseline Project Plan and Project Schedule.
 - Discovery Session Meeting Minutes.

3.2 System Design Phase

- **Purpose:**
 - This phase will be focused on confirming the requirements of the ESDS Project and how the requirements will be addressed by the ESDS.
- **Approach:**
 - SSG will complete a Design Phase that will identify the level of customization and configuration that must occur to *Casetivity-El* in order to support the ESDS Project requirements. SSG will schedule and conduct Joint Application Development (JAD) sessions to ensure the system design meets the requirements per the Contract.
 - SSG will ensure the sessions are scheduled well in advance and at times convenient for stakeholders. Each meeting will be documented in clear and concise meeting minutes that are distributed to meeting attendees.
 - In addition to meeting with stakeholders, SSG will complete independent research before the Design meetings to ensure as many ideas and initial draft documents are available for review prior to the Design meetings.
 - SSG will conduct recurring Design meetings several times a week.
 - SSG will document designs at the appropriate level of detail to confirm common understanding of requirements and design while allowing flexibility to iterate on detailed configuration items during the Development and Configuration Phase.
 - SSG will provide an opportunity for the Early Steps Program to review draft versions of design documentation.
 - SSG will obtain sign-off on the design of a particular functional area prior to including that functional area in a Development and Configuration Sprint.
- **Output:**
 - System Hosting Plan

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- Business Continuity Plan
- Security Plan
- Functional Specifications
- System Design
- Claims File (EDI) specifications
- Initial Requirements Traceability Matrix (RTM)

3.3 ESDS Development and Configuration Phase

- **Purpose:**
 - This phase will be focused on configuring ESDS based on the designs outlined in the Design Phase while giving the Early Steps Program an ongoing opportunity to provide feedback.
- **Approach:**
 - Overview
 - SSG will create epic and user stories in JIRA based on the requirements in the RTM and the Design documentation. These user stories will then be sequenced into sprints to incrementally configure and demonstrate the functionality being developed.
 - The Development and Configuration Phase will be divided into 15 2-week sprints, followed by a demonstration of the developed solution. The demonstration will be followed by 3 additional sprints to incorporate any approved changes based on feedback.
 - ESSO / Stakeholder Involvement
 - Planning / Status Reporting
 - SSG will provide a high-level roadmap of the functionality to be configured for each sprint to give visibility into the process. This roadmap will be subject to change during the Phase based on configuration progress and feedback received along the way.
 - SSG will work with ESDS to incorporate appropriate metrics into the weekly status reports to track configuration progress.
 - Feedback is encouraged as part of this process.
 - SSG will conduct weekly Configuration Checkpoints with the ESDS Project Team to discuss any questions that arise as part of the Development/Configuration phase.
 - SSG will conduct collaborative demos to showcase the work at multiple times throughout the Development and Configuration Phase. This will be an opportunity for the Early Steps Program to see configuration progress in ESDS. Feedback will be captured in meeting minutes. Feedback items will also be added to JIRA as applicable for tracking purposes.
 - As early as possible, SSG will provide the Early Steps Program with a working instance that can demo a basic Early Intervention (EI) enrollment workflow. Access to the EI tool can help better facilitate context for the Early Steps Program during the Development and Testing process.
 - Scope Management
 - Scope Management is critical during this phase. The focus will be on ensuring that the requirements in the Contract are met while also allowing for configuration preferences to be addressed where possible.
 - If there is a prioritization conflict between addressing requirements in the Contract versus addressing configuration preferences, the requirements in the Contract will take precedence. The weekly Configuration Checkpoint calls will be used to provide visibility into these questions as they arise.

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- As feedback is received, additional JIRAs will be added and analyzed for potential design implications and level of effort. Requested changes that impact one or more of the following items may trigger a Change Request:
 - Changes to project assumptions
 - Data Model Changes
 - Complex changes to data required during Enrollment workflow
 - New Process Flows
 - Complex changes to design of in-scope process flows
 - New Security Roles
 - New Reports
 - New Print Templates (including new languages for existing templates)
 - New Dashboards
 - New System Integrations (including new EDI transaction type)
 - Items that SSG and ESDS agree are out of scope for the initial release will be tracked in JIRA using a “Future Release” indicator so that the items are not lost and can be considered for future releases based on business need.
 - See the Change Management Process for additional information on how Change Requests will be managed.
- **Output:**
 - Implementation Plan
 - HIPAA Companion Guide
 - Data Migration Plan
 - Stakeholder Demonstrations
 - ESDS Configured and ready for UAT

3.4 Data Migration Phase

- **Purpose:**
 - This phase will be focused on developing and testing scripts used to migrate data from the legacy UF Data System to the ESDS.
- **Approach:**
 - SSG will rely on expertise from the Early Steps Program regarding interoperating the legacy data correctly if detailed documentation is not provided.
 - SSG will solicit and document the detailed requirements for data conversion. SSG will ensure that the required data fields are available in the ESDS and that the ESDS functions as designed with the migrated data.
 - During data migration, the data will be extracted from the legacy system, transformed, cleansed, and loaded into the target system. To this end, methods for automating migration from source to target will be implemented and executed. SSG will utilize ETL tools to execute the Extract, Transform and Loading of data using the established data migration logic.
 - With the migration tool or defined import scripts, SSG will first migrate the test data set to a secure conversion environment and perform unit testing, functional testing, and integration testing using an iterative methodology to validate the data mapping and conversion logic. If defects or issues are identified in the data migration logic or tool, a fix will be provided.
 - SSG will make migrated data available to review in a secure way, and joint sessions will be facilitated to ensure the stakeholders can confirm the migrated data is accurate and complete.
 - Upon successful functional and integration tests, a dataset that mimics the size and content of Production data will then be migrated to a certification environment (CERT) while tracking details

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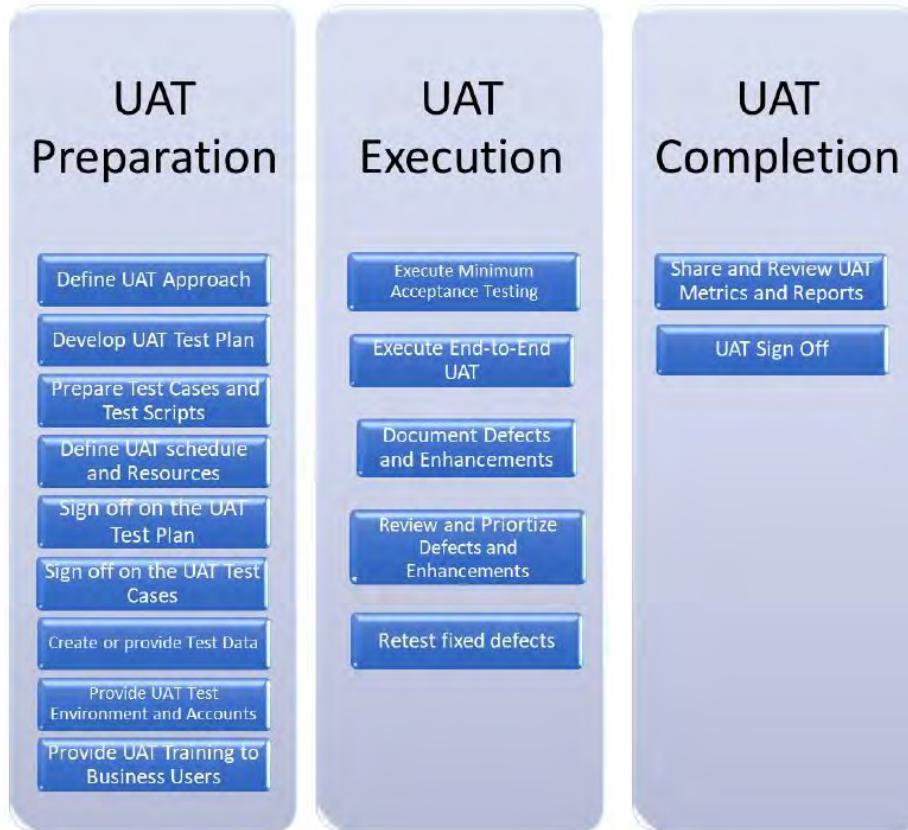
such as batch sizes, time taken per import batch, system performance, load metrics, etc. This initial performance testing cycle will be conducted to establish the baseline so expectations can be set for the necessary period of time to migrate data to Production.

- For this test process, the CERT environment must be set up such that it mirrors the setup of the production environment completely, both software and hardware.
- Appropriate user accounts will also be created in the conversion/certification environments for UAT so that end-to-end functional testing can be performed in the environment. UAT will conduct data validation by exercising the typical business process workflows. The scripts may be updated, based on the result of the UAT. SSG will analyze the migrated data and identify data fix measures if data discrepancies are identified. Follow-up performance testing cycles will be conducted to ensure that the ESDS can handle the additional data without performance degradation. SSG will obtain sign-off from the ESDS Project Team at this point. After sign-off, a Production Import Schedule will be developed. SSG will migrate the data to the Production Environment and conduct a production smoke test.
- The legacy UF database will be archived as required per the Early Steps Program's records management.
- **Output:**
 - Data migrated per Data Migration Plan to CERT environment
 - Demonstrate ESDS with the Migrated Data
 - Documentation of the work completed in Data Migration Plan
 - UAT Materials (use cases, test scripts, test reports)
 - Revised RTM

3.5 User Acceptance Testing (UAT) Phase

- **Purpose:**
 - This phase will be focused on determining whether or not the developed and configured system satisfies the acceptance criteria of the requirements, owners, and business stakeholders. The goal of UAT is acceptance of the ESDS by the Early Steps Program and is one of the last gates to promoting the application to a production environment.
- **Approach:**
 - SSG will manage UAT.
 - The Early Steps Program will be responsible for providing the following types of resources:
 - Resources to assist with documenting test scenarios.
 - ESSO and LES testing participants.
 - Participants in triage and status calls for issues found.
 - Participants in UAT are often great champions for the ESDS.
 - The picture below depicts the processes that SSG will follow during UAT: UAT Preparation, Execution, and Completion:

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(Figure 2 – UAT Process)

- **Output:**
 - UAT Performed
 - Documentation of UAT and code revisions
 - Training Plan and Training Materials

3.6 Training Phase

- **Purpose:**
 - This phase will be focused on providing the end users in the field and in Early Steps Program roles the know how to use the ESDS solution prior to the first day of Go-live.
- **Approach:**
 - The first step will be to define a plan to pull together the needed materials, resources, and timing to ensure readiness across the Local Early Steps programs along with appropriate Early Steps Program staff with emphasis on roles each user is assigned.
 - Training will be based upon adult learning principles and the use of multiple learning methods to fit the needs of the trainees. The integration of adult learning principles is important to the success of training. Sessions will be developed and implemented using the following principles. Adults learn best when: 1) they understand the importance of the knowledge and activity; 2) they learn in different ways; 3) learning is experiential and applied; 4) there is a readiness to learn; and 5) the process is positive and encouraging.
 - All training will be designed to be responsive to a variety of learning styles, i.e., some people learn from reading materials, some learn from listening to presentations on materials, and others depend on hands on approaches that give them the ability to immediately put to use skills that

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are taught. Training will be user centered, with trainers asking for and drawing on users' feedback.

- During the initial part of this phase, data will be gathered in an assessment of the user landscape with an intent to understand user readiness for a modern, web-based solution that provides both case workflow management while capturing all relevant child data. Using this assessment, SSG will develop training materials across multiple modalities to be defined in the Training Plan. The assessment will include looking at geographical, technical, and other factors that may impact users' ability to absorb processes and tasks needed to maintain timely and complete records.
- Throughout the training phase, evaluations will solicit feedback on the effectiveness and efficiency of the training methods and content, and the usability and its associated training materials. More details on exact methodologies and mediums to capture the training evaluations will be provided in the Training Plan. Work will not start on development or implementation of training materials until the Early Steps Program has reviewed and approved the Training Plan including the confirmation of staffing and resource commitments needed across SSG, the Early Steps Program, and LES staff.
- **Output:**
 - Training Materials distributed.
 - Training conducted.
 - Training Documentation submitted.

3.7 System Implementation Phase

- **Purpose:**
 - The System Implementation Phase will focus on all of the steps needed to ready environments, application solution, the Early Steps Program and Local Early Step users, and SSG staff to deploy and start usage of the ESDS.
- **Approach:**
 - Many of the earlier phase plans will be reviewed to confirm readiness across the various areas. The SSG Project Manager and the ESDS Project Manager will work to resolve any concerns prior to and during this period. Their efforts will be reported out to the Early Steps Program's and SSG leadership on a daily basis during this period as warranted. In addition, a Configuration Guide and Deployment Activities Checklist will be provided for review prior to final deployment work begins.
 - The Deployment Activities Checklist will represent both a 3-4 week list of key actions and milestones along with a detailed daily application deployment list of steps to be taken leading into and through go live. This checklist will help ensure all parties are aligned and ready to proceed with an active solution on go live.
 - In addition, an Incident Management Process document will be generated to align on Priority and Severity handling for Incidents. That document will be provided during this Phase and will discuss processes and flows for incidents in alignment with best practices and Early Steps Program expectations. A mock event exercise will be hosted during the phase to ensure alignment across critical staff and stakeholders.
 - Then, SSG will host a Go/No-Go Meeting with the Early Steps Program. At this time, key Early Steps Program leaders and staff formally will review the work completed and approve proceeding with final deployment. If, at that time, issues or risks have not been mitigated to both SSG and the Early Steps Program's expectations, then both parties will agree to postpone go live until those items have been mitigated sufficiently to allow either full or conditional approval.
 - There will be other phase activities underway concurrently during this phase. While the project will have signed off on data migration testing and results, the data migration workstream will be getting ready for a final migration of data from the legacy system into the ESDS. In addition, the

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training efforts will be ongoing into this phase, as training should happen as close to system activation as possible. The Go/No-Go meeting should be late enough in the phases to allow a high level of confidence that approval would be a sound decision and judgement.

- **Output:**
 - Configuration Guide and Solution Documentation created.
 - ESDS Application live.

3.8 System Stabilization Post Implementation Phase

- **Purpose:**
 - The System Stabilization Phase will focus on the 90 days after go live and how to promote a stable operating environment. A stable operating environment would be a period in which the application experiences zero Severity 1 or Severity 2 issues. Severity and Priority will be defined (and mutually agreed upon) prior to this phase in the Incident Management Process document.
- **Approach:**
 - The Weekly Project Status Meetings will be the ESDS Project Team's opportunity to validate system stability and share open concerns.
 - During this Phase, the regular meeting schedule may be supplemented with additional meetings to allow for better communication across the project. SSG will stand ready with surge capacity for Support Desk and other areas. SSG also will work with the Early Steps Program to have corresponding readiness among relevant Early Steps Program staff. An initial Triage team of SSG and Early Steps Program Project Leads will meet daily to assess tickets generated from incidents. Depending on the ticket, the Early Steps Program may need to include Early Step Program Subject Matter Experts and thus should consider how to provide surge capacity during this phase. At the discretion of the Early Steps Program's Project Manager and SSG Project Manager, those meetings will continue throughout this phase or have reduced frequency as seen fit.
 - Changes to ESDS will be made at the direction of the Early Steps Program or when a defect has been found. SSG warrants its work for 1 year after implementation for defects found due to SSG's failure to develop the solution to the requirements. Changes that need to happen due to recognition that requirements were not sufficiently clear or due to a change in approach or policy will be done only at the direction of the Early Steps Program's Project Manager or Early Steps Program leaders.
- **Output:**
 - Post Implementation training resources
 - One year warranty of software

3.9 Continuous Operation of the ESDS and Maintenance (O&M) Phase

- **Purpose:**
 - The Continuous Operation of the ESDS and Maintenance (O&M) Phase will support the day-to-day operations of the ESDS as users start, maintain, and finalize child records and the supporting data. This phase will be about maintaining the ESDS and processes within the Service Level Agreement defined in the Contract.
- **Approach:**
 - During the O&M Phase, processes and activities established during all of the earlier phases will continue at potentially different frequencies and levels of engagement. During this phase, the Early Steps Program will have the discretion on what levels of support and response would be appropriate to engage with end users and Local Early Steps Programs. Regular meetings to review

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tickets, application status and resource planning will occur. Early Steps Program leads and the ESDS Project Manager will participate in monthly updates with SSG on hosting status and Support Desk activities along with potential changes to the ESDS that need development, testing, training and deployment.

- **Output:**
 - Licensing, hosting, and maintenance
 - Monthly Status Meetings and Reports
 - Maintain training materials
 - Maintain system security

3.10 Enhancements and Modifications Phase

- **Purpose:**
 - The Enhancements and Modifications Phase intends a period to allow the Early Steps Program to request a quote or Statement of Work for enhancements and modifications deemed necessary.
- **Approach:**
 - The Enhancements and Modifications Phase will be concurrent with the O&M Phase. This phase will involve following the Change Management process to handle enhancement and modification requests from the Early Steps Program. Per the Contract, the timing and requirements of the quote process will be followed. Work on enhancements and modifications to the ESDS will be done at the sole discretion of the Early Steps Program leads and/or the Early Steps Program's Project Manager. The core *Casetivity* application updates will be coordinated with approval by those same individuals at no cost to the Early Steps Program.
- **Output:**
 - Quotes for enhancements or modifications
 - Complete agreed-upon enhancements/modifications
 - Documentation of the enhancement(s) and modification(s)

4 PROJECT ORGANIZATIONAL AND GOVERNANCE STRUCTURE

Effective Governance provides strategic direction to a Project, helps remove barriers for the Project Team, and authorizes human, financial or material resources to be allocated based on expected performance and benefits. For issues that are beyond the control of the Project Manager or team, the Project Steering Committee and Department Management serve as an escalation path.

4.1 Project Organizational and Governance Chart

The following Project Organizational and Governance Chart identifies the key Project, Early Steps Program, and SSG resources involved in governance for the ESDS Project along with the applicable escalation levels. The Project Team is comprised of ESDS and SSG resources. The Project Team will escalate risks, issues, or changes that affect the project scope, schedule, or cost to the ESDS Project Manager for resolution of the following items:

- Add or remove requirements.
- Impact to deliverable or milestone dates
- Anticipated cost overages

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If risks, issues, or changes do result in the addition or removal of requirements, significantly impact Deliverable or milestone dates, or result in cost overages, the ESDS Project Manager will escalate the items for resolution following the process described in the Change Management Plan section of this document.



(Figure 3 – Organizational and Governance Chart)

4.2 Identify Stakeholders

As part of any software development project, it is critical to identify all of the stakeholders that are affected by and/or may interact with the project, or any of the systems, services or activities that are affected by the project. At a high level, the following stakeholders have been identified:

- State of Florida, Department of Health, Division of Children’s Medical Services, Early Steps Program
- State of Florida, Department of Health, Office of Information Technology
- Local Early Steps (LES) Organizations
- Parents of Early Steps children
- Florida Early Steps Provider Organizations
- External billing systems
- Clearing houses
- Public and private insurers
- Local Education Agency (LEA)
- State Education Agency (SEA)
- Agency for Health Care Administration (AHCA) (270/271 files)
- Medical Quality Assurance (MQA)
- Newborn Hearing and Screening Program
- Electronic Medical Record (EMR) System Vendors
- University of Florida (legacy UF System)

4.3 Identify Project Team

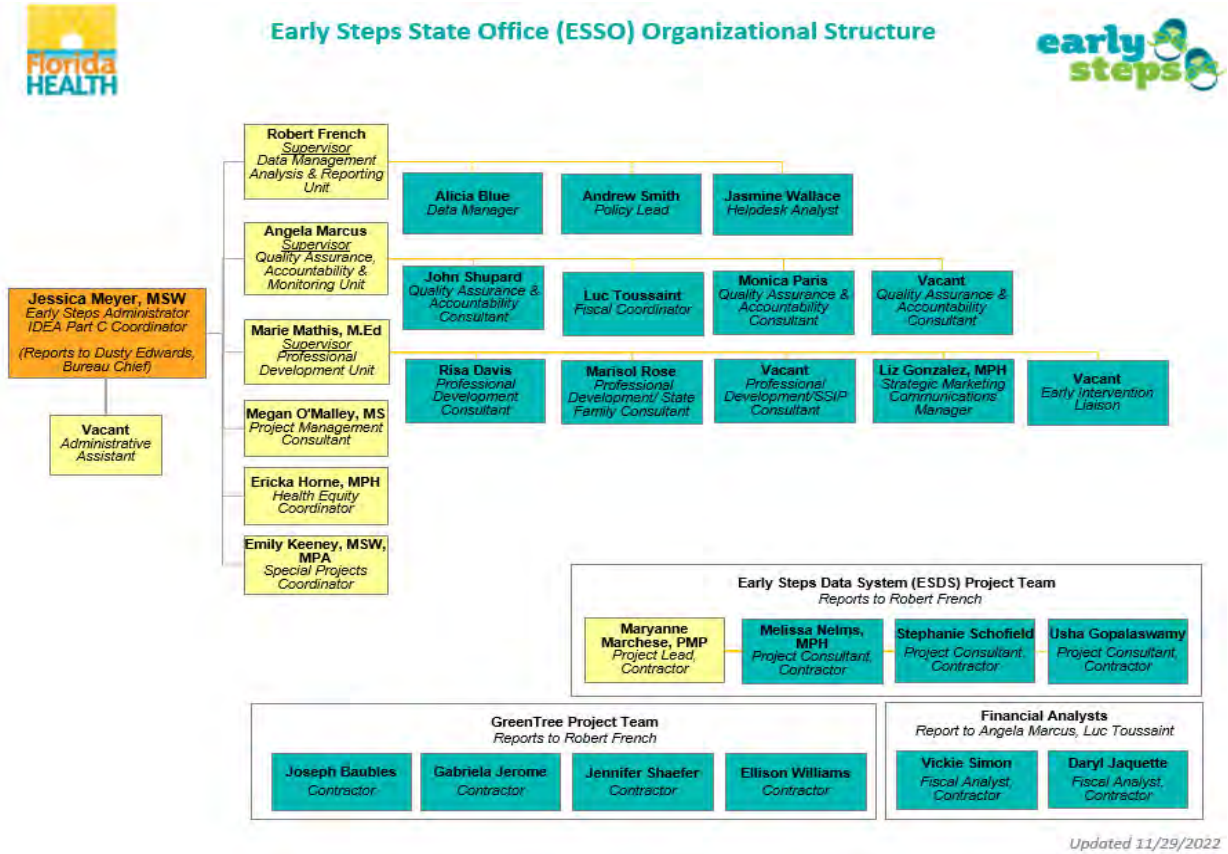
The file attached below contains the RACI chart for the ESDS project:

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ESDS RACL_PMP.xlsx

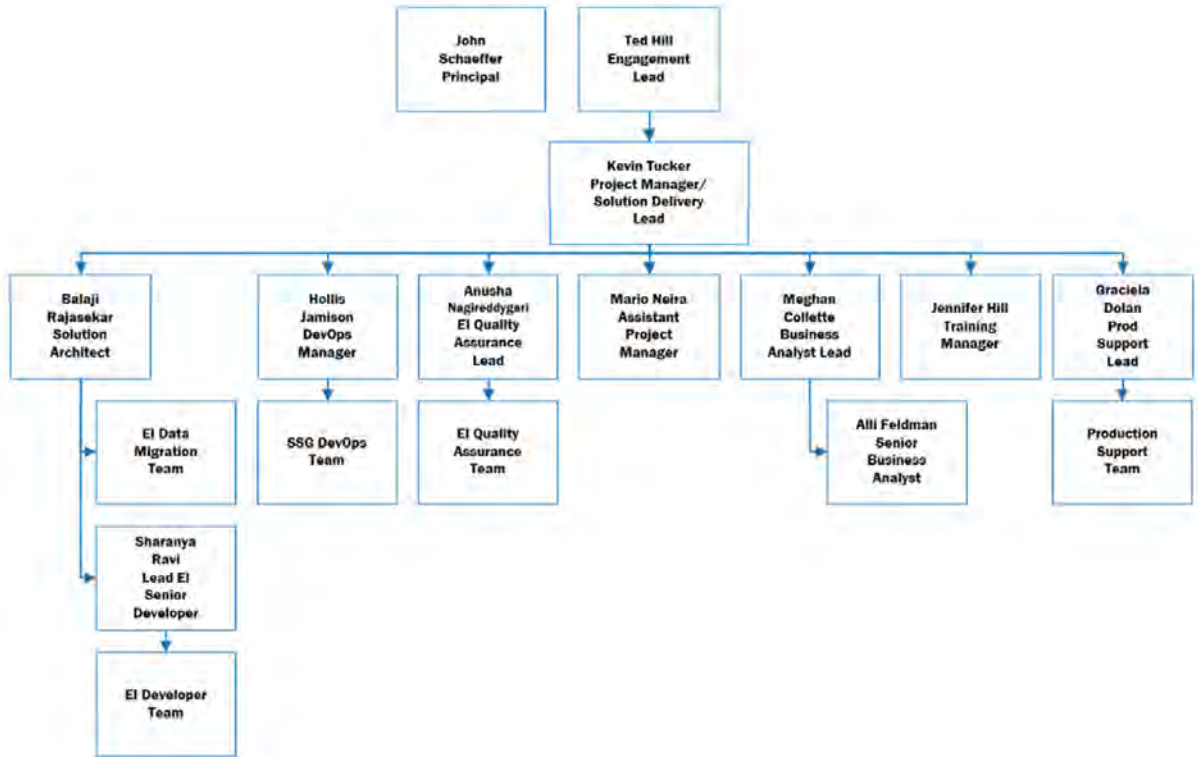
The following diagram depicts the Early Steps Program’s Early Steps Data System (ESDS) Project Team, the Greentree IV&V Project Team, and the Organizational Structure of the Early Steps State Office:



(Figure 4 – ESSO Organizational Structure)

The SSG Early Steps Data System Project Team Organization Chart (roster) is shown below:

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(Figure 5 – SSG Project Team)

In addition to the Early Steps State Office and SSG, additional LES stakeholders have also been identified to participate in the project. These LES Stakeholders include (but are not limited to):

LES SME Name	Role	LES Name
Pat Grosz	Provider - Provider Group	Bay Area
Kim Werner	Manager of Service Coordination	Gold Cost
MELANIE Maria PROVENZA	Family Resource Specialist (FRS)	Northeastern
SARA CARTER	Data Manager Provider Liaison	Northeastern
Paula Burns	Family Resource Specialist (FRS)	West Central
Trina Puddefoot	LES Director	Gulf Central
Brenna Giblock	Service Coordinator Program Manager	North Beaches
Megan Elder-Dwight	Program Director, External provider agency	North Beaches
Paola Hatton Negron	Lead Implementation Coach (LIC)	Southernmost Coast
Christine Morrissey	Billing / Claims Specialist Data Manager	Southernmost Coast
Jana Khoury	Assistant Director, provider Liaison and Oversee the data team	Southernmost Coast
Talli Menchion	Child Find Specialist	Southernmost Coast

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LES SME Name	Role	LES Name
Anna Marie Pedraza	Billing / Claims Specialist	Southwest
Holly D Billings	Provider - External	North Central
Althea Puzio	LES Director	Space Coast
Nicki Phillips-Wright	Billing / Claims Specialist	Space Coast
Shelli Buckley	Services Manager	Space Coast
Christy Nichols	LES Director	Western Panhandle
Rikeshha Blake	Billing	Southernmost Coast
Tamelia Malcolm	Data Manager	North Central
Reesi Guill	Lead Implementation Coach (LIC)	Northeastern

4.4 Project Governance Process

Project Governance is critical to any project's success. Governance processes ensure that decision makers are able to provide direction for the project and define decision-making procedures and metrics for validating impacts to the project. They also provide a set of standards, consistent, and repeatable steps for issue resolution to occur in a timely manner.

For this project, there will be two primary forums for Governance:

- Weekly Status Meetings
- Monthly Executive Steering Committee Meetings

These meetings will provide an opportunity for stakeholders at various levels of management to monitor project progress, review key risks and issues, and make decisions as necessary.

The process for Deliverable acceptance will be documented in each individual Task Expectation Document (TED) per the Contract.

The process for making an update to the project scope, schedule, or budget is documented in the Change Control section below.

4.5 Escalation Process

As shown in the diagram in 4.1, there are three levels of escalation when working through risks, issues, or changes that affect the project scope, schedule, or cost on the project:

- If the Project Team identifies a risk, issue, or change that may affect the project scope, schedule or cost, the team will escalate the issue to SSG's Project Manager and the ESDS Project Manager.
- SSG's Project Manager and the ESDS Project Manager will review the risk, issue, or change and discuss recommended solutions and associated impacts to the Project Schedule, cost, and/or scope.
 - If the Project Managers are not able to resolve the risk, issue, or change or further discussion is needed, the issue will be brought to the Weekly Project Status Meeting for review.
- If the Project Managers are not able to resolve the problem, the problem will be escalated to the Project Steering Committee and SSG Engagement Lead for discussion.

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- If the Project Steering Committee and the SSG Engagement Lead are not able to resolve the problem, final escalation will be to the Early Steps Program's Project Sponsor and SSG Principal.

5 RESOURCE PLAN

5.1 Human Resources

Staffing needs are considered in the project planning to ensure that adequate staff is available in order to execute the work effort satisfactorily, on time, and within budget. Staffing is based on work effort analysis by role type to support the task. Staffing will also be reviewed at key phases of the project lifecycle to verify that the staff in place remains fully adequate.

Staffing needs are derived from the overall Project Schedule. From this, staffing needs are used to create the Project Roster. Working with the Early Steps Project Team members, SSG will identify the staff required to complete work on the project. Processes will be followed to bring the staff onto the project (roll on), to manage them during the project (manage and maintain) and finally release them (roll off).

Per the Contract, SSG provided a Staff Roster at the beginning of the project for core vendor team positions. Also, per the Contract, if a core team position becomes vacant, SSG will notify the Early Steps Program within three calendar days of the vacancy. SSG will ensure the replaced staff have equal or superior skills and qualifications of the prior individual and have been given sufficient time to onboard and complete the prior individuals' assigned tasks. SSG will obtain Early Steps Program approval prior to allowing the core replacement staff person to begin work under this contract. SSG will fill vacancies within 30 calendar days from the vacancy date. SSG acknowledges that the Early Steps Program reserves the right to reject an offered replacement.

Staffing will be managed jointly by the ESDS Project Manager and SSG Project Manager with accountability by the ESDS Contract Manager and the SSG Engagement Lead.

5.2 Equipment/Materials Resources

SSG will provide the software tools necessary for the SSG Project Team members to complete their work. In addition, SSG will provide any Amazon Web Service (AWS) tools necessary to support the requirements outlined in the Contract.

Additional equipment/materials that do not align to requirements outlined in the Contract (such as Communication/Marketing materials) will need to be procured separately.

6 WORK BREAKDOWN STRUCTURE (WBS)

The WBS divides project work into smaller, more manageable phases, deliverables, milestones, and tasks with each descending level itemizing more detailed work. The WBS is often used to develop the Project Schedule and to set up any dependencies for work that must be completed. The WBS identifies all the tasks required to deliver the total project scope of work to produce each deliverable.

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The WBS table below was taken from the draft version of the ESDS Project Schedule currently in review. The WBS in this table will be updated (if applicable once the Project Schedule is officially signed off on and approved).

WBS	Task Name
1.1	ESDS Application
1.1.1	Project Status Update Weekly Meeting
1.1.2	Project Steering Committee Monthly Meeting
1.1.3	Project Executive Committee Quarterly Meetings
1.1.4	Phase 1: Project Initiation and Discovery Phase
1.1.4.1	Contract Signature Date
1.1.4.2	Project Start by FL and Vendor
1.1.4.3	Authority to Proceed
1.1.4.4	Project Start-Up Activities (Project Plan Updates)
1.1.4.4.7	Baseline Project Plan
1.1.4.4.9	Conduct Discovery Phase Meetings
1.1.5	Discovery Phase Completed
1.1.6	Phase 2: ESDS System Design Phase
1.1.6.1	Create and submit TED for Task 2b and 2c
1.1.6.2	Draft Task B.1.a.2.b
1.1.6.3	Submit all plans in B1.a.2.b
1.1.6.4	Draft Task B.1.a.2.c
1.1.6.5	Submit all approved docs for task B.1.a.2.c
1.1.6.6	Submit System Design Phase Completion and Documentation with Invoice
1.1.7	System Design Phase Complete
1.1.8	Phase 3: ESDS Development and Configuration Phase
1.1.8.1	Create and submit TED for Task 3b, 3c, 3d and 3e
1.1.8.4	Draft Task B.1.a.3.b
1.1.8.3	Submit Plan and Guide for task B.1.a.3.b
1.1.8.4	Draft Task B.1.a.3.c
1.1.8.5	Submit Plan for task B.1.a.3.c
1.1.8.6	Perform Task B.1.a.3.d
1.1.8.7	Submit test scripts for task B.1.a.3.d
1.1.8.8	Task B.1.a.3.e: Solution Configuration and Development Phase
1.1.8.9	Submit ESDS Development and Configuration Phase Documentation with Invoice
1.1.9	Development and Configuration Phase Complete
1.1.10	Phase 4: Data Migration Phase
1.1.10.1	Create and submit TED for Task 4b, 4c, 4d
1.1.10.2	Task B.1.a.4.b: Migrate Data
1.1.10.2.2	B.1.a.4.b.1 Demonstrate Solution with Migrated Data
1.1.10.2.9	B.1.a.4.b.2 Document work completed per Data Migration Plan
1.1.10.3	Task B.1.a.4.c: UAT Prep

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WBS	Task Name
1.1.10.4	Task B.1.a.4.d: RTM Revision
1.1.10.5	Submit Data Migration Phase Completion Documentation with Invoice
1.1.11	Data Migration Phase Complete
1.1.12	Phase 5: UAT
1.1.12.1	Create and Submit TED for Task 5b, 5c
1.1.12.2	System Testing
1.1.12.2.3	User Acceptance Testing
1.1.12.3	Code Revisions Required Based Upon UAT Finding
1.1.12.5	Develop Training Plan and Training Materials
1.1.12.12	Training Plan and Training Materials Developed
1.1.12.14	Submit UAT Phase documentation with Invoice
1.1.13	UAT Phase Completed
1.1.14	Phase 6: Training
1.1.14.1	Create and submit TED for Task 6c
1.1.14.2	Deliverable: Completed Training Prior to Public Go-Live
1.1.14.3	Training Materials Completed and Training Conducted
1.1.14.4	Submit Training Phase documentation with invoice
1.1.15	Training Completed
1.1.16	Phase 7: System Implementation
1.1.16.1	Create and Submit TED for Task 7b, 7c
1.1.16.2	Deployment to Production
1.1.16.2.1	Configuration Guide
1.1.16.2.8	ESDS Application Go-Live for Public
1.1.16.2.9	Submit System Implementation documentation with invoice
1.1.17	System Implementation Phase Complete
1.1.18	Phase 8: System Stabilization Post Implementation Phase
1.1.18.1	Create and Submit TED for Task 8b
1.1.18.2	Operations and Post-Production System Acceptance
1.1.18.3	Submit System Stabilization Post Implementation Phase Documentation with Invoice
1.1.19	System Stabilization Phase Complete
1.1.20	Phase 9: Continuous Operation of the ESDS and Maintenance
1.1.20.1	Provide Licensing, Hosting, and Maintenance
1.1.20.2	Post-Implementation Training Resources
1.1.20.3	Maintain System Security
1.1.20.4	Monthly review of issues, defects, change requests and performance
1.1.21	Continuous Operation of ESDS and Maintenance Phase Complete
1.1.22	Phase 10: Enhancements and Modifications
1.1.23	Enhancements and Modifications

The detailed ESDS Project Schedule will be submitted separately per the Contract.

7 PROJECT SCHEDULE MANAGEMENT PLAN

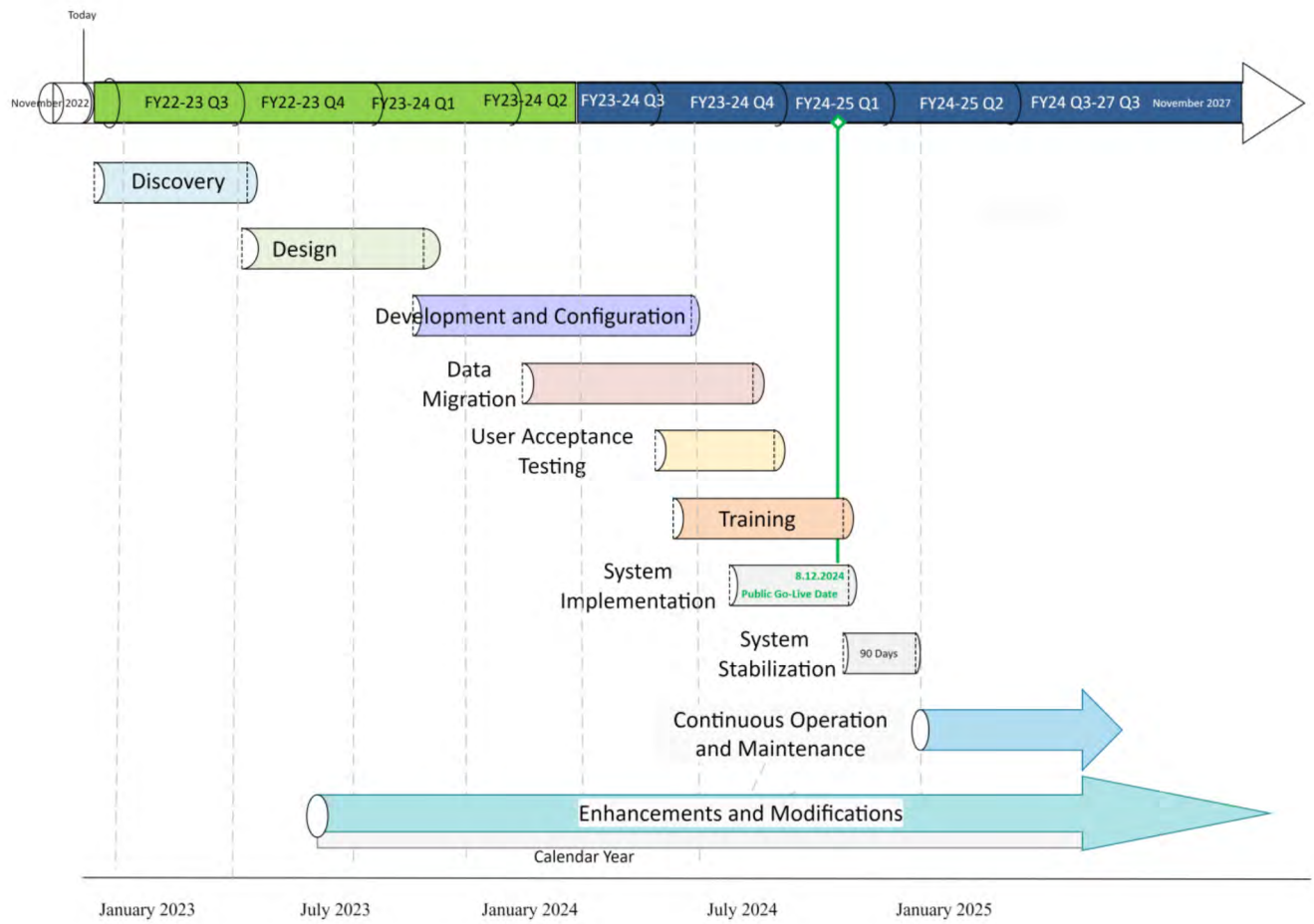
7.1 Project Schedule

The ESDS Project Schedule is a detailed plan used to communicate and manage project scope, cost, and time throughout the project management lifecycle. The Schedule is used by the Project Managers to keep the Project on track by monitoring progress of project milestones, deadlines, deliverables, timeframes, task durations, work products, and resource allocations.

The detailed ESDS Project Schedule will be submitted separately per the Contract. The Schedule will be created and maintained in Microsoft Project and will reside in Teams in the SSG ESDS Project Team. The Project Schedule will also be saved as a pdf file for those who do not have Microsoft Project.

The high-level Project Schedule below reflects the initial understanding of activities and timing to Project Initiation and Discovery, System Design, Development and Configuration, Data Migration, UAT, Training, System Implementation, System Stabilization, Continuous Operation and Maintenance, and Enhancements and Modification. As described in the Schedule Management section, updates will be provided to reflect agreed-upon schedule changes. The proposed dates in the figure below will be updated, if applicable, once the Project Schedule is officially signed off on and approved.

ESDS Project Management Plan



(Figure 6 – ESDS high-level Project Schedule)

7.2 Schedule Management

Schedule Management is the process used to manage elements of the schedule and to establish controls to achieve successful project completion. The following highlights the process used by SSG and the Early Steps Program for establishing and maintaining the Project Schedule.

- All tasks will include the following attributes in an agreed upon order:
 - Work Breakdown Structure (WBS)
 - Task Name
 - Resource(s)
 - Duration
 - Predecessors and Successor (when applicable)
 - Start/Finish Date
 - Actual Start/Actual Finish Date
 - % Complete
 - Task Number (ref: Payment Schedule)
- Project Schedule Baseline. The Schedule will be baselined to set the approved start and finish dates for all project tasks. The baseline dates are set and do not change. Progress will be recorded in the Actual Start and Actual Finish columns when updating the Project Schedule. Deviations of the actual dates from the baseline dates may indicate schedule slippage requiring corrective action.
- Subsequent re-baselining will occur at each Phase Deliverable, depending on the breadth of these, or at any point deemed appropriate by the Early Steps Program or SSG Project Team using the Governance process defined in the PMP. Additionally, re-baselining may be caused by project change requests, missed milestones, missed release dates, delayed testing, and development re-work, etc.
- The SSG Project Team is responsible for managing the day-to-day activities of the Project Schedule:
 - Any Changes to the Project Schedule must be approved by the Early Steps Program's Project Manager.
 - SSG will use calendar days and only recognize State holidays as indicated in the Contract.
 - The use of 60 calendar day views and other day-by-day views, tracked through milestones and dependencies defined at the top of the MPP file.
 - SSG will update the Project Schedule weekly, and the Early Steps Program will review the updated schedule as needed with stakeholders.
 - SSG will provide progress reporting as a part of the Weekly Project Status Report and Meeting.
- These are initial guidelines and are subject to change based on federal or state requirements or through mutual agreement.

8 COST MANAGEMENT PLAN

The Cost Management Plan is used to monitor and control project costs with the objective of delivering the project within budget. Project work for Deliverables B.1.b.1) through B.1.b.9) is being performed as fixed price, fixed fee while work for Deliverable B.1.b.10) will be performed as fixed price, unit cost (per hour).

ESDS Project Management Plan

8.1 Budget

The ESDS Project budget has been determined. The ESDS Project is a fixed price contract with invoicing occurring upon approval of project deliverables as outlined in the Contract. The Early Steps Program maintains continued communications with the Department's Office of Budget and Revenue Management (OBRM).

8.2 Project Spending Plan

The ESDS Project is a fixed price contract with invoicing occurring upon approval of Project Deliverables as outlined in the Contract.

The Project Spend Plan will be maintained by the Early Steps Program and updated monthly.

8.3 Cost Management

The ESDS Project is a fixed price contract with invoicing occurring upon approval of Project Deliverables as outlined in the Contract.

Refer to the Change Management Plan section of this document for changes that would impact project costs.

9 PROCUREMENT MANAGEMENT PLAN

9.1 Procurement Management Procedure

The ESDS Project is a fixed price contract with invoicing occurring upon approval of Project Deliverables as outlined in the Contract.

If the Early Steps Program requires any procurement(s) not included in the Contract, then the Early Steps Program will identify the appropriate method to procure the services or materials.

9.2 Contracts Management Procedure

The ESDS Project is a fixed price contract with invoicing occurring upon approval of Project Deliverables as outlined in the Contract.

Contract Management will follow the Early Steps Program's policies and procedures.

10 COMMUNICATIONS MANAGEMENT PLAN

The Communications Management Plan outlines recommended communications to support the project. Communication, including input and feedback from all stakeholders, is important to project success and to ensure that stakeholder groups receive the appropriate information. Communication is important for demonstrating executive support and commitment, building overall buy-in and commitment for the project, and ensuring that stakeholders know what is expected of them at key points throughout the project and implementation.

ESDS Project Management Plan

This plan documents the formal communication process and defines:

- What should be communicated on the project?
- Who is responsible for communication with what audience(s)?
- When the communication should take place?
- How information will be communicated?

This plan provides a framework for information exchange and focuses on formal communication elements while recognizing other channels exist on informal levels, as well as communication that will occur as part of work tasks and project schedule. Open, ongoing communication between stakeholders and project team members is vital to the success of the project.

Throughout the project, the Project Team will evaluate the effectiveness of communication. Feedback received from stakeholders and team members will be one of the methods used to evaluate and assess communication. The following communication plan identifies information for each planned project communication including name, purpose, frequency, format, owner, and recipients.

10.1 Assess Stakeholders

It is important to understand the communication needs of stakeholders when formulating the Communication Plan. Different stakeholder groups may require different types of content, delivered at different frequencies and via different methods. While the Project Team may be interested in the status and resolution of particular bugs or issues, the Executive Team may want to better understand overall project progress and any key risks and/or issues impacting the project as a whole.

During the Initiation and Discovery Phase of the project, a Stakeholder Analysis will be performed by the ESDS Project Team to confirm the list of impacted stakeholders, their influence and level of support for the project, what their interest in the project is, and what strategies can be used to gain their support. This information will then be used to create a Communication Plan that will best fit the needs of each stakeholder group.

10.2 Communication Plan

The Communication Plan for the project is attached below:



ESDS-Communication
Plan v2.xlsx

Other communication guidelines are:

- The Early Steps Program will maintain a common project repository in Teams for sharing project information and documentation.
- Communications will occur primarily through email and Teams videoconferencing.
- Naming convention – In the file name of deliverables and major tasks, SS will include Attachment I letter/number identifier.

ESDS Project Management Plan

10.3 Documentation Standards

See Section 14 Deliverable and Task Acceptance Plan of this PMP for a description of how deliverables, tasks, and work products will be delivered, reviewed, and approved. Section 14 also describes how the deliverables are reviewed for quality.

See section 4.3 for a RACI chart that documents who is responsible for each Deliverable and Task. At a high level, the SSG PM will coordinate with any responsible resources on the SSG side and submit Deliverables/Tasks to the ESDS PM. Deliverables/Tasks will be provided via email and also posted to the ESDS Teams site at a mutually agreed-upon location.

Deliverables/Tasks will be named using the following format: [Task/Contract identification] MM_DD_YYYY [Name of Deliverable]. An example would be “B.1.a.1)f(1) 01_19_2023 Discovery (Fiscal) ESDS Meeting Minutes”.

As needed, version control will be maintained within each Deliverable/Task. When a Deliverable/Task is in Draft form, version numbers will start with “0.1” and increment after the decimal as needed. Once Approved, the Deliverable/Task will be saved with version “1.0”. Any changes to that Deliverable/Task will be reflected in a new version number.

Subsequent revisions will follow the same process, whereby draft revisions to an Approved version will increment after the decimal (ex. “1.1”) until approved, at which point the newly approved version will increment before the decimal (ex “2.0”).

Tools SSG will use:

- Microsoft Word and Excel – Most deliverables will be initially developed using these common software applications.
- Adobe Acrobat – Final documents may be delivered in Adobe PDF format, as this format allows documents to be easily shared with project stakeholders without the concern that documents have been altered.
- Microsoft Project – The Project Schedule will be developed and maintained using Microsoft Project. Where licensing or usability constraints present a barrier, SSG will provide an alternative format such as PDF for ease of stakeholder access.
- Microsoft PowerPoint – PowerPoint will be used for communicating key information during presentations and training sessions. In addition to displaying the PowerPoint presentation on a display screen, handouts of the presentation will be provided for participants.
- Draw.io or Microsoft Visio: Draw.io or Visio will be used for the development of flowcharts, organization charts and business process diagrams.
- All other standards outlined in the Contract applicable to communications procedures, processes, and standards will be adhered to.

10.4 Centralized Document Repository

The Early Steps Program and SSG will collaboratively manage and maintain an ESDS centralized document repository in Teams. The SSG ESDS Project Team and corresponding channels can be accessed by clicking the following link - [SSG ESDS Project](#)

ESDS Project Management Plan

11 CHANGE MANAGEMENT PLAN

Project Change requests should be anticipated. Changes can result from the realization of risks, externally imposed requirements, estimation errors, leadership decisions, or adoption of new approaches in order to gain efficiency. Regardless of the source, it is important changes are managed to minimize adverse project impacts. Any significant change affecting scope, schedule, or cost initiates the change management process. Change management activities are subject to the governance and escalation processes described in the Project Organizational and Governance Structure.

11.1 Change Management Roles and Responsibilities

Change Control is the process of managing change in a formalized way to identify and document the requested change, impact analysis, and approval decision. The overall process described in this section is maintained and executed by the ESDS Project Manager.

There are three main groups that are responsible for evaluating and/or approving change requests:

- ESDS Project Sponsor and SSG Principal
- ESDS Steering Committee and SSG Engagement Lead
- ESDS and SSG Project Managers

11.2 Change Control Process

Formal change control is a systematic approach to managing all changes made to the Project's scope, schedule, costs, quality, product, or system. The change control process includes identifying, escalating, approving, and managing Project Change Requests. The purpose is to ensure that that all changes are researched, approved, or rejected by an authorized individual(s), documented, and communicated.

The process for managing Project Change Requests is as follows:

- Identify and document the Change Requests using the following Change Control Request Form. Change requests can be identified by either the SSG or ESDS Project Teams and the submission of the Change Request Form can be by either team.

ESDS Project Management Plan

CHANGE CONTROL REQUEST FORM			
Project			
Project Manager			
Project Sponsor			
Change Control #			
Requested by		Date	
Primary Nature of Change	Scope		Quality
	Schedule		Cost
Description of Change			
Reason for Change			
Benefits of Change			
Implications of not making change			
Impact	<i>Explain Impact in Detail</i>		
Scope			
Schedule			
Cost			
Quality			
Resources			
Requirements (Specify #)			
Other			
Planned Implementation Date for Change:			
Contract Amendment Needed?	Yes / No	Person Responsible	
Change Approved	Yes / No	Conditions for Approval / Reason for Denial	
Change Denied			
Signatures			
ESDS Project Manager			
SSG Project Manager			
ESDS Project Sponsor			
SSG Engagement Lead			
ESDS Contract Manager			
(add others as necessary)			

(Figure 7 – Change Control Request Form)

- Perform an Impact Analysis – The ESDS and SSG PMs will collaboratively perform an impact analysis of the Change Request.
- Determine level of approval needed (e.g., Project Sponsor, Steering Committee) – The ESDS and SSG PMs will determine the appropriate level of approval needed to move forward with the Change Request.
- Receive approval or denial of Change Request – The ESDS PM will communicate with the appropriate Approver(s) and monitor the progress of the Change Request until the approval or denial has been received and documented.
- Implement the Change Request – The SSG PM in collaboration with the ESDS PM will adjust the Project Schedule to incorporate the changes required to implement the approved Change Request and will communicate the progress of the implementation at the Weekly Status Meetings and on the Weekly Status Reports. Upon completion, the ESDS PM will review the update to confirm that the approved change was successfully implemented and will update the Change Request log in Smartsheet.

ESDS Project Management Plan

- Inform stakeholders – The ESDS Project Manager will communicate the status of the Change Requests being implemented, canceled, or rejected on a regular basis per the Communications Management Plan.

At the beginning of the ESDS Project, the weekly Project Status Meeting will be used to review identified Change Requests. If the volume of requests becomes too much for these meetings, a separate meeting will be scheduled on a regular basis to review Change Requests in a timely manner.

Changes to approved Deliverables/Tasks will follow the approval processes outlined for those Deliverables/Tasks in the applicable TED documents.

Upon completion and approval of the Design Phase, the following types of changes may trigger a scope review and potential change request:

- Changes to project assumptions
- Data model changes
- Complex changes to data required during enrollment workflow
- New process flows
- Complex changes to existing process flows
- New security roles
- New reports
- New print templates (including new languages for existing templates)
- New dashboards
- New system integrations

Items that are determined to be out of scope and require a formal decision will follow the Change Request process described above.

11.3 Track Project Changes

Project Change Requests will be tracked in the Change Request Log Smartsheet. The Log will contain a row for each request that includes critical information such as, but not limited to, requestor, reason for change, priority of change, options considered, date decision needed, date entered, status, requirement(s) being modified, function(s) being modified, resource impact, and schedule impact assessment.

12 ORGANIZATIONAL CHANGE MANAGEMENT PLAN

The Organizational Change Management (OCM) Plan describes the practices for identifying and managing the people side of change and outlines the project's approach and responsibilities for Organizational Change Management.

12.1 Organizational Impact Analysis and Recommendations

The impact of the ESDS will affect both internal and external stakeholders and users (e.g., ESSO, LESs, Internal and External Providers). Stakeholders will need to be trained on the functionality of the new system.

ESDS Project Management Plan

Throughout the ESDS Project, the Project Team will collaborate with the Early Steps Program on the Organizational Change Management Plan; however, the ESDS Project Team will own the Organizational Change Management Plan.

12.2 Organizational Assessment

Organizational assessment provides insight into the readiness of the stakeholders and users to prepare for and undergo change and identifies actions plans to remedy any lack of readiness. It is important that stakeholders embrace change and remain adaptable to changes and demonstrate resilience to change during ESDS development initiatives.

The ESDS Project Team will be mindful of program deadlines and milestones while planning the execution and implementation of functionality to avoid interference of normal program operations.

12.3 Stakeholder Analysis

ESDS stakeholders are aware of and supportive of the immense task the Project Team has ahead of them and strive to continue to influence the success of the Project.

12.4 Sponsor Analysis and Action

The ESDS Sponsor is aware of and supportive of the immense task the Project Team has ahead of them and strive to continue to influence the success of the Project in a positive manner.

12.5 Communication

ESDS internal and external stakeholders and users have been made aware of the ESDS Project and objectives through communications, Project Kickoff meetings, requirements validation (Discovery) meetings, Design meetings, etc. These types of communications will continue throughout the Project.

12.6 Training

SSG acknowledges that all software components and implementation services will be provided as necessary for a turnkey implementation. SSG has implemented successful trainings regarding *Casetivity-El* and will customize the knowledge transfer plan for the specific needs of the Early Steps Project.

The ESDS Training Plan and Training sessions will be detailed in Tasks B.1.a.5)c) and B.1.a.6) as specified in Attachment I of the Contract. A high-level summary of the Training Phase is provided in the Project Approach section of the PMP.

13 QUALITY MANAGEMENT PLAN

The Quality Management Plan describes how quality will be managed throughout the Lifecycle of the Project. It also includes the processes and procedures for ensuring quality planning, assurance, and control are all conducted.

ESDS Project Management Plan

13.1 Quality Assurance Activities

Quality assurance is the process of performing planned, systematic activities to verify that the project is using the proper methods, templates, standards, and guidelines, as well as practicing the right processes to produce high-quality Deliverables/Tasks that satisfy project requirements.

The Project Team will perform the following quality control activities throughout the project lifecycle:

13.1.1 Requirements Review

The Project Team, inclusive of project managers, business analysts, developers, and quality assurance, will review and confirm the requirements as part of the Initiation and Discovery and Design Phases. The purpose of this activity is to ensure a shared understanding of requirements and allow for a thorough analysis and opportunity to receive clarifications at an early stage. This will be accomplished through the use of a shared online forum (the ESDS Teams site) and through Discovery and Design meetings. The outcome of the reviews is a robust set of requirements to serve as the root of the Requirements Traceability Matrix (RTM).

13.1.2 Design Review

The project team will review the system design to ensure the design meets the requirements. The design will be analyzed through the lens of the RTM to ensure that all requirements are covered in the design and that all requirements are considered in whole as the design is considered. The outcomes of the design reviews are design specifications mapped to the requirements via the RTM.

13.1.3 Backlog Refinement

The project team will transition to a Scrum Agile methodology for the configuration of ESDS. As part of this methodology, the Team will conduct refinement sessions every sprint to ensure that the upcoming work items, or stories, are broken into manageable, deliverable chunks of functionality.

13.1.4 Stakeholder Demonstrations

At multiple times throughout the Configuration and Development Phase, demonstrations of the configuration work will be given to the Early Steps Program's project stakeholders for feedback. The demonstrations allow for ongoing feedback and course corrections as necessary. User stories that come out of the demonstrations will be added to the backlog for further refinement and prioritization.

13.1.5 Peer Review of Configuration

Development and configuration will be reviewed by leads, peers, and QA resources to ensure adherence to standards and to the requirements.

13.1.6 Peer Review of Test Cases

The project team will review the test cases. The purpose of this review is to ensure coverage of the requirements and quality of the cases. In addition, these reviews serve to ensure the team shares the same understanding of what is in scope.

13.1.7 Defect Tracking

During the Development and Configuration Phase, SSG will track defects within JIRA. Defects related to a user story being configured will be logged as sprint bugs, and user stories will not be considered closed until all acceptance criteria have been met and no sprint bugs remain for that user story. Defects identified that are not related to a user story being configured will be logged as separate bugs in JIRA and prioritized for resolution.

ESDS Project Management Plan

Defects identified by SSG as part of other testing efforts (System Integration Testing, Regression Testing, Performance Testing) will be logged as bugs in JIRA and prioritized for resolution.

Defects identified by UAT testers will be logged in a UAT tracking spreadsheet. After the defects are analyzed, SSG will log those that are identified as bugs (versus training issues) in JIRA for prioritization and resolution.

13.2 Quality Control Activities

SSG utilizes several metrics to ensure the quality of the product. These metrics should be considered together to create an overall understanding of the product quality. Test metrics and Project metrics will be captured in JIRA and TestRail.

13.2.1 Test Metrics

Defect metrics can be useful in determining what areas of functionality may need closer attention. Defect counts are part of the story and should not be considered in isolation.

13.2.2 Project Metrics (scope % complete)

Measurement of actual percent complete compared to expected percent complete. This metric assists with understanding project completion, especially when the project is in between milestones.

13.2.3 RTM Coverage

Analysis of the Requirements Traceability Matrix to ensure that there are designs and tests for each requirement.

13.2.4 Sprint Retrospectives

The Project Team regularly provides feedback on what went well and on areas to improve. The goal is to continuously improve by reinforcing good practices and correcting bad practices in the moment.

13.2.5 Product Support Metrics

Measure of the quantity and severity of defects that appear in production.

13.3 Test Plan

The ESDS Test Plan will be used to guide the execution and control of the Project's testing activities to validate the quality of the product prior to deployment. The Plan will describe the scope, strategy, approach, resources, and schedule of intended test activities. ESDS testing activities will follow defined processes and will be monitored and controlled by the ESDS and SSG Project Managers.

13.3.1 In-Sprint Testing

In-sprint testing will be completed by SSG to ensure that the acceptance criteria outlined in each user story is met. Sprint bugs will be logged for any defects found during testing that relate to the user stories being tested. All sprint bugs for a particular user story will need to be closed in order for that user story to be accepted and considered completed. Items logged as sprint bugs that may not have a direct impact on acceptance criteria (ex. edge scenarios not accounted for in design and/or user story) may be converted to bugs (if covered by requirement or design) or user stories (if determined to be net-new request).

ESDS Project Management Plan

Bugs found during in-sprint testing that are not related to user stories being tested will be logged as bugs in JIRA. Bugs will be assigned a priority and incorporated into upcoming sprints.

13.3.2 System Integration Testing

Testing a completely integrated build. This involves progressive testing, regression testing, bug retesting and testing de-identified data against a completely integrated application build. System Integration Testing can cover both the operational and business use cases as well as service level requirements testing.

Tests will be identified by requirements and acceptance criteria to close out identified user stories. SSG will utilize the TestRail tool for test case management and executions for regression testing. Test case management will include creating test cases from user stories by functional area. Test cases will be peer reviewed. Test executions (including pass/fail) will be tracked as well.

Data integration testing is included in this type of testing. SSG will include tests that include data from the legacy UF system to ensure that *Casetivity*-EI application correctly handles migrated data in addition to the data created in ESDS.

13.3.3 Regression Testing

Regression tests, tests run to ensure that functional areas outside the areas directly impacted by a change are still working correctly, will be identified and modified as functionality is added to ESDS. These regression tests will be executed after all functionality is delivered as well as periodically throughout the life of the project. These regression tests are candidates for automation depending on the stability of the system. Regression tests will be mapped to requirements through the Requirements Traceability Matrix.

13.3.4 Performance/Stress/Load Testing

Measures the system level metrics critical for the development of the application's infrastructure and operation of the application in the production environment. This includes the measurement of response rates of the application for end user transactions and resource utilization (of various servers and network) under various load conditions. These response rates will become the basis for changes and retesting until optimum system performance is achieved.

SSG will work with the Early Steps Program to determine the expected load on the system and develop a performance test plan to ensure this load will be handled.

13.3.5 Security Testing

Pertains to securing data and systems through the creation and definition of security policies, procedures and controls covering such areas as identification, authentication and non-repudiation.

13.3.6 User Acceptance Testing (UAT)

Determines whether or not a system satisfies the acceptance criteria of the requirement's owners and business stakeholders. UAT testing also aims at testing the application using real world scenarios and perceptions relevant to the end users.

UAT for ESDS will be managed by SSG, in close collaboration with the Early Steps Program. SSG will work with the Early Steps Program to identify participants who will bring their direct Early Steps Program experiences into testing the application as well as serve as champions for the ESDS.

ESDS Project Management Plan

Test cases for UAT will be created by the Early Steps Program in collaboration with SSG to capture scenarios encountered in their early intervention experience. The Early Steps Program will share initial scenarios with the SSG Project Team at the end of the design phase. The final test scenarios will be reviewed and signed off on by all parties prior to commencement of testing.

Issues found during UAT will be documented, tracked, and triaged with the aim of identifying blocker issues that must be fixed before the go live date of ESDS and issues that may be addressed at a later time. Enhancement requests are often suggested through the course of UAT and are encouraged with the caveat being that they will have to be prioritized and may not be in scope for the initial release.

- UAT Assumptions
 - Resources identified by Early Steps Program are available to execute UAT test cases.
 - SSG will manage the overall UAT process.
 - SSG completed system integration testing without an blocker defects.
 - Test data has been provided.

13.3.7 Section 508 Accessibility and ADA Testing

Validates the system compliance with Section 508 for accessibility for people with disabilities.

13.4 Environments

13.4.1 Development (DEV) Environment

Initial environment for developers to implement configurations and updates. Environment used for in-sprint testing of user stories and bugs by SSG QA team. There will be no PHI/PII captured or stored in this environment.

13.4.2 Quality Assurance (QA) Environment

Environment for system integration testing and regression testing. The database will only contain test data. There will be no PHI/PII captured or stored in this environment.

13.4.3 UAT Environment

Environment used for User Acceptance Testing. The Department is in the process of discussing with OIT the use of PHI/PII.

13.4.4 Test (CERT) Environment

Environment used for testing data migration as well as onboarding of providers. The environment may contain PHI/PII in order to validate data migration and the onboarding process. It will be in the production zone.

13.4.5 Production (PROD) Environment

This environment is the production application environment. It will be scaled and secured for the expected load on the system as well as to ensure the security of data.

SSG utilizes a source control process to ensure that migration from environment to environment contains the intended updates, and only the intended updates.

13.4.6 Training Environment

ESDS Project Management Plan

Environment used for initial and ongoing trainings. There will be no PHI/PII captured or stored in this environment.

13.4.7 Ad Hoc Environments

Temporary ad hoc environments may be spun up and loaded with the application. While this may be done for different reasons, one primary driver is to spin up a production-like environment for a short period of time in order to conduct performance testing.

13.4.8 Testing Tools

- Jira by Atlassian – Jira will be utilized for defect tracking for test purposes
- TestRail by Gurock – Test case repository and test execution management
- Axe by Deque – Tool for 508 Compliance
- JAWS by Freedom Scientific – Screen Reader used together with Axe for 508 compliance

13.5 Independent Verification & Validation (IV&V)

Independent Verification and Validation (IV&V) is the evaluation of project deliverables and tasks by an independent third party outside the development organization, to confirm they meet specified requirements (verification), and meet the needs of the intended target audience (validation).

The Early Steps Program has engaged the Greentree Group to conduct IV&V activities.

14 DELIVERABLE AND TASK ACCEPTANCE PLAN

The Deliverable and Task Acceptance Plan facilitates the timely review of project Deliverables and Tasks and ensures the Deliverable/Task lifecycle is tracked and recorded.

The Contract and Attachment I include a detailed list of Deliverables and Tasks and also contain attachments for several project management templates. SSG will create Deliverables and Tasks per the Contract and will utilize the templates that have been provided, when applicable.

Per the Contract, before SSG begins work on a Task, SSG will submit to the Early Steps Program a Task Expectation Document (TED), when applicable. The TED provides an outline of the expectations for approval of a Project Task. The TED is created and signed by SSG's Project Manager and then submitted to the ESDS Project Manager for signature to accept the technical aspects of the Task. Following the completion of the Task, the TED is signed again by the SSG Project Manager and then resubmitted to the ESDS Project Manager for signature to approve the Task as complete. The TED consists of the following sections:

- Contacts: Task Lead and Agency Project Manager
- Distribution List
- Version History
- Purpose (of TED)
- Task Team and Responsibilities: Individuals planned to participate in the production of the Task
- Task Review and Approval: Individuals planned to participate in the review and approval of the Task.
- Task Development and Review Process: Key events and deadlines
- Task Description and Requirements:

ESDS Project Management Plan

- Provides a brief overview of the purpose of the Task and how it fits within the overall completion of the project (including the Task's objectives and scope).
- References the name, version, and date of any document applicable to the Task.
- Lists the specific requirements for the Task from per Contract.
- Provides the specific acceptance criteria for the Task.
- Task Expectation Document Acceptance: Signatures of the Reviewers indicating acceptance of the TED's contents, upon which the corresponding Task will be developed and approved.
- Task Approval: Signatures of the Approvers indicating approval of the Task and all of its contents.

14.1 Deliverable/Task Review Team

Each Task will have Early Steps Program Reviewers assigned to determine if the submission meets the criteria established in the Task Expectation Document (TED). The Reviewers may consist of the ESDS PM, ESDS Project Sponsor, ESDS Contract Manager, and Subject Matter Experts (SMEs). The Review Team will be notified by the ESDS PM when new items have been submitted by SSG for review.

The following process will be used to manage the review of Deliverables/Tasks:

- SSG submits the initial draft Deliverable/Task for review.
- Early Steps Program performs an initial review of the Deliverable/Task and documents edits, comments, feedback, etc. This review includes comparing the Deliverable/Task contents to the TED to verify the Deliverable/Task matches the expectations agreed upon.
- SSG revises and resubmits the Deliverable/Task based on the Program's review.
- Early Steps Program performs the final review of the Deliverable/Task and documents edits, comments, feedback, etc., if applicable.
- SSG submits the final, formal Deliverable/Task.
- Early Steps Program formally approves (or rejects) the Deliverable/Task.

14.2 Deliverable/Task Acceptance Criteria

Deliverables/Tasks are generally reviewed for quality in terms of the following criteria (as applicable):

- Content
- Correctness
- Completeness
- Clarity
- Absence of mechanical errors (grammatical errors, misspellings, etc.)
- Consistency of formatting for headers, page numbers, figures, tables, and other elements
- Contractual concerns
- Functional content and accuracy
- Performance impact
- Project standards/format
- Scope
- Technical content
- Value/benefit to stakeholder

Each TED will include an outline or overview of the content and structure of the Deliverable/Task as well as, when necessary, specific requirements or conditions for the Deliverable/Task. The Early Steps Program accepts the TED before work begins on the Deliverable/Task and may call out special acceptance criteria.

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The Early Steps Program Review Team will follow the processes described throughout section 14 (Deliverable and Task Acceptance Plan).

14.3 Deliverable/Task Review and Approval Process

Deliverable/Task review and approval processes will be specified in the TED for each Deliverable/Task per the guidelines outlined in Attachment I. Standard practice will be SSG emailing an attachment to the ESDS Project Manager and ESDS Contract Manager with a message that the Deliverable/Task is being officially submitted. SSG will also place the Deliverable/Task in the shared repository in the ESDS Project's instance of Teams.

After the Early Steps Program has reviewed and approved the Deliverable/Task, the Early Steps Program's Project Manager will reply in an email that the Deliverable/Task is approved and will include a signed version of the Deliverable/Task.

In addition to the Deliverable/Task review and approval process described throughout section 14, the process will follow the instructions described in Attachment I for each Deliverable/Task.

SSG's weekly Project Status Reports will include a list of in progress, completed, and (some but not necessarily all) upcoming Deliverables/Tasks. These Deliverables/Tasks may be discussed in the weekly Project Status Meetings.

Per Attachment I of the Contract, Project Deliverables B.1.a.1) – B.1.a.10) contain Tasks, and all the Tasks must be completed, submitted, and approved in order for a Deliverable to be invoiced and paid out.

15 RISK MANAGEMENT

Project Risk Management focuses on identifying and prioritizing risks based on impact and probability. A risk is not necessarily a problem. A risk is the recognition that a problem or opportunity may impact the Project's goals and objectives.

Risk Management is performed continually over the life of the Project. Risk Management activities are subject to the escalation processes described in the Change Management Plan section of this document.

15.1 Risk and Complexity Assessment

In accordance with Florida Administrative Code 60-GG-1.002 (Risk and Complexity Assessment), the ESDS Project Team will perform Risk and Complexity Assessments to evaluate the risk and complexity factors for the ESDS Project. The purpose of the Assessment is to determine the minimum level of project management control necessary to manage the ESDS Project in order to reduce risk and increase the probability of success.

The Assessment aligns the Projects by risk and complexity levels into one of four Risk and Complexity Categories, which determine the amount of project management control required. The following diagram indicates the distribution of risk and complexity levels into the risk and complexity category:

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		Complexity		
		Low	Medium	High
Risk	Low	1	1	2
	Medium	2	2	3
	High	3	3	4

(Figure 8 – SSG Risk and Complexity Assessment Matrix)

Once the assessment is complete, the Project is classified into one of four project categories from low risk/low complexity to high risk/high complexity. Based on the Project's risk and complexity categorization, project management best practice risk mitigation strategies become required. Mitigation strategies may include the mandatory creation of certain project management artifacts, status reporting, governance oversight, scope/schedule/budget accuracy thresholds, and Independent Verification and Validation (IV&V) support.

In order to determine the level of risk associated with the undertaking of the ESDS Project, the ESDS Project Manager completed the Assessment during the Project's Procurement Phase and most recently the Initiations and Discovery Phase and has documented the following results:

Risk and Complexity Assessments	Category
Pre-Charter Risk and Complexity Category	3
Initiation Gate Risk and Complexity Category	2
Planning Gate Risk and Complexity Category	2
Event Driven Risk and Complexity Category	2

The ESDS PM will update the Category Score as the Project progresses, when applicable. The ESDS Project Manager is maintaining the Risk and Complexity Assessment in the ESDS Project Smartsheet tool.

15.2 Risk Management Plan

Risk Management is a continuous process that continues throughout the life of the Project. It includes processes for risk management planning, identification, analysis, monitoring and control. Many of these processes are updated throughout the Project lifecycle since new risks can be identified at any time. The objective of risk management is to decrease the probability and impact of events that adversely affect the Project by taking proactive steps to mitigate risk whenever possible.

SSG utilizes a Risk Analysis and Risk Management process based on industry best practices. Risk Management is ongoing throughout the life of the project and consists of four main areas:

- Identification of Risk
- Assessment of Risk
- Treatment of Risk
- Continuous Monitoring of Risk

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(Figure 9 – SSG Risk Management Lifecycle)

Risk identification will begin during the Initiation and Discovery Phase and will be managed through all phases of the Project lifecycle.

This Project Team will use the following definitions for risks and issues:

- **Risk:** An uncertain event or condition that may cause the ESDS Project to be unsuccessful or less than successful in meeting objectives. Risks are often associated with unresolved concerns or unrealistic assumptions and constraints. Project risk analysis is intended to establish a risk level and to determine any possible further actions that are needed.
- **Issue:** A risk that has been realized.

Project risks will be reviewed on a weekly basis as part of Project Status Meetings and can be reviewed more frequently if high priority or severity risks arise that need to be discussed.

15.3 Risk Identification

Project stakeholders, Sponsors, SMEs, or the ESDS Project Team may identify risks that can impact project outcomes throughout the Project. When a risk is identified, it is communicated to the ESDS and SSG Project Managers for tracking. The Project Managers will perform risk assessments on a regular basis (defined for each specific risk) and discuss open risks at weekly Project Status Meetings.

When a risk is identified, the SSG and ESDS Project Managers will perform an assessment of the risk to determine the probability of occurring and the degree of impact to the schedule, scope, cost, and quality. If determined to be a valid risk, the Project Managers will record the risk in the ESDS Risk, Action Item, Issue, and Decision (RAID) log. The RAID log will be used to record, track, modify, and manage the status of all risks and will include the following attributes:

- Item Number
- Date Identified
- Type
- Topic
- Priority
- Status

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- Item Description
- Mitigation / Response / Action Plan Description
- Notes / Comments
- Owner
- ESSO BA Status and Notes
- SSG Notes
- Actual Completion / Resolution Date
- Identified By
- Target Completion / Resolution Date
- Acceptance Criteria (Deliverables Only)
- Acceptance Process (Deliverables Only)
- Project Impact (If Applicable)
- Approvers (If Applicable)
- Approval Date (If Applicable)
- Risk Mitigation Strategy (Risks Only)
- Probability
- Impact
- Score
- Tolerance
- Impacts Score
- Impacts Cost
- Impacts Schedule
- Impacts Quality
- Impacts Resource

Any Project Team member (SSG, ESDS, IV&V) is empowered to raise potential risks to the SSG and ESDS Project Managers. Potential risks may be communicated to the Project Managers by any means including email, Teams messaging, submission of the risk on the RAID log, etc.

15.4 Risk Analysis

Once a risk is identified and documented with basic information, the Project Managers will perform a qualitative risk analysis to determine risk priority, impact, probability, and severity score. Impact and probability will both be assessed on a range of 1 – 5, with 1 being Low and 5 being High. The two values will then be multiplied to compute an overall risk severity score. The risk severity score aids in the mitigation and response planning, as well as frequency of risk monitoring.

The Project Team will create a Risk Response Plan for risks that are determined to be High severity. Other risks will be monitored and reviewed but may not have risk response plans.

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The following impact values will be used when assessing risks:

Impact level	
0	No impact
1	Insignificant changes
2	Small delays, small cost increase
3	Delay, increased cost in excess of tolerance
4	Substantial delay, key deliverables not met, incur cost
5	Inability to deliver, business objectives not viable

Impact Levels

The risk severity score will determine the severity of the risk. Severity is categorized as Low, Medium, or High and is calculated as follows:

		Probability				
		1-Unlikely	2-Less Likely	3-50/50	4-More Likely	5-Certain
Impact	1-Low	Low (1)	Low (2)	Low (3)	Low (4)	Low (5)
	2-Med Low	Low (2)	Low (4)	Medium (6)	Medium (8)	Medium (10)
	3-Medium	Low (3)	Medium (6)	Medium (9)	Medium (12)	High (15)
	4-Med High	Low (4)	Medium (8)	Medium (12)	High (16)	High (20)
	5-High	Low (5)	Medium (10)	High (15)	High (20)	High (25)
Risk Severity Score = Probability x Impact						

Risk Severity Scoring Matrix

Score	Severity
0-5	Low
6-12	Medium
13-25	High

Risk Severity

15.5 Risk Mitigation

Risk mitigation planning is the process of determining actions to decrease the probability or the impact of an adverse risk event, maximize beneficial risks, and/or respond if the risk event occurs (contingency). Not all risks identified during this project will require risk mitigation planning efforts. Risk mitigation planning will be appropriate to the priority of the risk.

There are four risk response strategies that are used:

- 1) **Mitigate** – Reduce the probability and/or impact of an adverse risk event to acceptable levels. Taking early action to reduce the probability and/or impact of a risk occurring on

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the project is often more effective than trying to repair damage after a risk has occurred. Adopting fewer complex processes, conducting more tests, etc., are examples of mitigation actions. Where it is not possible to reduce probability, a mitigation response might address the risk impact by targeting linkages that determine severity.

- 2) **Accept** – It is seldom possible to eliminate all threats from a project. This strategy indicates that the Project Team has decided not to change plans or activities to deal with a risk or is unable to identify any other suitable response strategy. This strategy can be either passive or active. Passive acceptance requires no action except to document the strategy, leaving the Project Team to deal with risks as they occur. The most common active acceptance strategy is to establish a contingency reserve, including time, money, or resources to handle risks.
- 3) **Avoidance** – This response plan is adopted to devise a strategy to avoid the risk. This strategy involves (1) taking steps to remove a hazard, (2) engage in alternative activity, or (3) otherwise end exposure. This includes not performing an activity that could carry risk.
- 4) **Transfer** – Pass ownership and/or responsibility of the risk to a third party.

All risks documented in the RAID Log will include the mitigation type and a detailed mitigation plan.

The PMs will continuously monitor and control the mitigation strategy of risks until the risk is closed or recategorized as an Issue. Closed or recategorized risks will be updated accordingly in the Risk Log.

Risks will be recorded in the Project's Weekly and IV&V's Monthly Project Status Reports, and any changes will be discussed during the Weekly and Monthly Project Status Meetings.

16 ISSUE MANAGEMENT PLAN

An issue is an incident, circumstance, problem, or inquiry that could affect the timely delivery of the project, product, or service. An issue is an event that has occurred that may also impact the project scope, budget, schedule, or quality. Issues can arise when a project risk is realized, or as an output of an action item. It is the responsibility of every person on the Project Team to identify potential project issues. Issues may be identified and raised during any phase of the Project. Timely identification of issues facilitates timely resolution and helps mitigate potential impact. Issue management is performed continually over the life of the project and activities are subject to the governance and escalation processes described in the Project Organizational and Governance Structure section of this document.

Issue Management is the process of identifying, evaluating, prioritizing, monitoring, and resolving issues that arise due to the realization of a risk, or unplanned or unexpected events. Issues generally have a negative impact on project scope, schedule, and cost and therefore will have a resolution plan to minimize the negative effects on the project. The SSG and ESDS Project Managers will be responsible for this process. Project Issues may be identified by Project stakeholders, Sponsors, SMEs, or Project Team members. When an issue is identified, it is communicated to the ESDS and SSG Project Managers for tracking. Potential issues may be communicated to the Project Managers by any means including email, Teams messaging, submission of the issue on the RAID log, etc.

Issue Management is ongoing throughout the life of the Project and consists of the following:

- Identification of issue
- Logging of issue in the RAID Log
 - The RAID log will be used to record, track, modify, and manage the status of all issues.

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- Assessment of issue including priority status
 - High - Critical – The issue is jeopardizing overall project objectives and must be addressed immediately.
 - Medium - Major – The issue is negatively impacting the project significantly (for example, cost overruns or milestone delays) and must be addressed as soon as possible.
 - Low - Minor – The issue is negatively impacting the project and should be addressed, monitored, and controlled using regular project issue management processes.
- Continuous monitoring of issue
- Resolution of issue

The PMs will continuously monitor open issues until there has been resolution and the issue is closed. Closed issues will be updated accordingly in the RAID Log.

Issues will be recorded in the Project's Weekly and IV&V's Monthly Project Status Reports and any changes will be discussed during the Weekly and Monthly Project Status Meetings. High – Critical priority issues will be escalated as appropriate per the Escalation Process outlined in the Project Organizational and Governance Structure section of the PMP.

17 SYSTEM SECURITY PLAN

The System Security Plan will be created as a separate document from this PMP per the Contract. SSG will collaborate with the Department's Office of Information Technology (OIT) staff and the ESDS Project Team when developing Task B.1.a.2)b)(3) Security Plan. That Security Plan will be submitted during the System Design Phase.

The Security Plan will articulate what protocols and processes will be used. SSG is SOC2 Type II certified and thus has an extensive system and processes to protect data including, physical protection, firewall protection, system monitoring, audit of access logs and data encryption, in flight and at rest.

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APPENDIX A - GLOSSARY AND ACRONYMS

To ensure consistency and standardization across the project, here are a few frequently used acronyms and abbreviations. SSG and the Early Steps Program will collaborate on a more comprehensive glossary located in the shared Teams repository.

Term/Acronym	Definition/Meaning
AHCA	Florida Agency for Health Care Administration (a Medicaid agency)
CERT	Certification Environment
COTS	Commercial Off-The-Shelf (Application)
DoH or DOH	Department of Health (Florida)
Early Steps (ES)	Florida's comprehensive, multidisciplinary, community based, family-focused system that provides a coordinated system of early intervention services for infants and toddlers with a developmental delay or an established condition which may result in a delay. This umbrella program has three components: The Developmental, Evaluation and Intervention (DEI) Program, the IDEA, Part C Program, and services provided.
EHR or EMR	Electronic Health Record or Electronic Medical Record
EI	Early Intervention
ESDS	Early Steps Data System
ESSO	Early Steps State Office
IDEA	Individuals with Disabilities Education Act
IFSP	Individualized Family Service Plan
JAD	Joint Application Development
LEA	Local Education Agency
LES	Local Early Steps Program
LSM	Local (Early Steps Program) System Manager
MQA	Medical Quality Assurance
O&M	Operations and Maintenance
PMP	Project Management Plan
RAID	Risks, Action Items, Issues, Decisions (tracking document)
RFQ	Request for Quote (procurement mechanism)
RTM	Requirements Traceability Matrix
SDLC	Software Development Life Cycle
SME	Subject Matter Expert
SOC2 Type 2 (II)	Service Organizational Control, as developed by the American Institute of CPAs (AICPA), that outlines the criteria for managing client data using 5 "trust service principles": Security, Availability, Processing, Confidentiality and Privacy. Type II refers to the higher level of demonstrated operational compliance.
SSG	Strategic Solutions Group (vendor/system host provider)
TED	Task Expectation Document
UAT	User Acceptance Testing
UF	University of Florida (legacy Early Steps Data System)
WBS	Work Breakdown Structure

Appendix D - DaSy Data System Framework



DaSy Data System Framework

March 2022

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Terms and Acronyms

These are terms and acronyms used throughout the framework.

619 – Section 619 of IDEA (Early Childhood Special Education)

ECIDS – Early Childhood Integrated Data System

EHDI – Early Hearing Detection and Intervention

IDEA – Individuals with Disabilities Education Act

IEP – Individualized Education Program

IFSP – Individualized Family Service Plan

Part B – Part B of IDEA (School-Aged)

Part C – Part C of IDEA (Early Intervention)

SLDS – State Longitudinal Data System

Introduction

The Center for IDEA Early Childhood Data Systems (DaSy Center), funded by the Office of Special Education Programs (OSEP), was charged with developing a data system framework. The purpose of the DaSy Data System Framework (hereafter referred to as DaSy framework) is to assist Part C and Part B 619 programs in developing and enhancing high-quality state data systems for the collection, analysis, reporting, and use of their IDEA data. The DaSy framework is intended to enhance the capacity of Part C and Part B 619 state staff to:

- *understand* the characteristics and capabilities of a good state data system, so they can
- *lead or actively participate in* state data system development and enhancement efforts, including cross-agency work, so they can
- *use* their state data system to comply with IDEA federal reporting requirements and answer important policy and program questions, which will
- *enable* states to continuously improve their system of services and programs to ensure equitable access, services and supports, and positive outcomes for *all* young children with developmental delays and disabilities and their families served under Part C and Part B 619, especially those who have been historically underserved.

A high-quality data system provides data for multiple purposes. As reflected in the DaSy framework, these purposes are:

- *accountability*—data are used for federal, state, and local reporting purposes;
- *program improvement*—data are used to examine and improve programs and services and the results achieved by *all* young children with disabilities and their families especially those who have been historically underserved; and
- *program operations*—data are used to support the day-to-day management and implementation of programs and increase the effectiveness and efficiency of program activities.

High-quality data are fundamental to OSEP’s vision for Results-Driven Accountability (RDA), which focuses on using data to improve results for infants, toddlers, children, and youth with disabilities. RDA represents a shift from an accountability system concerned primarily with compliance to one that puts greater emphasis on improving educational results and functional outcomes for children with disabilities and supporting their families. Having high-quality data systems for Part C and Part B 619 programs will improve states’ capacity to collect, analyze, report, and use high-quality data required under the Individuals with Disabilities Education Act (IDEA).

Data-informed decision-making is at the heart of improving the operation of programs and provision of evidence-based practices and supports and, ultimately, of improving results for all children and families, especially those who have been historically underserved. A fundamental assumption reflected throughout the DaSy framework is that Part C and Part B 619 state staff will use data regularly to administer the program and make improvements. High-quality data are instrumental in answering key policy and programmatic questions including those related to equity (see discussion below in section on Cross-Cutting Themes). For example, data are an important tool to ensure that children have equitable access, services and supports, and outcomes. However, this has often not been the case for Black, Indigenous, Hispanic and/or Latino and other children of color, as well as children from low-income households and isolated

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communities. Thus, it is important that data are collected, analyzed, and used intentionally to examine equity for underserved groups and communities.

The use of the term *data system* is conceptualized broadly in the DaSy framework. It refers to the hardware, software, and other applications and processes that enable Part C and Part B 619 programs to collect data about children, families, workforce, and/or program characteristics (e.g., program quality), as well as the analysis, reporting, and data use practices associated with those data. We use the more narrowly defined term of *database application* to refer to the computer software programs used to enter, store, organize, and retrieve data or information from a computerized database. Database applications allow multiple users to access and use the data, while also securing the data by permitting access by only authorized personnel who can perform various functions with the data, such as entering, querying, updating, and creating data reports.

The DaSy framework was intentionally written to set a high bar for state data systems; a state that has addressed the entire contents of the DaSy Framework will indeed have a high-quality data system. The DaSy framework also was designed to be comprehensive and aspirational. Everything necessary for a high-quality data system is addressed; although we recognize that most states have not yet achieved the entire range of characteristics described in the DaSy framework. A question repeatedly asked during DaSy framework development was, “What does high quality look like?” This question was asked about all facets of the DaSy framework’s broad conceptualization of data systems, including the kinds of data collected, the uses of data, the process and structures for governing the data, and the processes for developing or enhancing the technology.

The Structure of the DaSy Framework

The DaSy framework is organized around five subcomponents: Purpose and Vision, Data Governance and Management, System Design and Development, Data Analysis and Use, and Sustainability (Figure 1). The five subcomponents are interrelated. For example, the Purpose and Vision subcomponent addresses the mission, usage, and goals of the data system, which are fundamental to other subcomponents. The intended uses of data as addressed in the Data Analysis and Use subcomponent should reflect the purpose and vision of the data system and also impact data system design. Similarly, the data system should be designed to reflect the Purpose and Vision and be developed or enhanced in line with the System Design and Development subcomponent. Likewise, Sustainability considerations must be part of and are integral to the Purpose and Vision, Data Governance, and System Design and Development subcomponents.

The phases of developing a new data system or enhancing an existing one are commonly viewed as a life cycle (Figure 2), and the DaSy framework subcomponents reflect this. The life cycle model is a high-level view of the major sequential stages a data system goes through. The cycle begins with planning and initiation that reflects the intended Purpose and Vision subcomponent. Next, having a process to identify the need for a new database application or

Figure 2. DaSy Framework Subcomponents and the Life Cycle of a Database Application

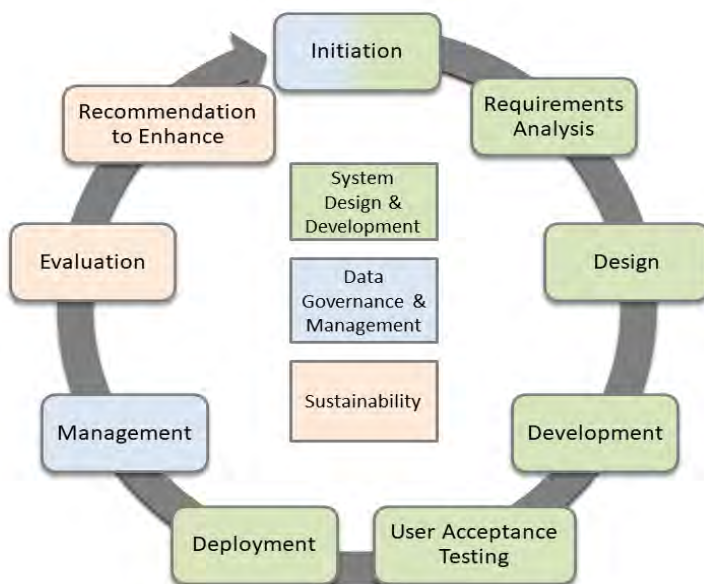
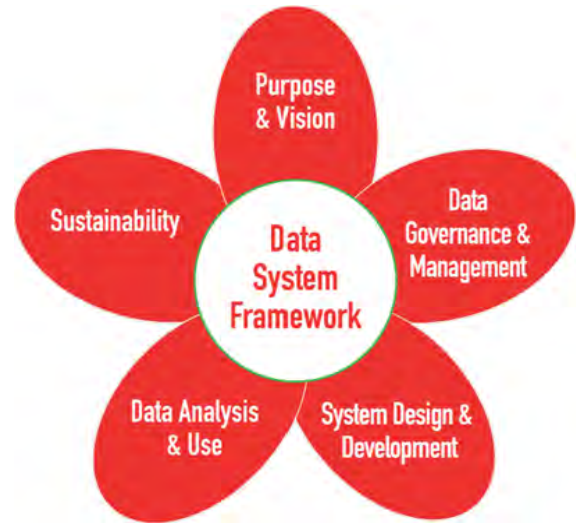


Figure 1. Subcomponents of the DaSy Framework



changes to an existing application—for example, user needs for enhancing reporting capability or the need to address a new federal reporting requirement—is addressed in the Sustainability subcomponent. The Data Governance and Management subcomponent addresses the approval to move forward with initiating a new database application or an enhancement. The phases and processes related to the development of a new application or enhancement are covered in the System Design and Development subcomponent. The ongoing development and implementation of policies and procedures to manage the data

system are part of the Data Governance and Management subcomponent, with the evaluation of how well the system is meeting user needs and recommendation for changes covered in the Sustainability subcomponent.

Each of the DaSy framework's five subcomponents contains one or more quality indicators (QIs) and multiple elements of quality (Figure 3). Quality indicators are broad statements about actions or activities that state agency staff undertake or the policies, procedures, or documents that the state needs to have in place to support a high-quality data system. Each quality indicator has a corresponding set of elements of quality that operationalize the implementation of the quality indicator. The elements of quality describe various aspects of the quality indicator. In short, quality indicators describe *what* quality is in a data system, and the elements describe *how* quality is achieved.

Figure 3. Structure of the DaSy Framework

Subcomponent: Data Governance and Management (DG)

Quality Indicator DG1

Element of quality DG1a

Element of quality DG1b

Etc.

Quality Indicator DG2

Element of quality DG2a

Element of quality DG2b

Etc.

Subcomponent: System Design and Development (SD)

Quality Indicator SD1

Element of quality SD1a

Etc.

Cross-Cutting Themes in the DaSy Framework

Several cross-cutting critical themes are addressed in multiple subcomponents of the DaSy framework. First, *data quality* is one such theme. Policies and procedures related to data quality are addressed in the Data Governance and Management subcomponent, technical features of the data system to promote data quality are addressed in the System Design and Development subcomponent, and the importance of using data to promote data quality is addressed in the Data Analysis and Use subcomponent.

Second, *stakeholder engagement* is another critical theme because key stakeholders should contribute to each of the subcomponents in certain ways. Members of stakeholder groups may differ depending on the data system topic. Many topics such as the purpose of the data system and uses of the data require input from a broad representation of stakeholders. Other more technical topics such as the development of the business requirements or security features require input from a more limited group of stakeholders. For topics requiring broad stakeholder input, it is essential that the stakeholders fully represent all families, providers, and others, especially those who have been historically underserved and have an interest in the role of data in contributing to a high-quality state system.

Third, an important and aspirational feature of the data system DaSy framework is the emphasis on the *integration of the Part C and Part B 619 data with each other and data from other programs serving young children in the state* through collaborative data initiatives such as Statewide Longitudinal Data Systems (SLDS) and Early Childhood Integrated Data Systems (ECIDS) (see additional information on pages 6–7). Therefore, elements in several of the

subcomponents address the need for states to build early childhood integrated data systems and for Part C and Part B 619 to be a part of these efforts.

Fourth, the 2022 revision includes equity as a cross-cutting theme. Data systems should be designed—and the data collected, analyzed, reported, and used to support equity—to identify disparities with regard to access, services and supports, and outcomes of children and families served in Part C and Part B 619 programs. Equity considerations are embedded throughout the data system framework. For example, the purpose of the data system needs to address key policy and program questions about equitable access, services and supports, and outcomes (see Purpose and Vision subcomponent). Similarly, equity considerations require the use of best practices for identifying and displaying/labeling data by subgroups of race, ethnicity, disability characteristics, gender, immigration status, home language, geography, socioeconomic status and their intersections (e.g., gender and disability characteristics) (see Data Analysis and Use subcomponent).

Development of the DaSy Framework

Initial development

Beginning in 2013, the DaSy framework content was developed through an iterative process of literature reviews, information gathering, and multiple rounds of feedback and revisions from state staff in seven partner states and external reviewers. In spring 2013, DaSy invited applications from state Part C and Part B 619 programs interested in working on the development of the DaSy framework. The seven states selected as partners were Alaska, Arkansas, Connecticut, Georgia, Idaho, Massachusetts, and Pennsylvania. The individual staff members from each state were the Part C and 619 coordinators and the Part C and Part B 619 data managers, along with additional personnel from some of the states. The state staff participated in monthly individual state calls and monthly all-state calls. In addition, the state staff participated in four face-to-face meetings between summer 2013 and spring 2014.

During this time a work group of DaSy staff members and consultants began developing the quality indicators and elements for each subcomponent with a review of the literature. The work group also developed a set of questions to gather information about the current status of that subcomponent in each partner state. Drawing on the literature and the information collected from the states, the workgroup drafted preliminary quality indicators and elements of quality. These were reviewed by other DaSy staff and revised, shared with the partner states during the all-state and individual state calls, and further revised based on additional input. The face-to-face meetings provided the DaSy staff and partners with the opportunity to engage in more in-depth discussion and refine the DaSy framework content. In the spring of 2014, DaSy staff conducted a series of conference calls with a group of external reviewers (see Acknowledgments) to further refine the content. Final revisions to the first DaSy framework occurred during summer 2014 and included an overall review by OSEP. The framework was released in 2014.

Revisions

In 2020 and 2021, DaSy center staff reviewed and revised the DaSy framework to improve usability. The revision was conducted to improve clarity, streamline content, eliminate redundancy, reduce the number of elements where appropriate, and consolidate indicators and elements within and across subcomponents. As part of this process, stakeholder engagement

was eliminated as a separate subcomponent and woven into each of the other subcomponents. This is more aligned with the treatment of stakeholder engagement in the other components of ECTA System Framework and underscores that stakeholder engagement is a cross-cutting theme. The revision process included review and input from state Part C and Part B 619 staff and TA providers who had used the original version of the data system subcomponent and from their colleagues who were less familiar with the previous framework. The intent of the revision was to clarify and, if possible, simplify the critical aspects of a high-quality data system so that states could use the DaSy framework more efficiently and effectively for self-assessment and systems improvement tracking.

An additional focus of the revision was to strengthen the framework's treatment of centering equity in the data systems. A presidential Executive Order in 2021 defines equity as "the consistent and systematic fair, just, and impartial treatment of all individuals including individuals who belong to underserved communities that have been denied such treatment..."¹. The Executive Order goes on to note how the federal government's inability to disaggregate data by race, ethnicity, gender, disability, income and other variables has impeded efforts to measure and advance equity. Data can be used to drive improvement and uncover systemic problems with service delivery but also can and has been used to cause harm to historically underserved groups. Using data to do good and avoid harm requires acknowledging that data are never neutral and that each individual brings their own life experiences and biases to any data activity.

The revision team recognized that equity is a cross-cutting issue that needs to be addressed in different ways and to different degrees in many quality indicators and elements. The earlier version of the framework did not address equity explicitly, which meant that a state data system could be considered high quality when it did not reflect equitable data practices. The framework was revised to make it more explicit that a high-quality data system must address equity. The challenge was that equity is cross-cutting, and it did not seem appropriate or useful to insert data equity concepts into all of the applicable indicators and elements. Rather, the revision calls out equity in key areas where it is especially most relevant/germane. The overall goal was to be intentional about equity and build data systems that support the identification and correction of inequities in access, service delivery, and outcomes. Framework users are encouraged to reflect on the role of data systems in contributing to equity and working against inequity in each of the subcomponents.

As noted above, the importance of stakeholder engagement is woven throughout the revised framework. The makeup of the stakeholder groups is a key equity consideration, and that makeup will differ depending on the specific task addressed in the subcomponent. Regardless of task, for elements addressing stakeholder involvement to be considered to fully implemented, the stakeholders must represent the diversity of individuals with a vested interest in the issue. Stakeholder groups involving families, must include family representatives of the range of demographic characteristics of the state. Likewise, stakeholder groups of users involved in reporting data must be representative of those users. To have a high-quality data system, a state must seek out and incorporate input from diverse voices for the many different decisions presented across the subcomponents.

¹ Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, January 20, 2021.

Coordination of the Data System (DaSy) Framework with Other Frameworks

The 2013 DaSy framework was developed in coordination with two other efforts: the [Early Childhood Technical Assistance \(ECTA\) Center's System Framework](#) and the SLDS State Support team's framework for data systems. OSEP charged the ECTA Center with developing a framework for high-quality Part C and Part B 619 systems. From the literature and extensive input from six partner states and a technical work group of national, regional, and state experts, ECTA developed a system framework to answer the question, "What does a state need to put into place in order to encourage/support/require local implementation of effective practices that result in positive outcomes for children with disabilities and their families?" The purpose of the ECTA system framework is to guide state Part C and Part B 619 coordinators, staff, and leadership in evaluating their current state Part C and Part B 619 systems and identifying areas for improvement and to provide them with direction on how to develop a more effective, efficient system that supports implementation of effective practices. The ECTA system framework consists of six interrelated components: Governance, Finance, Personnel/Workforce, Data Systems, Accountability and Quality Improvement, and Quality Standards (Figure 4).

Because DaSy was tasked with developing a framework for data systems, the two centers agreed that the DaSy data system framework would serve as the Data Systems component in the ECTA framework. Accordingly, the DaSy framework follows the same organizational structure as the ECTA framework (i.e., component, subcomponent, quality indicator, element) to facilitate use by Part C and Part B 619 state staff. The two centers worked closely throughout the initial development of both frameworks to ensure that the DaSy framework was compatible with the other components of the ECTA system framework. Because the DaSy framework was developed on its own in addition to being a component in the ECTA system framework, it has considerably more subcomponents, quality indicators, and elements than the other five components in the ECTA system framework.

Figure 4. ECTA System Framework



In 2019, ECTA began work on revising the ECTA framework. DaSy coordinated with ECTA to revise the DaSy framework, with both centers following the same guidelines. When the revision process was well underway, equity emerged as a critical issue. Both ECTA and DaSy decided to look at the drafts of the revised frameworks through an equity lens and make additional revisions. The equity revision process also was coordinated across the two Centers so the two frameworks would address equity in similar ways.

DaSy also coordinated with the federal technical assistance project working with states on developing SLDS and ECIDS. Funded by the U.S. Department of Education, in 2012 the SLDS

Grant Program State Support Team (SST)² worked with states to develop a Toolkit for use when building and implementing an ECIDS. The contents of the Toolkit were organized around the seven components of the [SST's Framework for Data Systems](#). As the DaSy Center was beginning the development of the DaSy framework, the SST was undertaking development of the Toolkit resources. Recognizing that state staff could be using the DaSy framework to improve their Part C or Part B 619 data system while also using the ECIDS materials to participate in broader collaborative data system initiatives, DaSy committed to making its framework compatible with the ECIDS Toolkit. After discussion with the partner states, DaSy decided to use the same components (e.g., Purpose and Vision, Data Governance) as the SDLS framework. As the work on the DaSy framework progressed, DaSy staff found that the SLDS component Planning and Management was not a good fit with the DaSy framework; management-related topics became part of the Data Governance and Management subcomponent, and planning-related topics became part of the Sustainability subcomponent in the DaSy framework. DaSy and SLDS State Support Team staff compared the contents of each ECIDS component with the comparable DaSy framework subcomponent and identified many similarities and some differences that were deemed necessary given the different purposes of the two frameworks.

In 2020 and early 2021, SLDS State Support Team also revised their materials associated with ECIDS (for the same purposes described for the DaSy framework revision). DaSy staff have continued to collaborate with SLDS State Support Team staff to ensure the two frameworks are compatible and do not contradict guidance provided to states on similar aspects of high-quality data system development, implementation, maintenance, and enhancement.

Considerations for Understanding and Using the DaSy Framework

As states well know, developing a high-quality Part C or Part B 619 data system is a complicated, multifaceted undertaking. The nature and scope of state data systems vary greatly by state. The considerations that follow are important for making the best use of the contents of the DaSy framework.

1. What is quality? The operating assumptions for the DaSy framework are as follows:

- A state that has fully implemented all of a quality indicator's elements has that quality indicator in place.
- A state that has all the quality indicators in the subcomponent in place has high quality in the subcomponent.
- A state that has all the subcomponents in place has a high-quality data system.

Fully implementing an element means that the element is (1) in place and (2) of high quality. For the sake of brevity and because of the extensive variation across states, the DaSy framework does not provide much detail on what constitutes quality implementation for each element. For instance, one of the elements speaks to the need for a state to conduct regular monitoring and testing on the overall security of and access to the Part C/619 data system. The element does not describe what constitute high quality monitoring or testing. DaSy has been compiling and developing additional resources for states to further clarify quality at the element level; these resources can be found on the DaSy Center website.

²This grant was part of the SLDS Grant Program that worked with the development of an ECIDS as well as an SLDS.

2. Who are Part C and Part B 619 state staff or other state staff? To the extent possible, the quality indicators were written to identify who is expected to carry out the action described in the statement while also being sensitive to the variations in Part C and Part B 619 organization and administration across the states. Therefore, the actors identified in quality indicators and elements are somewhat open ended. When an indicator or element stipulates “Part C/619 state staff” or includes “other staff,” it refers to staff with knowledge of the program and generally refers to the state coordinators or other individuals in the state program office. When an action needs to be carried out specifically by state Part C/619 coordinators, they are identified specifically. When an action is carried out by state leadership this refers to state staff who have authority to make decisions and could include the Part C and Part B 619 coordinators, agency leadership, or other leaders.

3. What database applications are included? States have multiple database applications (i.e., a computer software program used to enter, store, organize, and retrieve data or information from a computerized database). States collect multiple types of data related to the implementation of IDEA, and these data may reside in different database applications (Derrington et al., 2013). For example, in many states, data on children reside in one database application whereas information about the personnel who work with them is in another. The information in the DaSy framework applies to every state dataset or application that contain data related to the implementation of IDEA Part C and Part B 619 programs. The phrase “data system” appears many times throughout the DaSy framework. In the interest of succinct communication, the DaSy framework uses “data system” rather than “data systems” or “data system(s).”

4. What are state Part C and Part B 619 data? State Part C/619 data are data related to the implementation of IDEA and encompass different types of data such as data about the children, their families, their services, the providers, and the programs, including the fiscal support for the programs, that serve the children and their families. Included are all the data required for IDEA reporting in the state performance plan/annual performance reports (SPP/APR), the data collections authorized under Section 618 of the IDEA, and other data the state collects about the program. As noted above, some of these data reside in different datasets or databases. Once data are included in the state Part C/619 data system, they are considered part of the Part C/619 state dataset and within the oversight of the state Part C or Part B 619 program, regardless of their origin (e.g., from the local programs or districts).

5. Does the framework apply to local data systems? The DaSy framework was written to identify the components of a high-quality state data system. It is intended to be used by states to examine their state data systems. Many of the quality indicators and elements could apply equally well at the local level, but they were not written or reviewed with local data systems in mind. Local programs are addressed explicitly in the Data Analysis and Use subcomponent because quality data are an essential feature of a good data system, and when data are used by those who provide the data, the quality of the data improves. In addition, the return on investment in collecting the data is maximized when data are used at multiple levels. Also as reflected in the Data Analysis and Use subcomponent, the DaSy framework sees the state as having an important role in supporting programs and districts to use data.

6. Does the framework apply to contractors or vendors? Many of the framework quality indicators and elements are directly applicable to vendors contracted to work with the Part C or Part B 619 program to design, develop, deploy, and/or maintain the database application and other data system functions. However, the framework does not address other important content between the program and vendor typically addressed in a signed contract (e.g., code ownership, transference of data from one vendor to another).

Self-Assessment Tools

The DaSy and ECTA Centers have developed an ECTA/DaSy framework self-assessment based on the ECTA system framework (which includes the DaSy framework as the data system component). The self-assessment enables states to systematically review their status on the framework elements and generates a visual display of that status across quality indicators. The self-assessment is intended to provide states a current snapshot to help them prioritize improvement efforts, generate a set of scores for states to measure progress over multiple points in time, and serve as a mechanism to encourage state participants to engage in rich conversation about their data systems.

The results of the self-assessment can help a state identify the relative strengths and weaknesses of its data system, but the ECTA/DaSy framework is not a road map for how to build a high-quality data system in that it does not tell a state where to start or what to do next. The state will need to determine where to focus improvement efforts based on its priorities and resources. A state might choose to focus entirely on one subcomponent or on elements from multiple subcomponents. A state might choose to complete the self-assessment for only one or two subcomponents. State staff and their stakeholders can use the self-assessment results to support a planning process that identifies the activities, timelines, resources, and outcomes needed to improve the system.

The framework and self-assessment are designed to be tools to help states build high-quality systems of service for infants, toddlers, and preschoolers with developmental delays and disabilities and their families, including high-quality data systems. There are no rules, only suggestions, for how the ECTA/DaSy framework is to be used; therefore, we encourage states to use these tools in whatever ways they find most helpful.

The DaSy and ECTA Centers developed a [Framework Quick Start Guide](#) for the initial framework, and this will be revised for the 2022 framework. This guide can help states identify specific subcomponents of the DaSy framework (or components of the ECTA/DaSy framework) for in-depth assessment and improvement planning. Ideally, state leaders would conduct an in-depth review of all components of their system with stakeholder involvement. However, with limited time, state leaders can use this guide as a starting point for their system improvement work.

Uses of and Resources Associated with the DaSy Framework

To date, there have been many uses of the DaSy framework:

- The DaSy Center has used self-assessments with state clients to monitor progress in technical assistance activities with states, to conduct needs assessments, and to evaluate infrastructure improvements.
- The DaSy framework also has been used as a guide to support state system design and development work. Specifically, states have used subcomponents to develop written data governance policies, identify data elements and features of a high-quality data system, or evaluate their data use practices.
- The DaSy Center has used the content of the DaSy framework to guide the development of [toolkits](#) about, for example, data governance, building a culture of data use, data visualization, and building stakeholder knowledge about data.
- The DaSy Center also has developed a resource with a set of [critical questions](#) that can be addressed with a high-quality data system.

The DaSy Center posts these resources to the DaSy Center website with links to the related part of the DaSy framework.

DaSy Center Technical Assistance Related to the DaSy Framework

States can contact the DaSy Center for technical assistance related to the DaSy framework. The DaSy Center can help with finding resources and with improvement activities. We also can clarify the meaning of quality indicators and elements and provide support in using the self-assessment, such as, for example, facilitating a stakeholder process to complete the self-assessment or a strategic planning process to make use of the results.

Subcomponent: Purpose and Vision (PV)

A high-quality data system serving Part C and/or Part B 619 programs originates from a clearly articulated purpose and vision. An effective purpose statement succinctly describes the reasons for building the data system and its short-term benefits, including the scope of the system and how key stakeholders are expected to use it. The vision statement is an aspirational description of how the data system will support a statewide system that offers equitable access and services and supports and achieves equitable outcomes for *all* children with disabilities and their families, especially those families who traditionally are underserved. It does not focus on the data system itself, but rather on how the data will be used to address the state's early intervention and preschool special education policy and program goals, especially the ultimate goal of improving outcomes for all young children with disabilities and their families.

Having a written purpose and vision statement for the data system provides guidance for every phase of data system development and enhancement. In addition, a well-articulated purpose and vision statement enables the state to maintain the intended scope of work while planning for expansion, use, and sustainability of the data system over time. Ideally, the statement is developed before but could be done after a data system is deployed.

Quality Indicator PV1: State leadership articulates a purpose and vision statement for the data system reflective of the Part C/619 program's intents and goals.

Elements of Quality
PV1a. The statement is in written format, either separate or embedded in other documents related to the data system (e.g., minutes, notes, procedural documents).
PV1b. The statement addresses: <ul style="list-style-type: none"> • the benefits of the data system and who benefits from the data system; • what kinds of data (e.g., fiscal, workforce, outcomes) are included in the system that, at a minimum, meet IDEA and other state and federal reporting requirements; and • how the data are used to address accountability, program improvement, and program operations, including answering key policy and program questions such as questions about equitable access, services and supports, and outcomes, some of which may require sharing data with other programs/agencies.
PV1c. The development and revision of the statement is informed by input from stakeholders fully representative of all families, providers, and others with interest in the statewide system of services.
PV1d. The statement is readily accessible (e.g., available on a website, in a user manual, in a parent resource).
PV1e. The statement is reviewed and revised as needed.

Subcomponent: Data Governance and Management (DG)

Data governance is both an organizational process and a structure. Data governance establishes responsibility for data, organizing program staff to collaboratively and continuously improve data quality through the creation and enforcement of policies, roles, responsibilities, and procedures. Management is the development, implementation, and enforcement of policies and procedures (standardization of business processes) to operationalize all aspects of the data system. Management addresses the implementation of data governance policies (via procedures) and oversees the use and operation of the data system.

Data governance exists whether formal or informal. Informal data governance is associated with significant risks. These risks may include:

- questionable data quality, security, and usefulness;
- difficulty in maintaining consistent and reliable data and processes;
- unclear roles and responsibilities of internal and external staff relative to the data; and
- inappropriate data sharing with internal and external staff and across external agencies.

Formal data governance exists in written form. The benefits of formal data governance include:

- increased likelihood that data are of high quality and protected;
- increased use of data in ways consistent with the purpose and vision of the data system;
- increased confidence in data and associated processes (e.g., oversight of analysis activities); and
- improved management, including fiscal efficiency and overall system accountability.

Data governance structures and policies are dynamic; they must evolve as the programs and policies that drive the data system evolves. They must also be consistent with applicable federal and state regulations and policies. Managing the state data system requires responding to the evolving structures and policies and implementing the associated procedures. Part C and Part B 619 state staff or other designated state staff should be actively engaged in the governance of their data system. (In some states, there may be more than one data governance structure overseeing data that impact Part C or Part B 619.)

This subcomponent consists of three sections. The first section, Authority and Accountability, is about establishing the data governance and management structure(s), responsibility, and oversight. The second section, Data Quality and Integrity, addresses policies to ensure data quality (timeliness, completeness, accuracy and reliability) and integrity (maintaining data quality and consistency for data's intended use throughout their lifecycle). The section also focuses on the implementation of the procedures to ensure consistent application of data quality and integrity policies. The third section, Security and Access, focuses on ensuring appropriate access and the protection of state data from loss, misuse, and contamination.

Section 1: Authority and Accountability

Quality Indicator DG1: The state's data governance delineates appropriate roles and responsibility for decision-making authority, accountability, and management consistent with the uses of the Part C/619 data system.

Elements of Quality
DG1a. State-level, formalized data governance structure exists to facilitate necessary decisions about the Part C/619 data system.
DG1b. Data governance structure includes representation/input from Part C/619 state program staff who have decision-making authority.
DG1c. Data governance structure oversees all data collected and maintained by Part C/619 and ensures adherence to governance policies related to Part C/619 data, regardless of where the data are located.
DG1d. Written statement(s) delineates decision-making authority for Part C/619 data governance.
DG1e. All data-related responsibilities associated with the Part C/619 state data system(s) are clearly delineated and assigned to responsible and informed parties (e.g., data manager, data steward, data owner).
DG1f. Information about data governance decision-making authority is communicated to staff and stakeholders (e.g., dissemination of organizational chart, data sharing agreements).
DG1g. Data governance structure and authority applicable to Part C/619 are reviewed and revised as needed with input from Part C/619.

Quality Indicator DG2: Part C/619 staff and other state staff develop and implement data governance policies and procedures to effectively manage the data system.

Elements of Quality
DG2a. Data governance policies and procedures are aligned with the purpose and vision of the Part C/619 data system.
DG2b. Data governance policies and procedures adhere to all federal (e.g., IDEA, FERPA, HIPAA), state, and local laws, regulations, and align with standards.
DG2c. Data governance policies are developed with input from different groups of stakeholders as relevant.
DG2d. Processes are in place to allow Part C/619 staff and other state staff to recommend and provide input on relevant policy and procedural changes (e.g., new or revised data collection requirements, federal regulation change, changes to how external requests for data are addressed).
DG2e. Data governance policies and procedures address Part C/619 data oversight and accountability.
DG2f. Data governance policies and procedures are communicated to staff and stakeholders.
DG2g. Data governance policies address Part C/619 representation on other data governance structures (e.g., SLDS, ECIDS, lead agency governance committee) in relation to Part C/619 state data.
DG2h. Data governance policies and procedures address responding to Part C/619 data requests.
DG2i. Data governance policies and procedures are periodically reviewed and revised as needed.

Section 2: Data Quality and Integrity

Quality Indicator DG3: Data governance policies and procedures address the quality and integrity of the data.

Elements of Quality
DG3a. Data governance policies and procedures address timeliness, completeness, accuracy, and reliability aspects of Part C/619 data.
DG3b. Data governance policies and procedures address maintaining data quality and consistency for Part C/619 data's intended use throughout its lifecycle.
DG3c. Data governance policies and procedures require all staff and contractors who collect, maintain, and/or receive Part C/619 data to participate in ongoing data quality and integrity training.
DG3d. Data governance policies and procedures require that any internal or external program or agency maintaining and/or using state Part C/619 data adhere to applicable data quality and integrity policies and procedures.
DG3e. Data governance policies and procedures require documentation that addresses data integrity when transferring state Part C/619 data to other programs or agencies.
DG3f. Data governance policies and procedures require Part C/619 data are retained and destroyed according to applicable federal, state, and agency requirements.

Quality Indicator DG4: Part C/619 or other state staff oversee and manage the consistent application of data quality and integrity policies and procedures.

Elements of Quality
DG4a. Data quality and integrity policies and procedures are regularly communicated to system users.
DG4b. Standardized training materials are created and maintained for Part C/619 data system quality operations.
DG4c. Data quality trainings are regularly conducted for data managers at the state and local levels.
DG4d. Data are regularly reviewed for timeliness, completeness, accuracy, and reliability for improvement purposes.
DG4e. Data quality and integrity procedures are adhered to when Part C/619 data are transferred or shared.

Section 3: Security and Access

Quality Indicator DG5: Data governance policies and procedures address the security of and access to Part C/619 data.

Elements of Quality
DG5a. Data governance policies and procedures document and support secure data system operations (e.g., data security, data storage, back-up, recovery, transmission, destruction, role-based permissions).
DG5b. Data governance policies and procedures document and support authorized user access and include specific data system user practices (e.g., signed data system user agreements, password strength and authentication, acceptable use of personal devices, timely removal of user access when role changes or employment ends).
DG5c. Data governance policies and procedures require that all IT and program staff (including contractors) who collect, maintain, or receive Part C/619 data participate in periodic training about applicable data security and access.
DG5d. Data governance policies and procedures require adherence to security and access requirements when transferring or sharing Part C/619 state data.
DG5e. Data governance policies delineate procedures in response to a Part C/619 data breach.

Quality Indicator DG6: Part C/619 or other state staff oversee and manage the consistent application of data security and access policies and procedures.

Elements of Quality
DG6a. Data security and access policies and procedures are regularly communicated to data system users.
DG6b. Regular monitoring and testing are conducted on the overall security of and access to the Part C/619 data system.
DG6c. Methods are in place to ensure that all users with access to state Part C/619 data adhere to security and access policies and procedures.
DG6d. Security procedures are monitored when transferring or sharing Part C/619 data.
DG6e. Standardized training materials are created, used, and maintained that address procedures and responsibility for Part C/619 data system security, access operations, and data use.

Subcomponent: System Design and Development (SD)

The System Design and Development subcomponent addresses the characteristics of the functional and technical requirements for database applications, and the development and implementation of applications based on those requirements. This subcomponent includes the process of defining the database structure, user interface, system standards and components, and the data elements. State staff involvement, input, and review throughout the entire process are hallmarks of a high-quality Part C and Part B 619 data system.

The purpose of the System Design and Development subcomponent is to assist states in creating and supporting database applications based on the Part C and Part B 619 program requirements consistent with the purpose and vision. System design and development is the means by which the operational needs of the program staff and other users are translated into a functional and technical infrastructure that will meet those needs. This subcomponent supports the development of new database applications as well as major enhancements to existing systems.

This subcomponent was developed around the phases and processes of a standard System Development Life Cycle (SDLC), which includes (1) system initiation; (2) system requirements analysis; (3) system design; (4) system development; (5) system acceptance; and (6) system deployment. This subcomponent should begin once a high-level plan is approved for a new database application or enhancement and ends when the application or enhancement is deployed. Ongoing management to support the application is addressed in the Data Governance and Management subcomponent, and the evaluation of the application to determine needed enhancements is addressed in the Sustainability subcomponent. Designing and developing a database application involves numerous technical requirements and processes usually performed by the information technology (IT) team and not the Part C and Part B 619 staff. Although the technical activities conducted by the IT team are not addressed within this subcomponent, Part C and Part B 619 staff should collaborate with them to ensure the application functions as expected.

This subcomponent consists of three sections, each of which addresses two phases of the SDLC. The first section, Initiation and Requirements Analysis, addresses the first two phases of the life cycle: initiation of a new database application or enhancement, and system requirements analysis. The purpose of requirements analysis is to obtain a thorough and detailed understanding of the “business” or program needs and to break those into discrete requirements that provide the foundation this work. These requirements must then be clearly defined, reviewed, and agreed upon by the state Part C and Part B 619 staff. Sufficient time and resources should be allocated during system requirements analysis to bring stakeholders and their interests into the process. Subject-matter experts in Part C and Part B 619 must also be actively involved in defining business requirements through an iterative process.

This first section also addresses critical data elements and functions that should be included in a high-quality Part C or Part B 619 database application. A fundamental purpose of the framework is to help states develop more robust and comprehensive database applications, and such applications include the suggested data elements and functions. Although many state database applications do not have all the suggested data elements and functions, the purpose of the framework is to help states move toward more effective systems. It is important to look at emerging social and technical issues when developing system functionality, e.g., equity

considerations, designing for access through mobile devices, electronic signature capability, parent portals, and predictive analytics.

The second section, Design and Development, addresses the technical aspects of the system design and development work. Part C and Part B 619 staff may not be directly involved in this technical work. The state should, however, have a process in place for Part C and Part B 619 state staff to work and communicate with the IT team, regularly providing input, feedback, and approval when necessary.

The third section, Acceptance and Deployment, addresses the fifth and sixth phases of the SDLC. Successful acceptance testing is the final opportunity to establish that the database application performs as expected in environments that closely simulate those which will be used after deployment. During acceptance testing, end users thoroughly test the application as if it were fully implemented. This section also includes updating supporting documentation and reference materials. Deployment refers to the launch of the new database application or enhancement.

Section 1: Initiation and Requirements Analysis

Quality Indicator SD1: Part C/619 state staff are actively involved in initiating the development of the new database application or enhancement, including business requirements, process models, and data models.

Elements of Quality
SD1a. Input is provided to determine project team roles and responsibilities and commit staff to the development of the database application/enhancement.
SD1b. Input is provided on how the new system/enhancement will be developed (i.e., vendor/contractor, in-house, commercially available product).
SD1c. Input is provided into the plan and the schedule for the system requirements analysis and other remaining system design/development phases.
SD1d. A plan for the application/enhancement is reviewed to ensure that it meets Part C/619 goals and needs.
SD1e. The following are developed with input and ongoing review to ensure they reflect an accurate understanding of the Part C/619 program, processes, and language: <ul style="list-style-type: none"> • Business requirements • Process model • Data model
SD1f. Stakeholder input is gathered for business requirements, process models, and data models.
SD1g. A clear process is used for the approval of the final business requirements.

Quality Indicator SD2: The system requirements analysis results in documented requirements for the new database application/enhancement that accurately describe what the new application/enhancement must do.

Elements of Quality
SD2a. Functions of the database application/enhancement are fully specified and expressed in the language of the Part C/619 program.
SD2b. Business requirements are drafted, prioritized, and then identified as either in or out of scope.
SD2c. The system requirements address technical requirements that operate in the background (e.g., encryption, system performance and load, data archiving, and audits and controls).

Elements of Quality	
SD2d.	Process models and workflow diagrams visually depict major processes such as eligibility determination and IFSP/IEP and subfunctions such as IFSP/IEP development, review, etc.
SD2e.	All data needed for Part C/619 reporting, accountability, program improvement, and program operations have been identified for the application/enhancement.
SD2f.	A data model identifies the data elements, the attributes that define those data, and the relationships between the entities (database tables).
SD2g.	An initial data dictionary is produced that defines the data elements, their attributes, and the logical relationships among the data elements.
SD2h.	Criteria are established for running the legacy system in parallel with the new database application and the point at which the legacy system is retired.

Quality Indicator SD3: The Part C/619 state database application has the capacity to support accountability, program improvement, and program operations, and should contain the following data elements and functions.³

Elements of Quality	
SD3a.	Includes, but is not limited to, the following types of data: <ol style="list-style-type: none"> 1. Child-level data elements <ol style="list-style-type: none"> a. Unique child identifier b. Family demographics <ol style="list-style-type: none"> i. Primary language spoken in the home ii. Home address iii. Socioeconomic status (e.g., eligibility for Medicaid, free and reduced lunch) c. Child demographics <ol style="list-style-type: none"> i. Gender ii. Race/ethnicity iii. Primary language iv. Date of birth d. <i>For Part C:</i> Child Protective Services involvement e. In foster care f. Referral <ol style="list-style-type: none"> i. Date ii. Source g. Evaluation and eligibility <ol style="list-style-type: none"> i. Date of consent for evaluation ii. Date of evaluation iii. Date eligibility determined iv. Date of enrollment in the program v. Eligibility status

³ Unless otherwise noted, the data elements listed in this quality indicator are recommended for inclusion in database applications for both Part C and 619 programs. It is not necessary for all of the data elements to be in one application as long as the necessary linkages are in place. For example, budgeted and expended funds for each local program/district may be obtained by linking to a separate agency financial system.

Elements of Quality

- vi. Reason eligible (e.g., developmental delay, visual impairment, established condition or disability)
 - vii. Reason for delay of eligibility determination
 - h. Descriptive information on nature of delays/disabilities (e.g., International Classification of Diseases codes (ICD-9), diagnosed conditions, areas of delay)
 - i. IFSP/IEP
 - i. Date
 - ii. Type (e.g., initial, annual)
 - j. Services (planned and received)
 - i. For each planned service:
 - 1. Type
 - 2. Start date
 - 3. End date
 - 4. Frequency
 - 5. Intensity (e.g., minutes/session)
 - 6. Method
 - 7. Setting
 - ii. For services received:
 - 1. Types
 - 2. Dates
 - 3. Minutes
 - 4. Providers
 - 5. *For Part C*: Reason for delay of initiation of service(s)
 - k. Attendance in any center-based program (e.g., child care, preschool)
 - l. Enrolled in public insurance, e.g., Medicaid, CHIP
 - m. Child outcomes
 - n. Family survey/outcomes
 - o. Transition
 - i. Date of transition plan
 - ii. Date of transition notification
 - iii. Parental opt out of notification
 - iv. Parental approval for transition conference
 - v. Date of transition conference
 - vi. Reason for delay of notification to Part B
 - vii. Reason for delay of transition conference
 - p. Exit
 - i. Date
 - ii. Reason
- 2. Service provider/teacher-level data elements
 - a. Identifier that can be linked to child identifier and program identifier
 - b. Service provider/teacher demographics
 - i. Gender
 - ii. Race/ethnicity
 - iii. Date of birth
 - iv. Languages other than English
 - c. License, certification

Elements of Quality	
<ul style="list-style-type: none"> d. Education <ul style="list-style-type: none"> i. Field(s) of study ii. Degree(s) awarded iii. Date(s) awarded iv. <i>For Part C:</i> Continuing education information (e.g., units, hours) e. Employment <ul style="list-style-type: none"> i. Employer/agency ii. Date started iii. Position title f. <i>For Part C:</i> Number of years working with children \leq 5 years old with disabilities and their families 	
<ul style="list-style-type: none"> 3. Local Early Intervention Services (EIS) program/local educational agency (LEA)-level data elements <ul style="list-style-type: none"> a. Name of entity b. Unique ID of entity c. Address of entity d. Type (e.g., school district, other public provider, private) e. Size of program/district in terms of number of children (e.g., total # of children \leq 5 years old) f. Size of program/district in terms of number of children \leq 5 years old who receive IDEA services g. Size of program/district in terms of staff (e.g., number of full-time equivalent [FTE] staff serving children \leq 5 years old receiving IDEA services) h. Inclusion opportunities (i.e., does entity provide IDEA services in settings where children without disabilities are receiving early care and education?) i. Local determination j. Financial data <ul style="list-style-type: none"> i. Total funds budgeted for the Part C or 619 program ii. Total funds expended for the Part C or 619 program iii. Funds budgeted by revenue source (e.g., federal Part C/ Part B, state, private insurance, public insurance) iv. Funds expended by revenue source (e.g., federal Part C/ Part B, state, private insurance, public insurance) 	
SD3b.	Has the capacity to share and transfer child records when they move from one Part C/619 local program to another in the state.
SD3c.	Has built-in data validation and edit-check routines (e.g., format checks, field validation restrictions, logical consistency checks).
SD3d.	Has established reports to assess data quality (e.g., error reports, outliers, missing data).
SD3e.	Has controls in place so end users access data consistent with federal, state, and local privacy requirements, including requiring strong passwords; limits on the length of access (e.g., session timeouts, use of different user types and role-based permissions).
SD3f.	Has embedded supports and training materials for end users (e.g., mouse over definitions, support documents, practice scenarios, practice site, audiovisual tutorials).
SD3g.	Directly or through a related application, has reporting and analytic tools that: <ul style="list-style-type: none"> • Provide access to raw and aggregate data in reasonable time • Allow users to disaggregate the data, e.g., by race, ethnicity, type of disability • Support standing and ad hoc reporting

System Design and Development

Elements of Quality	
	<ul style="list-style-type: none"> • Meet the unique needs of role-based user types • Employ dashboards • Support data visualization
SD3h.	<i>For transactional systems:</i> Provides automated functions that support program practices for end users (e.g., date tickler or calendar reminders of critical dates such as deadlines for IFSP/IEP reviews and transition conferences).
SD3i.	Has provisions that allow the state to comply with federal, state, and local data privacy and security requirements, including those that address the following: <ul style="list-style-type: none"> • Data transmission • Data storage • Data encryption • Data back-up and recovery • Data archival and destruction
SD3j.	Allows for selected administrative modifications within the database application with little or no reliance on the IT team, such as adjusting user permissions and adding support documents.
SD3k.	Has the capacity to link various child-level data elements, including child outcomes.
SD3l.	Has the capacity to link child-level data with service provider/teacher data.
SD3m.	Has the capacity to link child-level data with program/school/classroom data.
SD3n.	Has the capacity to link service provider/teacher data with program/school/classroom data.
SD3o.	Has the capacity to link family survey/outcomes data with other child-level data, including child outcomes.
SD3p.	<i>For transactional systems:</i> Can track entries/changes made by end users to data in the database, and the user who made them.
SD3q.	Has interoperability that allows for Part C or 619 data to be linked with other statewide longitudinal and early childhood data systems.

Section 2: Design and Development

Quality Indicator SD4: Part C/619 state staff work together with the IT team to translate requirements into the design, build, and testing of the new database application/enhancement.

Elements of Quality
SD4a. Aspects of the applications' infrastructure (e.g., hardware and software, naming conventions, importing legacy data) are jointly decided.
SD4b. The database application requirements are jointly refined with consideration of the scope.
SD4c. Mock-ups of modules, reports, and other functions are jointly reviewed, refined, and approved.
SD4d. The data dictionary is jointly developed and continually refined throughout the process.
SD4e. Modules are jointly developed and reviewed before user acceptance testing.
SD4f. Adequate system performance is jointly designed for anticipated peak usage.
SD4g. Legacy data and new data are accurately processed together per the requirements.

Section 3: Acceptance and Deployment

Quality Indicator SD5: Part C/619 state staff prepare for, communicate about, and conduct user acceptance testing to ensure the new database application/enhancement functions properly before deployment.

Elements of Quality
SD5a. Representative end users (e.g., based on user types, permissions) are selected for user acceptance testing.
SD5b. A user acceptance testing plan, including a schedule and expected testing environment, is created in collaboration with the IT team.
SD5c. Testing materials (e.g., test data, sample cases) and feedback mechanisms are prepared for user acceptance testing.
SD5d. User acceptance testing findings and other forms of user feedback are communicated to the IT team.
SD5e. User acceptance testing plans are adjusted as needed in collaboration with the IT team.
SD5f. User acceptance testing is repeated as necessary until the system functions properly.

Quality Indicator SD6: Part C/619 state staff participate in creating, reviewing, and revising materials to support the implementation of the database application/enhancement.

Elements of Quality
SD6a. User support and technical materials (e.g., technical documentation, user manuals, online tutorials, webinars) are created and updated, as necessary.
SD6b. Materials are updated based on users' review and feedback.
SD6c. Changes to the materials are communicated to help desk support.
SD6d. Written documentation delineating administrator/staff roles associated with the application is developed to guide the transfer of knowledge about the application to new Part C/619 state staff, IT staff, and vendors.

Quality Indicator SD7: Part C/619 state staff communicate and work with the IT team to deploy the new database application/enhancement.

Elements of Quality
SD7a. A deployment plan, including guidelines for transition to the new data application/enhancement, schedule for running legacy and new system in parallel, roles and responsibilities, and contingency steps, is created in collaboration with the IT team.
SD7b. The deployment plan is communicated to all necessary parties, including state and local staff.
SD7c. End user support (e.g., training, release notes) is provided for the new application/enhancement.
SD7d. The new database application is deployed, or new enhancement released, in collaboration with IT.
SD7e. The responsibility for the new database application/enhancement is transitioned to the state agency.

Subcomponent: Data Analysis and Use (DU)

The effective use of Part C and Part B 619 data is fundamental to the achievement of positive outcomes for children with disabilities and families. Achieving positive outcomes for *all* children with disabilities requires equitable access to IDEA services and the individualized and equitable provision of those services and supports. All high-quality state systems should be using data regularly to see if there are differences across subgroups which could be an indication that the system is not equitable and to identify the root causes for those differences and inform solutions. Part C and Part B 619 state staff need the knowledge and skills to formulate and answer critical questions about equitable access, services and supports, and positive outcomes for the overall population of children and families and for each of the various subgroups in the state.

The purpose of the Data Analysis and Use subcomponent is to assist state leaders in facilitating ongoing use of quality Part C and Part B 619 data for program accountability, program improvement, and program operations at state and local levels. As data leaders, Part C and Part B 619 state and local staff need to set expectations and support the conditions that will lead to effective data use at state and local levels. Effective data use requires ongoing planning, analysis, and dissemination of data products. Data products are defined as all types of materials containing data, for example, data tables, presentations, and reports.

Linking data with other data (e.g., child outcome data with child service data, Part C with 619 data) allows the state to answer critical questions that could not be answered by either data set alone. As data leaders, Part C and Part B 619 state staff need to understand the power and potential concerns associated with linked data and be able to actively participate in planning efforts that involve linking their program's data with other data sets.

An assumption underlying the framework is that many different kinds of individuals, including those who have been historically underserved, should understand and use data. A data user is any person who accesses the data in any form, including raw data, data tables, data displays, reports, or any other data products. To be a skilled data user, individuals need professional development and access to technical expertise that builds their capacity. All data must be shared and used in compliance with data governance policies and with careful attention to the protection of personally identifiable information.

To achieve positive outcomes based on continuous improvement of programs and systems, the state needs to ensure availability of quality data; analyze, prepare, and disseminate a variety of data products; and provide leadership to build the capacity of state and local staff and stakeholders for effective data use.

This subcomponent consists of three sections. The first section, Data Availability, addresses activities that ensure that users of the data have the quality data they need when they need it. Next, the Data Analysis section addresses activities involving planning and conducting data analyses that meet the needs of the data users. The third section addresses Data Leadership and Data Use, the activities that support creating and maintaining the conditions for a culture of data use at state and local levels.

Section 1: Data Availability

Quality Indicator DU1: Part C/619 state staff implement the processes required to ensure quality data are available for analyses.

Elements of Quality
DU1a. All data sources are identified and documented.
DU1b. Clear, timely, and necessary guidance is provided for all data collections.
DU1c. State and local staff are trained on data collection and submission processes.
DU1d. Approved processes are in place to meet data requests of potential users (e.g., agency staff, researchers, legislators).
DU1e. A schedule or timeline is developed for accessing and preparing data for all required data analysis activities.
DU1f. Processes required to ensure quality data are reviewed and revised as needed.

Section 2: Data Analysis

Quality Indicator DU2: Part C/619 state staff plan and prepare for data analyses.

Elements of Quality
DU2a. The purposes for the analyses are identified, including the critical questions to be addressed.
DU2b. Plans for data analysis routinely include critical questions to intentionally examine equitable access, services and supports, and outcomes.
DU2c. The type and format of data products that will be used to disseminate results of the analyses are identified.
DU2d. Data are reviewed and their completeness, accuracy, and timeliness are verified.
DU2e. Data analysis methods that are appropriate for the purpose and use of the data are identified.
DU2f. Data analysis plans are reviewed by individuals with relevant technical and programmatic expertise.

Quality Indicator DU3: Part C/619 state staff conduct data analyses that meet the needs of the state agency and other users.

Elements of Quality
DU3a. Analyses are conducted consistent with the attributes of the data (e.g., data quality, significance levels, sample size), intended purposes, and the planned data products.
DU3b. The strengths and possible limitations of the analyses are identified.
DU3c. Results of the analyses are reviewed by individuals with relevant technical and programmatic expertise including the potential risks of misinterpretation.
DU3d. Data products are developed that meet the needs of intended users, incorporating where appropriate: <ul style="list-style-type: none"> • dashboards that display multiple data views; • comparative analyses (e.g., subgroups, trends) and examination of root causes; • best practices for identifying, displaying, and labeling data by subgroups by disability characteristics, race, ethnicity, gender, immigration status, home language, geography, socioeconomic status;

Data Analysis and Use

Elements of Quality
<ul style="list-style-type: none"> • features to provide users with the ability to interact with the data (e.g., filtering, sorting); and • effective data visualizations (e.g., clear and understandable; use of appropriate racial and cultural icons).
DU3e. Disclosure avoidance techniques are used to ensure that personally identifiable information (PII) is protected in accordance with federal and state requirements in all data products.
DU3f. Documentation is developed to support future replication of the analyses conducted (e.g., data elements, tools and methods used, strengths/limitations of data analysis and results, data products developed) where applicable.

Section 3: Data Leadership and Data Use

Quality Indicator DU4: State Part C/619 coordinators function as data leaders to create and maintain the conditions for a culture of data use at the state level.

Elements of Quality
DU4a. Staff have the knowledge and skills necessary to use data to inform decision-making, including using data to examine equitable access, services and supports, outcomes.
DU4b. A commitment to using data for decision-making exists throughout the agency.
DU4c. Data are high quality and comprehensive.
DU4d. Data products (both routine and ad hoc) are available and timely.
DU4e. Data are routinely made available across administrative units for collaborative use (e.g., monitoring, fiscal, contracts, programs).
DU4f. The strengths and limitations of the analyses and the potential risks of misinterpretation are shared with users of the data products (e.g., data quality, significance levels, small sample size, comparative analyses such as by race, ethnicity, disability characteristics).
DU4g. Staff participate in efforts to share IDEA data with and access other early childhood data across programs, agencies, or initiatives (e.g., Medicaid, ECIDS, Child Welfare, EHDI, SLDS, Education).

Quality Indicator DU5: Part C/619 state staff lead an ongoing data-informed decision-making process (i.e., review of data analyses, interpret results, and make decisions informed by the data).

Elements of Quality
DU5a. Effective and routine processes for data-informed decision-making have been adopted (e.g., Plan Do Study Act, Change Management).
DU5b. Processes for data-informed decision-making are implemented consistently by individuals and teams.
DU5c. Stakeholder groups that represent the full range of diversity in the state, especially those who have been historically underserved, participate in data-informed decision-making processes as appropriate to the topic.
DU5d. Data from cross-program and cross-agency partnerships are used for program improvement.
DU5e. Processes for data-informed decision-making are reviewed and revised as needed.
DU5f. Data-informed decision-making processes routinely and intentionally use data to examine equitable access, experiences, and outcomes.

Quality Indicator DU6: Part C/619 state staff support local programs or districts in building a culture of data use.

Elements of Quality
DU6a. Professional development opportunities are available to build data skills of local programs or district administrators, staff, and stakeholders.
DU6b. Supports are provided to ensure data needed by local program or districts to inform decisions are high quality and comprehensive.
DU6c. Data products and displays for local programs and districts are available and timely.
DU6d. Supports are provided to local programs or districts to engage stakeholders in the ongoing use of data.
DU6e. Supports are provided to create and sustain local use of data for decision-making by individuals and teams.
DU6f. Supports are provided to local programs or districts to implement data-informed decision-making processes that routinely and intentionally use data to examine equitable access, services and supports, and outcomes.
DU6g. Supports are reviewed and revised as needed based on local program or district feedback.

Subcomponent: Sustainability (SU)

Sustainability refers to the state's capacity to support the Part C and Part B 619 database application over time to meet the program's evolving needs. To sustain a data system that addresses the state's evolving needs, state leadership needs to ensure a continuation of sufficient fiscal and human resources, key leadership and stakeholders' support, and data use throughout the system. Demonstrating the value of data in informing decisions is an important contributor to sustainability. Sustaining an efficient, effective data system is an ongoing endeavor. This involves identifying emerging social and technical issues when considering system functionality, e.g., equity considerations, designing for access through mobile devices, electronic signature capability, parent portals, and predictive analytics. Therefore, monitoring and reviewing of requirements will be necessary to ensure data system remains current and relevant.

The process of identifying the need for enhancements or for a new database application is conceptualized as a part of sustainability. However, those involved with data governance and management are responsible for translating the identified enhancements or request for a new system into an actionable scope of work that includes activities, timelines, and required resources (see Data Governance and Management subcomponent). The development of a new system or enhancement of an existing system is executed in accordance with the system development life cycle as presented in the System Design and Development subcomponent.

Quality Indicator SU1: Part C/619 state staff use a systematic process to identify enhancements to the database application.

Elements of Quality	
SU1a.	The process involves identifying and collecting relevant information to inform decision-making about potential enhancements (e.g., user input, changes in federal or state reporting requirements, equity considerations, disruptions related to disasters, state data initiatives such as ECIDS, current effective technologies).
SU1b.	Information is analyzed to identify needed improvements to the database application (e.g., improved reporting capabilities, new notification functionality, additional data elements).
SU1c.	Information is analyzed to identify additional or improved user supports (e.g., video tutorials, new online training materials).
SU1d.	Enhancements are aligned with the database application's purpose and vision.

Quality Indicator SU2: Part C/619 state staff generate administrative and fiscal support to sustain and enhance the database application.

Elements of Quality	
SU2a.	The database application value is demonstrated through the use of data-informed decision-making for continuous improvement at multiple levels (policymakers to local users).
SU2b.	The benefits of the application and the need for improvements are effectively articulated to decision-makers.
SU2c.	In collaboration with state leadership, resources needed to maintain and/or improve the application are identified (e.g., new or increased funding).
SU2d.	Knowledge transfer to sustain the operation and use of the database application, including system administrative roles, is systematically conducted for new Part C/619 state staff, IT staff, and vendors.

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Subcomponent: Data Analysis and Use

About Us

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The DaSy Center is a national technical assistance center funded by the U.S. Department of Education, Office of Special Education Programs. The DaSy Center works with states to support IDEA early intervention and early childhood special education state programs in the development or enhancement of coordinated early childhood longitudinal data systems.

To learn more about the DaSy Center, visit the DaSy Center website at <http://www.dasycenter.org/>.

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Document Pages: 164	Signatures: 3
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Time Zone: (UTC-05:00) Eastern Time (US & Canada)	Carol.Perkins@flhealth.gov
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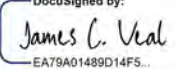
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Signer Events

James C. Veal
 chris.veal@flhealth.gov
 CIO
 Security Level: Email, Account Authentication (None)

Signature

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Ty Gentle
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Antonio Dawkins
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<p>Marcy Hajdukiewicz marcy.hajdukiewicz@flhealth.gov Director, Division of Children's Medical Services Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 8/11/2023 1:15:23 PM ID: 4a5aa865-9e96-4f6b-8610-dacb6fac0fb2</p>	COPIED	Sent: 9/13/2023 4:06:17 PM
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<p>Nicolle DelMonego nicolle.delmonego@flhealth.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 7/14/2023 7:56:59 AM ID: 1c06b82a-b5be-4c32-93af-91dc3aa56f83</p>	COPIED	Sent: 9/13/2023 4:06:19 PM Viewed: 9/13/2023 4:07:10 PM
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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: antonio.dawkins@flhealth.gov

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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to antonio.dawkins@flhealth.gov and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> •Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
64300100					

1. GENERAL

1.1 Are Columns A01, A04, A05, A91, A92, A93, A36, A10, IA1, IA4, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? (CSDI or Web LBR Column Security)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Have Column A03 trust fund files been copied to Column A12? Run Schedule I (SC1R, SC1 or SC1R, SC1D adding column A12) to verify.	Y				
1.5 Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? (CSDR, CSA)	Y				

TIP The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. A security control feature included in the LAS/PBS Web upload process requires columns to be in the proper status before uploading to the portal.

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 57 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 28)? Do they clearly describe the issue?	Y				

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.					
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity and program component at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")					
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")					

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE
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Action	Program or Service (Budget Entity Codes)			
Action	64300100			

TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				

4. EXHIBIT D (EADR, EXD)

4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 60 of the LBR Instructions?	Y			
4.2	Is the program component code and title used correct?	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			
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AUDITS:

5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.)	Y			
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.)	Y			
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2022-23 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a \$5,000 allowance at the department level.				

6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)

6.1	Are issues appropriately aligned with appropriation categories?	Y			
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Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)
	64300100

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.	
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7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)

7.1 Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 28 of the LBR Instructions.)	Y				
7.2 Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 63 through 70 of the LBR Instructions.)	Y				
7.3 Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 67 through 70 of the LBR Instructions?	Y				
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				
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				
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				
7.7 Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OAD/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 95 of the LBR Instructions.)	Y				
7.8 Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y				
7.9 Does the issue narrative reference the specific county(ies) where applicable?	Y				
7.10 Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #24-003?	Y				
7.11 When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N				
7.12 Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y				
7.13 Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A				
7.14 Do the amounts reflect appropriate FSI assignments?	Y				
7.15 Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE					
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Action	Program or Service (Budget Entity Codes)				
	64300100				
7.16	Do the issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 27 and 89 of the LBR Instructions.)	N/A			
7.17	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y			
7.18	Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A			
7.19	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y			
AUDIT:					
7.20	Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	N/A			
7.21	Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	N/A			
7.22	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y			
7.23	Have FCO appropriations been entered into the nonrecurring column (A04)? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Y			
7.24	Has narrative been entered for all issues requested by the agency? Agencies do not need to include narrative for startup issues (1001000, 2103XXX, etc.) that were not input by the agency. (NAAR, BSNR)	Y			
7.25	Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2023-24? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2023-24. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	Y			
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 63 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE
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Action	Program or Service (Budget Entity Codes)				
64300100					

TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2023-24 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)

8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
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?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y				
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?	Y				
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				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
		64300100				
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y				
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01, Section III?	Y				
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Has the agency 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				
AUDITS:						
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? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.32	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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.

	Program or Service (Budget Entity Codes)				
Action	64300100				
8.33 Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y				
8.34 Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y				
TIP The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP Determine if the agency is scheduled for trust fund review. (See pages 121 through 126 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.					
TIP Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1 Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	N/J				
10. SCHEDULE III (PSCR, SC3)					
10.1 Is the appropriate lapse amount applied? (See page 91 of the LBR Instructions.)	Y				
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 94 and 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	Y				
11. SCHEDULE IV (EADR, SC4)					
11.1 Are the correct Information Technology (IT) issue codes used?	Y				
TIP If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.					
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1 Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.	Y				
13. SCHEDULE VIIIB-1 (EADR, S8B1)					
13.1 NOT REQUIRED FOR THIS YEAR					
TIP If all or a portion of an issue is intended to be reduced on a nonrecurring basis, include the total reduction amount in Column A91 and the nonrecurring portion in Column A92.					
14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)					
14.1 Do the reductions comply with the instructions provided on pages 100 through 103 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE					
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE					
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)
					64300100
TIP Compare the debt service amount requested (IOE N or other IOE used for debt service) with the debt service need included in the Schedule VI: Detail of Debt Service, to determine whether any debt has been retired and may be reduced.					
TIP If all or a portion of an issue is intended to be reduced on a nonrecurring basis, in the absence of a nonrecurring column, include that intent in narrative.					
15. SCHEDULE VIIIC (EADR, S8C) (NO LONGER REQUIRED)					
16. SCHEDULE XI (UCSR,SCXI) (LAS/PBS Web - see pages 105-109 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)					
16.1 Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)					
					Y
16.2 Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?					
					Y
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
16.3 Does the FY 2022-23 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)					
					Y
16.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")					
					Y
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")					
					Y
16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in Audit #3 do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)					
					Y
16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")					
					Y
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					
17. MANUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to the Florida Fiscal Portal)					
17.1 Do exhibits and schedules comply with LBR Instructions (pages 53 through 109 of the LBR Instructions), and are they accurate and complete?					
					Y
17.2 Does manual exhibits tie to LAS/PBS where applicable?					
					Y
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?					
					Y
17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 129 and 130 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?					
					Y

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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.

	Program or Service (Budget Entity Codes)				
Action	64300100				

17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	Y				
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AUDITS - GENERAL INFORMATION

TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 155 through 157) for a list of audits and their descriptions.					
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TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
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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				
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18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y				
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18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
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18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
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18.5 Are the appropriate counties identified in the narrative?	Y				
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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				
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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.					
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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				
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Fiscal Year 2024-2025

MEDICAL QUALITY ASSURANCE EXHIBITS AND SCHEDULES



**Fiscal Year
2024-2025**

**MEDICAL QUALITY ASSURANCE
SCHEDULE I SERIES**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund
Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

SECTION I - FEE COLLECTION

	ACTUAL FY 2022 - 2023	ESTIMATED FY 2023 - 2024	REQUEST FY 2024 - 2025
Receipts:			
Fees and Licensees	62,145	800,095	62,145
Fines, Forfeitures and Judgments	13,459	13,459	13,459
Unlicensed Activity	1,180	13,470	1,180
Miscellaneous	103	103	103
Total Fee Collection to Line (A) - Section III	76,887	827,127	76,887

SECTION II - FULL COSTS

Direct Costs:			
Salaries and Benefits	84,369	158,928	127,477
Other Personal Services	7,939	17,668	14,242
Expenses	13,203	24,044	19,333
Operating Capital Outlay	43	217	173
Special Categories - Operating	52,283	78,889	78,023
Special Categories - Non-Operating	97,035	168,033	34,160
Indirect Costs Charged to Trust Fund	11,168	19,435	15,434
Total Full Costs to Line (B) - Section III	266,040	467,215	288,841

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	76,887	827,127	76,887
TOTAL SECTION II	(B)	266,040	467,215	288,841
TOTAL - Surplus/Deficit	(C)	(189,153)	359,912	(211,954)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2024-25**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund
Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
Fees and Licensees	147,150	37,740	147,150
Fines, Forfeitures and Judgments			
Unlicensed Activity	3,505	440	3,505
Miscellaneous	8	8	8
Total Fee Collection to Line (A) - Section III	150,663	38,188	150,663

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	7,741	15,258	28,699
Other Personal Services	589	1,696	3,206
Expenses	2,260	2,308	4,352
Operating Capital Outlay	8	21	39
Special Categories - Operating	18,700	6,950	15,882
Special Categories - Non-Operating	24,719	37,721	7,691
Indirect Costs Charged to Trust Fund	2,031	1,866	3,475
Total Full Costs to Line (B) - Section III	56,047	65,820	63,345

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	150,663	38,188	150,663
TOTAL SECTION II	(B)	56,047	65,820	63,345
TOTAL - Surplus/Deficit	(C)	94,616	(27,632)	87,318

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
Fees and Licensees	317,045	123,845	317,045
Fines, Forfeitures and Judgments	140	-	-
Unlicensed Activity	13,565	2,725	14,360
Miscellaneous	37	37	37
Total Fee Collection to Line (A) - Section III	330,787	126,607	331,442

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	55,048	77,341	98,664
Other Personal Services	2,549	8,598	11,023
Expenses	14,524	11,701	14,963
Operating Capital Outlay	38	106	134
Special Categories - Operating	64,148	37,513	57,158
Special Categories - Non-Operating	55,803	79,001	26,439
Indirect Costs Charged to Trust Fund	9,645	9,458	11,946
Total Full Costs to Line (B) - Section III	201,756	223,718	220,327

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	330,787	126,607	331,442
TOTAL SECTION II	(B)	201,756	223,718	220,327
TOTAL - Surplus/Deficit	(C)	129,031	(97,111)	111,115

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund
Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
Fees and Licensees	327,497	2,888,681	327,497
Fines, Forfeitures and Judgments	85,607	85,607	85,607
Unlicensed Activity	4,030	38,940	4,030
Miscellaneous	3,093	1,769	1,769
Total Fee Collection to Line (A) - Section III	420,227	3,014,997	418,903

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	388,345	627,748	522,046
Other Personal Services	13,829	69,785	58,322
Expenses	68,305	94,971	79,171
Operating Capital Outlay	153	859	707
Special Categories - Operating	214,613	285,493	291,966
Special Categories - Non-Operating	359,065	410,109	139,893
Indirect Costs Charged to Trust Fund	38,582	76,764	63,206
Total Full Costs to Line (B) - Section III	1,082,891	1,565,729	1,155,312

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I (A)	420,227	3,014,997	418,903
TOTAL SECTION II (B)	1,082,891	1,565,729	1,155,312
TOTAL - Surplus/Deficit (C)	(662,664)	1,449,268	(736,409)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund
Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
<u>Fees and Licensees</u>	1,317,348	838,998	1,317,348
<u>Fines, Forfeitures and Judgments</u>	7,653	866	866
<u>Unlicensed Activity</u>	69,350	45,735	87,905
<u>Miscellaneous</u>	1,871	572	572
Total Fee Collection to Line (A) - Section III	1,396,222	886,171	1,406,691

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	388,930	408,599	494,223
<u>Other Personal Services</u>	5,331	45,423	55,214
<u>Expenses</u>	62,116	61,816	74,952
<u>Operating Capital Outlay</u>	311	559	669
<u>Special Categories - Operating</u>	246,196	205,207	294,252
<u>Special Categories - Non-Operating</u>	228,847	245,905	132,438
Indirect Costs Charged to Trust Fund	80,209	49,965	59,838
Total Full Costs to Line (B) - Section III	1,011,941	1,017,474	1,111,585

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	1,396,222	886,171	1,406,691
TOTAL SECTION II	(B)	1,011,941	1,017,474	1,111,585
TOTAL - Surplus/Deficit	(C)	384,281	(131,303)	295,106

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
<u>Fees and Licensees</u>	4,048,368	4,173,146	4,173,146
<u>Fines, Forfeitures and Judgments</u>	24,742	24,742	24,742
<u>Unlicensed Activity</u>	356,102	368,748	368,748
<u>Miscellaneous</u>	1,782	1782	1782
Total Fee Collection to Line (A) - Section III	4,430,994	4,568,418	4,568,418

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	2,672,140	2,860,021	2,720,249
<u>Other Personal Services</u>	155,378	317,943	303,902
<u>Expenses</u>	457,471	432,687	412,541
<u>Operating Capital Outlay</u>	1,995	3,912	3,684
<u>Special Categories - Operating</u>	962,439	1,326,364	1,543,447
<u>Special Categories - Non-Operating</u>	568,153	898,384	728,948
Indirect Costs Charged to Trust Fund	472,119	349,737	329,351
Total Full Costs to Line (B) - Section III	5,289,695	6,189,047	6,042,122

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	4,430,994	4,568,418
TOTAL SECTION II	(B)	5,289,695	6,042,122
TOTAL - Surplus/Deficit	(C)	(858,701)	(1,473,704)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
<u>Fees and Licensees</u>	5,307,182	1,506,387	5,537,237
<u>Fines, Forfeitures and Judgments</u>	80,679	43,965	43,965
<u>Unlicensed Activity</u>	187,648	24,283	174,755
<u>Miscellaneous</u>	6,802	6802	6802
Total Fee Collection to Line (A) - Section III	5,582,311	1,581,437	5,762,759

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	1,247,649	1,375,312	1,539,420
<u>Other Personal Services</u>	55,919	152,891	171,981
<u>Expenses</u>	232,886	208,068	233,461
<u>Operating Capital Outlay</u>	773	1,881	2,085
<u>Special Categories - Operating</u>	783,932	654,103	885,439
<u>Special Categories - Non-Operating</u>	500,586	727,246	412,520
Indirect Costs Charged to Trust Fund	199,001	168,180	186,384
Total Full Costs to Line (B) - Section III	3,020,746	3,287,682	3,431,290

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	5,582,311	1,581,437
TOTAL SECTION II	(B)	3,020,746	3,287,682
TOTAL - Surplus/Deficit	(C)	2,561,565	(1,706,245)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2024-25**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
Fees and Licensees	191,818	1,551,313	191,818
Fines, Forfeitures and Judgments			
Unlicensed Activity	6,920	85,770	6,920
Miscellaneous	143	143	143
Total Fee Collection to Line (A) - Section III	198,881	1,637,226	198,881

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	143,106	301,584	220,733
Other Personal Services	1,917	33,526	24,660
Expenses	22,488	45,626	33,475
Operating Capital Outlay	128	412	299
Special Categories - Operating	95,701	140,221	126,880
Special Categories - Non-Operating	159,063	282,141	59,150
Indirect Costs Charged to Trust Fund	32,998	36,879	26,725
Total Full Costs to Line (B) - Section III	455,401	840,390	491,922

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	198,881	1,637,226	198,881
TOTAL SECTION II	(B)	455,401	840,390	491,922
TOTAL - Surplus/Deficit	(C)	(256,520)	796,836	(293,041)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
<u>Fees and Licensees</u>	10,730	159,130	10,730
<u>Fines, Forfeitures and Judgments</u>			
<u>Unlicensed Activity</u>	35	3,780	35
<u>Miscellaneous</u>	11	11	11
Total Fee Collection to Line (A) - Section III	10,776	162,921	10,776

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	11,840	27,269	16,229
<u>Other Personal Services</u>	887	3,031	1,813
<u>Expenses</u>	2,141	4,125	2,461
<u>Operating Capital Outlay</u>	4	37	22
<u>Special Categories - Operating</u>	10,125	18,293	15,099
<u>Special Categories - Non-Operating</u>	27,418	46,428	4,349
Indirect Costs Charged to Trust Fund	1,015	3,335	1,965
Total Full Costs to Line (B) - Section III	53,430	102,519	41,938

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I (A)	10,776	162,921	10,776
TOTAL SECTION II (B)	53,430	102,519	41,938
TOTAL - Surplus/Deficit (C)	(42,654)	60,402	(31,162)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
<u>Fees and Licensees</u>	524,255	5,894,065	524,255
<u>Fines, Forfeitures and Judgments</u>	260,351	260,351	260,351
<u>Unlicensed Activity</u>	15,949	84,985	15,949
<u>Miscellaneous</u>	46,948	4650	4650
Total Fee Collection to Line (A) - Section III	847,503	6,244,051	805,205

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	1,306,543	1,869,516	1,433,250
<u>Other Personal Services</u>	444,902	207,830	160,120
<u>Expenses</u>	226,178	282,835	217,360
<u>Operating Capital Outlay</u>	372	2,557	1,941
<u>Special Categories - Operating</u>	762,629	918,561	871,945
<u>Special Categories - Non-Operating</u>	96,772	448,866	384,070
<u>Indirect Costs Charged to Trust Fund</u>	95,947	228,613	173,529
Total Full Costs to Line (B) - Section III	2,933,343	3,958,779	3,242,215

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	847,503	6,244,051	805,205
TOTAL SECTION II	(B)	2,933,343	3,958,779	3,242,215
TOTAL - Surplus/Deficit	(C)	(2,085,840)	2,285,272	(2,437,010)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
<u>Fees and Licensees</u>	606,055	226,265	588,220
<u>Fines, Forfeitures and Judgments</u>	30	-	
<u>Unlicensed Activity</u>	33,270	8,625	21,805
<u>Miscellaneous</u>	4,172	267	267
Total Fee Collection to Line (A) - Section III	643,527	235,157	610,292

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	91,147	136,123	143,026
<u>Other Personal Services</u>	1,541	15,132	15,979
<u>Expenses</u>	18,884	20,594	21,691
<u>Operating Capital Outlay</u>	75	186	194
<u>Special Categories - Operating</u>	108,312	73,987	91,857
<u>Special Categories - Non-Operating</u>	58,657	134,296	38,327
Indirect Costs Charged to Trust Fund	19,291	16,646	17,317
Total Full Costs to Line (B) - Section III	297,907	396,963	328,389

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	643,527	235,157	610,292
TOTAL SECTION II	(B)	297,907	396,963	328,389
TOTAL - Surplus/Deficit	(C)	345,620	(161,806)	281,903

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
<u>Fees and Licensees</u>	185,480	477,380	185,480
<u>Fines, Forfeitures and Judgments</u>	6,099	6,099	6,099
<u>Unlicensed Activity</u>	8,402	15,533	2,748
<u>Miscellaneous</u>	1,582	421	421
Total Fee Collection to Line (A) - Section III	201,563	499,433	194,748

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	169,391	209,175	174,835
<u>Other Personal Services</u>	9,449	23,254	19,532
<u>Expenses</u>	29,033	31,646	26,515
<u>Operating Capital Outlay</u>	89	286	237
<u>Special Categories - Operating</u>	128,292	120,276	123,168
<u>Special Categories - Non-Operating</u>	36,128	50,222	46,851
Indirect Costs Charged to Trust Fund	22,844	25,579	21,168
Total Full Costs to Line (B) - Section III	395,226	460,438	412,305

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	201,563	499,433
TOTAL SECTION II	(B)	395,226	460,438
TOTAL - Surplus/Deficit	(C)	(193,663)	38,995

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
<u>Fees and Licensees</u>	2,471,567	384,586	2,564,601
<u>Fines, Forfeitures and Judgments</u>	48,988	34,318	34,318
<u>Unlicensed Activity</u>	-		
<u>Miscellaneous</u>	691	691	691
Total Fee Collection to Line (A) - Section III	2,521,246	419,595	2,599,610

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	707,066	769,287	1,023,636
<u>Other Personal Services</u>	20,494	85,520	114,359
<u>Expenses</u>	151,627	116,384	155,240
<u>Operating Capital Outlay</u>	544	1,052	1,386
<u>Special Categories - Operating</u>	617,393	342,903	561,165
<u>Special Categories - Non-Operating</u>	232,272	184,704	274,305
Indirect Costs Charged to Trust Fund	140,113	94,072	123,936
Total Full Costs to Line (B) - Section III	1,869,509	1,593,922	2,254,026

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	2,521,246	419,595	2,599,610
TOTAL SECTION II	(B)	1,869,509	1,593,922	2,254,026
TOTAL - Surplus/Deficit	(C)	651,737	(1,174,327)	345,584

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2024-25**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
Fees and Licensees	11,385	11,015	11,015
Fines, Forfeitures and Judgments	-	-	-
Unlicensed Activity	500	3,270	500
Miscellaneous	7	7	7
Total Fee Collection to Line (A) - Section III	11,892	14,292	11,522

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	8,441	8,992	9,108
Other Personal Services	17,697	1,000	1,018
Expenses	1,319	1,360	1,381
Operating Capital Outlay	6	12	12
Special Categories - Operating	2,950	4,007	4,992
Special Categories - Non-Operating	1,627	2,435	2,441
Indirect Costs Charged to Trust Fund	1,523	1,100	1,103
Total Full Costs to Line (B) - Section III	33,563	18,906	20,055

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	11,892	14,292	11,522
TOTAL SECTION II	(B)	33,563	18,906	20,055
TOTAL - Surplus/Deficit	(C)	(21,671)	(4,614)	(8,533)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
<u>Fees and Licensees</u>	431,687	73,212	410,212
<u>Fines, Forfeitures and Judgments</u>	7,224	-	-
<u>Unlicensed Activity</u>	5,620	595	5,620
<u>Miscellaneous</u>	65	65	65
Total Fee Collection to Line (A) - Section III	444,596	73,872	415,897

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	30,411	84,146	94,356
<u>Other Personal Services</u>	1,431	9,354	10,541
<u>Expenses</u>	7,874	12,730	14,310
<u>Operating Capital Outlay</u>	20	115	128
<u>Special Categories - Operating</u>	69,839	38,710	52,944
<u>Special Categories - Non-Operating</u>	62,012	98,670	25,285
<u>Indirect Costs Charged to Trust Fund</u>	5,077	10,290	11,424
Total Full Costs to Line (B) - Section III	176,664	254,016	208,989

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	444,596	73,872	415,897
TOTAL SECTION II	(B)	176,664	254,016	208,989
TOTAL - Surplus/Deficit	(C)	267,932	(180,144)	206,908

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
<u>Fees and Licensees</u>	1,978,395	4,842,075	1,978,395
<u>Fines, Forfeitures and Judgments</u>	131,691	131,691	131,691
<u>Unlicensed Activity</u>	199,467	200,330	199,467
<u>Miscellaneous</u>	4,439	4,439	4,439
Total Fee Collection to Line (A) - Section III	2,313,992	5,178,535	2,313,992

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	3,523,698	3,470,481	3,236,644
<u>Other Personal Services</u>	306,846	385,806	361,592
<u>Expenses</u>	738,594	525,042	490,855
<u>Operating Capital Outlay</u>	1,831	4,747	4,383
<u>Special Categories - Operating</u>	1,772,763	1,898,466	2,129,572
<u>Special Categories - Non-Operating</u>	219,845	833,254	867,328
<u>Indirect Costs Charged to Trust Fund</u>	465,519	424,387	391,873
Total Full Costs to Line (B) - Section III	7,029,097	7,542,184	7,482,248

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	2,313,992	2,313,992
TOTAL SECTION II	(B)	7,029,097	7,482,248
TOTAL - Surplus/Deficit	(C)	(4,715,105)	(5,168,256)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund
Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
Fees and Licensees	153,935	57,945	159,865
Fines, Forfeitures and Judgments	100	-	-
Unlicensed Activity	4,010	780	3,555
Miscellaneous	35	19	19
Total Fee Collection to Line (A) - Section III	158,080	58,744	163,439

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	66,736	17,328	48,759
Other Personal Services	600	1,926	5,447
Expenses	9,934	2,622	7,395
Operating Capital Outlay	43	24	66
Special Categories - Operating	20,734	8,246	27,255
Special Categories - Non-Operating	33,710	38,223	13,066
Indirect Costs Charged to Trust Fund	11,168	2,119	5,903
Total Full Costs to Line (B) - Section III	142,927	70,488	107,891

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	158,080	58,744	163,439
TOTAL SECTION II	(B)	142,927	70,488	107,891
TOTAL - Surplus/Deficit	(C)	15,153	(11,744)	55,548

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund
Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
Fees and Licensees	20,083,239	22,062,486	22,062,486
Fines, Forfeitures and Judgments	892,801	892,801	892,801
Unlicensed Activity	220,038	211,893	211,893
Miscellaneous	19,475	19,475	19,475
Total Fee Collection to Line (A) - Section III	21,215,553	23,186,655	23,186,655

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	6,468,713	9,480,503	9,428,929
Other Personal Services	1,111,166	1,053,928	1,053,384
Expenses	1,483,146	1,434,287	1,429,949
Operating Capital Outlay	4,303	12,967	12,768
Special Categories - Operating	5,739,237	4,348,821	5,293,612
Special Categories - Non-Operating	4,163,371	4,642,204	2,526,682
Indirect Costs Charged to Trust Fund	814,785	1,159,321	1,141,598
Total Full Costs to Line (B) - Section III	19,784,722	22,132,030	20,886,921

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	21,215,553	23,186,655
TOTAL SECTION II	(B)	19,784,722	20,886,921
TOTAL - Surplus/Deficit	(C)	1,430,831	2,299,734

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
Fees and Licensees	22,540	140,040	22,540
Fines, Forfeitures and Judgments	5,500	5,500	5,500
Unlicensed Activity	95	1,155	95
Miscellaneous	36	36	36
Total Fee Collection to Line (A) - Section III	28,171	146,731	28,171

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	74,822	80,150	71,363
Other Personal Services	4,263	8,910	7,973
Expenses	11,215	12,126	10,823
Operating Capital Outlay	28	110	97
Special Categories - Operating	33,767	38,266	41,691
Special Categories - Non-Operating	5,224	19,244	19,123
Indirect Costs Charged to Trust Fund	7,107	9,801	8,640
Total Full Costs to Line (B) - Section III	136,426	168,607	159,709

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	28,171	146,731
TOTAL SECTION II	(B)	136,426	168,607
TOTAL - Surplus/Deficit	(C)	(108,255)	(21,876)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
Fees and Licensees	649,215	196,393	641,788
Fines, Forfeitures and Judgments			
Unlicensed Activity	8,725	1,760	8,725
Miscellaneous	96	96	96
Total Fee Collection to Line (A) - Section III	658,036	198,249	650,609

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	180,587	148,734	236,376
Other Personal Services	7,615	16,534	26,407
Expenses	34,584	22,502	35,848
Operating Capital Outlay	91	203	320
Special Categories - Operating	138,070	69,237	132,548
Special Categories - Non-Operating	103,862	125,278	63,342
Indirect Costs Charged to Trust Fund	23,352	18,188	28,619
Total Full Costs to Line (B) - Section III	488,161	400,677	523,460

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	658,036	198,249	650,609
TOTAL SECTION II	(B)	488,161	400,677	523,460
TOTAL - Surplus/Deficit	(C)	169,875	(202,428)	127,149

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
<u>Fees and Licensees</u>	25,352,399	25,352,399	25,352,399
<u>Fines, Forfeitures and Judgments</u>	301,999	233,584	233,584
<u>Unlicensed Activity</u>	1,606,930	1,209,468	1,209,468
<u>Miscellaneous</u>	12,181	12181	12181
Total Fee Collection to Line (A) - Section III	27,273,509	26,807,632	26,807,632

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	8,656,975	10,184,860	11,184,591
<u>Other Personal Services</u>	627,022	1,132,230	1,249,523
<u>Expenses</u>	1,739,226	1,540,848	1,696,204
<u>Operating Capital Outlay</u>	6,077	13,930	15,146
<u>Special Categories - Operating</u>	6,253,961	4,806,287	6,400,917
<u>Special Categories - Non-Operating</u>	3,832,289	5,381,463	2,997,149
Indirect Costs Charged to Trust Fund	1,495,550	1,245,453	1,354,163
Total Full Costs to Line (B) - Section III	22,611,100	24,305,071	24,897,693

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	27,273,509	26,807,632
TOTAL SECTION II	(B)	22,611,100	24,305,071
TOTAL - Surplus/Deficit	(C)	4,662,409	2,502,561

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund
Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
<u>Fees and Licensees</u>	1,287,259	365,339	1,287,259
<u>Fines, Forfeitures and Judgments</u>	20,917	9,344	9,344
<u>Unlicensed Activity</u>	90,925	11,165	76,640
<u>Miscellaneous</u>	613	613	613
Total Fee Collection to Line (A) - Section III	1,399,714	386,461	1,373,856

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	401,689	337,079	442,626
<u>Other Personal Services</u>	5,686	37,472	49,449
<u>Expenses</u>	67,039	50,996	67,127
<u>Operating Capital Outlay</u>	256	461	599
<u>Special Categories - Operating</u>	202,422	155,261	247,712
<u>Special Categories - Non-Operating</u>	159,338	200,184	118,611
Indirect Costs Charged to Trust Fund	65,995	41,220	53,590
Total Full Costs to Line (B) - Section III	902,427	822,674	979,715

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	1,399,714	1,373,856
TOTAL SECTION II	(B)	902,427	979,715
TOTAL - Surplus/Deficit	(C)	497,287	394,141

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
Fees and Licensees	554,787	86,174	539,049
Fines, Forfeitures and Judgments	2,202	2,202	2,202
Unlicensed Activity	23,880	10,626	19,475
Miscellaneous	242	242	242
Total Fee Collection to Line (A) - Section III	581,111	99,244	560,968

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	358,836	305,079	356,519
Other Personal Services	18,494	33,915	39,830
Expenses	56,982	46,155	54,068
Operating Capital Outlay	172	417	483
Special Categories - Operating	208,347	180,787	240,701
Special Categories - Non-Operating	53,999	73,249	95,537
Indirect Costs Charged to Trust Fund	44,166	37,306	43,165
Total Full Costs to Line (B) - Section III	740,995	676,908	830,302

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	581,111	99,244	560,968
TOTAL SECTION II	(B)	740,995	676,908	830,302
TOTAL - Surplus/Deficit	(C)	(159,884)	(577,664)	(269,334)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
Fees and Licensees	1,277,245	137,472	1,240,722
Fines, Forfeitures and Judgments	7,152	-	-
Unlicensed Activity	19,645	1,625	19,645
Miscellaneous	439	171	171
Total Fee Collection to Line (A) - Section III	1,304,481	139,268	1,260,538

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	103,015	127,756	226,609
Other Personal Services	8,883	14,202	25,316
Expenses	31,651	19,328	34,366
Operating Capital Outlay	61	175	307
Special Categories - Operating	114,023	60,297	127,606
Special Categories - Non-Operating	211,095	311,883	60,725
Indirect Costs Charged to Trust Fund	15,737	15,623	27,436
Total Full Costs to Line (B) - Section III	484,465	549,263	502,365

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	1,304,481	1,260,538
TOTAL SECTION II	(B)	484,465	502,365
TOTAL - Surplus/Deficit	(C)	820,016	(409,995)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2024-25**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

X	Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
Fees and Licensees	48,923	322,473	48,923
Fines, Forfeitures and Judgments			
Unlicensed Activity	360	3,025	360
Miscellaneous	10	10	10
Total Fee Collection to Line (A) - Section III	49,293	325,508	49,293

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	14,936	61,557	48,588
Other Personal Services	724	6,843	5,428
Expenses	3,309	9,313	7,369
Operating Capital Outlay	10	84	66
Special Categories - Operating	21,564	28,367	27,579
Special Categories - Non-Operating	51,499	77,315	13,020
Indirect Costs Charged to Trust Fund	2,538	7,527	5,883
Total Full Costs to Line (B) - Section III	94,581	191,007	107,933

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxx

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	49,293	325,508	49,293
TOTAL SECTION II	(B)	94,581	191,007	107,933
TOTAL - Surplus/Deficit	(C)	(45,288)	134,501	(58,640)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2024-25**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

X	Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
Fees and Licensees	902,772	5,315,972	902,772
Fines, Forfeitures and Judgments	97,235	97,235	97,235
Unlicensed Activity	6,055	56,675	6,055
Miscellaneous	747	747	747
Total Fee Collection to Line (A) - Section III	1,006,809	5,470,629	1,006,809

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	654,384	1,179,359	1,076,515
Other Personal Services	80,554	131,107	120,266
Expenses	139,354	178,423	163,259
Operating Capital Outlay	325	1,613	1,458
Special Categories - Operating	705,041	528,822	593,381
Special Categories - Non-Operating	561,207	797,497	288,475
Indirect Costs Charged to Trust Fund	82,748	144,218	130,338
Total Full Costs to Line (B) - Section III	2,223,613	2,961,038	2,373,692

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	1,006,809	5,470,629
TOTAL SECTION II	(B)	2,223,613	2,961,038
TOTAL - Surplus/Deficit	(C)	(1,216,804)	2,509,591

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2024-25**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

X	Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
Fees and Licensees	6,857,953	7,061,068	6,857,953
Fines, Forfeitures and Judgments	118,252	118,252	118,252
Unlicensed Activity	333,946	255,655	184,000
Miscellaneous	17,875	17875	17875
Total Fee Collection to Line (A) - Section III	7,328,026	7,452,850	7,178,080

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	3,459,093	4,128,298	3,982,736
Other Personal Services	481,063	458,934	444,944
Expenses	761,771	624,562	604,004
Operating Capital Outlay	1,326	5,646	5,393
Special Categories - Operating	1,538,026	1,885,212	2,229,066
Special Categories - Non-Operating	814,057	1,273,685	1,067,259
Indirect Costs Charged to Trust Fund	341,144	504,828	482,206
Total Full Costs to Line (B) - Section III	7,396,480	8,881,165	8,815,609

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	7,328,026	7,452,850	7,178,080
TOTAL SECTION II	(B)	7,396,480	8,881,165	8,815,609
TOTAL - Surplus/Deficit	(C)	(68,454)	(1,428,315)	(1,637,529)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
<u>Fees and Licensees</u>	560,445	3,074,585	560,445
<u>Fines, Forfeitures and Judgments</u>	61,732	49,335	49,335
<u>Unlicensed Activity</u>	12,740	156,885	12,740
<u>Miscellaneous</u>	1,509	1509	1509
Total Fee Collection to Line (A) - Section III	636,426	3,282,314	624,029

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	575,478	832,661	741,452
<u>Other Personal Services</u>	15,067	92,565	82,834
<u>Expenses</u>	104,632	125,972	112,445
<u>Operating Capital Outlay</u>	416	1,139	1,004
<u>Special Categories - Operating</u>	457,603	383,542	419,031
<u>Special Categories - Non-Operating</u>	225,566	366,703	198,688
Indirect Costs Charged to Trust Fund	107,115	101,822	89,771
Total Full Costs to Line (B) - Section III	1,485,877	1,904,404	1,645,224

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	636,426	3,282,314
TOTAL SECTION II	(B)	1,485,877	1,904,404
TOTAL - Surplus/Deficit	(C)	(849,451)	1,377,910

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
<u>Fees and Licensees</u>	476,710	5,790,730	476,710
<u>Fines, Forfeitures and Judgments</u>	15	15	15
<u>Unlicensed Activity</u>	7,545	60,325	7,545
<u>Miscellaneous</u>	454	454	454
Total Fee Collection to Line (A) - Section III	484,724	5,851,524	484,724

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	471,912	809,887	698,903
<u>Other Personal Services</u>	40,478	90,033	78,080
<u>Expenses</u>	73,128	122,526	105,992
<u>Operating Capital Outlay</u>	281	1,108	946
<u>Special Categories - Operating</u>	308,883	366,425	388,671
<u>Special Categories - Non-Operating</u>	512,403	881,045	187,286
<u>Indirect Costs Charged to Trust Fund</u>	71,579	99,037	84,619
Total Full Costs to Line (B) - Section III	1,478,665	2,370,061	1,544,498

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	484,724	5,851,524	484,724
TOTAL SECTION II	(B)	1,478,665	2,370,061	1,544,498
TOTAL - Surplus/Deficit	(C)	(993,941)	3,481,463	(1,059,774)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2024-25**
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

X	Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
Fees and Licensees	82,610	725,700	82,610
Fines, Forfeitures and Judgments	-	-	-
Unlicensed Activity	1,455	12,565	1,455
Miscellaneous	116	116	116
Total Fee Collection to Line (A) - Section III	84,181	738,381	84,181

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	89,106	202,183	156,260
Other Personal Services	9,651	22,476	17,457
Expenses	24,164	30,588	23,698
Operating Capital Outlay	55	277	212
Special Categories - Operating	101,841	91,899	87,472
Special Categories - Non-Operating	101,802	121,645	41,873
Indirect Costs Charged to Trust Fund	13,707	24,724	18,919
Total Full Costs to Line (B) - Section III	340,325	493,791	345,891

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	84,181	738,381	84,181
TOTAL SECTION II	(B)	340,325	493,791	345,891
TOTAL - Surplus/Deficit	(C)	(256,144)	244,590	(261,710)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
<u>Receipts:</u>			
Fees and Licensees	239,097	1,538,275	226,350
Fines, Forfeitures and Judgments	9,331	9,331	9,331
Unlicensed Activity	6,280	32,855	6,280
Miscellaneous	1,887	1031	1031
Total Fee Collection to Line (A) - Section III	256,595	1,581,492	242,992

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	178,146	278,018	329,691
Other Personal Services	5,308	30,907	36,833
Expenses	34,716	42,061	49,999
Operating Capital Outlay	106	380	446
Special Categories - Operating	146,203	133,067	189,978
Special Categories - Non-Operating	283,184	331,289	88,348
Indirect Costs Charged to Trust Fund	27,413	33,997	39,917
Total Full Costs to Line (B) - Section III	675,078	849,719	735,213

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	256,595	1,581,492
TOTAL SECTION II	(B)	675,078	849,719
TOTAL - Surplus/Deficit	(C)	(418,483)	(492,221)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
<u>Fees and Licensees</u>	1,460,315	397,820	1,460,315
<u>Fines, Forfeitures and Judgments</u>	2,251	2,251	2,251
<u>Unlicensed Activity</u>	76,775	23,660	48,750
<u>Miscellaneous</u>	553	553	553
Total Fee Collection to Line (A) - Section III	1,539,894	424,284	1,511,869

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	289,880	379,774	409,288
<u>Other Personal Services</u>	7,515	42,219	45,725
<u>Expenses</u>	69,949	57,455	62,071
<u>Operating Capital Outlay</u>	207	519	554
<u>Special Categories - Operating</u>	294,846	178,224	233,420
<u>Special Categories - Non-Operating</u>	129,750	291,901	109,677
Indirect Costs Charged to Trust Fund	53,304	46,441	49,554
Total Full Costs to Line (B) - Section III	845,452	996,533	910,290

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	1,539,894	424,284	1,511,869
TOTAL SECTION II	(B)	845,452	996,533	910,290
TOTAL - Surplus/Deficit	(C)	694,442	(572,249)	601,579

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund

Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
<u>Fees and Licensees</u>	45,385	246,254	41,024
<u>Fines, Forfeitures and Judgments</u>	-	-	-
<u>Unlicensed Activity</u>	625	4,880	625
<u>Miscellaneous</u>	40	40	40
Total Fee Collection to Line (A) - Section III	46,050	251,174	41,689

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	35,519	86,169	51,732
<u>Other Personal Services</u>	754	9,579	5,779
<u>Expenses</u>	4,234	13,036	7,845
<u>Operating Capital Outlay</u>	18	118	70
<u>Special Categories - Operating</u>	16,391	39,514	29,484
<u>Special Categories - Non-Operating</u>	10,546	28,605	13,863
Indirect Costs Charged to Trust Fund	4,569	10,537	6,263
Total Full Costs to Line (B) - Section III	72,030	187,559	115,037

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	46,050	251,174
TOTAL SECTION II	(B)	72,030	187,559
TOTAL - Surplus/Deficit	(C)	(25,980)	63,615

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2024-25
Program: 64400100 Regulation and Licensing
Fund: 2352 Medical Quality Assurance Trust Fund
Specific Authority: Chapter 456, F.S. / Chapter 401, F.S.
Purpose of Fees Collected: Regulate and enforced Health Care Practitioners

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

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

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2022 - 2023	FY 2023 - 2024	FY 2024 - 2025
Receipts:			
Fees and Licensees	562,185	1,983,020	562,185
Fines, Forfeitures and Judgments	60	45	45
Unlicensed Activity	14,625	90,275	14,625
Miscellaneous	269	269	269
Total Fee Collection to Line (A) - Section III	577,139	2,073,609	577,124

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
Salaries and Benefits	298,870	454,719	374,865
Other Personal Services	43,769	50,550	41,879
Expenses	49,746	68,794	56,850
Operating Capital Outlay	213	622	508
Special Categories - Operating	164,608	209,285	212,197
Special Categories - Non-Operating	213,250	353,758	100,453
Indirect Costs Charged to Trust Fund	54,827	55,605	45,386
Total Full Costs to Line (B) - Section III	825,283	1,193,333	832,139

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	577,139	2,073,609	577,124
TOTAL SECTION II	(B)	825,283	1,193,333	832,139
TOTAL - Surplus/Deficit	(C)	(248,144)	880,276	(255,015)

EXPLANATION of LINE C:

Medical Quality Assurance 6 - Year Projection

	ENDING CASH BAL 06/30/23	ESTIMATED REVENUES FY 23-24	ESTIMATED EXPEND FY 23-24	ENDING CASH BAL 06/30/24	ESTIMATED REVENUES FY 24-25	ESTIMATED EXPEND FY 24-25	ENDING CASH BAL 06/30/25	ESTIMATED REVENUES FY 25-26	ESTIMATED EXPEND FY 25-26	ENDING CASH BAL 06/30/26	ESTIMATED REVENUES FY 26-27	ESTIMATED EXPEND FY 26-27	ENDING CASH BAL 06/30/27	ESTIMATED REVENUES FY 27-28	ESTIMATED EXPEND FY 27-28	ENDING CASH BAL FY 27-28
MQA TRUST FUND																
Acupuncture	\$ 1,087,280	\$ 813,657	\$ 325,089	\$ 1,575,848	\$ 75,707	\$ 277,336	\$ 1,374,219	\$ 813,657	\$ 355,544	\$ 1,832,331	\$ 75,707	\$ 281,250	\$ 1,626,788	\$ 813,657	\$ 344,697	\$ 2,095,749
Anesthesiologist Asst	\$ 279,214	\$ 37,748	\$ 31,210	\$ 285,752	\$ 147,158	\$ 62,438	\$ 370,472	\$ 37,748	\$ 34,134	\$ 374,086	\$ 147,158	\$ 63,319	\$ 457,925	\$ 37,748	\$ 33,093	\$ 462,580
Athletic Trainers	\$ 473,599	\$ 123,882	\$ 158,202	\$ 439,279	\$ 317,082	\$ 214,652	\$ 541,709	\$ 123,882	\$ 173,022	\$ 492,569	\$ 317,082	\$ 217,681	\$ 591,970	\$ 123,882	\$ 167,744	\$ 548,108
Chiropractic	\$ 2,128,162	\$ 2,976,057	\$ 1,284,062	\$ 3,820,157	\$ 414,873	\$ 1,135,752	\$ 3,099,278	\$ 2,976,057	\$ 1,404,355	\$ 4,670,979	\$ 414,873	\$ 1,151,781	\$ 3,934,071	\$ 2,976,057	\$ 1,361,509	\$ 5,548,619
Clinical Lab	\$ 1,035,488	\$ 840,436	\$ 835,791	\$ 1,040,133	\$ 1,318,786	\$ 1,075,222	\$ 1,283,697	\$ 840,436	\$ 914,090	\$ 1,210,043	\$ 1,318,786	\$ 1,090,396	\$ 1,438,433	\$ 840,436	\$ 886,201	\$ 1,392,668
Cert Nurs Asst	\$ (3,107,844)	\$ 4,308,273	\$ 5,850,191	\$ (4,649,762)	\$ 4,308,273	\$ 5,918,117	\$ (6,259,606)	\$ 4,308,273	\$ 6,398,247	\$ (8,349,580)	\$ 4,308,273	\$ 6,001,638	\$ (10,042,945)	\$ 4,308,273	\$ 6,203,040	\$ (11,937,712)
CSW,MF&MHC	\$ 3,080,912	\$ 1,557,154	\$ 2,813,210	\$ 1,824,856	\$ 5,588,004	\$ 3,349,130	\$ 4,063,730	\$ 1,557,154	\$ 3,076,756	\$ 2,544,128	\$ 5,588,004	\$ 3,396,396	\$ 4,735,736	\$ 1,557,154	\$ 2,982,886	\$ 3,310,004
Dentistry	\$ (3,841,895)	\$ 6,159,066	\$ 3,824,105	\$ (1,506,934)	\$ 789,256	\$ 3,118,149	\$ (3,835,828)	\$ 6,159,066	\$ 4,182,354	\$ (1,859,116)	\$ 789,256	\$ 3,162,155	\$ (4,232,015)	\$ 6,159,066	\$ 4,054,753	\$ (2,127,703)
Dental Hygienist	\$ 1,562,167	\$ 1,551,456	\$ 616,892	\$ 2,496,731	\$ 191,961	\$ 480,221	\$ 2,208,471	\$ 1,551,456	\$ 674,683	\$ 3,085,244	\$ 191,961	\$ 486,999	\$ 2,790,206	\$ 1,551,456	\$ 654,099	\$ 3,687,563
Dental Labs	\$ 333,869	\$ 159,141	\$ 55,779	\$ 437,231	\$ 10,741	\$ 35,307	\$ 412,665	\$ 159,141	\$ 61,004	\$ 510,802	\$ 10,741	\$ 35,805	\$ 485,738	\$ 159,141	\$ 59,143	\$ 585,736
Dietetics & Nutrition	\$ 850,679	\$ 226,532	\$ 278,440	\$ 798,771	\$ 588,487	\$ 311,164	\$ 1,076,095	\$ 226,532	\$ 304,524	\$ 998,102	\$ 588,487	\$ 315,555	\$ 1,271,034	\$ 226,532	\$ 295,234	\$ 1,202,332
Electrolysis	\$ (1,390,893)	\$ 483,900	\$ 427,869	\$ (1,334,862)	\$ 192,000	\$ 380,367	\$ (1,523,229)	\$ 483,900	\$ 467,952	\$ (1,507,281)	\$ 192,000	\$ 385,735	\$ (1,701,016)	\$ 483,900	\$ 453,675	\$ (1,670,791)
EMS (EMT & PMT)	\$ (5,167,311)	\$ 419,595	\$ 1,573,581	\$ (6,321,297)	\$ 2,599,610	\$ 2,227,001	\$ (5,948,688)	\$ 419,595	\$ 1,720,997	\$ (7,250,090)	\$ 2,599,610	\$ 2,258,430	\$ (6,908,910)	\$ 419,595	\$ 1,668,490	\$ (8,157,805)
Genetic Counselor	\$ (42,077)	\$ 11,022	\$ 18,394	\$ (49,449)	\$ 11,022	\$ 19,815	\$ (58,242)	\$ 11,022	\$ 20,117	\$ (67,338)	\$ 11,022	\$ 20,095	\$ (76,411)	\$ 11,022	\$ 19,504	\$ (84,892)
Hearing Aid Specialist	\$ 656,908	\$ 73,277	\$ 172,121	\$ 558,064	\$ 410,277	\$ 205,280	\$ 763,061	\$ 73,277	\$ 188,245	\$ 648,093	\$ 410,277	\$ 208,177	\$ 850,193	\$ 73,277	\$ 182,502	\$ 740,968
Massage Therapy	\$ (22,544,233)	\$ 4,978,205	\$ 7,098,890	\$ (24,664,918)	\$ 2,114,525	\$ 7,041,577	\$ (29,591,969)	\$ 4,978,205	\$ 7,763,926	\$ (32,377,691)	\$ 2,114,525	\$ 7,140,953	\$ (37,404,119)	\$ 4,978,205	\$ 7,527,053	\$ (39,952,967)
Medical Physicists	\$ 273,188	\$ 57,964	\$ 35,444	\$ 295,708	\$ 159,884	\$ 106,079	\$ 349,512	\$ 57,964	\$ 38,765	\$ 368,712	\$ 159,884	\$ 107,576	\$ 421,019	\$ 57,964	\$ 37,582	\$ 441,401
Medicine	\$ 19,807,209	\$ 22,974,762	\$ 19,392,425	\$ 23,389,546	\$ 22,974,762	\$ 20,513,383	\$ 25,850,925	\$ 22,974,762	\$ 21,209,142	\$ 27,616,546	\$ 22,974,762	\$ 20,802,884	\$ 29,788,424	\$ 22,974,762	\$ 20,562,063	\$ 32,201,123
Midwifery	\$ (1,058,461)	\$ 145,576	\$ 163,948	\$ (1,076,833)	\$ 28,076	\$ 155,255	\$ (1,204,012)	\$ 145,576	\$ 179,306	\$ (1,237,742)	\$ 28,076	\$ 157,446	\$ (1,367,112)	\$ 145,576	\$ 173,836	\$ (1,395,372)
Nursing	\$ 16,998,200	\$ 25,598,164	\$ 20,833,192	\$ 21,763,172	\$ 25,598,164	\$ 24,332,966	\$ 23,028,370	\$ 25,598,164	\$ 22,784,882	\$ 25,841,652	\$ 25,598,164	\$ 24,676,372	\$ 26,763,444	\$ 25,598,164	\$ 22,089,728	\$ 30,271,880
Nursing Home Admin	\$ 735,207	\$ 196,489	\$ 304,236	\$ 627,460	\$ 641,884	\$ 514,254	\$ 755,090	\$ 196,489	\$ 332,738	\$ 618,841	\$ 641,884	\$ 521,512	\$ 739,213	\$ 196,489	\$ 322,586	\$ 613,116
Occupational Therapy	\$ 784,031	\$ 375,296	\$ 689,498	\$ 469,829	\$ 1,297,216	\$ 962,968	\$ 804,077	\$ 375,296	\$ 754,091	\$ 425,282	\$ 1,297,216	\$ 976,558	\$ 745,940	\$ 375,296	\$ 731,085	\$ 390,151
Opticianry	\$ (1,085,730)	\$ 88,618	\$ 624,040	\$ (1,621,152)	\$ 541,493	\$ 775,635	\$ (1,855,294)	\$ 88,618	\$ 682,502	\$ (2,449,178)	\$ 541,493	\$ 786,581	\$ (2,694,266)	\$ 88,618	\$ 661,679	\$ (3,267,326)
Optometry	\$ 2,329,858	\$ 137,643	\$ 261,325	\$ 2,206,176	\$ 1,240,893	\$ 493,005	\$ 2,954,064	\$ 137,643	\$ 285,806	\$ 2,805,900	\$ 1,240,893	\$ 499,963	\$ 3,546,830	\$ 137,643	\$ 277,087	\$ 3,407,387
Ortho & Proth	\$ 523,533	\$ 322,483	\$ 125,915	\$ 720,101	\$ 48,933	\$ 105,707	\$ 663,327	\$ 322,483	\$ 137,711	\$ 848,100	\$ 48,933	\$ 107,199	\$ 789,834	\$ 322,483	\$ 133,509	\$ 978,807
Osteopathic	\$ 4,204,792	\$ 5,413,954	\$ 2,412,386	\$ 7,206,360	\$ 1,000,754	\$ 2,342,044	\$ 5,865,070	\$ 5,413,954	\$ 2,638,383	\$ 8,640,641	\$ 1,000,754	\$ 2,375,097	\$ 7,266,298	\$ 5,413,954	\$ 2,557,887	\$ 10,122,365
Pharmacy	\$ 1,519,225	\$ 7,197,195	\$ 8,444,458	\$ 271,962	\$ 6,994,080	\$ 8,664,759	\$ (1,398,717)	\$ 7,197,195	\$ 9,235,550	\$ (3,437,072)	\$ 6,994,080	\$ 8,787,043	\$ (5,230,035)	\$ 7,197,195	\$ 8,953,779	\$ (6,986,619)
Physical Therapy	\$ 1,012,209	\$ 3,125,429	\$ 1,703,213	\$ 2,434,425	\$ 611,289	\$ 1,613,088	\$ 1,432,626	\$ 3,125,429	\$ 1,862,773	\$ 2,695,281	\$ 611,289	\$ 1,635,853	\$ 1,670,717	\$ 3,125,429	\$ 1,805,941	\$ 2,990,205
Physician Assistant	\$ 5,616,078	\$ 5,791,199	\$ 1,656,628	\$ 9,750,649	\$ 477,179	\$ 1,520,518	\$ 8,707,310	\$ 5,791,199	\$ 1,811,824	\$ 12,686,684	\$ 477,179	\$ 1,541,977	\$ 11,621,886	\$ 5,791,199	\$ 1,756,546	\$ 15,656,539
Podiatry	\$ 591,282	\$ 725,816	\$ 413,567	\$ 903,531	\$ 82,726	\$ 339,956	\$ 646,301	\$ 725,816	\$ 452,311	\$ 919,806	\$ 82,726	\$ 344,754	\$ 657,778	\$ 725,816	\$ 438,511	\$ 945,083
Psychology	\$ 2,214,641	\$ 1,548,637	\$ 568,688	\$ 3,194,590	\$ 236,712	\$ 717,269	\$ 2,714,033	\$ 1,548,637	\$ 621,963	\$ 3,640,706	\$ 236,712	\$ 727,392	\$ 3,150,026	\$ 1,548,637	\$ 602,988	\$ 4,095,676
Radiological Tech	\$ (2,011,205)	\$ (339)	\$ 1,275,150	\$ (3,286,694)	\$ (339)	\$ 1,371,110	\$ (4,658,143)	\$ (339)	\$ 1,394,609	\$ (6,053,091)	\$ (339)	\$ 1,390,460	\$ (7,443,890)	\$ (339)	\$ 1,352,060	\$ (8,796,289)
Respiratory Therapy	\$ 1,399,514	\$ 400,624	\$ 776,830	\$ 1,023,308	\$ 1,463,119	\$ 890,439	\$ 1,595,988	\$ 400,624	\$ 849,605	\$ 1,147,008	\$ 1,463,119	\$ 903,005	\$ 1,707,121	\$ 400,624	\$ 823,684	\$ 1,284,062
School Psychology	\$ 57,140	\$ 246,294	\$ 176,259	\$ 127,175	\$ 41,064	\$ 112,547	\$ 55,692	\$ 246,294	\$ 192,771	\$ 109,215	\$ 41,064	\$ 114,136	\$ 36,143	\$ 246,294	\$ 186,890	\$ 95,547
Speech-Language	\$ 1,815,873	\$ 1,983,334	\$ 930,131	\$ 2,869,076	\$ 562,499	\$ 815,549	\$ 2,616,026	\$ 1,983,334	\$ 1,017,267	\$ 3,582,094	\$ 562,499	\$ 827,059	\$ 3,317,534	\$ 1,983,334	\$ 986,231	\$ 4,314,637
Telehealth Providers	\$ (1,207,635)	\$ 18,096	\$ -	\$ (1,189,539)	\$ 18,096	\$ -	\$ (1,171,443)	\$ 18,096	\$ -	\$ (1,153,347)	\$ 18,096	\$ -	\$ (1,135,251)	\$ 18,096	\$ -	\$ (1,117,155)
Total	\$ 29,912,974	\$ 101,066,635	\$ 86,151,158	\$ 44,828,451	\$ 83,096,246	\$ 92,198,061	\$ 35,726,637	\$ 101,066,635	\$ 94,221,951	\$ 42,571,320	\$ 83,096,246	\$ 93,499,234	\$ 32,168,332	\$ 101,066,635	\$ 91,347,294	\$ 41,887,673
Unlicensed Activity, NICA, and PRN Project are not included in the above projections.																
Total Cash Sweep is \$10,000,000																

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Medical Quality Assurance Trust Fund
Budget Entity:	64400100
LAS/PBS Fund Number:	2352

	Balance as of 6/30/2023		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	40,474,269.27	(A)			40,474,269.27
ADD: Other Cash (See Instructions)	2,135,786.94	(B)			2,135,786.94
ADD: Investments		(C)			0.00
ADD: Outstanding Accounts Receivable	1,723,446.29	(D)			1,723,446.29
ADD: _____		(E)			0.00
Total Cash plus Accounts Receivable	44,333,502.50	(F)	0.00		44,333,502.50
LESS Allowances for Uncollectibles	876,594.50	(G)			876,594.50
LESS Approved "A" Certified Forwards	2,416,382.11	(H)			2,416,382.11
Approved "B" Certified Forwards	1,385,063.10	(H)			1,385,063.10
Approved "FCO" Certified Forwards		(H)			0.00
LESS: Other Accounts Payable (Nonoperating)	1,741,440.16	(I)			1,741,440.16
LESS: _____		(J)			0.00
Unreserved Fund Balance, 07/01/23	37,914,022.63	(K)	0.00		37,914,022.63 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period:	2024 - 2025
Department Title:	<u>Health</u>
Trust Fund Title:	<u>Medical Quality Assurance Trust Fund</u>
LAS/PBS Fund Number:	<u>2352/ 64400100</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	36,191,230.70	(A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)

		(B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description		(C)
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SWFS Adjustment # and Description		(C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(1,385,063.10)	(D)
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Approved FCO Certified Forward per LAS/PBS		(D)
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A/P not C/F-Operating Categories	31,569.63	(D)
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Current Compensated Absences Liability (38600)	1,017,296.82	(D)
--	---------------------	-----

Compensated Absences Liability (48600)	2,058,988.58	(D)
--	---------------------	-----

		(D)
--	--	-----

ADJUSTED BEGINNING TRIAL BALANCE:

	37,914,022.63	(E)
--	----------------------	-----

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

	37,914,022.63	(F)
--	----------------------	-----

DIFFERENCE:

	0.00	(G)*
--	-------------	------

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Federal Grants Trust Fund
Budget Entity:	64400100
LAS/PBS Fund Number:	2261

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(389,298.40)	(A)		(389,298.40)
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	305,803.55	(D)		305,803.55
ADD: BE Transfer from 64200800	389,298.40	(E)		389,298.40
Total Cash plus Accounts Receivable	305,803.55	(F)	0.00	305,803.55
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	217,935.23	(H)		217,935.23
Approved "B" Certified Forwards	87,868.32	(H)		87,868.32
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	(0.00)	(K)	0.00	(0.00) **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Federal Grants Trust Fund
LAS/PBS Fund Number:	2261/ BE 64400100

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds;	(301,430.08) (A)
GLC 539XX for proprietary and fiduciary funds	
Subtract Nonspendable Fund Balance (GLC 56XXX)	(B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	(C)
SWFS Adjustment # and Description	(C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(87,868.32) (D)
Approved FCO Certified Forward per LAS/PBS	(D)
A/P not C/F-Operating Categories	(D)
BE Transfer from 64200800	389,298.40 (D)
	(D)
	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	0.00 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	0.00 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

For Fiscal Year 2024-25



July 2023

FLORIDA DEPARTMENT OF HEALTH






**SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM
MODERNIZATION]**

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SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Florida Department of Health	Schedule IV-B Submission Date:
Project Name: MQA Licensure and Enforcement Modernization	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2024-25 LBR Issue Code: 3630000	FY 2024-25 LBR Issue Title: Program or Service-Level Information Technology
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Emily Roach, 850-245-4064, Emily.Roach@flhealth.gov	
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:  B293C3A9D8DA489	Date: 7/28/2023
Printed Name: Antonio Dawkins	
Agency Chief Information Officer (or equivalent):  D872F8161F00499	Date: 7/28/2023
Printed Name: Christopher Veal	
Budget Officer:  CAB19C3ED344410...	Date: 8/1/2023
Printed Name: Ty Gentle	
Planning Officer:  9CE11903F48B433	Date: 7/28/2023
Printed Name: Emily Roach	
Project Sponsor:  33191B1DC8C440C...	Date: 7/28/2023
Printed Name: Jennifer Wenhold	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Emily Roach
Cost Benefit Analysis:	Paula Drye, Cynthia Boland
Risk Analysis:	Amy Mathis, Cynthia Boland
Technology Planning:	Pura Ahler, Emily Roach, Candy Hughes
Project Planning:	Anita Acre, Amy Mathis, Jermaine Powell

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

I. 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.

To meet the demand of health care and workforce needs in the growing state of Florida, the Florida Department of Health (Department), through the Division of Medical Quality Assurance (MQA), must modernize its licensure and enforcement system to streamline and sustain transaction processing for health care applicants, practitioners, and consumers.

MQA contributes to the mission of the Department by licensing health care practitioners who meet statutory standards, enforcing laws and rules governing health care practitioners, and providing information to assist the public in making informed health care decisions. Established under section 20.43(3)(g), Florida Statutes, MQA works in conjunction with 22 regulatory boards and four councils to license and regulate 346 license types in more than 40 health care professions and four types of facilities. MQA works by evaluating the credentials of all applicants for licensure, issuing licenses, analyzing and investigating complaints, inspecting facilities, assisting in prosecuting practice act violations, combating unlicensed activity, and providing credentials and discipline history about licensees to the public.

The success of these complex and often interrelated regulatory activities relies heavily on the fitness of the system from which the work is entered, processed, and reported, and the improvement of these activities relies on the system's ability to organize information and identify relationships between key processes and data points. MQA currently maintains the Licensure, Enforcement, and Information Database System (LEIDS) as the legacy system through which its key processes of licensure, enforcement, and information are realized.



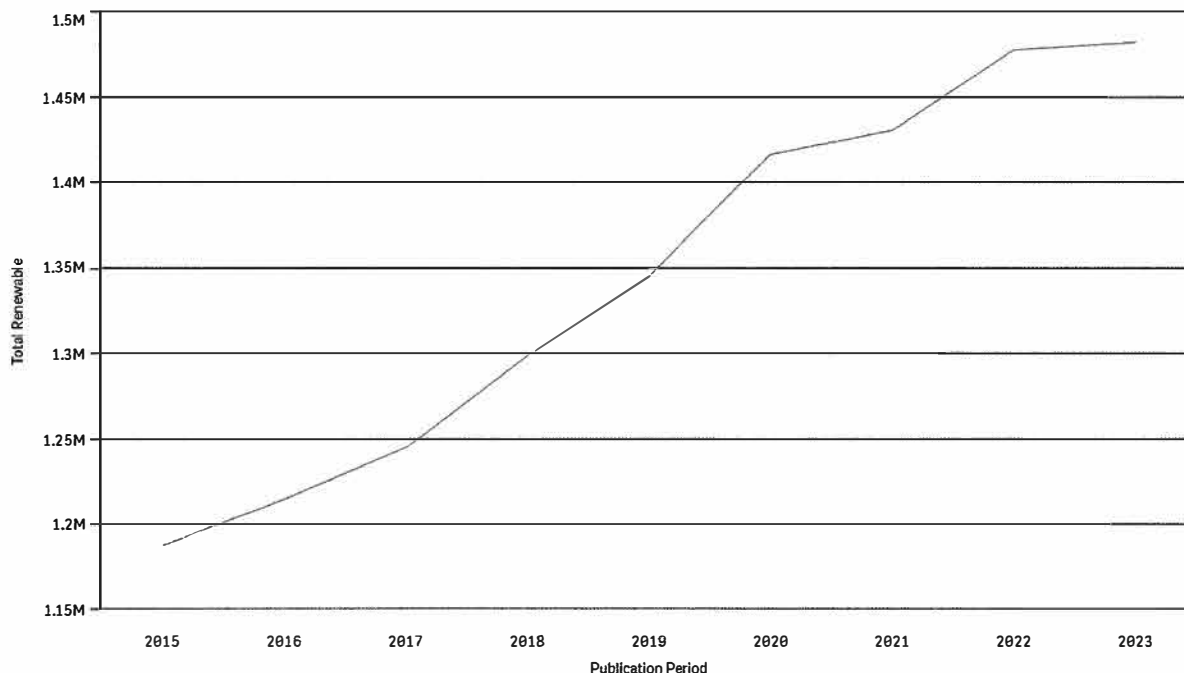
LEIDS is expiring, impeding MQA's ability to meet demand and improve performance. The software company sustaining LEIDS has stopped investing in the product. The consequences are catastrophic if MQA continues to rely on its current system when it expires, as there would be no ability to issue and renew licenses for health care practitioners, perform inspections for licensure and monitoring, record unlicensed activity investigations, or collect fee payments.

In FY 2022-23, MQA licensed, registered, or certified 1,478,142 health care practitioners and 24,460 establishments. During this period, MQA received 152,581 applications, issued 128,167 new licenses, and renewed

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

610,818 licenses. MQA also triaged 49,559 complaints against health care practitioners – 10.8% of which resulted in investigations. According to the Florida Office of Economic and Demographic Research, Florida’s general population has grown by 14.4% since 2014 when LEIDS was implemented, while the population of health care practitioners increased by 25%. Combining the recent demand with future projections of population growth, it is critical that MQA rely on a secure, scalable, and integrated network of systems with robust workflows which can interface to meet customer demands and other changes in the regulatory environment.

Trending Analysis



Moreover, MQA has exhausted LEIDS’s capabilities and must perform routine manual workarounds to circumvent and fix system design flaws and workflow hindrances at the risk of additional hours, costs, and poor quality. Specifically, enforcement case preparation for prosecution activities are managed outside of the current system, requiring manual data entry and document management – an activity most modern technology systems can readily automate. The average number of days from the date a case met legal sufficiency to final order (for non-priority cases that also were not unlicensed activity cases) was 624.73 days in the past five fiscal years. The average number of days from the time Prosecution Services received a case to closure, for Priority 1 cases during the past five fiscal years, is 442.84 days. A modern solution would connect the enforcement functions responsible for transferring inspections and investigations into regulatory disciplinary cases without manual disruption or data entry, enhancing the customer experience and redirecting staff hours to other high impact activities.

Since the current system is reaching the end of its useful life and the software company sustaining it has stopped investing in the product, MQA can anticipate more patchwork and temporary workarounds and a decrease in customer satisfaction the longer it is in use.

MQA seeks to replace LEIDS with a future-forward system solution that integrates its various processes ranging from initial licensure processing and license maintenance to complaint intake and compliance management. The migration to a modern system solution will not only allow MQA to continue storing and converting customer information daily but integrate and standardize licensure, enforcement, and information workflows to increase efficiencies by reducing waste, such as defects, overproduction, extra processing, waiting, and non-utilized staff talent.

In doing so, MQA can better capture the entire lifecycle of health care practitioners as they navigate complex regulatory processes to seek, keep, maintain, and retire licenses through comprehensive and integrated licensure, case management, document management, and reporting processes. By selecting a modern system for its foundation and leveraging the automation capabilities made available through the recent explosion of web and cloud-based

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

technologies, MQA will be able to not only maintain current mission-critical licensing application processing and enforcement workflows for over 1.5 million health care practitioners but position itself for the future demands by securely and concurrently making business decisions to accommodate a growing customer base.

1. Business Need

MQA seeks replacement of its licensing and regulation data system with an encrypted, role-based cloud solution, as the existing system has reached the end of useful life and the vendor has stopped making improvements in the product. The product will eventually reach end of life. See **Appendix D** for past system replacements, demonstrating that the lifespan of a large application, such as LEIDS, is 12-14 years, which will be reached by the time a new solution can be deployed.

The business solution will address current and emerging business needs related to health care regulation of Florida's 1.5 million health care professionals, such as:

- Inefficient workflows inhibit the ability to automate routine business processes for application processing, facility inspections and the complaint process.
- Technical and manual process alternatives are being utilized in some cases to keep systems functioning in an unsupported environment.
- Current system enhancement requires a protracted estimate process and development by vendor that routinely takes more than a year from identification of need to realized solution.
- Additional efficiencies to reduce time to license are not realizable in the current system.
- Outdated technology lacks modern API architecture and customizable integrations to provide real-time information to applicants and reduce deficient applications.
- Annual maintenance costs for previous enhancements were \$404,272.50 in FY 2022-23, \$75,000 of which was for maintenance of system enhancements made in previous years.
- Current system requires Criminal Justice Information Systems (CJIS) activities to be worked outside of the licensing application database.
- Current system is susceptible to new security vulnerabilities due to inability for timely enhancements and limited support for older Java and Wildfly application server platforms.
- Current system relies on vendor-based document management requiring routine external maintenance and limits enhanced interoperability between the two for tighter, more robust integration. Legacy documents will be migrated to the new system,

This project implementation will take five years to complete, increasing the risk of unrecoverable catastrophic system failure due to various components of the software and hardware infrastructure either not being supported or near end of support.

2. Business Objectives

MQA requests additional budget authority in the amount of \$20,250,000, of which \$1,050,000 is recurring for system maintenance and support staff, to modernize this critical business system over a five-year phase, which will:

- Enable compatibility with mobile devices and interfaces to auxiliary systems, such as MQA's artificial intelligence virtual agent for voice and web communication.
- Enhance application processing, mobile inspections, license renewal, license updates, examination scores, continuing education, payment functionality and auditing, and configurable workflows.
- Enhance applicant portal to assist in reducing the number of deficient applications submitted and received by the agency, lessen call volumes, and help to provide a modern and improved customer-centric experience.
- Automate information gathering and direct data ingestion to reduce repetitive, manual, and paper-driven business processes.
- Pair with robust data management system to facilitate greater data-driven capacities and address practice and workforce issues in Florida.
- Provide investigative and prosecution staff with an efficient, user- friendly, responsive case management system that improves stakeholder communication and reduces repetitive data entry and document management.

A future system will be cloud-based, ensuring more adaptability, and have less reliance on code customization so

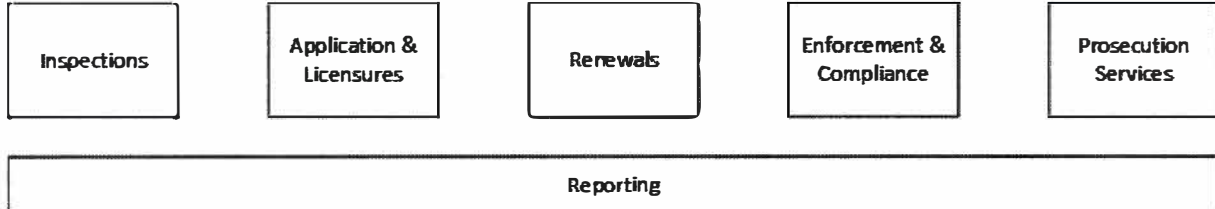
**SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM
MODERNIZATION]**

that the system is extendable.

This issue is in support of the following Governor's Priority 4.1 Ensure predictable legal, permitting and other regulatory processes meet changing business needs.

B. Baseline Analysis

The following section demonstrates the various functions of MQA and the Prosecution Services Unit.



1. Current Business Process(es)

- Licensing activities include, but are not limited to, providing licenses and renewals, monitoring licensure conditions, and compliance of financial responsibility requirements and continuing education providers.
- Enforcement activities include a full case management of reported activity from beginning to end, from receiving initial complaints to combating unlicensed activity.
- Prosecution services include transition of completed investigative cases to review and presentation for profession board determinations and disciplinary action.
- Information activities include response to public records requests, required retention of records, collection and compilation of licensure data for reporting, and ensuring the reliable access and quality control of licensure data.

See Appendix C for a high-level process flow chart.

2. Assumptions and Constraints

- MQA will select the best available Commercial Off-The-Shelf (COTS) or Software as a Service (SaaS) product following a procurement process.
- The vendor selected to deliver the solution will also be responsible for system configuration, data migration, integration with systems supporting enforcement cases, integration with systems supporting profession board meeting agendas and review materials, developing training materials, and providing training to all appropriate staff.
- MQA staff and consultants will be responsible for performing a fit-gap analysis of processes and interfaces, development and execution of any identified modifications needed for in-house supporting applications, ensuring data integrity and validating data migration, and ensuring all required documentation for the project and operational needs is completed and delivered.
- MQA and its IT support staff will follow the Department's Secure Application Lifecycle Management (ALM) and project management methodologies.
- Existing systems used by MQA and the Prosecution Services Unit will continue to be supported and maintained during the life of this project.
- MQA will be able to identify a solution that is able to adhere to the Americans with Disabilities Act (ADA) compliance standards.
- MQA will be able to identify a solution that interfaces with its artificial intelligence virtual agent customer contact system for voice, chat, text and other customized functions through direct data connectors or an MQA-managed API.
- The system needs to be able to change as business processes and governing laws and regulations change.
- The system will provide data reporting and analysis capabilities comparable with current capabilities or MQA will identify additional reporting needs.
- The system will be able to be integrated with the Department's analytics and business intelligence solutions.
- MQA will migrate legacy documents from a third-party vendor to the solution within the project schedule as part of data migration.

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

- As MQA continues to refine business processes and seek technological solutions in response to customer-driven needs, resources may be dedicated to other strategic initiatives.

C. Proposed Business Process Requirements

1. Proposed Business Process Requirements

In order to meet the ever-increasing needs of health care needs in Florida and serving health care practitioners, MQA requires a modern and integrated licensure system that provides more efficient transaction processing, greater consistency, and improved data integrity with supported and stable platforms. The system solution will maintain licensing application processing, enforcement inspection and complaint evaluation and investigation workflows, and database functions currently managed with MQA's COTS system, known as LEIDS, as well as capturing technology advances that automate repetitive workflows and tasks and providing comprehensive case management, document management and data analysis and reporting.

The solution is intended to provide enforcement and prosecution services staff with an efficient, user-friendly case management system that improves workflow and reduces repetitive, manual processes currently managed by combining and transferring Adobe PDF documents. Some basic components include:

Administrative Tool: Licensing and enforcement system used by MQA staff to conduct business such as application processing and complaint investigations. System shall be accessed through a secure login that contains personal identifying information (PII) and personal health information (PHI) that must be protected and secured.

Application Management: Ability to adjust settings on the administrative side of the software to accommodate key business processes of licensing and enforcement of practitioners. Assimilation of historical applicant and licensee demographic data across all various license types. Data validation and integration tools.

Automation: Automation of manual and paper processes and document management, including preferred use of artificial intelligence and machine learning to reduce manual data entry.

Auxiliary System Interfaces: Data exchange including with MQA-managed APIs.

Case Management: The solution is intended to provide enforcement and prosecution services staff with an efficient, user-friendly case management system that improves workflow and reduces repetitive, manual processes based on combining and moving Adobe PDF documents.

Device: Hardware used by MQA field staff to conduct facility inspections. Inspectors log in to the machine and the software to conduct in person inspections. Device has mobile data capability and touchscreen features.

Disaster Recovery (DR): Disaster recovery/emergency situation support and/or compatibility with the Department's DR systems.

Document Management: Built-in document management component, with ability to ingest and map documents from existing document management system to records in the proposed system. Electronic document and signature retention for enforcement case files.

Public: Website interface that is available to the public that does not require a user to log into a secure location, such as, but not limited to, licensure verification or certification information.

Security: Ability to meet the State of Florida Cyber Security standards as outlined in Rule 60GG-2, and found at 60GG-2 : Information Technology Standards - Florida Administrative Rules, Law, Code, Register - FAC, FAR, eRulemaking (flrules.org), including the following governance areas:

Governance Area	Statute, Rule, or Policy
Data Confidentiality	<ul style="list-style-type: none"> Public Law (PL), 104-191, Health Insurance Portability and Accountability Act of 1996
Data Security and Privacy	<ul style="list-style-type: none"> 45 Code of Federal Regulations (CFR), Part 164 (Security and Privacy) Florida Statute 282.318, Enterprise Security of Data and Information Technology Florida Administrative Code Rule Chapter 60GG-2: Information Technology Security

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

Data Center Operations	<ul style="list-style-type: none"> ▪ Florida Statute 282.201, State data center ▪ Florida Administrative Code Rule Chapter 60GG-3 Data Center Operations
Cloud Policy	<ul style="list-style-type: none"> ▪ Florida Statute 282.206, Cloud-first policy in state agencies ▪ Florida Administrative Code Rule Chapter 60GG-4 Cloud Computing
Project Management	<ul style="list-style-type: none"> ▪ Florida Administrative Code Rule Chapter 60GG-1: Project Management and Oversight
Enterprise Architecture	<ul style="list-style-type: none"> ▪ Florida Administrative Code Rule Chapter 60GG-5 Enterprise Architecture
Identity and Access Management	<ul style="list-style-type: none"> ▪ Florida Statute 282.601, Accessibility of Electronic Information, and Information Technology ▪ Florida Administrative Code Chapter 60-8, Accessible and Electronic Information Technology
Public Records	<ul style="list-style-type: none"> ▪ Florida Statute 119, General State Policy on Public Records
Criminal Justice Data	<ul style="list-style-type: none"> ▪ FBI Criminal Justice Information Services (CJIS) Security Policy (CSP)

Reporting Tool: Built-in or external reporting component that allows for the ability to build on-demand and batch reports through real-time database access, as well as the ability to integrate with and pull back more than one data source or query for each report. The tool should also provide the ability to build reports with data visualization.

Self-Service: Online portal for customer engagement and communication, submissions of applications and supporting documentation, 24/7 access to application and license status information.

System Management: Infrastructure, hardware, services, set-ups, and processes that allow the licensing software and affiliated systems to reliably function with high availability.

2. Business Solution Alternatives

MQA gathered information through a Request for Information DOH21-012 process and received basic system information for many of the established vendors offering regulatory software and has considered the following business solution alternatives:

a. Deploy a self-hosted COTS solution:

MQA has the option to procure a COTS solution, with proven success in licensing and regulation for umbrella regulatory entities and/or state-level regulation in competitive state environments. These solutions favor interoperability, or the exchange and use of information between various systems, which is a required feature when adapting to meet changes in the regulatory environment, such as population growth and compliance requirements. Greater interoperability in systems also enables the inclusion of modern technology, such as machine learning and artificial intelligence, which can enhance customer interaction and speed up strategic decision-making processes. Several of the current vendors on the market provide both a vendor-hosted and a self-hosted option.

MQA has used a self-hosted COTS system for the past 20 years, as have other Florida state agencies that engage in licensing.

b. Deploy a SaaS vendor-managed cloud solution.

MQA reviewed several systems that provide a vendor-managed environment considered Software-as-a-Service (SaaS). Many developed the software specifically for governmental regulatory agencies that provide licensing services.

c. In-house development

MQA, even in partnership with the Office of Information Technology, lacks a team of software architects, engineers and developers with capability and capacity to develop the necessary system to support the business needs. Hiring teams with the necessary skills in a highly competitive marketplace could postpone the project and put it at risk due to potential turnover.

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

3. Rationale for Selection

The current state of the system is nearing end of life, and the vendor will no longer be enhancing functionality. Lack of system enhancements will leave the system vulnerable to security risks. In addition, the current system does not have a modernized user interface or support a more intuitive customer service-centric experience. To integrate with existing business systems while maintaining automatic processes and streamline business processes will require vendor support to implement a new solution. The current system support teams have the technical and business knowledge to assist during the project and fully manage operational functions after deployment.

Due to frequent changes to statutory and regulatory requirements, efforts to address workforce challenges and business relationships with a broad range of state agency and external partners, MQA system support teams must be responsive, flexible and adaptable, requiring the system that manages the licensing and regulatory functions to be quickly and easily enhanced.

4. Recommended Business Solution

MQA recommends choosing a commercial, cloud-based system which offers both the vendor-managed and self-hosted options so that the most effective option can be determined through the procurement negotiations. The solution would achieve the following criteria:

- Support the licensing and maintenance of health care professions regulated under MQA.
- Be configurable by staff and easily implemented when changes are required.
- Support an efficient, stable investigative field staff and prosecution unit by reduction of manual, repetitive data entry and improved satisfaction.
- Feature User Interface (UI) for online systems that are fully compatible with mobile devices, at the minimum Apple and Android, and developed in technology that allows MQA developers the ability to maintain (example C# .NET).
- Provide flexible, cost-effective hosting options including public cloud options.
- Feature a modern and secure web application programming interface service layer for interacting with the back-end applications.
- Ensure robust security at all levels.
- Include workflow solutions that streamline business processes by multiple groups.
- Use extendable source code designed for future growth, allowing MQA technical staff to build extensions and enhancements without impairing existing system functions.
- Convert data seamlessly from existing system to new system.
- Automate business processes and communication to reduce licensure application processing times and manual review.

D. Functional and Technical Requirements

The functional and technical requirements analysis documentation developed and completed by the agency is attached in **Appendix F**.

II. Success Criteria

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	A solution that will expand customer self- service capabilities and availability of on-demand	<ul style="list-style-type: none"> • Increase in customer satisfaction through a decrease in the percentage of calls escalated to live agents. 	<ul style="list-style-type: none"> • Health care applicants and licensees • MQA staff 	Upon implementation in 2028

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

SUCCESS CRITERIA TABLE				
	information.	<ul style="list-style-type: none"> Decrease of deficient applications submitted. 	<ul style="list-style-type: none"> Florida citizens and residents 	
2	A solution that will leverage mobile solutions for both MQA/PSU staff and customers.	<ul style="list-style-type: none"> Time to complete inspections. Improved MQA staff satisfaction. 	<ul style="list-style-type: none"> Health care applicants and licensees MQA staff Florida citizens and residents 	Upon implementation in 2027-28
3	A solution that will provide a consistent customer and MQA/PSU staff experience.	<ul style="list-style-type: none"> Training needs. Improved MQA staff satisfaction. 	<ul style="list-style-type: none"> Health care applicants and licensees MQA staff 	Upon implementation in 2027-28
4	A solution that will enhance the interactions between internal units.	<ul style="list-style-type: none"> Time to retrieve data from other units. 	<ul style="list-style-type: none"> External Partners MQA staff 	Upon implementation in 2027-28
5	A solution that will support enterprise and state reporting needs.	<ul style="list-style-type: none"> Time to produce required state and agency reports. Availability of reports to internal staff. Report accuracy. 	<ul style="list-style-type: none"> Florida citizens and residents External Partners 	Upon implementation 2027-28
6	A solution that will have a data management strategy to reduce duplicative and incorrect data.	<ul style="list-style-type: none"> Number of data correction requests. 	<ul style="list-style-type: none"> Health care applicants and licensees MQA staff Florida citizens and residents 	Upon implementation 2027-28
8	A solution that will increase security, stability, and recoverability, with implementation of latest technology standards.	<ul style="list-style-type: none"> System outages. Disaster Recovery and data backup. ADA Compliance. 	<ul style="list-style-type: none"> MQA/OIT staff 	Upon implementation 2027-28

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

A. Benefits Realization 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)

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

BENEFITS REALIZATION TABLE					
1	Decreased time to licensure by reducing deficiencies at initial application.	Health care consumers Licensed practitioners Florida citizens and residents	Reduced percentage of deficient applications received	Automation will improve self-service application process and reduce time to licensure	Upon full implementation of new system
2	Integration of End-to-End Case Management.	MQA Staff Board members Licensed practitioners Health care consumers	Reduction in number of days between receipt and closure of PSU cases	Improved efficiency through automation and case management integration, reducing repetitive data entry and document management	Short-term, within 6 months of system implementation; long-term, within 1-3 years Note: Dependent on timing of legacy document migration
3	Greater Self-Service Functionality for External Users.	Applicants and Licensees MQA Staff Industry partners such as hospital systems	Increased information options available in the applicant portal for applicants to determine status	Improved efficiency for applicants and licensees	Upon full implementation of new system

B. Cost Benefit Analysis (CBA)

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

Cost Benefit Analysis	
Form	Description of Data Captured
CBA Form 1 - Net Tangible Benefits	<p>Agency Program Cost Elements: The program’s current operational costs are \$3,811,603. The expected program operational costs resulting from the MQA Data System Modernization project are:</p> <p>Cost Total FY2024-25 of \$3,811,603</p> <p>Cost Total FY2025-26 of \$3,893,146</p> <p>Cost Total FY2026-27 of \$3,978,766.00</p> <p>Cost Total FY2027-28 of \$4,068,667</p> <p>Cost Total FY2028-29 \$1,162,473</p> <p>The anticipated recurring cost for maintenance and support after completion of the project is \$1,050,000.00 annually.</p>

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

Cost Benefit Analysis	
Form	Description of Data Captured
CBA Form 2 - Project Cost Analysis	Cost Total FY 2024-25: \$5,000,000 Cost Total FY 2025-26: \$6,700,000 Cost Total FY 2026-27: \$5,000,000 Cost Total FY 2027-28: \$2,500,000 Cost Total FY 2028-29: \$1,050,000
CBA Form 3 - Project Investment Summary	Investment Summary Calculations: Summarizes total project costs and net tangible benefits and automatically calculates: <ul style="list-style-type: none"> • Return on Investment • Payback Period • Breakeven Fiscal Year • Net Present Value • Internal Rate of Return

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

IV. Schedule IV-B Major Project Risk Assessment

While the current Risks Assessment (see Appendix B) has determined an Overall Project Risk of Medium, once approvals are given to move forward, comprehensive project planning will occur. MQA and its Office of Information Technology support team has mature project management procedures and uses industry standard project management and change management methodologies and templates.

Project	Division of Medical Quality Assurance Licensure and Enforcement System	
Agency	Florida Department of Health	
FY 2024-25 LBR Issue Code:	FY 2024-25 LBR Issue Title:	
3630000	Program or Service-Level Information	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):	Emily Roach, (850) 254-4064, emily.roach@flhealth.gov	
Executive Sponsor	Antonio Dawkins	
Project Manager	Anita Acre/AnyMathis	
Prepared By	Emily Roach	7/20/2023
Risk Assessment Summary		
Business Strategy		
	Level of Project Risk	
Project Risk Area Breakdown		
Risk Assessment Areas		Risk Exposure
Strategic Assessment		MEDIUM
Technology Exposure Assessment		MEDIUM
Organizational Change Management Assessment		MEDIUM
Communication Assessment		LOW
Fiscal Assessment		HIGH
Project Organization Assessment		LOW
Project Management Assessment		LOW
Project Complexity Assessment		HIGH
Overall Project Risk		MEDIUM

**SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM
MODERNIZATION]****V. Schedule IV-B Technology Planning****A. Current Information Technology Environment****1. Current System**

The Department of Health, Division of Medical Quality Assurance currently utilizes Versa: Regulation, Versa: Online and Iron Data Mobile to carry out licensure and enforcement business functions. This software is integrated with the department's internal developed business applications and document management system. The Versa: Regulation, Versa: Online and Iron Data Mobile systems are outdated and can no longer support the quality of customer service that the division strives to give its customers. The Versa: Online system is also nearing end of development which means that the vendor will no longer improve functionality.

a. Description of Current System

The Department of Health, Division of Medical Quality Assurance consists of 22 boards, four councils, and ten Department Regulated Professions such as Facilities. An average of 1,208,222 applications are processed per year, with an average of 396,441 being submitted through Versa: Online. MQA had 251,495 open transactions at the end of fiscal year 2022-23. By statutory authority, applicants have 365 days to complete requirements.

b. Current System Resource Requirements

MQA evaluates the credentials of all applicants for licensure, issues licenses, analyzes and investigates complaints, inspects facilities, assists in prosecuting practice act violations, combats unlicensed activity, and provides credentials and discipline history about licensees to the public. To do this we use Versa: Regulation, Versa: Online and Iron Data Mobile which is a COTS application developed by Tyler Technologies.

See section B. below for additional details.

c. Current System Performance

Versa: Regulation, Versa: Online and Iron Data Mobile is currently configured to carry out licensure and enforcement business functions and for applicants and licensees to apply, renew and maintain their license online. There are 23,283,382 records in the application, 3,992,926 are license records and 19,290,456 application records. Current storage and capacity is detailed in Section B below.

2. Information Technology Standards

- Latest .Net framework
- Latest C# framework
- MVC Entity
- Framework Angular
- Javascript/Node.js
- COTS

**SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM
MODERNIZATION]**

B. Current Hardware and/or Software Inventory

Production:

Type	Application	OS	Cores	Memory	Storage
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)

**SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM
MODERNIZATION]**

Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	17 * 8 = (136)	17 * 32 = (544 GB)	17 * ~50 GB = (~850 GB)
Web Server	IIS	Windows	12*2=(24)	32GB	C: 100GB D: 500GB (600GB)
Web Server	IIS	Windows	12*2=(24)	32GB	C: 100GB D: 500GB (600GB)
Database Server	SQL Server	Windows	2 * 8 = (16)	64GB	C: 100GB D: 100GB E: 2TB F: 500GB M: 1GB P: 100GB Q: 1GB T: 200GB (3TB)
Database Server	SQL Server	Windows	2 * 8 = (16)	64GB	C: 100GB D: 100GB E: 2TB F: 500GB M: 1GB P: 100GB Q: 1GB T: 200GB (3TB)
Database Server	Oracle DB	Solaris	8	45GB	1930GB
Database Server	Oracle DB	Solaris	8	45GB	1930GB
Database Server	Oracle DB	Solaris	6	20GB	1930GB

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

Reports Server	Crystal Reports	Windows			
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Test:

Type	Application	OS	Cores	Memory	Storage
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	7 * 8 = (56)	7 * 32 = (224 GB)	7 * ~50 GB = (~350 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	7 * 8 = (56)	7 * 32 = (224 GB)	7 * ~50 GB = (~350 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	7 * 8 = (56)	7 * 32 = (224 GB)	7 * ~50 GB = (~350 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	7 * 8 = (56)	7 * 32 = (224 GB)	7 * ~50 GB = (~350 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	7 * 8 = (56)	7 * 32 = (224 GB)	7 * ~50 GB = (~350 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	7 * 8 = (56)	7 * 32 = (224 GB)	7 * ~50 GB = (~350 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	7 * 8 = (56)	7 * 32 = (224 GB)	7 * ~50 GB = (~350 GB)
Web Server	IIS	Windows	12*2=(24)	12GB	C: 100GB D: 500GB (600GB)
Web Server	IIS	Windows	12*2=(24)	12GB	C: 100GB D: 500GB (600GB)

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

Database Server	SQL Server	Windows	2 * 4 = (8)	16GB	C: 100GB D: 100GB E: 2TB F: 500GB M: 1GB P: 100GB Q: 1GB T: 200GB (3TB)
Database Server	Oracle DB	Solaris	2	14GB	1660GB
Database Server	Oracle DB	Solaris	2	14GB	1660GB
Database Server	Oracle DB	Solaris	2	6GB	1645GB

Development:

Type	Application	OS	Cores	Memory	Storage
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	4 * 8 = (32)	4 * 32 = (128 GB)	4 * ~50 GB = (~200 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	4 * 8 = (32)	4 * 32 = (128 GB)	4 * ~50 GB = (~200 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	4 * 8 = (32)	4 * 32 = (128 GB)	4 * ~50 GB = (~200 GB)
Docker Container (SWARM)	Docker	RHEL CentOS 7 (Core))	4 * 8 = (32)	4 * 32 = (128 GB)	4 * ~50 GB = (~200 GB)
Web Server	IIS	Windows	12*2=(24)	16GB	C: 100GB D: 500GB (600GB)
Database Server	SQL Server	Windows	2 * 4 = (8)	4GB	C: 100GB D: 100GB E: 2TB F: 500GB M: 1GB P: 100GB Q: 1GB T: 200GB (3TB)
Database Server	Oracle DB	Solaris	6	30GB	1580GB

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

Database Server	Oracle DB	Solaris	2	14GB	1660GB
Database Server	Oracle DB	Solaris	2	6GB	1645GB

C. Proposed Technical Solution

1. Technical Solution Alternatives

MQA considered three technical solutions after gathering information through a Request for Information process and receiving additional information from the established vendors offering regulatory software who responded for basic system information:

- Deploy a self-hosted COTS solution:

MQA has the option to procure a COTS solution with proven success in licensing and regulation for umbrella regulatory entities and/or state-level regulation in competitive state environments. MQA has used a self-hosted COTS system for the past 20 years, as have other Florida state agencies that engage in licensing, and maintains a cloud environment at the State Data Center.

- Deploy a SaaS vendor-managed cloud solution.

MQA reviewed several systems that provide a vendor-managed environment considered Software-as-a-Service (SaaS). Many developed the software specifically for governmental regulatory agencies that providing licensing services. These systems are hosted and managed by third-party vendors, but many of these companies offer a self-hosted option.

- In-house development

MQA, even in partnership with the Office of Information Technology, lacks a team of software architects, engineers and developers with capability and capacity to develop the necessary system to support the business needs. Hiring teams with the necessary skills in a highly competitive marketplace could postpone the project and put it at risk due to potential turnover.

2. Rationale for Selection

The Division has identified a list of goals to provide a minimum set of capabilities which must be met by any potential solution. Establishing a minimum set of capabilities is critical to ensure all options are compared to a common standard. This common base will allow option costs, timelines, and capabilities to be compared in a consistent manner. The goals identified are:

- An intuitive and easy-to-use system
- A system that can provide flexibility to adapt to future process, legislative or organizational changes
- A system that consolidates functions and processes facilitated by multiple existing applications
- A system driven by business processes
- A system that is well- documented, preferably contextual
- A system providing state and agency reporting requirements
- A system that provides necessary security requirements and system patching
- A system that provides a complete audit trail
- A system that is accessible (ADA compliant)
- A system that will offer ease of scalability, built-in disaster recovery capabilities, reduced dependency on in-house development staff.

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

3. Recommended Technical Solution

The recommended technical solution is to replace and modernize MQA's Licensing and Enforcement system. We are recommending a SaaS vendor-managed or self-hosted cloud solution that is configurable and provides in-house staff the ability to make configuration changes as needed. The technical solution should utilize modern encryption methodologies throughout and leverage the Department's identity and access management solution for authentication and role-based access.

The application should be highly available, scalable, and load-balanced with multiple application replicas along with persistent session management stored separately from the application tier to allow for limited user experience interruptions. Our recommendation is that it requires a modern and integrated licensure system that provides more efficient transaction processing, greater consistency, and improved data integrity with supported and stable platforms.

It should maintain licensing application processing, enforcement inspection and complaint evaluation and investigation workflows, and database functions, as well as capturing technology advances that automate repetitive workflows and tasks and providing comprehensive case management, document management and data analysis and reporting.

D. Proposed Solution Description

1. Summary Description of Proposed System

The Department is seeking to replace the current licensing and regulation systems. Information related to licensing and enforcement would include the following business processes:

- Licensure application processing
- Mobile inspections
- License renewal
- License updates
- Examination Scores
- Continuing education
- Enforcement activities including complaint intake, investigations, case management, and legal activities
- Payment tracking and audit functions
- Document management
- Reporting
- Configurable workflow solution
- Interfaces to auxiliary systems such as document management, license look-up, and MQA's artificial intelligence virtual agent solution
- Batch and webservice exchanges of information with other agencies
- Cyber security management

The system replacement shall support the licensing and maintenance of health care professions regulated under MQA. The new system should be configurable by staff and easily deployed when changes are required. The system must have a User Interface (UI) for online systems, should be fully compatible with mobile devices, at the minimum Apple and Android, and developed in technology that allows MQA developers the ability to maintain (example C#.NET). It needs to be hosted in a cloud environment, managed either by the vendor or Department staff.

We need modern and secure web application programming interface service layer for interacting with our back-end applications. It needs to include robust security at all levels. The system needs to have workflow solutions that streamlines business processes by multiple groups. Extendable source code designed for future growth that allows MQA technical staff to build extension and enhancements without impairing existing system functions. Automate business processes and communication to reduce application processing times and manual review.

SCHEDULE IV-B FOR [DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE AND ENFORCEMENT SYSTEM MODERNIZATION]

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

The new system will require recurring operational costs for use of the platform as well as cloud hosting. The current system is supported by two teams in MQA and Office of Information Technology, and it is anticipated those positions will continue to support a new system without additional staffing resources being needed.

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

Currently Versa: Regulation, Versa: Online and Iron Data Mobile reside on physical servers at the State Data Center. In recent years, the current system has added transactions to register telehealth providers for all professions MQA license and transactions to provide new military licensing options for all professions, added new license types, and made other adjustments for other law and regulatory changes. Due to the growth in Florida’s population and the health care practitioner workforce, the numbers of licensees increases each year, as do the number of applications.

VI. Schedule IV-B Project Management Planning

The project will be formally established and chartered and managed in accordance with Chapter 60GG-1, Florida Statutes, Department of State Technology Project Management and Oversight. Please see Appendix E Project Management Plan.

The diagram below is a summary of the anticipated project phases, key activities, and deliverables by anticipated year.

	Year 0	Year 1	Years 2-4	Year 5	
Phase	Contract and Planning	Requirements Gathering and Analysis	Design	Development and Testing	Transition Activities and Operationalize System
Key Activities	<ul style="list-style-type: none"> Contract Solicitation Contract Procurement 	<ul style="list-style-type: none"> Kick-off meeting Requirements analysis and validation Business process analysis and documentation Use case development Data analysis 	<ul style="list-style-type: none"> System design documentation Data migration mapping Develop test plan 	<ul style="list-style-type: none"> System development Data migration into test system User acceptance testing (UAT) Organizational change management Training Integration with related systems Go-Live 	<ul style="list-style-type: none"> Complete transition activities Operationalize system
Deliverables	<p><i>Milestones:</i></p> <ul style="list-style-type: none"> Vendor/solution selection Contract signing 	<p><i>D1: Project management plan</i></p> <p><i>D2: Data migration plan</i></p> <p><i>D3: To-Be business process workflow documentation</i></p>	<p><i>D4: System design documentation</i></p> <p><i>D5: Integration planning design documentation</i></p> <p><i>D6: Test plan</i></p>	<p><i>D7: Demonstrations and acceptance</i></p> <p><i>D8: UAT scripts</i></p> <p><i>D9: Go-live acceptance</i></p>	<p><i>D10: Transition (including operations and maintenance) plan</i></p>

CBAForm 1 - Net Tangible Benefits

Agency: Florida Department of Health Project: Division of Medical Quality Assurance Licensure and Enforcement Modernization

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A															
Agency <i>(Recurring Costs Only -- No Project Costs)</i>	FY 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
A. Personnel Costs -- Agency-Managed Staff	\$1,228,000	\$0	\$1,228,000	\$1,228,000	\$0	\$1,228,000	\$1,228,000	\$0	\$1,228,000	\$1,228,000	\$0	\$1,228,000	\$614,000	\$0	\$614,000
A.b Total Staff	8.00	0.00	8.00	8.00	0.00	8.00	8.00	0.00	8.00	8.00	0.00	8.00	4.00	0.00	4.00
A-1.a. State FTEs (Salaries & Benefits)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-1.b. State FTEs (#)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-2.a. OPS Staff (Salaries)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-2.b. OPS (#)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-3.a. Staff Augmentation (Contract Cost)	\$1,228,000	\$0	\$1,228,000	\$1,228,000	\$0	\$1,228,000	\$1,228,000	\$0	\$1,228,000	\$1,228,000	\$0	\$1,228,000	\$614,000	\$0	\$614,000
A-3.b. Staff Augmentation (# of Contractors)	8.00	0.00	8.00	8.00	0.00	8.00	8.00	0.00	8.00	8.00	0.00	8.00	4.00	0.00	4.00
B. Application Maintenance Costs	\$404,273	\$0	\$404,273	\$404,273	\$0	\$404,273	\$404,273	\$0	\$404,273	\$404,273	\$0	\$404,273	\$0	\$0	\$0
B-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-4. Other <i>Maintenance & Support</i>	\$404,273	\$0	\$404,273	\$404,273	\$0	\$404,273	\$404,273	\$0	\$404,273	\$404,273	\$0	\$404,273	\$0	\$0	\$0
C. Data Center Provider Costs	\$548,473	\$0	\$548,473	\$548,473	\$0	\$548,473	\$548,473	\$0	\$548,473	\$548,473	\$0	\$548,473	\$548,473	\$0	\$548,473
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	\$548,473	\$0	\$548,473	\$548,473	\$0	\$548,473	\$548,473	\$0	\$548,473	\$548,473	\$0	\$548,473	\$548,473	\$0	\$548,473
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Facility Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Other Costs	\$1,630,858	\$0	\$1,630,858	\$1,712,401	\$0	\$1,712,401	\$1,798,021	\$0	\$1,798,021	\$1,887,922	\$0	\$1,887,922	\$0	\$0	\$0
E-1. Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-2. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E-3. Other <i>Document Management Contract</i>	\$1,630,858	\$0	\$1,630,858	\$1,712,401	\$0	\$1,712,401	\$1,798,021	\$0	\$1,798,021	\$1,887,922	\$0	\$1,887,922	\$0	\$0	\$0
Total of Recurring Operational Costs	\$3,811,603	\$0	\$3,811,603	\$3,893,146	\$0	\$3,893,146	\$3,978,766	\$0	\$3,978,766	\$4,068,667	\$0	\$4,068,667	\$1,162,473	\$0	\$1,162,473
F. Additional Tangible Benefits:		\$0			\$0			\$0			\$0			\$0	
F-1. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
F-2. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
F-3. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
Total Net Tangible Benefits:		\$0			\$0			\$0			\$0			\$0	

CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B			
Choose Type	Estimate Confidence	Enter % (+/-)	
Detailed/Rigorous	<input type="checkbox"/>	Confidence Level	
Order of Magnitude	<input checked="" type="checkbox"/>	Confidence Level	25%
Placeholder	<input type="checkbox"/>	Confidence Level	

				CBA Form 2A Baseline Project Budget																
				FY2024-25			FY2025-26			FY2026-27			FY2027-28			FY2028-29			TOTAL	
				\$ 5,000,000			\$ 6,700,000			\$ 5,000,000			\$ 2,500,000			\$ 1,050,000			\$ 20,250,000	
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	
1	0			0																
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																				
4																				
5	Costs for all state employees working on the project.	FTE	S&B	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -
6	Costs for all OPS employees working on the project.	OPS	OPS	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -
7	Staffing costs for personnel using Time & Expense.	Staff Augmentation	Contracted Services	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -
8	Project management personnel and related deliverables.	Project Management	Contracted Services	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -
9	Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	Project Oversight	Contracted Services	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -
10	Staffing costs for all professional services not included in other categories.	Consultants/Contractors	Contracted Services	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -
11	Separate requirements analysis and feasibility study procurements.	Project Planning/Analysis	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12	Hardware purchases not included in data center services.	Hardware	OCO	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13	Commercial software purchases and licensing costs.	Commercial Software	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables	Contracted Services	\$ -	\$ 5,000,000	\$ -	\$ 6,700,000	\$ -	\$ 5,000,000	\$ -	\$ 2,500,000	\$ -	\$ 1,050,000	\$ -	\$ 20,250,000	\$ -	\$ -	\$ -	\$ -	\$ -
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			\$ -	0.00	\$ 5,000,000	\$ -	0.00	\$ 6,700,000	\$ -	0.00	\$ 5,000,000	\$ -	0.00	\$ 2,500,000	\$ -	0.00	\$ 1,050,000	\$ -	\$ 20,250,000

CBAForm 2 - Project Cost Analysis

Agency: <u>Florida Department of Health</u>	Project: <u>Division of Medical Quality Assurance Licensure and Enforcement Modernization</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 (*)	\$5,000,000	\$6,700,000	\$5,000,000	\$2,500,000	\$1,050,000	\$20,250,000
CUMULATIVE PROJECT COSTS <small>(includes Current & Previous Years' Project-Related Costs)</small>	\$5,000,000	\$11,700,000	\$16,700,000	\$19,200,000	\$20,250,000	
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	\$0	\$0	\$0	\$0	\$0	\$0
Trust Fund	\$5,000,000	\$6,700,000	\$5,000,000	\$2,500,000	\$1,050,000	\$20,250,000
Federal Match <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Grants <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$5,000,000	\$6,700,000	\$5,000,000	\$2,500,000	\$1,050,000	\$20,250,000
CUMULATIVE INVESTMENT	\$5,000,000	\$11,700,000	\$16,700,000	\$19,200,000	\$20,250,000	

Characterization of Project Cost Estimate - CBAForm 2C		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	Confidence Level	
Order of Magnitude	Confidence Level	25%
Placeholder	Confidence Level	

CBAForm 3 - Project Investment Summary

Agency: <u>Florida Department of Health</u>	Project: <u>Division of Medical Quality Assurance Licensure and Enforcement Modernization</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	\$5,000,000	\$6,700,000	\$5,000,000	\$2,500,000	\$1,050,000	\$20,250,000
Net Tangible Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Return on Investment	(\$5,000,000)	(\$6,700,000)	(\$5,000,000)	(\$2,500,000)	(\$1,050,000)	(\$20,250,000)
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)	(\$18,769,310)	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%

Appendix B

	B	C	D	E	F	G	H			
3	Project		<i>MQA</i>							
4			<i>Licensure and Enforcement System Modernization</i>							
5	Agency		<i>Florida Department of Health</i>							
6	FY 2024-25 LBR Issue Code:			FY 2024-25 LBR Issue Title:						
7	<i>3630000</i>			<i>Program or Service-Level Information</i>						
8	Risk Assessment Contact Info (Name, Phone #, and E-mail Address):									
9	<i>Emily Roach, (850) 254-4064, emily.roach@flhealth.gov</i>									
10	Executive Sponsor		<i>Antonio Dawkins</i>							
11	Project Manager		<i>Anita Acre/Amy Mathis</i>							
12	Prepared By		<i>Emily Roach</i>			<i>7/20/2023</i>				
14	Risk Assessment Summary									
15	<div style="border: 1px solid black; padding: 10px; width: 100%;"> <table style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center; vertical-align: top;">Business Strategy</td> <td style="width: 50%; height: 200px; border: 1px solid black; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 50%; height: 50%; border-right: 1px solid black; border-bottom: 1px solid black;"></div> <div style="width: 50%; height: 50%; border-bottom: 1px solid black;"></div> </div> </td> <td style="width: 45%;"></td> </tr> </table> </div>							Business Strategy	<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 50%; height: 50%; border-right: 1px solid black; border-bottom: 1px solid black;"></div> <div style="width: 50%; height: 50%; border-bottom: 1px solid black;"></div> </div>	
Business Strategy								<div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 50%; height: 50%; border-right: 1px solid black; border-bottom: 1px solid black;"></div> <div style="width: 50%; height: 50%; border-bottom: 1px solid black;"></div> </div>		
16								Most Aligned		
17										
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22										
23										
24										
25										
26										
27										
28	Least Aligned									
29										
30	Level of Project Risk									
31	Least Risk						Most Risk			
32										
34	Project Risk Area Breakdown									
35	Risk Assessment Areas						<i>Risk Exposure</i>			
36	Strategic Assessment						MEDIUM			
37	Technology Exposure Assessment						MEDIUM			
38	Organizational Change Management Assessment						MEDIUM			
39	Communication Assessment						LOW			
40	Fiscal Assessment						HIGH			
41	Project Organization Assessment						LOW			
42	Project Management Assessment						LOW			
43	Project Complexity Assessment						HIGH			
44										
45	<i>Overall Project Risk</i>						MEDIUM			

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

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

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

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

	B	C	D	E
1	Agency: Florida Department of Health		Project: MQA Licensure and Enforcement System Modernization	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
5	5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	No
6			No	
7	5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	0% to 40% -- None or few defined and documented
8			41% to 80% -- Some defined and documented	
9			81% to 100% -- All or nearly all defined and documented	
10	5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Greater than \$10 M
11			Greater than \$10 M	
12			Between \$2 M and \$10 M	
13			Between \$500K and \$1,999,999	
14			Less than \$500 K	
15	5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	No
16			No	
17	5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Order of magnitude – estimate could vary between 10-100%
18			Order of magnitude – estimate could vary between 10-100%	
19			Placeholder – actual cost may exceed estimate by more than 100%	
20	5.06	Are funds available within existing agency resources to complete this project?	Yes	Yes
21			No	
22	5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
23			Funding from local government agencies	
24			Funding from other state agencies	
25	5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Not applicable
26			Requested but not received	
27			Requested and received	
28			Not applicable	
29	5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	Most project benefits have been identified but not validated
30			Some project benefits have been identified but not validated	
31			Most project benefits have been identified but not validated	
32			All or nearly all project benefits have been identified and validated	
33	5.10	What is the benefit payback period that is defined and documented?	Within 1 year	No payback
34			Within 3 years	
35			Within 5 years	
36			More than 5 years	
37			No payback	
38	5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
39			Stakeholders have not been consulted re: procurement strategy	
40			Stakeholders have reviewed and approved the proposed procurement strategy	
41	5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Combination FFP and T&E
42			Firm Fixed Price (FFP)	
43			Combination FFP and T&E	
44	5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of

	B	C	D	E
1	Agency: Florida Department of Health		Project: MQA Licensure and Enforcement System Modernization	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
45			Purchase all hardware and software at start of project to take advantage of one-time discounts	hardware and software is documented in the project schedule
46			Just-in-time purchasing of hardware and software is documented in the project schedule	
47	5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager is the procurement manager
48			Contract manager is the procurement manager	
49			Contract manager is the project manager	
50			Contract manager assigned is not the procurement manager or the project manager	
51	5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	No
52			No	
53	5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	Some selection criteria and outcomes have been defined and documented
54			Some selection criteria and outcomes have been defined and documented	
55			All or nearly all selection criteria and expected outcomes have been defined and documented	
56	5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
57			Multi-stage evaluation not planned/used for procurement	
58			Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
59	5.18	For projects with total cost exceeding \$10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	Not applicable
60			No, bid response did/will not require proof of concept or prototype	
61			Yes, bid response did/will include proof of concept or prototype	
62			Not applicable	

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

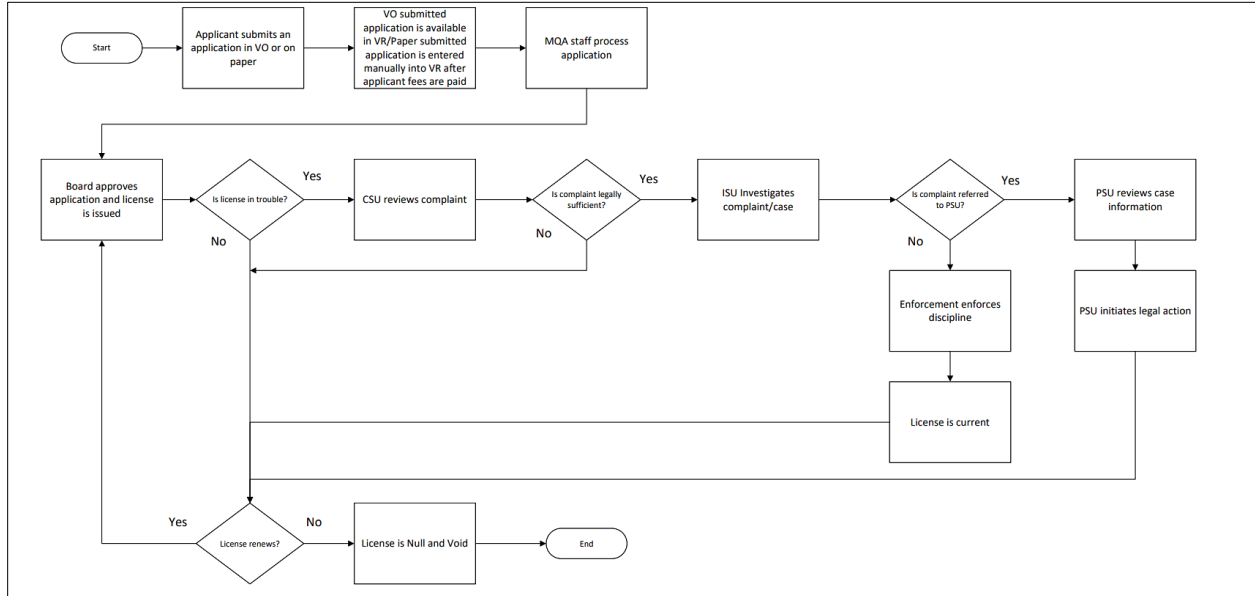
	B	C	D	E
1	Agency: Florida Department of Health		Project: MQA Licensure and Enforcement System Modernization	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
5	7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
6			Project Management team will use the methodology selected by the systems integrator	
7			Yes	
8	7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
9			1-3	
10			More than 3	
11	7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
12			Some	
13			All or nearly all	
14	7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
15			41 to 80% -- Some have been defined and documented	
16			81% to 100% -- All or nearly all have been defined and documented	
17	7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
18			41 to 80% -- Some have been defined and documented	
19			81% to 100% -- All or nearly all have been defined and documented	
20	7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	81% to 100% -- All or nearly all requirements and specifications are traceable
21			41 to 80% -- Some are traceable	
22			81% to 100% -- All or nearly all requirements and specifications are traceable	
23	7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	All or nearly all deliverables and acceptance criteria have been defined and documented
24			Some deliverables and acceptance criteria have been defined and documented	
25			All or nearly all deliverables and acceptance criteria have been defined and documented	
26	7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
27			Only project manager signs-off	
28			Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
29	7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	81% to 100% -- All or nearly all have been defined to the work package level
30			41 to 80% -- Some have been defined to the work package level	
31			81% to 100% -- All or nearly all have been defined to the work package level	
32	7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	No
33			No	
34	7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints),	Yes	Yes

	B	C	D	E
1	Agency: Florida Department of Health		Project: MQA Licensure and Enforcement System Modernization	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
35		critical milestones, and resources?	No	Yes
36	7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
37			Project team uses formal processes	
38			Project team and executive steering committee use formal status reporting processes	
39	7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
40			Some templates are available	
41			All planning and reporting templates are available	
42	7.14	Has a documented Risk Management Plan been approved for this project?	Yes	No
43			No	
44	7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	Some have been defined and documented
45			Some have been defined and documented	
46			All known risks and mitigation strategies have been defined	
47	7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
48			No	
49	7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
50			No	

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

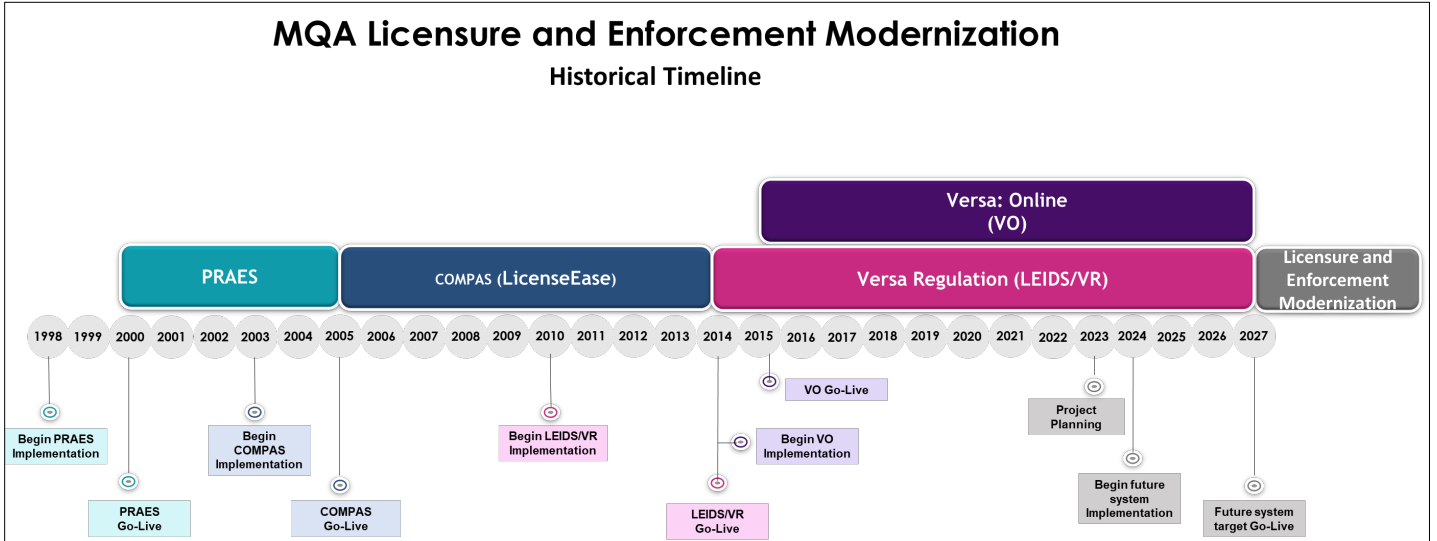
Appendix C

High-level process of receiving an application, license issuance and regulatory lifecycle



Appendix D

MQA Licensure and Enforcement Historical Timeline of System Implementation and Usage





**DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY
ASSURANCE**

**OPERATIONAL WORK PLAN
FOR
THE MQA LICENSURE AND
ENFORCEMENT SYSTEM
MODERNIZATION PROJECT**

CHANGE RECORD

Date	Author	Version	Change Reference
07/19/2023	Anita Acre	Initial (1.0)	

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1 Project Charter

1.1 Executive Summary

The Florida Department of Health, through its Division of Medical Quality Assurance (MQA), determines whether health care practitioners meet minimum licensure requirements and ensures the enforcement of state laws and guidelines pertaining to licensed healthcare professionals. Currently, Florida has over 1.3 million licensed health care practitioners. The division, in conjunction with 22 boards and 4 councils, is responsible for regulatory activities of 200-plus license types in more than 40 health care professions and 8 types of facilities.

Providing information to customers is a key business process of MQA. Services offered by MQA are tailored to support a narrow segment of customers, healthcare practitioners and facilities licensed in Florida. Additionally, MQA also provides consumer support to citizens and visitors to the state with business functions such as verifying licensure, providing information about public disciplinary actions, and filing consumer complaints.

MQA's current regulatory system, Versa: Regulation, supports the Division's application processing, licensing, enforcement, discipline, and compliance functions. The Versa: Online system is the secure front-end portal used by applicants and licensed practitioners and facilities. This system supports online services and integrates into the back-office Licensure, Enforcement, and Information Database System (LEIDS). The systems are available for self-service 24 hours per day, seven days per week allowing renewal, demographic changes, application for new license types and more. Additionally, institutions and consumers can also use the public facing website, MQA Search Services, to perform real-time verification of practitioners' license statuses, disciplinary actions, and other license information such as education, specialties, and board certifications.

To meet the demand of health care and workforce needs in the growing state of Florida, MQA must modernize its licensure system to streamline and sustain transaction processing for health care applicants, practitioners, and consumers.

In FY 2022-23, MQA licensed, registered, or certified 1,478,142 health care practitioners, and 24,460 establishments. During this period, MQA received 152,581 applications, issued 128,167 new licenses, and renewed 610,818 licenses. MQA also triaged 49,559 complaints against health care practitioners – 10.8% of which resulted in investigations.

License renewal is MQA's primary online activity. More than 438,000 renewals are processed annually, collecting more than \$135 million in revenue. 96.5% of the renewal applications are completed online using the Versa: Online system.

1.2 *Background*

The Florida Department of Health (DOH), through its Division of Medical Quality Assurance (MQA), determines if health care practitioners and some facilities meet minimum licensure requirements to practice a health care profession in Florida. MQA was established under section 20.43(3)(g), Florida Statutes, to regulate health care practitioners for the preservation of the health, safety, and welfare of the public through licensing health care professionals as well as enforcement of state laws and guidelines pertaining to licensed health care professionals. MQA, in conjunction with 22 boards and four councils, regulates over 200 license types in more than 40 health care professions and seven types of facilities.

MQA's three key business processes are licensure, enforcement, and information. MQA uses the Licensing & Enforcement Information Database System (LEIDS), a Versa Regulation solution, to carry out licensure and enforcement business functions.

The DOH is seeking a solution to replace the existing licensing and regulation system currently in use at the DOH and four other State of Florida agencies who perform similar regulatory functions. Information related to licensing and enforcement would include the following business processes:

- Application processing
- Mobile inspections
- License renewal
- License updates
- Examination Scores
- Continuing education
- Enforcement activities including complaint intake, investigations, case management, and legal activities

1.3 Project Objectives

MQA currently maintains the Licensure, Enforcement, and Information Database System (LEIDS) as the legacy system through which its key processes of licensure, enforcement, and information are realized. However, LEIDS is reaching the end of its useful life, and the software company supporting it has stopped investing in the product. MQA has exhausted the capabilities of the current system and now performs routine manual workarounds to circumvent and fix system design flaws and workflow hindrances at the risk of additional hours, costs, and poor quality.

The implementation of the Licensure and Enforcement System Modernization solution will accomplish the following main business objectives:

#	Project Objective	Expected Benefit
1	Enable compatibility with mobile devices and interfaces to auxiliary systems, such as MQA's artificial intelligence virtual agent for voice and web communication.	Ease of access for applicants and licensees.
2	Enhance application processing, mobile inspections, license renewal, license updates, examination scores, continuing education, payment functionality and auditing, and configurable workflows.	Decreased time to licensure.
3	Enhance applicant portal to assist in reducing the number of deficient applications submitted and received by the agency, lessen call volumes, and help to provide a modern and improved customer-centric experience.	Decreased time to licensure by reducing deficiencies at initial application.
4	Automate information gathering and direct data ingestion to reduce repetitive, manual, and paper-driven business processes.	Improved efficiency through automation and case management integration, reducing repetitive data entry and document management.
5	Pair with robust data management system to facilitate greater data-driven capacities and address practice and workforce issues in Florida.	Improved data analytics and reporting capabilities.
6	Provide investigative and prosecution staff with an efficient, user-friendly, responsive case management system that improves stakeholder communication and reduces repetitive data entry and document management.	Reduction in number of days between receipt and closure of PSU cases.

1.4 Project Resources

The project team will consist of the following members:

Team Role	Name	Unit
Project Sponsor, Executive Steering Committee	Emily Roach Emily.Roach@flhealth.gov	Bureau of Operations
Executive Steering Committee	Jennifer Wenhold Jennifer.Wenhold@flhealth.gov	Division Director
Executive Steering Committee	Jessica Sapp Jessica.Sapp@flhealth.gov	Bureau of Health Care Practitioner Regulation
Executive Steering Committee	Matt Knispel Matthew.Knispel@flhealth.gov	Bureau of Enforcement
IT Application Development Manager, Executive Steering Committee	Candy Hughes Candy.Hughes@flhealth.gov	Office of Information Technology
Business Owner & Executive Steering Committee	Gwen Freeman Gwen.Freeman@flhealth.gov	Bureau of Operations - Licensure Services Unit
MQA Project Manager	Amy Mathis Amy.Mathis@flhealth.gov	Bureau of Operations
MQA Project Manager	Anita Acre Anita.Acre@flhealth.gov	Bureau of Operations
Contract Manager	Cynthia Boland Cynthia.Boland@flhealth.gov	Bureau of Operations
Business Analyst	Michelle Hudnall Michelle.Hudnall@flhealth.gov	Bureau of Operations
Organization Change Manager	Deanna Baker Deanna.Baker@flhealth.gov	Bureau of Operations
Information Automation Support Services Manager	Cassie Hurley Cassie.Hurley@flhealth.gov	Bureau of Operations
Domain Expert	Marcus Roman Marcus.Roman@flhealth.gov	Bureau of Operations - Customer Contact Center
Domain Expert	Melissa Stabler Melissa.Stabler@flhealth.gov	Bureau of Operations - Licensure Services Unit
Domain Expert	Tiffany Robinson Tiffany.Robinson@flhealth.gov	Bureau of Operations - Licensure Services Unit
Domain Expert	Mallory Frye Mallory.Frye@flhealth.gov	Bureau of Operations - Background Screening Unit

Team Role	Name	Unit
Domain Expert	Jennifer Green Jennifer.Green@flhealth.gov	Bureau of Operations - Background Screening Unit
Domain Expert	Margaret Munsey Margaret.Munsey@flhealth.gov	Bureau of Operations - Public Records Unit
Domain Expert	TBD - Representatives from each Board Office	Bureau of Health Care Practitioner Regulation - Each Professional Board or Council
Systems Support Services Manager	Jermaine Powell Jermaine.Powell@flhealth.gov	Bureau of Operations - Systems Support Services
MQA IT Analyst	Roopa Setty Roppa.Setty@flhealth.gov	Office of Information Technology
MQA IT DBA/Developer	Gerard Gant Gerard.Gant@flhealth.gov	Office of Information Technology
MQA IT DBA/Developer	Eric Orcutt Eric.Orcutt@flhealth.gov	Office of Information Technology
MQA IT Developer	Yuling Zhu Yuling.Zhu@flhealth.gov	Office of Information Technology
MQA IT Developer	Mani Kadiyala Mani.Kadiyala@flhealth.gov	Office of Information Technology
Vendor Project Manager	TBD	TBD
Vendor Project Team	TBD	TBD
DOH IT Network Support	Bret Hart Bret.Hart@flhealth.gov	Office of Information Technology
License Applications Manager	Katherine Winnd Katherine.Winnd@flhealth.gov	Bureau of Operations
Business Analyst	Gina Schendowich Gina.Schedndowich@flhealth.gov	Bureau of Operations
Systems Support Consultant	Zatorrius Furniss Zatorrius.Furniss@flhealth.gov	Bureau of Operations
Business Analyst	Delia Ostojich Delia.Ostojich@flhealth.gov	Bureau of Operations
Senior Developer	Ben Foley Ben.Foley@flhealth.gov	Bureau of Operations
Senior Developer	Brett Williams Brett.Williams@flhealth.gov	Bureau of Operations
Junior Developer	Kael Ciucevich Kael.Ciucevich@flhealth.gov	Bureau of Operations

1.5 *Project Artifacts (Location)*

DOH working project documents will be located on a shared One Drive location at [MQA LEIDS Modernization - Documents - All Documents \(sharepoint.com\)](#)

Final project documentation and artifacts will be stored in a project directory on the Systems Support Services SharePoint site located at:

[MQA LEIDS Modernization - Documents - All Documents \(sharepoint.com\)](#)

1.6 *Project Scope*

The below section describes items that are in scope for this project. Changes to the project scope after the initiation of the project will be handled through the change control process. MQA will select a vendor to provide a hosted cloud-based licensure and regulation system. The vendor will work with the Department's Office of Information Technology (OIT) and MQA Applications Development team (MQA IT) to integrate the licensure and regulation system with any necessary systems.

Included for all Phases:

- Project Management and Oversight
- Operations and Implementation Planning
- Organizational Change Management (OCM)
- Training or solution overview for MQA staff including Call Center, Chat team, Licensure Services, HCPR Board Offices, Enforcement, and Systems Support Services
- Marketing and communication on the appropriate websites

Items considered being out of scope:

- Anything not included in the Project Scope section of this document.
- APIs or interfaces not otherwise specified in the signed off Interface Design Document deliverable.
- Additional instances in the cloud aside from Development, Test, and Production

1.7 *Critical Success Factors*

The following accomplishments or outcomes are necessary for this project to be considered a success:

- The solution will expand customer self-service capabilities and availability of on-demand information.
- The solution will leverage mobile solutions for both MQA/PSU staff and customers.
- The solution will provide a consistent customer and MQA/PSU staff experience.
- The solution will enhance the interactions between internal units and external partners.
- The solution will support enterprise and state reporting needs.
- The solution will allow for simplified infrastructure maintenance allowing for focused internal support.
- The solution will have a data management strategy to reduce duplicative and incorrect

data.

- The solution will increase security, stability, and recoverability, with implementation of latest technology standards.

1.8 Risks

An initial list of risks has been identified below and will be logged and managed in the project risk register. This initial risk contains risks identified by the project team. Risks identified by the vendor will also be added.

#	Risk	Description	Impact: High/Med/ Low	Probability: High/Med/ Low
1	Project Complexity	This project will require coordination with multiple teams over multiple years.	Med	Med
2	Availability of funding	Project delivery will span 3 to 5 years with no current vendor outline of how funding will need to be incurred.	Med	Med
3	Communication	Schedule IV-B needs to be submitted to and approved by the Legislature in order to spend funds for this project.	High	High
4	Project Management	New project management team has been hired to manage and support the implementation of this project. Team will have to learn QMA process flows as well become familiar with all involved systems and business and IT teams.	Low	Low
5	Integration costs are unknown at start of project	The integration points and costs are unknown at this time.	Med	High

1.9 Assumptions and Constraints

Listed below are the assumptions and constraints for the project. The vendor will also provide project assumptions and constraints which will be incorporated into this document. The Project Manager will manage assumptions and constraints provided by all entities associated with the project.

#	Assumption
1	MQA will select the best available Commercial cloud-based system product that is hosted by the vendor or the Department following a procurement process.
2	The vendor selected to deliver a solution will also be responsible for system configuration, data migration, integration with systems supporting enforcement cases, integration with systems supporting profession board meeting agendas and review materials, developing training materials, and providing training to all appropriate staff.
3	MQA staff and consultants will be responsible for identifying gap processes and interfaces, development and execution of any identified modifications needed for in-house supporting applications, ensuring data integrity and validating data migration, and ensuring all required documentation for the project and operational needs is completed and delivered.
4	MQA and its IT support staff will follow the Department's Secure Application Lifecycle Management (ALM) and project management methodologies.
5	Existing systems used by MQA and the Prosecution Services Unit will continue to be supported and maintained during the life of this project.
6	MQA will be able to identify a solution that is able to adhere to the Americans with Disabilities Act (ADA) compliance standards.
7	MQA will be able to identify a solution that interfaces with its artificial intelligence virtual agent customer contact system for voice, chat, text and other customized functions through direct data connectors or an MQA-managed API.
8	The system needs to be able to change as business processes and governing laws and regulations change.
9	The system will provide data reporting and analysis capabilities comparable with current capabilities or MQA will identify additional reporting needs.

The following are constraints that are taken into consideration for this project (factors that restrict ability to manage the project's schedule, cost, and quality such as budget limits, mandated deadlines, and technical limitations).

#	Constraints
1	As MQA continues to refine business processes and seek technological solutions in response to customer-driven needs, resources may be dedicated to other strategic initiatives.

1.10 Schedule and Milestones

The following major milestones will be managed via the project schedule and weekly project status calls with the vendors.

#	Milestone or Major Task	Description	Target Date
1	Contract	Contract Solicitation	Apr 2024
2	Contract	Contract Procurement	Jul 2024
3	Planning	Debriefing meeting with vendor to walk through expectations and budget	Jul 2024
4	Planning	Workshop Scoping Session with vendor to flush out scope of work and create a customized statement of work	Jul 2024
5	Contract	Contract Signing	Jul 2024
6	Kickoff	Project Initiation with Vendor	Jul 2024
7	Deliverable	Deliver Project Management Plan, which includes the Project Charter	Jul 2024
8	Sign-off	A formal review of the Project Charter has been completed and signed off by key stakeholders.	Jul 2024
9	Requirements	Identify all system requirements to be delivered with base pilot system. Identify system enhancements that will need development or add-on components to pilot system. Document use cases	Jul 2024 – Sept 2024
	Deliverable	Develop data migration plan for base pilot system	Oct 2024 – Nov 2024
	Deliverable	Process workflow documentation for base system; system walk-thru demonstrations	Dec 2024 – Jan 2025
	Deliverable	Migration data plan with data map and plans with QMA to address data anomalies	Apr 2025 – May 2025
	Development	Data migration mapping	Jun 2025 – Jul 2025
	Deliverable	Data migration into test pilot system	Aug 2026
	Deliverable	Deploy test pilot system	Aug 2026
	Resources and Training	Establish team that will serve to configure and roll out the pilot system. Vendor to provide training, note system concerns and potential modifications.	Aug 2026
	User Acceptance Testing	Internal team to test pilot system and determine systems concerns	Aug 2026 – Sept 2026
	Deliverable	Integration Planning Design	Oct 2026 – Nov 2026
	Requirements	Update requirements, use cases and documentation	Oct 2026
	Development	Develop integration components	Nov 2026 – Jan 2027
	Deliverable	Addition of integration components to pilot system	Jan 2027

#	Milestone or Major Task	Description	Target Date
	User Acceptance Testing	Internal team to test pilot system with new integration components; determine systems concerns	Jan 2027 – Feb 2027
	Deliverable	New functionality system enhancements Planning Design	Jan 2027 – Feb 2027
	Development	Development of additional functions or enhancements; Agile development and demos	Feb 2027 – Mar 2027
	Deliverable	Addition of new components and enhancements to pilot system	Mar 2027
	Deliverable	Deploy Data migration with newer data pull	Jan 2027
	User Acceptance Testing	Internal team to test pilot system with new components and enhancements; determine systems concerns	Jan 2027 – Jun 2027
	Development	System corrections	Jul 2027 – Sept 2027
	Requirements	Update requirements and use cases	Sept 2027
	Deliverable	Deploy updated system with corrections	Oct 2027
	User Acceptance Testing	Internal team to test pilot system with system correction determine systems concerns	Oct 2027 – Jan 2028
	Development	System corrections	Jan 2028 – Feb 2028
	Requirements	Update requirements and use cases /OCM Planning	Mar 2028
	Deliverable	Deploy updated system with corrections	Mar 2028
	User Acceptance Testing	Internal team to test pilot system with system correction determine systems concerns	Mar 2028 – Jun 2028
	Deliverable	Deployment Planning	May 2028 – Aug 2028
	Deliverable	Final data migration	Sept 2028
	Deployment	Final system deployment	Sept 2028
	Deployment	Launch (Go-Live)	Sept 2028

Table 1 - Project Milestones

Sign-offs on Project Charter

Approver Name and Title:	Jennifer Wenhold, Division Director
Signature:	Date:

Approver Name and Title:	Emily Roach, Operations Bureau Chief
Signature:	Date:

Approver Name and Title:	Jessica Sapp, HCPR Bureau Chief
Signature:	Date:

Approver Name and Title:	Matt Knispel, Enforcement Chief
Signature:	Date:

Approver Name and Title:	Gwen Freeman, Licensure Services Manager
Signature:	Date:

Approver Name and Title:	Anita Acre, Project Manager
Signature:	Date:

Approver Name and Title:	Amy Mathis, Project Manager
Signature:	Date:

Approver Name and Title:	Deanna Baker, Organizational Change Manager
Signature:	Date:

Approver Name and Title:	Candy Hughes, IT Application Development Manager
Signature:	Date:

Approver Name and Title:	Cassie Hurley, Operations Manager
Signature:	Date:

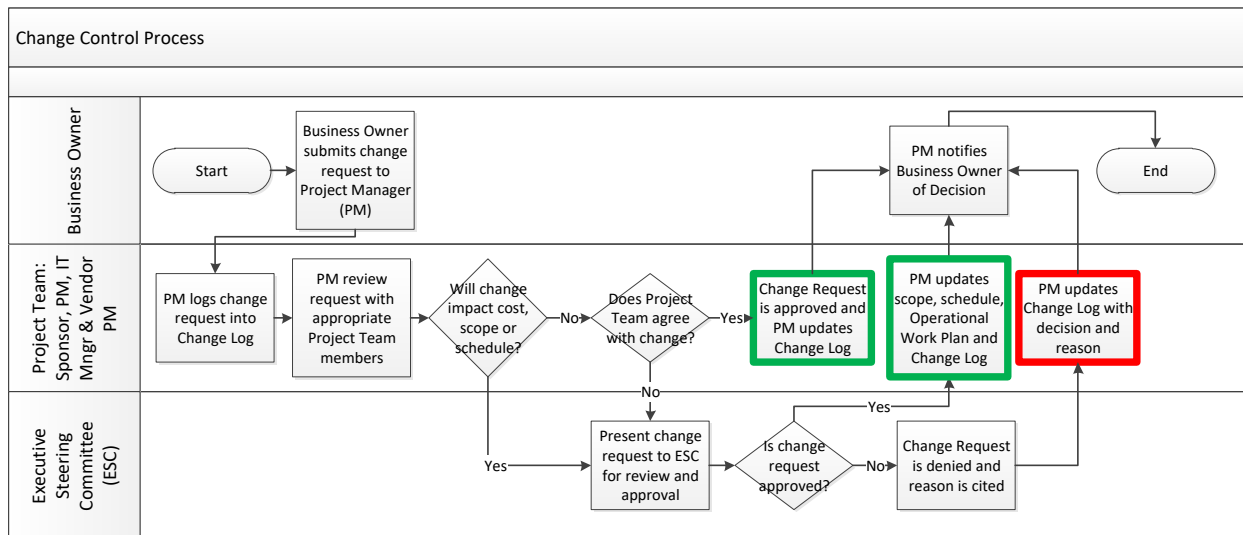
Approver Name and Title:	Katherine Winnd, Systems Programming Administrator
Signature:	Date:

2 Scope Management

Changes to the scope or to the assumptions and constraints will be evaluated by the project manager, IT manager, change manager, vendor project manager, and project sponsor to determine if a scope change is deemed necessary. Changes to the scope, schedule or cost will be presented to the executive steering committee (ESC). One of the ESC's most important roles will be to keep the project's charter firmly in view and assist the Project Sponsor in resisting forces that will seek to alter the project's objectives. They will also support the Project Sponsor in guarding against scope growth and assist in responding to external changes that impact the project. The executive steering committee has the overall responsibility for ensuring that the project meets its primary objectives and is specifically responsible for:

- Providing direction and support to the project management team;
- Assessing the project's alignment with the strategic goals of the department for licensing and regulation health care practitioners;
- Reviewing and approving or disapproving any changes to the project's scope, schedule, costs, and major project deliverables;
- Providing programmatic responsibility for successful development and implementation of the project;
- Championing the project within the organization;
- Recommending suspension or termination of the project to the Division Director if it determines that the primary objectives cannot be achieved.

The change control process outlined below will be followed during this project:



3 Major Deliverables

The deliverables below will be coordinated and tracked utilizing the project schedule and project workbook, which will be the overall responsibility of the MQA Project Manager.

Major Deliverable	Deliverable Description	Acceptance Criteria	Responsible for Deliverable
Weekly and Monthly Project Status Reports	Weekly status reports provided to the MQA Project Manager from the vendor project manager and monthly status reports to the Executive Steering Committee	Reports must provide detailed information on overall project status, risks, issues, deliverables and milestones since last reporting period. Recommended format is found in the Appendix or, alternatively, an otherwise agreed upon format provided by the vendor can be used.	MQA Project Manager / Vendor Project Manager / IT Manager / Organizational Change Manager
Project Schedule	Project schedule used to manage tasks, resources and deliverables	Successful and timely delivery of the project's tasks, deliverables and milestones;	MQA Project Manager / Vendor Project Manager / IT Manager
Licensure and Enforcement System Concept Document	Documents the scope and plan for the solution to be completed by the DOH team	Successful and timely delivery of the completed Licensure and Enforcement System Concept Document template	Vendor / MQA Project Manager
Question and Answer Document	Documents the representative question regarding Licensure and Enforcement System to be completed by the DOH team	Successful and timely delivery of the completed Question and Answer Document	Vendor / Licensing Applications Team Manager
User Acceptance Testing Document	Document providing a list of User Acceptance tests and the result of the execution of each test	Completed UAT document demonstrates results of all tests have been completed	Vendor
Training Log	Document describing at a high-level training activities, dates, times, and participants	Training log must contain sign-in sheets and demonstrate that on-site training has been completed	Vendor
Support Log	Document describing at a high-level support requests, dates, times, and resolutions	Support log must be created and maintained through the duration of the project	Vendor

Major Deliverable	Deliverable Description	Acceptance Criteria	Responsible for Deliverable
Project Approach Document	Document describing the agreed upon project approach for subsequent Phases 2 and 3	Completed document that identifies scope of phase 2 and 3 and a high-level timeline	Vendor
Project Workbook	Project tracking spreadsheets that contain an Issue Log, Risk Register, Decision Log, Change Control Log, Action Items List, and Deliverable Acceptance Log	Project Workbook must be created and maintained through the duration of the project in the project directory.	MQA Project Manager / Vendor Project Manager / IT Manager / Organizational Change Manager
Issue Log	A tracking tool located in the Project Workbook and used by the team to track issues	All issues must be identified and a plan to categorize and rectify the issues. At a minimum, the following should be tracked for each issue: date entered, date completed, who worked on the issue and who tested the issue and who approved to have it marked complete	MQA Project Manager / Licensing Application System Administrator / Vendor Project Manager / Organizational Change Manager
Risk Register	A tracking tool located in the Project Workbook and used by the team to track and assess risks	The Risk Register must be created and maintained through the duration of the project in the project directory. This document will have a risk analysis for each identified risk and will be reviewed in project status meetings.	MQA Project Manager / Vendor Project Manager / IT Manager / Organizational Change Manager
Decision Log	A tracking tool located in the Project Workbook and used by the team to track major decisions made during the project	The Decision Log must be created and maintained through the duration of the project in the project directory. At a minimum, the tracking tool will capture the decision, owner, status, and date entered.	MQA Project Manager / Vendor Project Manager / IT Manager / Organizational Change Manager
Change Control Log	A tracking tool located in the Project Workbook and used by the team to track change requests and decisions for each change	The Change Control Log must be created and maintained through the duration of the project in the project directory.	MQA Project Manager / Vendor Project Manager / IT Manager

Major Deliverable	Deliverable Description	Acceptance Criteria	Responsible for Deliverable
Action Items List	A tracking tool located in the Project Workbook and used by the team to track action items	The Action Items List must be created and maintained through the duration of the project in the project directory. Action items includes follow-up items resulting from meetings, decision points, risk mitigation, and change control.	MQA Project Manager / Vendor Project Manager / IT Manager / Organizational Change Manager
Deliverable Acceptance Log	A tracking tool located in the Project Workbook and used by the team to track deliverables and acceptance	The Deliverable Acceptance Log must be created and maintained through the duration of the project in the project directory. All deliverables are logged and monitored as they go through the acceptance process.	MQA Project Manager
Deployment Checklist	Document the process the team will follow during deployment activities to ensure all tasks are identified, sequenced, and completed.	Plan must provide detailed, linear tasks and activities required for deployment. It should also include go/no go decision points and identified risks in deployment	MQA Project Manager / Vendor Project Manager / IT Manager / Organizational Change Manager
Profession Rollout Plan	Schedule of when each profession will be added to the chatbot, voice agent, and automated email response solutions.	Plan must identify each profession and when they are expected to have requirements gathering, development window for programming intents, user acceptance testing, and planned launch date of each component of the solution (web chat, voice, and email).	MQA Project Manager / Organizational Change Manager / Project Team Business Analysts

Major Deliverable	Deliverable Description	Acceptance Criteria	Responsible for Deliverable
Interface Design Document	Identifies all integration points with Licensure and Enforcement System Modernization solution. At a minimum, this document should identify each system or integration point, the type of system, the type of interface recommended (i.e. web service, API, batch), the development teams responsible, all data elements that need to be shared, the format of the interface, and indicators of any confidential data.	All APIs, web services, etc. that need to be developed to interface with the solution are documented so that the development teams can build out the necessary components.	IT Manager/ Vendor Project Manager / Project Team Business Analysts

Table 2 - Major Deliverables

4 Key Stakeholders

The following table identifies the key stakeholders that are not serving directly on the project team, however, are still affected and have their respective interest in the project.

Key Stakeholder	Project Interest
Office Staff within MQA	Key internal users of Versa: Regulation licensing system. Involvement includes participation in requirements sessions, review and approval of requirements, intents, and dialog flows, and participation in user acceptance testing and training.
Health care Practitioners / Consumers	External users will be able to use the web chat feature on the MQA website and virtual voice agent in the Call Center to ask questions and eventually conduct business electronically with MQA. Examples include: asking about CE requirements, changing an address, renewing a license, and checking the status of application.
DOH Office of Information Technology (OIT)	Licensure and Enforcement System Modernization solution must ultimately interface with the Versa: Regulation, Versa: Online, and Avaya systems. Selected OIT staff will provide information pertaining to current systems, participate in meetings with vendor and approve technical requirements and design. OIT staff will coordinate with the vendor to develop, test, and implement the APIs.
Contracted Vendor	Vendor that provides application and hosting services for the Department. Vendor will coordinate with OIT staff to develop, test, and implement the APIs.
Executive Steering Committee	Responsible for ensuring the project aligns with the strategic goals of the department for licensing and regulation of health care practitioners; Provide programmatic responsibility for successful development and implementation of the project.

Table 3 - Key Stakeholders

5 Project Organization

The Licensing and Enforcement System Modernization Project Organization chart and the roles and responsibilities are presented below.

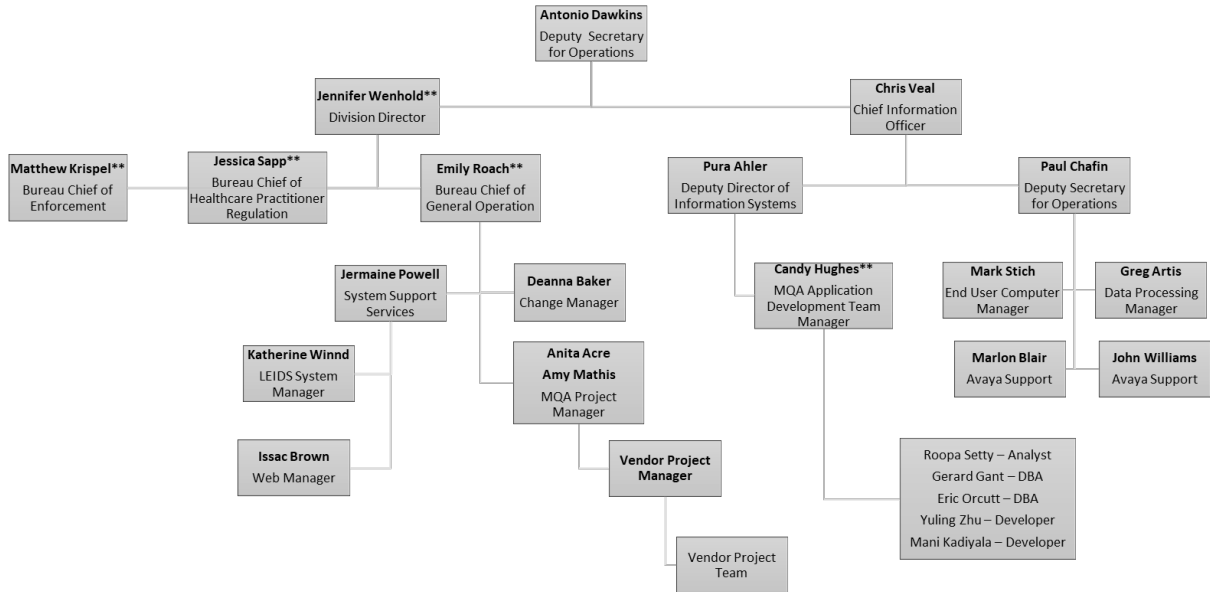


Figure 1 - Project Organizational Chart

The table below provides the *key* project roles and responsibilities and to whom they are assigned.

Role Name	Description	Assigned To
Executive Steering Committee	<ul style="list-style-type: none"> Provide management direction and support to the project management team Assess the project's alignment with the strategic goals of the department for licensing and regulation of health care practitioners Review, approve or disapprove, and determining whether to proceed with any major project deliverables Provide programmatic responsibility for successful development and implementation of the project 	Jennifer Wenhold Jessica Sapp Matt Knispel Emily Roach Jermaine Powell Chris Veal

Role Name	Description	Assigned To
	<ul style="list-style-type: none"> • Champion the project within the committee member's organization • Recommend suspension or termination of the project if it determines that the primary objectives cannot be achieved • Establishes policies • Resolves escalated issues • Risk mitigation 	
Project Sponsor/Director & Executive Steering Committee Chair	<ul style="list-style-type: none"> • Overall decision-making authority • Primary executive to champion the project • Provides guidance on overall strategic direction • Provides business resources for project success • Overall responsibility for successful development and implementation of the project • Reviews project status reports prepared for executive management • Chairs the Executive Steering Committee • Oversees the MQA Project Manager and the MQA Project Management Team for the project • Liaison with IT Sponsor for resources • Reports to Division Director Jennifer Wenhold 	Emily Roach
Project IT Sponsor / IT Application Development Manager	<ul style="list-style-type: none"> • Has IT decision making authority • Champions the project within the customer's organization • Provides guidance on overall strategic direction • Provides IT resources for project success • Has responsibility for successful development and implementation of the project • Leads efforts by MQA/IT staff as required by the Operational Work Plan • Oversees development of 	Chris Veal Candy Hughes

Role Name	Description	Assigned To
	interfaces and APIs as required by the project <ul style="list-style-type: none"> • Provides infrastructure updates to include cost, scope and schedule to the project manager on a regular basis • Reports to Pura Ahler 	
Project Management Team	<ul style="list-style-type: none"> • Provide daily planning, management, and oversight of the project. • Submit an operational work plan and provide quarterly updates to that plan to the executive steering committee. • Manage project areas including scope, risk, and change control • Verify deliverable quality • Submit written monthly project status reports to the executive steering committee 	Amy Mathis Anita Acre Jermaine Powell Katherine Winnd Vendor PM
MQA Project Managers	<ul style="list-style-type: none"> • Responsible for day-to-day project oversight • Provides overall guidance and direction to vendor • Coordinates with the Project Director for resources • Works with vendor to ensure stakeholder needs are met • Daily decision-making authority • Oversees and manages project plan • Coordinates project resources, budgets and contract management • Reviews and provides feedback on project deliverables • Responsible for project management areas including scope, risk, quality and change control • Coordinates project status communications • Provides reports to the Executive Steering Committee 	Amy Mathis Anita Acre

Role Name	Description	Assigned To
	<ul style="list-style-type: none"> • Liaison with external agencies as needed • Reports to Emily Roach 	
MQA Licensing and Enforcement System Integration Project Manager	<ul style="list-style-type: none"> • Will oversee integration of Licensing and Enforcement System solution with ELI and Other MQA business applications • Coordinates with project team on the above phases and aspects of project • Provides overall guidance and direction to vendor for integration tasks • Works with vendor to ensure stakeholder needs are met • Daily decision-making authority for integration with other systems • Reviews and provides feedback on project deliverables • Provide status reports that can roll up into the overall project status report • Reports to Emily Roach 	Anita Acre Amy Mathis
MQA Organizational Change Manager (OCM)	<ul style="list-style-type: none"> • Responsible for the overall organizational change effort with assistance from the MQA Project Manager • Ensures effective implementation through communication, awareness and training • Responsible for developing and executing the OCM Plan • Responsible for developing and executing the OCM Communication Plan 	Dianna Baker
Vendor Project Manager	<ul style="list-style-type: none"> • Responsible for project management activities conducted on the vendor project team • Maintain project documentation provided by vendor • Obtains approval, via the MQA Project Manager regarding scope change requests 	TBD

Role Name	Description	Assigned To
	<ul style="list-style-type: none"> • Ensures System Integration resources adherence to the process and project management standards and guidelines in the operational work plan • Prepare formal project reports • Ensure deliverables conform to MQA standards 	
Information Automation Services Manager	<ul style="list-style-type: none"> • Integral part of ensuring the AI solution is programmed according to requirements 	Cassie Hurley
MQA Web Manager	<ul style="list-style-type: none"> • Oversees integration of web chat into existing MQA and Board websites 	Issac Brown
Business Owner	<ul style="list-style-type: none"> • Subject Matter Expert for all customer contacts (email, voice, and web) • Ensures resources are available to serve on the project team • Participates in requirements meetings • Participates in user acceptance testing • Signs off on deliverables, testing, and end-products before implementation 	Gwen Freeman Marcus Roman Melissa Stabler Tiffany Robinson Mallory Munsey Patrick Simmons Cassie Hurley Executive Director (ED) from each Board Program Office Administrator (POA) from each Board
MQA IT Development Team	<ul style="list-style-type: none"> • Responsible for development and implementation of interfaces and APIs as required by the project • Serves as subject matter experts and provides guidance on technical aspects of the project • Participates in project meetings as needed • Assists in creation of Interface Design Document 	DeVraj Acharya Candy Hughes Dennis (DJ) Caldwell Gerard Gant Eric Orcutt
Office of Information Technology Avaya Team	<ul style="list-style-type: none"> • Oversees development of interfaces and APIs as required by the project to interface the Licensing and Enforcement System Solution • Participates in project meetings as needed • Contributes to development of the Interface Design 	Marlon Blair John Williams

Role Name	Description	Assigned To
	Document	
Hayes Avaya Team Project Manager	<ul style="list-style-type: none"> • Oversees the technical tasks of the Avaya team to configure the EMC, enable Live Chat, and develop Avaya integration point for Watson Assistant 	Patricia Griffiths
MQA Contract Manager	<ul style="list-style-type: none"> • Participates in the development of a statement of work • Secures funding • Oversees the execution and management of the PaaS (Platform as a Service) contract and the professional services statement of work 	Cynthia Boland

Table 4- Roles and Responsibilities

6 Organizational Change Management

Effective Organizational Change Management (OCM) will be integral to the success of this project and a factor for ensuring staff participation in providing business process improvement, implementation and user acceptance. The MQA Change Manager will be responsible for the overall OCM effort with assistance from the MQA Project Manager. Throughout the Licensing and Enforcement System Modernization project, OCM will ensure effective implementation through communication, awareness and training.

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

- Description of roles, responsibilities and communication between vendor and customer
- Skill/Role gap analysis between the existing system and the proposed system
- OCM Communication Plan

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

- MQA Project Manager
- Project Director
- MQA Executive Steering Committee
- MQA Organizational Change Manager
- MQA Business Owners
- MQA IT Application Development Manager
- MQA Information Automation Support Services Manager

7 Risk Tracking

A risk is an event or condition that, if it occurs, could have a positive or negative effect on a project's objectives.

The Risk Register is created by the MQA Project Manager with input from the vendor, IT Manager, Change Manager, Business Owner, and Project Director and is monitored and updated throughout the project. The intended audience of this document is the project team, business owners, project sponsor and executive steering committee.

All identified risks will be assessed to determine the range of possible project outcomes. Qualification will be used to determine which risks are the top risks to pursue and respond to and which risks can be ignored.

- **Qualitative / Quantitative Risk Analysis**

The probability and impact of occurrence for each identified risk will be assessed by the MQA Project Manager, with input from the project team using the following approach:

- **Probability**

- 4: Highly likely/probable (76%-100%)
- 3: Likely (51%-75%)
- 2: Somewhat likely (26%-50%)
- 1: Unlikely/improbable (0%-25%)

- **Impact**

- 4: Critical: Threatens the viability of the business or represents failure of the project
- 3: Severe: Threatens the achievement of business vision or severely reduces project benefits
- 2: Moderate: May delay achievement of the vision or reduce project benefits
- 1: Minimal/minor: No impact on business vision but may increase project costs and timescales

Risks are scored by their 'Importance' which is measured using the following formula: $\text{Importance} = \text{Probability} \times \text{Impact}$

For each major risk, one of the following approaches will be selected to address it:

- **Avoid** - eliminate the threat by eliminating the cause
- **Mitigate** - Identify ways to reduce the probability or the impact of the risk
- **Accept** - Nothing will be done
- **Transfer** - Make another party responsible for the risk (outsourcing, etc.)

For each risk that will be mitigated, the project team will identify ways to prevent the risk from occurring or reduce its impact or probability of occurring. This may include prototyping, adding tasks to the project schedule, adding resources, etc.

For each major risk that is to be mitigated or that is accepted, a course of action will be outlined for the event if the risk does materialize in order to minimize its impact.

All project change requests will be analyzed for their possible impact to project risks. Management will be notified of important changes to risk status as a component of the monthly Executive Steering Committee meetings or sooner, if necessary.

A Risk Register will be maintained by the MQA Project Manager and will be reviewed as a standing agenda item for project team meetings. The risk register template is included below:

Risk Management Log															
		<i>Probability:</i> 4. Highly likely/probable (75%-100%) 3. Likely (51%-75%) 2. Somewhat likely (25%-50%) 1. Unlikely/improbable (0%-25%)			<i>Impact:</i> 4. Critical: Threatens the viability of the project 3. Severe: Threatens project / severely reduces benefits 2. Moderate: May delay project / reduce project benefits 1. Minimal/minor: Minimal or no impact on project										
Risk #	Risk Description	Date Entered	Identified By	Probability	Impact	Score = P x I	Priority	Tolerance	Impacted Area(s)	Risk Mitigation Strategy	Risk Mitigation / Response Description	Risk Owner	Review Cycle	Status	Date Closed
						Highest = 10 Lowest = 1	H / M / L	H / M / L	Schedule Cost Scope Quality	Avoidance Transference Mitigation Acceptance			Options are: Weekly Monthly Quarterly Monitor	Options are: New Stable Increasing	
						0									
						0									
						0									

Figure 2 - Risk Register

8 Project Communication

At this phase, the specific communication needs of project stakeholders and the methods and frequency of communication have not been established. This will be done during the project planning activities. At a minimum, the following types of communications will be included in this project:

- Project Kickoff Meeting
- Monthly Project Status Reports
- System introduction event to staff
- Email to Division as needed
- Email to Stakeholders as needed
- Weekly Project Status Meetings with Project Team
- User Acceptance Testing Meetings
- Deliverable Review Meetings
- Change Control Meetings
- Executive Steering Committee Meetings
- Deployment Planning Meetings
- Email Communications about deployments and launches

9 Issue Tracking

Project Issues will be tracked in the project work book which will be maintained in the Project Directory. Other issues as they relate to testing will be tracked and reported by stakeholders to the Project Manager, Project Business Analysts, or AI System Administrator using an agreed upon method.

The Project Workbook will capture the issue description, project impact, action plan/resolution, owner, importance, date entered, and date resolved. Below is an example of the tracking form.

Issues Log													
ID	Issue Description	Importance	Identified By	Date Opened	Status	Project Impact	Action Plan/Resolution	Owner	Date Assigned	Planned Resolution Date	Actual Resolution Date	Date Closed	Linkage to Other Logs
	What is the issue?	H / M / L			Options are: New Open Pending Escalated Closed	How will this impact scope, schedule, cost or quality?	How do you intend to deal with this issue?	Who manages this issue?					Risk Log # Issue Log # Decision Log # Change Control Log #
<i>E x a m p l e</i>	Extended hiring timeframe impacting project schedule	H	M. Mouse	8/25/2015	Open	Delay in project progress	The project team will anticipate vacancies and begin the hiring process as soon as possible.	PM Goofy	8/28/2015	Project End	-		

Figure 3 - Issue Log

10 Change Log and the Change Management Process

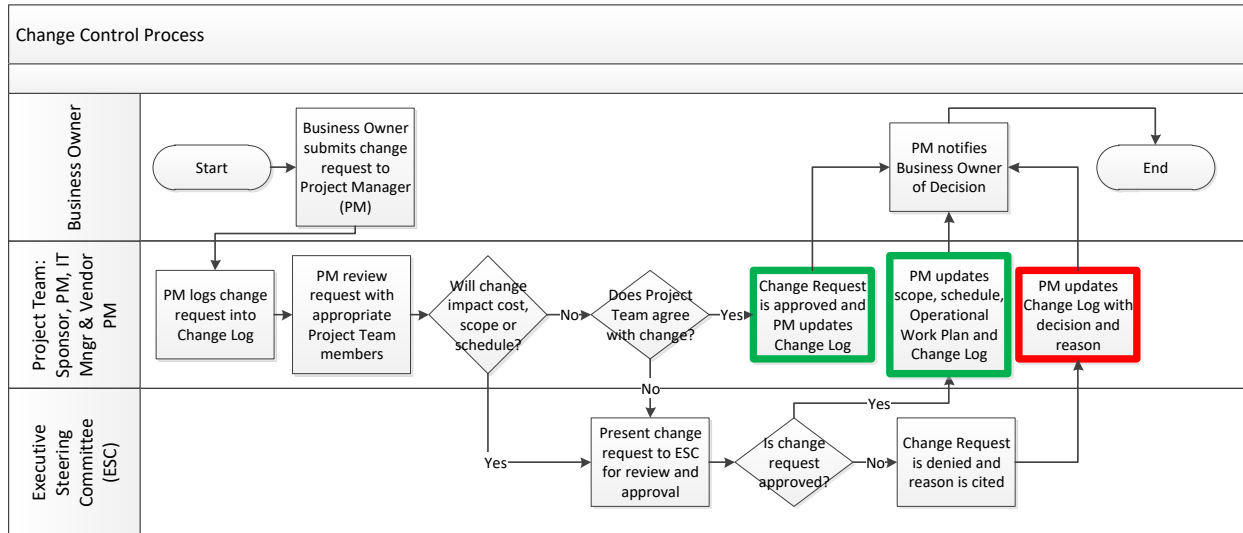
Project changes requests will follow a decision escalation process. Change requests will be submitted in writing to the project manager for evaluation. From there it will be reviewed with appropriate parties to determine if there is an impact to scope. The Project Manager will consult with the Project Sponsor, IT Manager, Business Owner, Organizational Change Manager, Web Manager, Project Team and AI System Administrator to determine impacts. If there is an impact to scope, then the change needs to be escalated to the Executive Steering Committee and will be placed on the agenda for the next meeting. The Project Workbook will track all changes requested, the status of the request, and decisions made.

The Project Workbook will capture the change description, priority, originator, date entered, date assigned, approval authority, status, and date of decision. Below is an example of the change log.

Change Control Log																
Change Control Number	Change Description	Priority	Originator	Date Entered	Change Owner	Date Assigned	Date Due	Impact				Linkage to Other Logs				
								Scope Change? Y/N Describe	Cost Change? Y/N Describe	Schedule Change? Y/N Describe	Event Driven R&C Category	Risk Log #	Issue Log #	Decision Log #	Action Item Log #	Rec
<i>E x a m p l e</i>	Stop work order to Acme Corporation	H	Wile E. Coyote	8/28/2015	Yosemite Sam	9/2/2015	10/1/2015	N	Possible loss of expended funds. Unknown cost of delay of project / negotiation with vendor / closure of	Y	Unknown extension of project schedule	4	#00137	#17		
1																
2																
3																
4																
5																

Figure 4 - Change Log

The change control process, also shown in the Scope Management section of this document, will be followed during this project:



11 Decision Log

The Project Workbook, which will be maintained in the project directory, will track all major decisions made during the course of the project.

The Project Workbook will capture the decision description, comments, owner, status and date entered. Below is an example of the decision log.

Decision Log															
ID	Question / Issue / Action Description	Date Entered	Entered By	Date when Decision Needed	Describe Project Impact (Scope, Schedule, Cost)	Decision Made	Decision-Maker	Date Decision Made	Comments / Notes	Status	Linkage to Other Logs				
				Deadline / Constraint			Who made the decision?			Options are: New Open Pending Closed Escalated	Risk Log #	Issue Log #	Action Item Log #	Change Control Log #	Req
Example	Three week extension of Phase Gate due to extended regression testing	9/10/2015	Elmer Fudd	9/15/2015		Approve extension of Phase Gate 3 weeks	Executive Steering Committee	9/14/2015	Update schedule and re-baseline	Closed		#0035			
1															
2															
3															

Figure 5 - Decision Log

12 Action Items

Action items will be tracked in the Project Workbook or by a specific project action plan. This will be maintained in the project directory. These items are products of meetings, decision points, risk mitigation and change control.

At a minimum, the plan will capture the action item, owner, status, date entered, planned completion, actual completion and any comments. Below is an example of the action items listing.

Action Item Log									
ID	Action Item	Owner	Priority	Status	Source	Date Assigned	Planned Completion	Actual Completion	Comments / Status Notes
			H / M / L	Options are: New Open Pending Completed	Mgt Team Stakeholder etc.				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

Figure 6 - Action Item Log

13 Deliverable Acceptance

Deliverable Acceptance will be tracked in the Project Workbook, which will be maintained in the Project Directory. All deliverables will be logged and monitored as they go through the acceptance process. An acceptance criterion for each deliverable has been outlined in the Major Deliverables section of this plan.

The Project Workbook will capture the deliverable description, planned and actual completion dates, approver, status (in review, accepted, rejected) and date of the decision. Below is an example of the Deliverable Acceptance Log.

Deliverable Acceptance Tracking Log								
ID	Deliverable Description	Planned Completion	Status	Actual Completion	Approver	Date Submitted for Approval	Decision	Decision Date
Project Management Deliverables								
	Examples:							
1	Pre-Charter R & C Assessment							
2	Project Charter							
3	Initiation Completion R & C Assessment							
4	Project Management Plan							
5	Project Management Plan							
6	Planning Completion R & C Assessment							
Project Subject Deliverables								
	Examples:							
1	Requirements Document							
2	Design Document							
3	Procurement Document							
4	Conversion Document							
5	Test Cases Document							

Figure 7 - Deliverable Acceptance Log

14 Appendices

14.1 *Project Workbook*



LEIDS Project
Workbook.xlsx

14.2 *Status Report Template*



Project Status
Report Template.doc

Req. Type	Function	Req. Category	Requirement
Technical	Applications	Administrative Tool	The solution shall directly integrate with the existing MQA imaging system
Technical	Applications	Administrative Tool	The solution shall track all application and licensure activities
Technical	Applications	Administrative Tool	The solution shall centrally locate and protect licensee personal data
Technical	Applications	Administrative Tool	The solution shall provide the ability to process applications and assist with the qualification of applicants
Technical	Applications	Administrative Tool	The solution shall provide the ability to issue license documents
Functional	Applications	Administrative Tool	The solution shall maintain history of license information
Functional	Applications	Administrative Tool	The solution shall provide the ability to produce data in response to requests for public information
Functional	Applications	Administrative Tool	The solution shall provide ability to track requirements met/not met for licensees
Functional	Applications	Administrative Tool	The solution shall provide ability to maintain history of pending applications
Functional	Applications	Administrative Tool	The solution shall provide ability to track all examination activities
Functional	Applications	Administrative Tool	The solution shall provide ability to set up and schedule an examination
Functional	Applications	Administrative Tool	The solution shall provide ability to update examination results
Functional	Applications	Administrative Tool	The solution shall provide functionality to support the planning, coordinating, scheduling, scoring, and reporting around examinations administered by DOH
Functional	Applications	Administrative Tool	The solution shall utilize automated workflow to reduce processing time through auto-assignment, dashboard management, and integration with the document management system
Functional	Applications	Administrative Tool	The solution shall provide ability for the workflow component to be flexible enough to assist individual offices with how they process multiple applications and professions

Req. Type	Function	Req. Category	Requirement
Functional	Applications	Administrative Tool	The solution shall provide ability to pull data from other systems into the database using web services or overnight processes so the information is ready when the application is processed
Functional	Applications	Administrative Tool	The solution shall provide ability to configure and send letters by email based on defined set of business rules
Functional	Applications	Administrative Tool	The solution shall provide ability to track and view changes to key demographic data such as SSN and Date of Birth
Functional	Applications	Administrative Tool	The solution shall provide ability to notify through workflow that documents for a licensee or applicant have been added to the document management system
Functional	Applications	Administrative Tool	The solution shall provide ability to automate routine maintenance and clean-up of transactions based on a defined set of business rules
Functional	Applications	Administrative Tool	The solution shall provide ability to seamlessly incorporate faxes and associate with correct file in the system
Functional	Applications	Administrative Tool	The solution shall provide ability to send email or text notifications about applications and license renewal from the licensing system
Functional	License Renewals	Administrative Tool	The solution shall integrate, via webservice, the DOH Continuing Education Tracking System before approving a renewal
Functional	License Renewals	Administrative Tool	The solution shall track all renewal activities
Functional	License Renewals	Administrative Tool	The solution shall maintain history of pending renewals
Functional	License Renewals	Administrative Tool	The solution shall provide ability to generate renewed license certificate via data transfer to printing vendor
Functional	Licensure Maintenance	Administrative Tool	The solution shall track all licensure activities
Functional	Licensure Maintenance	Administrative Tool	The solution shall centrally locate and protect licensee personal data
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to issue duplicate license documents via data transfer to printing vendor
Functional	Licensure Maintenance	Administrative Tool	The solution shall maintain history of license information
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to produce data in response to requests for public information
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to print batch letters
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to track all contact information with the licensee
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to place indicators/alerts on licenses for easy viewing

Req. Type	Function	Req. Category	Requirement
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide breadcrumb navigation
Functional	Licensure Maintenance	Administrative Tool	The solution shall protect data and information to MQA and DOH standards, as specified in Appendix X
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide built-in audit ability
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to track continuing education providers, courses and credits earned by licensees
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to transfer letters to the document management system with minimal steps/clicks
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to send and receive information to an Interactive Voice Response (IVR) and Artificial Intelligence Virtual Assistant
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to send automated reminders and information via text/SMS to licensees and applicants
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability for staff to email system generated correspondence directly from the screen they are using
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to send email and text notifications about applications and license renewal from the licensing system
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to generate an automatic email notifying licensee that license has been printed and will arrive by mail (triggered by the certificate date)
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to configure and send letters by email based on defined set of business rules (Examples include renewal notice and license has been printed)
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide capability to enter multiple notes that are trackable and directly tied to an issue/record
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide intuitive address fields (current solution has separate field for 'street number' from 'address line 1' this causes significant address clean-up and results in errors with mail-outs)
Functional	Cash	Administrative Tool	The solution shall provide ability to cashier funds

Req. Type	Function	Req. Category	Requirement
Functional	Cash	Administrative Tool	The solution shall maintain cash deposit history
Functional	Cash	Administrative Tool	The solution shall provide ability to calculate all relevant fees
Functional	Cash	Administrative Tool	The solution shall protect data and information in accordance with DOH policies and procedures
Functional	Cash	Administrative Tool	The solution shall provide built-in audit capability
Functional	Cash	Administrative Tool	The solution shall track payment methods separately (Cash, Check, Credit card etc.)
Functional	Cash	Administrative Tool	The solution shall provide ability to identify account codes (Each fee type is associated with an object code, a six-digit number identifying a type of expenditure, that is uploaded in the State accounting system)
Functional	Cash	Administrative Tool	The solution shall provide ability to track payment to individual beneficiary
Functional	Cash	Administrative Tool	The solution shall provide ability to move or cancel an assigned payment
Functional	Cash	Administrative Tool	The solution shall provide ability to record unassigned payments
Functional	Cash	Administrative Tool	The solution shall provide ability to assign unique identifier for each receipt
Functional	Cash	Administrative Tool	The solution shall provide ability to flag a dishonored cash item (Cash meaning cash, check, or credit card)
Functional	Cash	Administrative Tool	The solution shall provide ability to do an 'administrative add' Includes payments credited in other DOH sections that should be applied to MQA licensing system
Functional	Cash	Administrative Tool	The solution shall provide process for refund of miscellaneous sales as a credit back to the licensee
Functional	Cash	Administrative Tool	The solution shall provide ability to flag refunds in system so that the money cannot be used for other purposes until money is physically refunded
Functional	Cash	Administrative Tool	The solution shall provide ability to track movement of receipt and account codes
Functional	Cash	Administrative Tool	The solution shall provide ability to search for receipts
Functional	Inspections	Administrative Tool	The solution shall provide ability to track all inspection activities and record inspection findings
Functional	Inspections	Administrative Tool	Ability to sort the inspection workload on demand through mobile devices connected to the system in real-time

Req. Type	Function	Req. Category	Requirement
Functional	Inspections	Administrative Tool	The solution shall provide an increased character limit on notes fields. Currently capped at a character limit
Functional	Inspections	Administrative Tool	The solution shall provide automated reminders to follow-up on inspections and other outstanding items
Functional	Inspections	Administrative Tool	The solution shall provide ability to have multiple inspectors to be assigned to the same inspection, for specialty inspections
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide reports identifying costs associated with enforcement
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide ability to record complaints and assist with conducting investigations
Functional	Enforcement and Compliance	Administrative Tool	The solution shall allow for the monitoring of compliance and voluntary/disciplinary actions
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide ability to record complaint information, monitor enforcement and disciplinary cases, and initiate disciplinary action
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide the ability to process petitions and appeals
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide ability to enforce citation and penalty / probations
Functional	Enforcement and Compliance	Administrative Tool	The solution shall maintain investigation information for reporting and post investigation actions
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide enforcement reports
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide the ability to create enforcement letters
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide ability to review enforcement information
Functional	Enforcement and Compliance	Administrative Tool	The solution shall update enforcement complaints with data including discipline, activities, status and DOH filing information, 'in mass' using a list (format allows the data entry staff to update a defined set of data fields without having to go into each case enter the data)

Req. Type	Function	Req. Category	Requirement
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide letter/document template capability using current technology
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide the ability to trend complaints
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide detailed timekeeping functionality to record internal and external effort applied to specific licensing and enforcement activity
Functional	Enforcement and Compliance	Administrative Tool	The solution shall allow for mass status complaint entry
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide ability to display the actual value on the screen instead of codes
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide ability to pull a complete summary of the case in a format that is readable and not full of codes
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide ability to update LEIDS Modernization and the DOH's document management system when changes are made in the other system. This could be status, activities, or changes to a document
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide ability to integrate with a case management system for investigations that require legal action
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide ability to seamlessly relate multiple cases without accessing each individual complaint
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide ability to improve complaint visibility and functionality, to reduce multiple screens for a complete case history
Functional	Enforcement and Compliance	Administrative Tool	The solution shall provide ability to navigate to a payment history screen (from the enforcement screen) to allocate payment to specific disciplinary action(s)
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide Individual and Organization Name fields lengths which are long enough to accommodate existing data
Functional	Licensure Maintenance	Administrative Tool	The solution shall provide ability to configure fields, such as 'notes' and 'degrees' with spell check
Technical	Application Management	Application Management	The solution shall provide ability to sign into Self-Service system securely
Technical	Application Management	Application Management	The solution shall allow staff to quickly make modifications to system

Req. Type	Function	Req. Category	Requirement
Technical	Application Management	Application Management	The solution shall provide application structure and flows that are configurable, modular, and easily modified to address changes in statutes and rules during and post initial implementation
Technical	Application Management	Application Management	The solution shall provide ability to configure workflows that include activities, notifications and users from multiple offices, divisions, and departments/agencies
Technical	Application Management	Application Management	The solution shall provide ability to control versions of configuration
Technical	Application Management	Application Management	The solution shall provide ability to propagate changes across environments
Technical	Application Management	Application Management	The solution shall provide self-service transactions – Ability to configure a pathway prompting the user to answer questions to select appropriate application type (the user answers questions developed to narrow down available license applications based on their responses)
Technical	Application Management	Application Management	The solution shall allow for configuration data cloning/promotion process to move changes between environments safely, consistently with options to rollback changes if necessary
Technical	Application Management	Application Management	The solution shall provide Role Based Access Control for all system security
Technical	Application Management	Application Management	The solution shall allow access to applications using single sign-on for internal users
Technical	Application Management	Application Management	The solution shall provide ability to use Azure Active Directory integration for single sign-On
Technical	Application Management	Application Management	The solution shall provide Realtime up-time monitors and notifications to system maintenance staff and users
Technical	Application Management	Application Management	The solution shall allow for integrations to third-party solutions using industry standard APIs to send and receive data from other systems
Technical	Application Management	Application Management	The solution shall provide a modern, robust, and secure web-API service layer providing the same business rules and functions of the licensing system
Technical	Application Management	Application Management	The solution shall provide for session management layer that prevents user session interruption when doing system maintenance

Req. Type	Function	Req. Category	Requirement
Technical	Application Management	Application Management	The solution shall provide a User Interface developed in a format that can be modified for DOH branding
Technical	Application Management	Application Management	The solution shall provide ability to handle error messaging and instrumentation on all systems
Technical	Application Management	Application Management	The solution shall provide ability to support integration with a single identity management provider
Technical	Application Management	Application Management	The solution shall provide ability to support federated identity management with connections to with multiple identity management providers
Technical	Application Management	Application Management	The solution shall provide ability to apply configuration management:
Technical	Application Management	Application Management	The solution shall provide Software updates
Technical	Application Management	Application Management	The solution shall provide System configuration updates done (real-time or batch)
Technical	Application Management	Application Management	The solution shall provide Application version updates
Technical	Applications Management	Architecture	The solution shall provide support for integration with .NET applications and other modern development tools including No Code / Low Code tools and Robotic Process Automation tools
Technical	Applications Management	Architecture	The solution shall provide the capability to connect to various data sources on premise or in the cloud. This includes all relational databases, document databases, No SQL databases, key value stores, object databases, graph databases, unstructured data like file shares, SaaS applications etc.
Technical	Applications Management	Architecture	The solution shall meet the NIST definition of cloud computing as defined in Special Publication (NIST SP) - 800-145
Technical	Applications Management	Architecture	The solution shall meet the requirements set forth in Florida Administrative Code 60GG-5
Technical	Applications Management	Architecture	The solution shall provide the capability to perform optimization, statistics collection, the ability to use static and dynamic plans, partitioning, partition elimination and storage tiering for performance and materialized views, among other features.
Technical	Applications Management	Architecture	The solution shall meet all relevant requirements as set forth in Florida Administrative Code 60GG-4

Req. Type	Function	Req. Category	Requirement
Technical	Applications Management	Availability	Excluding planned maintenance windows, the solution shall be available 24/7/365
Technical	Applications Management	Availability	The solution shall maintain an uptime of 99.5% measured on a monthly basis
Technical	Applications Management	Continuity	The solution shall provide a disaster recovery solution that enables a Recovery Time Objective of not more than 24 hours
Technical	Applications Management	Continuity	The solution shall provide a disaster recovery solution that enables a Recovery Point Objective of not more than 2 hours
Technical	Applications Management	Continuity	The solution shall provide a disaster recovery solution that enables failover and fallback across regions.
Technical	Inspections	Device	The solution shall provide ability for all inspections to be performed electronically through a mobile device, including the ability to sync all data if performed offline
Technical	Inspections	Device	The solution shall provide ability to update real-time from the mobile devices from the field (Existing solution is tied to when the inspector can sync from the mobile inspection solution to the licensing application. Currently use Dell 5289 Tablet/laptop. Device was selected for broadband capability and touch screen features)
Technical	Inspections	Device	The solution shall provide basic data validation input filters on the mobile device to provide for greater data integrity and reduced data entry errors
Technical	Inspections	Device	The solution shall allow multiple inspectors to work on the same inspection at the same time in a team environment for specialty inspections
Technical	Inspections	Device	The solution shall provide ability to maintain a stable internet connection (Currently use an air card solution)
Functional	Document Management	Documents	The solution shall provide support for image recognition and tagging.
Functional	Document Management	Documents	The solution shall provide for video recognition and tagging.
Functional	Document Management	Documents	The solution shall provide for Machine Learning enhance Optical Character Recognition (OCR) services.
Technical	Applications Management	Performance	The solution shall be elastically scalable as needed
Technical	Applications Management	Project Management	The implementation project shall comply with all requirements in Florida Administrative Code 60GG-3
Functional	Applications	Public	The solution shall provide ability for users to view license information

Req. Type	Function	Req. Category	Requirement
Functional	Licensure Maintenance	Public	The solution shall provide ability for users to view license information
Functional	Licensure Maintenance	Public	The solution shall allow consumers to access a licensee's professional standards violations such as final orders and administrative complaints
Functional	Licensure Maintenance	Public	The solution shall provide ability for consumers to search for license and enforcement actions of health care practitioners and facilities
Technical	Enforcement and Compliance	Public	The solution shall provide ability to connect to the separate complaint portal application
Technical	Enforcement and Compliance	Public	The solution shall provide ability to receive complaints online with supporting document upload capability
Functional	Reporting	Public	The solution shall provide ability for public users to build reports on demand
Functional	Reporting	Public	The solution shall provide voice access capabilities to provide data
Functional	Reporting	Report Development	The solution shall provide data governance capabilities to track usage and manage how information is shared and promoted.
Functional	Reporting	Report Development	The solution shall provide ability to use crosstabs for displaying summarized data in a report
Functional	Reporting	Report Development	The solution shall provide ability to include sub-reports as part of the report
Functional	Reporting	Report Development	The solution shall provide ability to maintain a replicated environment for reporting
Functional	Reporting	Report Development	The solution shall provide ability to communicate with multiple database types
Functional	Reporting	Report Development	The solution shall provide ability to have real-time database access
Functional	Reporting	Report Development	The solution shall provide ability to build on demand and batch reports as some reports are for a moment in time
Functional	Reporting	Report Development	The solution shall provide ability to pull back more than one data source or query for each report
Functional	Reporting	Report Development	The solution shall provide ability to include image and/or signature object into the report for the viewer
Functional	Reporting	Report Development	The solution shall provide ability for the report to display data inputs
Functional	Reporting	Report Development	The solution shall provide ability to use APIs to complete data validation (dates, addresses)
Functional	Reporting	Report Development	The solution shall provide ability to use data analytics

Req. Type	Function	Req. Category	Requirement
Functional	Reporting	Report Development	The solution shall provide ability to build reports with data visualization
Functional	Reporting	Report Development	The solution shall provide ability to have report audit functions/capabilities to fully document any changes in the system
Functional	Reporting	Report Development	The solution shall provide ability for a report to update the contact history that the report was run
Functional	Reporting	Report Development	The solution shall provide data visualization capabilities including support for highly interactive dashboards and exploration of data through the manipulation of chart images. Included is an array of visualization options that go beyond those of pie, bar and line charts, such as heat and tree maps, geographic maps, scatter plots and other special-purpose visuals.
Technical	Reporting	Report Use	The solution shall provide ability to have the user interface successfully call the back-end reporting system and the connection is stable
Technical	Reporting	Report Use	The solution shall provide ability to assign security roles to reports (functional authorization for both updating the database and accessing the report)
Functional	Reporting	Report Use	The solution shall provide reporting within the licensing tool
Functional	Reporting	Report Use	The solution shall provide ability to import and export data
Functional	Reporting	Report Use	The solution shall provide ability to export report in all data types (csv, pipe-delimited, text, etc.) from the report viewer
Functional	Reporting	Report Use	The solution shall provide ability to track report analytics (e.g. usage statistics)
Functional	Reporting	Report Use	The solution shall provide reporting queue visible to all users and set-up queue for a class of reports
Functional	Reporting	Report Use	The solution shall provide ability for staff to schedule report at a particular time and delivered to the user
Functional	Reporting	Report Use	The solution shall provide built in progress bar for the user to know the report is running
Technical	Applications Management	Security	The solution shall comply with the cybersecurity standards set forth in Florida Administrative Code 60GG-2
Technical	Applications Management	Security	The solution shall be HIPPA compliant

Req. Type	Function	Req. Category	Requirement
Technical	Applications Management	Security	The solution shall meet all relevant requirements as set forth in the DOH Security Policy
Functional	Applications	Self-Service	The solution shall provide ability for licensees to be able to submit an information update and have it automatically applied to all related licenses where rules allow
Functional	Applications	Self-Service	The solution shall provide the ability for a licensee to pay an application fee online and update the system in real time (including the occasional additional fees added after submission)
Functional	Applications	Self-Service	The solution shall allow users to submit applications only when the information provided meets the eligibility requirements
Functional	Applications	Self-Service	The solution shall provide ability for applicants to intuitively track the status of their application
Functional	Applications	Self-Service	The solution shall provide ability for users to upload documentation that is then transferred to the document management system
Functional	Applications	Self-Service	The solution shall provide ability for payment of multiple applications (Current solution provides schools with coupon code to give to students to be used for payment; schools will pay for applications where the code was entered)
Functional	Applications	Self-Service	The solution shall provide ability to prevent application submission without a payment
Functional	Applications	Self-Service	The solution shall provide basic data validation input filters for greater data integrity and reduced data entry errors online. Examples include email
Functional	Applications	Self-Service	The solution shall provide ability for data received online to be as concise as possible to improve the efficiency of the application review process (data rules in the backend system require more flexibility)
Functional	Applications	Self-Service	The solution shall combine multiple processes into the renewal for a seamless experience for the user (Examples includes change license status and then renew in one step or renewing a delinquent, inactive license to Clear, active status)
Functional	Applications	Self-Service	The solution shall provide self-service options to the individual practitioner, based on their license status and system qualifications. Example: duplicate license request, license verification request, address change, or name change

Req. Type	Function	Req. Category	Requirement
Functional	Applications	Self-Service	The solution shall provide ability to provide more descriptive error messages to customer so they can better address how to resolve and continue with application
Functional	License Renewals	Self-Service	The solution shall provide ability for a licensee to pay a renewal fee online and update the system in real time
Functional	License Renewals	Self-Service	The solution shall allow users to apply for renewal
Functional	License Renewals	Self-Service	The solution shall provide ability for users to connect to continuing education information maintained by a separate vendor
Functional	License Renewals	Self-Service	The solution shall provide ability to generate a confirmation of renewal submission for the licensee
Functional	License Renewals	Self-Service	The solution shall provide ability to pay for renewal in bulk
Functional	License Renewals	Self-Service	The solution shall provide ability to link to the DOH's survey tool and complete workforce surveys during renewal (survey tool is currently a separate application)
Functional	License Renewals	Self-Service	The solution shall provide ability to renew a license from a mobile device
Functional	License Renewals	Self-Service	The solution shall provide ability for additional authentication methods to verify identity to include control number from current license (certificate number in Licensing System), previous name or address
Functional	Licensure Maintenance	Self-Service	The solution shall provide ability for users to upload documentation outside of a specific application that is then transferred to the document management system
Functional	Licensure Maintenance	Self-Service	The solution shall provide ability for a licensee to have limited visibility of their documents such as final orders and discipline narratives that are stored in the document management system
Functional	Licensure Maintenance	Self-Service	The solution shall provide ability to securely sign into/log into self-service system
Functional	Licensure Maintenance	Self-Service	The solution shall provide ability for self-service users to sign under penalty of perjury
Functional	Licensure Maintenance	Self-Service	The solution shall provide self-service password retrieval and resets
Functional	Licensure Maintenance	Self-Service	The solution shall provide ability to track and view continuing education credit and summary totals online for certain professions
Functional	Cash	Self-Service	The solution shall provide ability to generate and update invoices

Req. Type	Function	Req. Category	Requirement
Functional	Cash	Self-Service	The solution shall provide ability to pay for multiple applications (Current solution provides schools with coupon code to give to students to be used for payment and school would pay for applications where the code was entered)
Functional	Cash	Self-Service	The solution shall provide ability to pay for more than one service on a single payment (shopping cart functionality)
Functional	Cash	Self-Service	The solution shall provide ability to link to Florida state agencies' third-party payment system
Functional	Cash	Self-Service	The solution shall provide ability to set a miscellaneous payment for fees that should have been calculated on the application, but was not because various factors
Functional	Cash	Self-Service	The solution shall provide ability to make partial payments
Functional	Inspections	Self-Service	The solution shall provide ability for licensee to view inspections online through secure Self-Service account
Functional	Enforcement and Compliance	Self-Service	The solution shall provide ability for licensee to view compliance status
Functional	Enforcement and Compliance	Self-Service	The solution shall provide ability for licensee to pay compliance fines and fees online
Functional	Enforcement and Compliance	Self-Service	The solution shall provide ability to pay for Unlicensed Activity or Non-disciplinary citation online. (ULA has case number only, NDC has a license number)
Functional	Applications Management	System Management	The solution shall provide transactional consistency including support for DBMS-guaranteed properties of "atomicity, consistency, isolation and durability" (ACID) to ensure reliable, recoverable database transactions, and potentially distributed transaction support over geographic distance. Can include forms of relaxed, eventual or tunable consistency for specific use cases.
Functional	Applications Management	System Management	The solution shall provide the ability to perform automated performance tuning including the ability to optimize performance for queries, transactions and workloads to meet performance SLAs. This can include the availability of performance-enhancing features.
Functional	Applications Management	System Management	The solution shall provide support for OLTP transaction, lightweight transaction, augmented transactions and event stream processing.

Req. Type	Function	Req. Category	Requirement
Functional	Applications Management	System Management	The solution shall provide augmented data integration capabilities that improve and optimize data integration operations (self-healing schema drifts, auto recovery) via extensive use of metadata (usage data, transaction logs, system workloads) and prepackaged ML algorithms that inform or automate tasks to ingest, transform, combine and provision data.
Functional	Applications Management	System Management	The solution shall support data engineering, cloud data integration, operational data integration and data fabric integration
Technical	Applications Management	System Management	The solution shall meet the performance requirements of each identified use case
Technical	Applications Management	System Management	The solution shall provide management and administration that includes the ability to manage instances and resources, monitor operations, track and implement security, high availability and disaster recovery, and to do these and other tasks at enterprise scale
Technical	Applications Management	System Management	The solution shall provide resource management including the ability to automatically handle different types and sizes of workload simultaneously while enforcing or dynamically extending policy-based resource limits, handle varying and conflicting workloads while optimizing response times and prioritize workloads to meet policy-defined service levels.
Technical	Applications Management	System Management	The solution shall make use of fine grained services to enable the rapid creation of composable applications in response to changing business needs
Technical	Applications Management	System Management	The solution shall make use of open standards to enable the integration with current and future development, reporting, analytics and other applications
Technical	Applications Management	System Management	The solution shall make us of Infrastructure-as-Code and APIs to enable programmatic modification and enhancements
Technical	Applications Management	System Management	The solution shall provide the ability to support complex relational operations involving many table

Req. Type	Function	Req. Category	Requirement
Technical	Applications Management	System Management	The solution shall provide multi-model support. This includes the ability to support different storage and logical models within the DBMS, such as JSON data and external tables, efficiently and with performance optimization, as well as additional capabilities such as temporal, time series, geospatial and graph, among others.
Technical	Applications Management	System Management	The solution shall provide some degree of support for Multicloud, Intercloud and Hybrid cloud support. This includes the ability to deploy and operate analytic and operational activities across multiple cloud environments and on-premises. Multicloud means the ability to operate on multiple cloud platforms, intercloud means the ability to use data across multiple clouds as a single logical entity, and hybrid means the ability to run on-premises and clouds.
Technical	Applications Management	System Management	The solution shall provide support for distributed transactions including the ability to access data outside of the internal storage of a DBMS and optimize distributed access by a variety of methods such as push-down, extended metadata, statistics collection and a distributed catalog.
Technical	Applications Management	System Management	The solution shall be able to meet the following uses cases: Traditional Data Warehouse, Logical Data Warehouse, Data Lake and Streaming Analytics
Technical	Application Management	System Management	The solution shall provide System Management maintained by the MQA Application Development staff
Technical	Application Management	System Management	The solution shall provide audit capability and functions - tracebacks, point in time and reporting
Technical	Application Management	System Management	The solution shall provide Self-service transactions - provide either a mobile solution OR a responsive design so that the online website is user friendly on a mobile device
Technical	Application Management	System Management	The system shall be cloud agnostic
Technical	Application Management	System Management	The solution shall provide ability to provide a permanent test environment that is separate from the production environment (comparable to the production environment to ensure realistic testing)

Req. Type	Function	Req. Category	Requirement
Technical	Application Management	System Management	The solution shall provide ability to meet the State of Florida Cyber Security standards as outlined in Rule 60GG-2, and found at 60GG-2 : Information Technology Standards - Florida Administrative Rules, Law, Code, Register - FAC, FAR, eRulemaking (flrules.org)
Technical	Application Management	System Management	The solution shall provide ability to dynamically apply changes while maintaining high availability
Technical	Application Management	System Management	The solution shall provide ability to allow different entities to create and manage its own licenses
Technical	Application Management	System Management	The solution shall run on most current version of MS Windows Server
Technical	Application Management	System Management	The solution shall run on most current version of MS SQL Server
Technical	Application Management	System Management	The solution shall be web based.
Technical	Application Management	System Management	The solution shall utilize/integrate with Active Directory for security and user roles and use single sign on.
Technical	Application Management	System Management	The solution shall integrate with Jaws 12 and higher, Dragon Naturally speaking and Openbook and must comply with the Americans with Disabilities Act. Contractors should identify any products that may be used or adapted for use by visually, hearing, or other physically impaired individuals.
Technical	Application Management	System Management	The solution shall support all current versions of internet browser-based interface.

Technology Initiative Review Worksheet

2024-2025 Legislative Budget Cycle

REQUEST OVERVIEW

Agency: Florida Department of Health

Issue Title: MQA Licensure and Enforcement Modernization

Agency Contact (name, phone, and email):
Emily Roach, 850-245-4064,
Emily.Roach@flhealth.gov

Issue Code:

OPB Unit: (Use Acronym)

SUMMARY

(Insert brief, high-level summary of this funding request)

The Florida Department of Health Division of Medical Quality Assurance contributes to the mission of the Department by licensing health care practitioners who meet statutory standards, enforcing laws and rules governing health care practitioners, and providing information to assist the public in making informed health care decisions. Established under section 20.43(3)(g), Florida Statutes, MQA works in conjunction with 22 regulatory boards and four councils to license and regulate 346 license types in more than 40 health care professions and ten types of facilities. MQA works by evaluating the credentials of all applicants for licensure, issuing licenses, analyzing, and investigating complaints, inspecting facilities, assisting in prosecuting practice act violations, combating unlicensed activity, and providing credentials and discipline history about licensees to the public.

MQA uses the Licensure, Enforcement, and Information Database System (LEIDS), mainly a commercial off the shelf software solution, to support the complex and high-volume regulatory activities they are responsible for. This solution has been adequate to meet MQA needs, but it lacks all the capabilities required. Routine manual workarounds are needed to circumvent and fix system design flaws and workflow hindrances at the risk of additional hours, costs, and poor quality. Specifically, enforcement case preparation for prosecution activities is managed outside of the current system, requiring manual data entry and document management – an activity most modern technology systems can readily automate. That coupled with the increased demand for services and future projection of Florida population growth, and the fact that the software vendor for the main components of LEIDS has stopped investment on the product, makes it critical that MQA rely on a secure, scalable, and integrated network of systems with robust workflows which can interface to meet customer demands and other changes in the regulatory environment.

MQA seeks to replace LEIDS with a future-forward system solution that integrates its various processes ranging from initial licensure processing and license maintenance to complaint intake and compliance management. The migration to a modern system solution will not only allow MQA to continue storing and converting customer information daily but integrate and standardize licensure, enforcement, and information workflows to increase efficiencies by reducing waste, such as defects, overproduction, extra processing, waiting, and non-utilized staff talent.

Is this initiative a project currently subject to FL[DS] oversight? (Total project cost in excess of \$10m)

Yes

Have you coordinated previously with FL[DS] on this initiative relative to any impact(s) on cybersecurity and data interoperability initiatives? (If yes, please describe)

We have not had the opportunity to coordinate with FLDS about this initiative yet, but we do not anticipate any impact on cybersecurity or data interoperability initiatives. The replacement solution will need to be highly interoperable, and API enabled to allow for the opportunity to modernize current interfaces between LEIDS and other DOH and non-DOH applications.

Has an LBR request for this same or similar technology initiative been submitted previously? If so, what was the outcome?
No

Could this initiative be considered application(s) modernization and/or cloud migration(s)? (If yes, please describe)
This initiative can be considered application modernization and it should result on a cloud migration of the relevant workloads, as a preferred hosting option, but migration to the cloud is not the main driver in pursuing this modernization.

Is this a function that is also performed by one or more other agencies? (ex. Licensing/credentialing, case management)
Yes

Do you anticipate any direct impacts to other agencies due to this initiative? (If yes, please describe)
We expect that our interoperability and data sharing capabilities will be improved due to this initiative which could be a benefit to other agencies depending upon their own data interoperability capabilities, but we do not anticipate any immediate direct impact.

Are further amendments to the LBR anticipated?
No further amendments to the LBR are anticipated at this time.

FISCAL INFORMATION

Funding Requested in Current LBR						
Appropriation Category	Cost Component ¹	GR	GR NR	TF	TF NR	Total
Contracted Services				\$1,050,000	\$20,250,000	
Data Center Provider Costs						
Other Services – IV&V Services						
Other Services – Implementation Services						
Requested Positions (FTE or OPS): 0						
Total Project Cost (All Years): \$20,250,000						

¹Cost category should summarize IT project/resource costs and includes staff augmentation, hardware, software licenses, etc.

PROJECT DETAIL

PROBLEM AND OPPORTUNITY:
Identify the problems and opportunities that drive this request.

<p>Is there a change in statutory, administrative, departmental, security, or other compliance related requirement(s) driving this request? Describe and include any required</p>	<p>No</p>
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<p>implementation dates, if applicable. (If no, skip the following question or mark "N/A")</p>	
<p>Is the change in statutory, administrative, departmental, security, or other compliance related requirements noted above the primary driver this request?</p>	<p>No</p>
<p>Describe the business function(s) or program(s) this technology solution seeks to improve.</p>	<p>The Department of Health, Division of Medical Quality Assurance consists of 22 boards and four councils. MQA carries out three major set of activities to carry out its mission: Licensure, Enforcement, and Information.</p> <p>Licensure activities include receiving, analyzing, and processing applications; issuing and renewing licenses; tracking licensure conditions and restrictions; monitoring compliance with continuing education and financial responsibility requirements; and evaluating and approving training programs and education providers.</p> <p>Enforcement activities include receiving, analyzing, and investigating complaints and reports; tracking licensees' compliance with disciplinary sanctions; inspecting health care facilities; issuing citations and emergency suspension and restriction orders; conducting disciplinary proceedings; and combating unlicensed activity.</p> <p>Information and data activities include providing easy access to licensure and disciplinary information and ensuring that data is accurate, timely, consistent, and reliable.</p> <p>MQA uses the following set of solutions to manage, track, and record all these activities: Versa: Regulation, Versa: Online and Iron Data Mobile which is a COTS application developed by Tyler Technologies (LEIDS). Some of these solutions do not include all the capabilities to meet the business needs and/or are nearing end of life, so MQA is seeking to replace LEIDS with a future-forward system that can meet all requirements and include modern features and technologies that will enable MQA to meet and exceed operational and strategic program demands.</p>
<p>What operational improvements are the primary driver(s) for this request? (ex: wait/hold time, employee turnover)</p>	<p>Eliminate manual workarounds that are currently needed to complete data workflow or processing.</p>

<p>What are the challenges in your current service delivery system? (ex. Incomplete transactions, security vulnerabilities)</p>	<ul style="list-style-type: none"> • Inefficient workflows inhibit the ability to automate routine business processes for application processing, facility inspections and the complaint process. • Technical and manual process alternatives are being utilized in some cases to keep systems functioning in an unsupported environment. • Current system enhancement requires a protracted estimate process and development by vendor that routinely takes more than a year from identification of need to realized solution.
<p>Quantify the challenges being experienced by the current service delivery system? (ex: avg wait time, % of transactions not successfully completed)</p>	<p>The average number of days from the date a case met legal sufficiency to final order (for non-priority cases that also were not unlicensed activity cases) was 624.73 days in the past five fiscal years. The average number of days from the time Prosecution Services received a case to closure, for Priority 1 cases during the past five fiscal years, is 442.84 days. A modern solution would connect the enforcement functions responsible for transferring inspections and investigations into regulatory disciplinary cases without manual disruption or data entry, enhancing the customer experience and redirecting staff hours to other high impact activities.</p>
<p>Describe how the project will be quantifiably measured for success. (ex. "x%" expected reduction in avg wait time, "y% increase expected in successful transactions)</p>	<p>The following measures of success are expected:</p> <ul style="list-style-type: none"> • Increase in customer satisfaction through a decrease in the percentage of calls escalated to live agents. • Decrease of deficient applications submitted. • Decrease in the time to complete inspections. • Improved MQA staff satisfaction. • Decrease time to retrieve data from other units. • Decrease time to produce required state and agency reports. • Availability of reports to internal staff. • Report accuracy. • Reduction in the number of data correction requests. • Minimum or lack thereof of system outages. • Set up disaster recovery and data backup. • An ADA compliant solution
<p>List how the financial impact of the project will be measured (Return on Investment, etc.).</p>	<p>Not applicable</p>
<p>Confirm whether you intend to include any fiscal penalties or incentives through the contracting or procurement process for quantifiable vendor performance.</p>	<p>Fiscal penalties will be included in any contracts entered upon.</p>

Describe alternatives approaches or methodologies have you analyzed both from financial and operational perspectives.	After a lot of analysis and completion of a market scan activity through the Request for Information process, MQA realizes that it is best to replace the solution to meet MQA requirements in a more efficient manner. Three options for this approach were considered: 1. Buy a commercial of the shelf system (COTS) and self-host 2. Deploy a Software-as-a Service (SaaS) vendor-managed cloud solution 3. Develop an in-house custom solution Option #2 is the preferred option.
OPERATIONAL IMPACT: Identify the services offered, the recipient/consumers of services, and how the proposed technology initiative will improve the service(s) delivery and utilization.	
Describe the most typical recipients/consumers of the services for which this technology initiative is supporting and meant to improve (ex: family receiving food stamps, new resident trying to start a business in the state).	Health care staff applicants and licensees (submitting new applications for medical professions and facilities licenses or seeking renewal of those), MQA staff (carrying out the Division’s operational tasks), external partners (seeking MQA related information), Florida citizens and residents (submitting claims or reports, seeking information, and others).
Describe the most typical providers of the services for which this technology initiative is supporting and meant to improve (ex: case worker, customer service rep).	MQA staff.
Describe the services typically provided through existing operations. (ex. SNAP eligibility, reemployment assistance)	MQA provides licensure and enforcement activities and services that serve medical professionals and facilities.
Describe how the services are currently delivered (ex: legacy application, paper based, in-person).	Services are delivered through the MQA LEIDS legacy application.
Describe how technology supports current service delivery.	The current legacy solution, MQA LEIDS, supports current service delivery.
How are you currently measuring service delivery and what metrics are being used.	The Division currently tracks balanced scorecard measures for time to license, time to investigate complaints, times for disciplinary case management and other key measures of regulatory effectiveness.
BUDGET ESTIMATES: Identify the estimated budget needed for the proposed technology solution.	

<p>For the current service delivery, please describe the total cost to provide a single service unit.</p>	<p>The Division currently does not calculate cost per service delivery unit.</p>
<p>For the proposed technology solution, please describe the expected total cost per single unit of service.</p>	<p>The Division currently does not calculate cost per service delivery unit.</p>
<p>Describe any expected or anticipated recurring need for this proposed technology solution.</p>	<p>The anticipated recurring cost for maintenance and support after completion of the project is \$1,050,000.00 annually.</p>
<p>Describe the expected total cost for the proposed technology solution.</p>	<p>Currently, it is expected that the total cost of the proposed technology solution and implementation services will be approximately \$20M over the life of the project.</p>

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)				
64400100					

1. GENERAL

1.1 Are Columns A01, A04, A05, A91, A92, A93, A36, A10, IA1, IA4, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? (CSDI or Web LBR Column Security)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Have Column A03 trust fund files been copied to Column A12? Run Schedule I (SC1R, SC1 or SC1R, SC1D adding column A12) to verify.	Y				
1.5 Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? (CSDR, CSA)	Y				

TIP The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. A security control feature included in the LAS/PBS Web upload process requires columns to be in the proper status before uploading to the portal.

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 57 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 28)? Do they clearly describe the issue?					

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift where an appropriation category's funding source is different between A02 and A03? Were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	Y				
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity and program component at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y				
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)				
64400100					

TIP Generally look for and be able to fully explain significant differences between A02 and A03.					
TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.					
TIP Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.					

4. EXHIBIT D (EADR, EXD)

4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 60 of the LBR Instructions?	Y				
4.2 Is the program component code and title used correct?	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				
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AUDITS:

5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y				
5.3 FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.)	Y				
5.4 A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.)	Y				
TIP If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.					
TIP If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.					
TIP Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2022-23 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.					
TIP If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a \$5,000 allowance at the department level.					

6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)

6.1 Are issues appropriately aligned with appropriation categories?	Y				
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Fiscal Year 2024-25 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)
	64400100

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.	
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7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)

7.1 Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 28 of the LBR Instructions.)	Y				
7.2 Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 63 through 70 of the LBR Instructions.)	Y				
7.3 Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 67 through 70 of the LBR Instructions?	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?	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				
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				
7.7 Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OAD/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 95 of the LBR Instructions.)	Y				
7.8 Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A				
7.9 Does the issue narrative reference the specific county(ies) where applicable?	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 #24-003?	Y				
7.11 When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A				
7.12 Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y				
7.13 Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A				
7.14 Do the amounts reflect appropriate FSI assignments?	Y				
7.15 Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)				
Action	64400100				
7.16 Do the issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 27 and 89 of the LBR Instructions.)	N/A				
7.17 Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	N/A				
7.18 Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A				
7.19 Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y				
AUDIT:					
7.20 Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	N/A				
7.21 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	N/A				
7.22 Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	N/A				
7.23 Have FCO appropriations been entered into the nonrecurring column (A04)? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	N/A				
7.24 Has narrative been entered for all issues requested by the agency? Agencies do not need to include narrative for startup issues (1001000, 2103XXX, etc.) that were not input by the agency. (NAAR, BSNR)	Y				
7.25 Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2023-24? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2023-24. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	N/A				
TIP Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 63 through 70 of the LBR Instructions.					
TIP Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue					

Fiscal Year 2024-25 LBR Technical Review Checklist

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Action	Program or Service (Budget Entity Codes)				
64400100					

TIP If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).	
TIP If an appropriation made in the FY 2023-24 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.	

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)

8.1 Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
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?	Y				
8.5 Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y				
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?	Y				
8.8 If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to section 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	Y				
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?	Y				
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				

Fiscal Year 2024-25 LBR Technical Review Checklist

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64400100					

8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y				
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01, Section III?	Y				
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Has the agency 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				
AUDITS:						
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? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.32	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)				
Action	64400100				
8.33 Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y				
8.34 Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y				
TIP The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP Determine if the agency is scheduled for trust fund review. (See pages 121 through 126 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.					
TIP Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1 Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)	Y				
10. SCHEDULE III (PSCR, SC3)					
10.1 Is the appropriate lapse amount applied? (See page 91 of the LBR Instructions.)	Y				
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 94 and 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	Y				
11. SCHEDULE IV (EADR, SC4)					
11.1 Are the correct Information Technology (IT) issue codes used?	Y				
TIP If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.					
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1 Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.	Y				
13. SCHEDULE VIIIB-1 (EADR, S8B1)					
13.1 NOT REQUIRED FOR THIS YEAR	N/A				
TIP If all or a portion of an issue is intended to be reduced on a nonrecurring basis, include the total reduction amount in Column A91 and the nonrecurring portion in Column A92.					
14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)					
14.1 Do the reductions comply with the instructions provided on pages 100 through 103 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y				

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Action	Program or Service (Budget Entity Codes)				
64400100					

TIP	Compare the debt service amount requested (IOE N or other IOE used for debt service) with the debt service need included in the Schedule VI: Detail of Debt Service, to determine whether any debt has been retired and may be reduced.				
TIP	If all or a portion of an issue is intended to be reduced on a nonrecurring basis, in the absence of a nonrecurring column, include that intent in narrative.				

15. SCHEDULE VIIIC (EADR, S8C) (NO LONGER REQUIRED)

16. SCHEDULE XI (UCSR,SCXI) (LAS/PBS Web - see pages 105-109 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)

16.1	Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y				
16.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?	Y				

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:

16.3	Does the FY 2022-23 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)					
16.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y				
16.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	N/A				
16.6	Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in Audit #3 do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)	Y				
16.7	Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP	If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					

17. MANUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to the Florida Fiscal Portal)

17.1	Do exhibits and schedules comply with LBR Instructions (pages 53 through 109 of the LBR Instructions), and are they accurate and complete?	Y				
17.2	Does manual exhibits tie to LAS/PBS where applicable?	Y				
17.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				
17.4	Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 129 and 130 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
64400100					

17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	Y				
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AUDITS - GENERAL INFORMATION

TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 155 through 157) for a list of audits and their descriptions.					
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TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
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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				
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18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y				
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18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
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18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
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18.5 Are the appropriate counties identified in the narrative?	Y				
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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				
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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.					
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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				
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**Fiscal Year
2024-2025**

**DISABILITY BENEFITS
DETERMINATION
EXHIBITS AND SCHEDULES**



**Fiscal Year
2024-2025**

**DISABILITY BENEFITS
DETERMINATION
SCHEDULE I SERIES**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	United States Trust Fund
Budget Entity:	64500100
LAS/PBS Fund Number:	2738

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,843,870.24	(A)		1,843,870.24
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	5,507,797.60	(D)		5,507,797.60
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	7,351,667.84	(F)	0.00	7,351,667.84
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	4,284,212.94	(H)		4,284,212.94
Approved "B" Certified Forwards	1,237,383.08	(H)		1,237,383.08
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	1,830,071.82	(K)	0.00	1,830,071.82 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2024 - 2025	
Department Title:	Health
Trust Fund Title:	United States Trust Fund
LAS/PBS Fund Number:	2738/ 64500100

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	2,971,170.26 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	
SWFS Adjustment # and Description	
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(1,237,383.08) (D)
Approved FCO Certified Forward per LAS/PBS	
A/P not C/F-Operating Categories	7,075,419.68 (D)
Current Compenstated Liability	32,885.96 (D)
A/P C/F - Operating Categories not on Trial Balance	(7,012,021.00) (D)
ADJUSTED BEGINNING TRIAL BALANCE:	1,830,071.82 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	1,830,071.82 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Federal Grants Trust Fund
Budget Entity:	64500100
LAS/PBS Fund Number:	2261

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	98,415.09	(A)		98,415.09
ADD: Other Cash (See Instructions)	14.00	(B)		14.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD: BE Transfer from 64200800	125,687.69	(E)		125,687.69
Total Cash plus Accounts Receivable	224,116.78	(F)	0.00	224,116.78
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	80,499.98	(H)		80,499.98
Approved "B" Certified Forwards	143,616.80	(H)		143,616.80
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/23	0.00	(K)	0.00	0.00 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2024 - 2025

Department Title:	Health
Trust Fund Title:	Federal Grants Trust Fund
LAS/PBS Fund Number:	2261/ BE 64500100

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds;	17,852.46 (A)
GLC 539XX for proprietary and fiduciary funds	
Subtract Nonspendable Fund Balance (GLC 56XXX)	(B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	(C)
SWFS Adjustment # and Description	(C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(143,616.80) (D)
Approved FCO Certified Forward per LAS/PBS	(D)
A/P not C/F-Operating Categories	76.65 (D)
BE Transfer from 64200800	125,687.69 (D)
	(D)
	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	0.00 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	0.00 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISABILITY DETERMINATION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
64500100					

1. GENERAL

1.1 Are Columns A01, A04, A05, A91, A92, A93, A36, A10, IA1, IA4, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? (CSDI or Web LBR Column Security)	Y				
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y				

AUDITS:

1.3 Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y				
1.4 Have Column A03 trust fund files been copied to Column A12? Run Schedule I (SC1R, SC1 or SC1R, SC1D adding column A12) to verify.	Y				
1.5 Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? (CSDR, CSA)	Y				

TIP The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. A security control feature included in the LAS/PBS Web upload process requires columns to be in the proper status before uploading to the portal.

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 57 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 15 through 28)? Do they clearly describe the issue?					

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.					
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AUDITS:

3.2 Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity and program component at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")					
3.3 Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")					

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISABILITY DETERMINATION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
64500100					

TIP	Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP	Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				

4. EXHIBIT D (EADR, EXD)

4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 60 of the LBR Instructions?	Y			
4.2	Is the program component code and title used correct?	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.)				
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AUDITS:

5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences [with a \$5,000 allowance] need to be corrected in Column A01.)	Y			
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.)	Y			
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.				
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.				
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2022-23 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.				
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a \$5,000 allowance at the department level.				

6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)

6.1	Are issues appropriately aligned with appropriation categories?	Y			
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Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISABILITY DETERMINATION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)
	64500100

TIP Exhibit D-3 is not required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.

7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)

7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 28 of the LBR Instructions.)	Y			
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 63 through 70 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 67 through 70 of the LBR Instructions?	Y			
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			
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			
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			
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OAD/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 95 of the LBR Instructions.)	Y			
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y			
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y			
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #24-003?	Y			
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N			
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	Y			
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A			
7.14	Do the amounts reflect appropriate FSI assignments?	Y			
7.15	Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y			

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISABILITY DETERMINATION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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	Program or Service (Budget Entity Codes)				
Action	64500100				
7.16 Do the issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 27 and 89 of the LBR Instructions.)	N/A				
7.17 Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y				
7.18 Are the issues relating to <i>major audit findings and recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A				
7.19 Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y				
AUDIT:					
7.20 Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	N/A				
7.21 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	N/A				
7.22 Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y				
7.23 Have FCO appropriations been entered into the nonrecurring column (A04)? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))	Y				
7.24 Has narrative been entered for all issues requested by the agency? Agencies do not need to include narrative for startup issues (1001000, 2103XXX, etc.) that were not input by the agency. (NAAR, BSNR)	Y				
7.25 Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2023-24? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2023-24. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	Y				
TIP Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.					
TIP The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 63 through 70 of the LBR Instructions.					
TIP Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue					

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISABILITY DETERMINATION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
64500100					

TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2023-24 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)

8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y				
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?	Y				
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y				
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?	Y				
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to section 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	Y				
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?	Y				
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				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISABILITY DETERMINATION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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Action	Program or Service (Budget Entity Codes)				
64500100					

8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y				
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y				
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y				
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y				
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y				
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y				
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y				
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y				
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y				
8.24	Are prior year September operating reversions appropriately shown in column A01, Section III?	Y				
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y				
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y				
8.27	Has the agency 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				
AUDITS:						
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? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y				
8.32	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISABILITY DETERMINATION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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	Program or Service (Budget Entity Codes)				
Action	64500100				
8.33 Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y				
8.34 Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y				
TIP The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP Determine if the agency is scheduled for trust fund review. (See pages 121 through 126 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.					
TIP Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.					
TIP Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.					
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1 Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? (BRAR, BRAA - Report should print "No Records Selected For This Request") Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)					
10. SCHEDULE III (PSCR, SC3)					
10.1 Is the appropriate lapse amount applied? (See page 91 of the LBR Instructions.)	Y				
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 94 and 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	Y				
11. SCHEDULE IV (EADR, SC4)					
11.1 Are the correct Information Technology (IT) issue codes used?	N/A				
TIP If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.					
12. SCHEDULE VIIIA (EADR, SC8A)					
12.1 Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.	Y				
13. SCHEDULE VIIIB-1 (EADR, S8B1)					
13.1 NOT REQUIRED FOR THIS YEAR					
TIP If all or a portion of an issue is intended to be reduced on a nonrecurring basis, include the total reduction amount in Column A91 and the nonrecurring portion in Column A92.					
14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)					
14.1 Do the reductions comply with the instructions provided on pages 100 through 103 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISABILITY DETERMINATION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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)				
Action	64500100				

TIP Compare the debt service amount requested (IOE N or other IOE used for debt service) with the debt service need included in the Schedule VI: Detail of Debt Service, to determine whether any debt has been retired and may be reduced.					
TIP If all or a portion of an issue is intended to be reduced on a nonrecurring basis, in the absence of a nonrecurring column, include that intent in narrative.					

15. SCHEDULE VIIIC (EADR, S8C) (NO LONGER REQUIRED)

16. SCHEDULE XI (UCSR,SCXI) (LAS/PBS Web - see pages 105-109 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)

16.1 Agencies are required to generate this spreadsheet via the LAS/PBS Web. The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website. (Note: Pursuant to section 216.023(4) (b), Florida Statutes, the Legislature can reduce the funding level for any agency that does not provide this information.)	Y				
16.2 Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?	Y				

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:

16.3 Does the FY 2022-23 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y				
16.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y				
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	Y				
16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in Audit #3 do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)	Y				
16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found")	Y				
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.					

17. MANUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to the Florida Fiscal Portal)

17.1 Do exhibits and schedules comply with LBR Instructions (pages 53 through 109 of the LBR Instructions), and are they accurate and complete?	Y				
17.2 Does manual exhibits tie to LAS/PBS where applicable?	Y				
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y				
17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 129 and 130 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y				

Fiscal Year 2024-25 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISABILITY DETERMINATION
Agency Budget Officer/OPB Analyst Name: TY GENTLE / RENEE TONDEE

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.

	Program or Service (Budget Entity Codes)				
Action	64500100				

17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	Y				
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AUDITS - GENERAL INFORMATION

TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 155 through 157) for a list of audits and their descriptions.					
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TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.					
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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				
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18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y				
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18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y				
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18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	Y				
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18.5 Are the appropriate counties identified in the narrative?	Y				
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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				
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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.					
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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				
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