



**Fiscal Year
2025-2026**

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

October 15, 2024

Brandi Gunder, Deputy Director of Budget
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 Fiscal Year 2025-26. This submission has been approved by Joseph A. Ladapo, MD, PHD, State Surgeon General.

Sincerely,

A handwritten signature in blue ink that reads "Curtis R. Barker".

Curtis R. Barker, Director
Office of Budget and Revenue Management



Temporary Special Duty - General

Pay Additives Implementation Plan for Fiscal Year 2025-2026

Temporary Special Duty Additives - General may be authorized in situations where employees are assuming the acting roles of vacant positions within the department. This additive may be used while the department 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, and 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 \$143,804.59 for a total of 42 employees. It is estimated that the department will implement a similar number of Temporary Duty Additives - General in the 2025-2026 fiscal year. Pay Additives will impact employees in the following collective bargaining units:

FNA
FPD



Fiscal Year 2025-2026

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:	Alysson Bradley Interim 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 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). Mandate issued 4/25/24 affirming decision of First DCA.		
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

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:	Alysson Bradley Interim 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:	Settled for non-monetary terms 5/14/24. Case still open, pending completion of terms of the settlement agreement.		
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

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:	Alysson Bradley Interim 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); 24-11996 (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, and 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, and 64B15ER23-10		
Status of the Case:	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). 6/11/24: Order issued in favor of Plaintiffs. Appeal pending 24-11996. 8/28/24 – Defendants motion to stay, injunction granted, pending issuance of mandate.		
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).	Order certifying class issued on 10/18/23. Plaintiffs’ counsel: Southern Legal Counsel; National Center for Lesbian Rights; Human Rights Campaign Foundation; LGBTQ Legal Advocated & Defenders; and Lowenstein Sandler LLP		

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:	Alysson Bradley Interim General Counsel	Phone Number:	850-245-4005
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 challenged the 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. 2/7/24: 1st District Court of Appeals AFFIRMED decision of the lower court. 6/3/24 – Mandate issued.		
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		

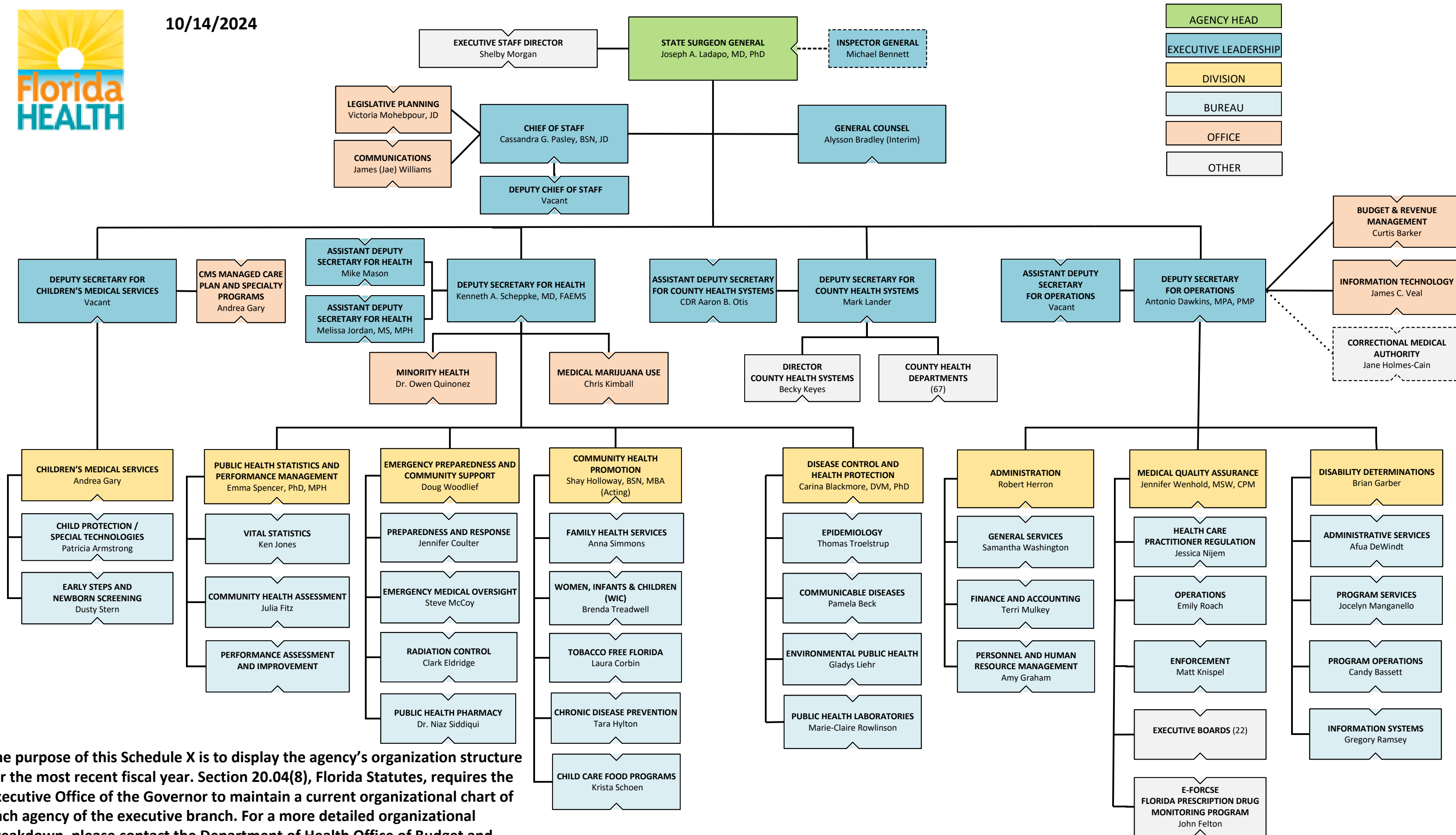
Schedule VII: Agency Litigation Inventory

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

Agency:	Department of Health (“DOH”)		
Contact Person:	Alysson Bradley Interim General Counsel	Phone Number:	850-245-4005
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Lakeisha Harris, et al., v. Ronald D. DeSantis in his official capacity as Governor for the State of Florida, et. al.		
Court with Jurisdiction:	Northern District of Florida		
Case Number:	4:23-cv-328		
Summary of the Complaint:	42 USC §1983 claims alleging that delays in the Social Security Administration’s Disability Determination Process violates Plaintiff’s constitutional rights, deny due process, and fail to abide by the timeliness requirements of 42 USC §421(a)(2)(C). Plaintiff seeks class action certification.		
Amount of the Claim:	\$ Injunctive and declaratory relief, attorney fees.		
Specific Statutes or Laws (including GAA) Challenged:	42 USC §1983, 14th Amendment Due Process Claims.		
Status of the Case:	Motion to Dismiss is pending, awaiting order.		
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).	Plaintiff sought class certification, which was denied 5/21/24. Plaintiff counsel: Enrique Escarraz, III, Esquire.		



10/14/2024



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 at (850) 245-4445.

HEALTH, DEPARTMENT OF	FISCAL YEAR 2023-24			
	SECTION I: BUDGET		FIXED CAPITAL OUTLAY	
	OPERATING			
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT			3,837,274,948	46,745,061
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)			2,820,602,628	708,164
FINAL BUDGET FOR AGENCY			6,657,877,576	47,453,225
SECTION II: ACTIVITIES * MEASURES	Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)				47,453,225
Anti-tobacco Marketing Activities * Number of anti-tobacco impressions.	1,306,070,611	0.02	29,207,191	
Community Based Anti-tobacco Activities * Number of community based tobacco intervention projects funded.	67	194,762.45	13,049,084	
Provide Quitline Services * Number of cessation services provided.	63,631	220.97	14,060,446	
State And Community Interventions - Area Health Education Centers (ahecs) * Total number of health care practitioners trained in tobacco dependence, patient referrals and systems change.	5,432	3,171.48	17,227,500	
Provide School Health Services * Number of school health services provided	25,518,459	3.31	84,582,959	
Provide Dental Health Services * Number of children receiving a County Health Department dental service.	170,692	598.01	102,074,801	
Provide Healthy Start Services * Number of Healthy Start clients provided by direct service providers.	226,358	770.09	174,315,449	
Provide Women, Infants And Children (wic) Nutrition Services * Number of monthly participants	826,674	569.39	470,696,973	
Child Care Food Nutrition * Number of child care meals served monthly	12,075,723	30.61	369,582,863	
Provide Family Planning Services * Number of family planning clients.	72,991	896.61	65,444,197	
Provide Primary Care For Adults And Children * Number of adults and children receiving well child care and care for acute and episodic illnesses and injuries.	56,774	2,678.34	152,060,169	
Provide Chronic Disease Screening And Education Services * Number of persons receiving chronic disease community services from county health departments.	47,558	1,572.81	74,799,578	
Recruit Volunteers * Number of volunteers participating	18,429	52.09	960,014	
Provide Immunization Services * Number of immunization services provided	959,706	73.81	70,834,964	
Provide Sexually Transmitted Disease Services * Number of sexually transmitted disease clients.	78,721	551.09	43,382,568	
Provide Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (hiv/Aids) Services * Persons receiving HIV patient care and case management from Ryan White Consortia and General Revenue Networks	50,250	7,864.58	395,195,214	
Provide Tuberculosis Services * Number of tuberculosis medical, screening, tests, test read services.	123,372	488.98	60,326,439	
Provide Infectious Disease Surveillance *	230,345	866.62	199,621,862	
Monitor And Regulate Facilities * Number of facility inspections.	272,199	132.32	36,017,389	
Monitor And Regulate Onsite Sewage Disposal (osds) Systems * Number of onsite sewage disposal systems inspected.	247,270	175.42	43,376,732	
Control Radiation Threats * Number of radiation facilities, devices and users regulated.	109,809	86.79	9,530,734	
Racial And Ethnic Disparity Grant * Number of projects	31	612,321.94	18,981,980	
Provide Community Hygiene Services * Number of Community Hygiene Health Services	50,473	192.79	9,730,445	
Monitor Water System/Groundwater Quality * Water system / storage tank inspections / plans reviewed.	70,279	115.81	8,139,220	
Record Vital Events - Chd * Number of vital events recorded.	2,693,929	5.30	14,289,055	
Process Vital Records *	697,474	17.00	11,857,088	
Provide Public Health Pharmacy Services * Number of drug packets, bottles, and scripts distributed/dispensed.	1,135,784	169.55	192,566,806	
Provide Public Health Laboratory Services * Number of relative workload units performed annually.	12,097,227	4.02	48,612,317	
Prescription Drug Monitoring * Number of queries to the Prescription Drug Monitoring Database	127,570,293	0.00	68,727	
Early Intervention Services * Number enrolled in early intervention program.	60,584	1,364.90	82,690,927	
Medical Services To Abused / Neglected Children * Number of Child Protection Team assessments	22,477	1,532.32	34,441,969	
Poison Control Centers * Number of telephone consultations.	134,172	49.69	6,666,461	
Children's Medical Services Network * Number of children enrolled	116,582	21,471.70	2,503,213,279	
Issue Licenses And Renewals * Health care practitioner licenses issued	738,985	62.82	46,420,860	
Investigate Unlicensed Activity * Number of unlicensed cases investigated.	1,104	2,128.86	2,350,261	
Profile Practitioners * Number of visits to practitioner profile website.	796,883	0.52	416,128	
Recruit Providers To Underserved Areas * Providers recruited to serve in underserved areas.	1,258	12,923.58	16,257,863	
Rehabilitate Brain And Spinal Cord Injury Victims * Number of brain and spinal cord injured individuals served.	1,081	14,670.43	15,858,734	
Dispense Grant Funds To Local Providers * Number of disbursements to EMS provides	106	69,297.69	7,345,555	
Provide Eligibility Determination For Benefits * Number of claims completed with accurate determinations	157,702	839.07	132,322,520	
Investigative Services * Number of practitioner cases investigated.	24,687	496.97	12,268,813	
Practitioner Regulation Legal Services * Number of practitioner cases resolved.	4,681	2,167.85	10,147,684	
Consumer Services * Number of complaints resolved.	50,745	59.68	3,028,394	
TOTAL			5,604,022,212	47,453,225
SECTION III: RECONCILIATION TO BUDGET				
PASS THROUGHS				
TRANSFER - STATE AGENCIES				
AID TO LOCAL GOVERNMENTS				
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS				
OTHER			577,549,175	
REVERSIONS			436,757,847	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)			6,618,329,234	47,453,225

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

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

Schedule XIV Variance from Long Range Financial Outlook

Agency: Health

Contact: Curtis Barker

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 2024 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 2025-2026 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 2025-2026 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	#9 - Tobacco Awareness Education Program	B	\$2.6M	\$ 2,558,263.00
b	#23 - Early Steps	B		\$ 11,944,407.00
c	#23 - Office of Medical Marijuana Use	B		\$ 2,514,499.00
d	#23 - Medical Quality Assurance	B		\$ 8,906,560.00
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.

A) Article X, Section 27 of the State Constitution requires an annual adjustment for inflation, using the Consumer Price Index for Tobacco, which increased by 3.00%. The department's request for additional budget authority reduces the annual adjustment for inflation by \$62,136 to \$2,558,263 so the FY 2025-26 appropriation does not exceed \$89,967,051 based on the July 2024 National Economic Estimating Conference.

B) Early Steps requests appropriation for its administrative system and program quality improvements and enhancements.

C) The Office of Medical Marijuana Use requests appropriation for additional Salaries and Benefits, Expenses, and Motor Vehicles budget authority to maintain continuity of operations.

D) Medical Quality Assurance requests appropriation for Salaries and Benefits budget authority for increased workload of background screening and additional appropriation for Year 2 of the Licensure and Enforcement System.

* R/B = Revenue or Budget Driver

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	18,086,903.28	(A)	0.00	18,086,903.28
ADD: Other Cash (See Instructions)	104.76	(B)	0.00	104.76
ADD: Investments	0.00	(C)	0.00	0.00
ADD: Outstanding Accounts Receivable	16,206,130.24	(D)	0.00	16,206,130.24
ADD: _____	0.00	(E)	0.00	0.00
Total Cash plus Accounts Receivable	34,293,138.28	(F)	0.00	34,293,138.28
LESS Allowances for Uncollectibles	0.00	(G)	0.00	0.00
LESS Approved "A" Certified Forwards	2,243,634.34	(H)	0.00	2,243,634.34
Approved "B" Certified Forwards	4,928,953.45	(H)	0.00	4,928,953.45
Approved "FCO" Certified Forwards	0.00	(H)	0.00	0.00
LESS: Other Accounts Payable (Nonoperating)	594.50	(I)	0.00	594.50
LESS: _____	0.00	(J)	0.00	0.00
Unreserved Fund Balance, 07/01/24	27,119,955.99	(K)	0.00	27,119,955.99 **

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: 2025 - 2026

Department Title:	<u>Health</u>
Trust Fund Title:	<u>Administrative</u>
LAS/PBS Fund Number:	<u>2021</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds;	31,762,780.47 (A)
GLC 539XX for proprietary and fiduciary funds	

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	(4,928,953.45) (D)
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Approved FCO Certified Forward per LAS/PBS	[] (D)
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A/P not C/F-Operating Categories	253,303.52 (D)
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Current Compensated Absences Liability	32,825.45 (D)
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[] (D)

[] (D)

ADJUSTED BEGINNING TRIAL BALANCE:	27,119,955.99 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	27,119,955.99 (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: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	3,510,061	(A)		3,510,061
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	3,510,061	(F)	0	3,510,061
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	396,698	(H)		396,698
Approved "B" Certified Forwards	1,180	(H)		1,180
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)	52,148	(I)		52,148
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/24	3,060,034	(K)	0	3,060,034 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	3,061,214.19	(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	(1,180.04)	(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)
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		(D)
--	--	-----

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

		(D)
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ADJUSTED BEGINNING TRIAL BALANCE:	3,060,034.15	(E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	3,060,034.15	(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: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	25,814,285	(A)		25,814,285
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	25,814,285	(F)	0	25,814,285
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	22,177,582	(H)		22,177,582
Approved "B" Certified Forwards	1,081,785	(H)		1,081,785
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/24	2,554,918	(K)	0	2,554,918 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24

Total all GLC's 5XXXX for governmental funds;	3,635,979.43	(A)
GLC 539XX for proprietary and fiduciary funds		

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	(1,081,784.76)	(D)
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Approved FCO Certified Forward per LAS/PBS		(D)
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A/P not C/F-Operating Categories	723.76	(D)
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		(D)
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		(D)
--	--	-----

		(D)
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ADJUSTED BEGINNING TRIAL BALANCE:	2,554,918.43	(E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	2,554,918.43	(F)
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DIFFERENCE:	0.00	(G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
Trust Fund Title:	Health
Budget Entity:	County Health Department
LAS/PBS Fund Number:	2141

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	69,232,404.06	(A)		69,232,404.06
ADD: Other Cash (See Instructions)	2,686,263.57	(B)		2,686,263.57
ADD: Investments	97,746,142.00	(C)		97,746,142.00
ADD: Outstanding Accounts Receivable	54,254,699.97	(D)		54,254,699.97
ADD: SWFS # B6400003/ B6400036/ B6400043		(E)	21,883,368.99	21,883,368.99
Total Cash plus Accounts Receivable	223,919,509.60	(F)	21,883,368.99	245,802,878.59
LESS Allowances for Uncollectibles	2,840,794.94	(G)		2,840,794.94
LESS Approved "A" Certified Forwards	30,701,062.79	(H)		30,701,062.79
Approved "B" Certified Forwards	17,088,857.21	(H)		17,088,857.21
Approved "FCO" Certified Forwards	13,344,030.70	(H)		13,344,030.70
LESS: Other Accounts Payable (Nonoperating)	9,774.61	(I)		9,774.61
LESS: SWFS Adjustment # B6400036		(J)	160,179.99	160,179.99
Unreserved Fund Balance, 07/01/24	159,934,989.35	(K)	21,723,189.00	181,658,178.35 **

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

Budget Period: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24
 Total all GLC's 5XXXX for governmental funds; 207,511,314.38 (A)
 GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) (20,900,342.31) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # B6400003/B6400036/ B6400043 21,883,368.99 (C)

SWFS Adjustment # B6400036 (160,179.99) (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (17,088,857.21) (D)

Approved FCO Certified Forward per LAS/PBS (13,344,030.70) (D)

A/P not C/F-Operating Categories 3,248,872.88 (D)

Current Compensated Absences Liability' 464,835.31 (D)

A/P not C/F-FCO Categories 43,197.00 (D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE: 181,658,178.35 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 181,658,178.35 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2025 - 2026

Department Title:	Health
Trust Fund Title:	Donations Trust Fund
Budget Entity:	
LAS/PBS Fund Number:	2168

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	471,222,263	(A)		471,222,263
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	109,707,898	(D)		109,707,898
ADD: <u>SWFS # B6400049 & B6400058</u>		(E)	15,600,731	15,600,731
Total Cash plus Accounts Receivable	580,930,162	(F)	15,600,731	596,530,892
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	558,535,357	(H)		558,535,357
Approved "B" Certified Forwards	507,063	(H)		507,063
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)	42	(I)		42
LESS:		(J)		0
Unreserved Fund Balance, 07/01/24	21,887,700	(K)	15,600,731	37,488,430 **

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: 2025 - 2026

Department Title:	<u>Health</u>
Trust Fund Title:	<u>Donations Trust Fund</u>
LAS/PBS Fund Number:	<u>2168</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds;	22,387,195.41 (A)
GLC 539XX for proprietary and fiduciary funds	

Subtract Nonspendable Fund Balance (GLC 56XXX)	[] (B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # B6400049	[(2,430,595.71)] (C)
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SWFS Adjustment # B6400058	[18,031,326.28] (C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	[(507,063.08)] (D)
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Approved FCO Certified Forward per LAS/PBS	[] (D)
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A/P not C/F-Operating Categories	[1,635.70] (D)
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Current Compensated Absences Liability	[5,931.69] (D)
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[] (D)

[] (D)

ADJUSTED BEGINNING TRIAL BALANCE:	[37,488,430.29] (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	[37,488,430.29] (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: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	8,082,168	(A)		8,082,168
ADD: Other Cash (See Instructions)	3,575	(B)		3,575
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: SWFS # B6400006		(E)	101,797	101,797
Total Cash plus Accounts Receivable	8,085,743	(F)	101,797	8,187,540
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	7,146,791	(H)		7,146,791
Approved "B" Certified Forwards	146,714	(H)		146,714
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)	357,695	(I)		357,695
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/24	434,543	(K)	101,797	536,340 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24
 Total all GLC's 5XXXX for governmental funds; 580,777.59 (A)
 GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # B6400006 101,797.11 (C)

SWFS Adjustment # and Description (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (146,714.22) (D)

Approved FCO Certified Forward per LAS/PBS (D)

A/P not C/F-Operating Categories 479.51 (D)

(D)

(D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE: 536,340 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 536,340 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	605,497	(A)			605,497
ADD: Other Cash (See Instructions)		(B)			0
ADD: Investments		(C)			0
ADD: Outstanding Accounts Receivable		(D)			0
ADD: _____		(E)			0
Total Cash plus Accounts Receivable	605,497	(F)	0		605,497
LESS Allowances for Uncollectibles		(G)			0
LESS Approved "A" Certified Forwards	302,920	(H)			302,920
Approved "B" Certified Forwards		(H)			0
Approved "FCO" Certified Forwards		(H)			0
LESS: Other Accounts Payable (Nonoperating)	6,113	(I)			6,113
LESS: _____		(J)			0
Unreserved Fund Balance, 07/01/24	296,464	(K)	0		296,464 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24
 Total all GLC's 5XXXX for governmental funds; 296,463.99 (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: 296,463.99 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 296,463.99 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	29,551,694.96	(A)		29,551,694.96
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments	49,098,465.44	(C)		49,098,465.44
ADD: Outstanding Accounts Receivable	147,044.77	(D)		147,044.77
ADD: <u> SWFS B6400013</u>		(E)	208,811.11	208,811.11
Total Cash plus Accounts Receivable	78,797,205.17	(F)	208,811.11	79,006,016.28
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	62.02	(H)		62.02
Approved "B" Certified Forwards		(H)		0.00
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	4,909.85	(I)		4,909.85
LESS: Approved Carry Forward	76,920,302.96	(J)		76,920,302.96
Unreserved Fund Balance, 07/01/24	1,871,930.34	(K)	208,811.11	2,080,741.45 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24
 Total all GLC's 5XXXX for governmental funds; 78,340,250.26 (A)
 GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # B6400013 208,811.11 (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 451,983.04 (D)

Approved Carry Forward (76,920,302.96) (D)

 (D)

 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 2,080,741.45 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 2,080,741.45 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	58,325,223.52	(A)		58,325,223.52
ADD: Other Cash (See Instructions)	899,211.88	(B)		899,211.88
ADD: Investments	31,110,739.62	(C)		31,110,739.62
ADD: Outstanding Accounts Receivable	98,794,410.63	(D)		98,794,410.63
ADD: SWFS # B6400004/ B6400047		(E)	(4,380,496.43)	(4,380,496.43)
Total Cash plus Accounts Receivable	189,129,585.65	(F)	(4,380,496.43)	184,749,089.22
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	96,289,915.02	(H)		96,289,915.02
Approved "B" Certified Forwards	16,800,761.77	(H)		16,800,761.77
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: SWFS # B6400004		(J)	1,227,226.87	1,227,226.87
Unreserved Fund Balance, 07/01/24	76,038,908.86	(K)	(5,607,723.30)	70,431,185.56 **

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: 2025 - 2026

Department Title:	<u>Health</u>
Trust Fund Title:	<u>Federal Grants Trust Fund</u>
LAS/PBS Fund Number:	<u>2261</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds;	90,363,904.06 (A)
GLC 539XX for proprietary and fiduciary funds	

Subtract Nonspendable Fund Balance (GLC 56XXX)	[] (B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # B6400047	69,497.64 (C)
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SWFS Adjustment # B6400004	(5,677,220.94) (C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(16,800,761.77) (D)
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Approved FCO Certified Forward per LAS/PBS	[] (D)
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A/P not C/F-Operating Categories	6,207,364.98 (D)
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Current Compensated Absences Liability	84,916.81 (D)
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A/P C/F - Operating Categories not on Trial Balance	(3,816,515.22) (D)
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	[] (D)
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ADJUSTED BEGINNING TRIAL BALANCE:	70,431,185.56 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	70,431,185.56 (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: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	104,211,273	(A)		104,211,273
ADD: Other Cash (See Instructions)	6,729,392	(B)		6,729,392
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	164,528	(D)		164,528
ADD: <u>SWFS B6400014 & B6400041</u>		(E)	3,787,136	3,787,136
Total Cash plus Accounts Receivable	111,105,193	(F)	3,787,136	114,892,329
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	6,966,594	(H)		6,966,594
Approved "B" Certified Forwards	1,026,518	(H)		1,026,518
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)	1,948,992	(I)		1,948,992
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/24	101,163,088	(K)	3,787,136	104,950,224 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	102,378,671.10 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(215,447.20) (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # B6400014	25,088.49 (C)
SWFS Adjustment # B6400041	3,762,047.06 (C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(1,026,518.39) (D)
Approved FCO Certified Forward per LAS/PBS	(D)
A/P not C/F-Operating Categories	1,708.99 (D)
Current Compensated Absences Liability	24,673.95 (D)
	(D)
	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	104,950,224.00 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	104,950,224.00 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2025 - 2026

Department Title:	Health
Trust Fund Title:	Medical Quality Assurance Trust Fund
Budget Entity:	
LAS/PBS Fund Number:	2352

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	40,876,337.23	(A)		40,876,337.23
ADD: Other Cash (See Instructions)	761,857.87	(B)		761,857.87
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	1,915,403.49	(D)		1,915,403.49
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	43,553,598.59	(F)	0.00	43,553,598.59
LESS Allowances for Uncollectibles	929,351.73	(G)		929,351.73
LESS Approved "A" Certified Forwards	2,794,715.26	(H)		2,794,715.26
Approved "B" Certified Forwards	1,261,127.14	(H)		1,261,127.14
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	1,742,685.75	(I)		1,742,685.75
LESS: _____ SWFS # B6400010 _____		(J)	27,138.00	27,138.00
Unreserved Fund Balance, 07/01/24	36,825,718.71	(K)	(27,138.00)	36,798,580.71 **

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: 2025 - 2026

Department Title:	Health
Trust Fund Title:	Medical Quality Assurance Trust Fund
LAS/PBS Fund Number:	2352

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds;	34,987,024.54 (A)
GLC 539XX for proprietary and fiduciary funds	

Subtract Nonspendable Fund Balance (GLC 56XXX)	(B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # B6400010	(27,138.00) (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	(1,261,127.14) (D)
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Approved FCO Certified Forward per LAS/PBS	(D)
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A/P not C/F-Operating Categories	23,535.91 (D)
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Current Compensated Absences Liability 38600	1,017,296.82 (D)
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Current Compensated Absences Liability 48600	2,058,988.58 (D)
--	------------------

	(D)
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ADJUSTED BEGINNING TRIAL BALANCE:	36,798,581 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	36,798,581 (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: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	5,793,215	(A)		5,793,215
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: _____ SWFS # B6400015 _____		(E)	108,083	108,083
Total Cash plus Accounts Receivable	5,793,215	(F)	108,083	5,901,298
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	698,020	(H)		698,020
Approved "B" Certified Forwards	209,390	(H)		209,390
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)	216,216	(I)		216,216
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/24	4,669,589	(K)	108,083	4,777,672 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds;	4,856,297.38 (A)
GLC 539XX for proprietary and fiduciary funds	

Subtract Nonspendable Fund Balance (GLC 56XXX)	(B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # B6400015	108,083.00 (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	(209,390.32) (D)
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Approved FCO Certified Forward per LAS/PBS	(D)
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A/P not C/F-Operating Categories	8,616.05 (D)
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Current Compensated Absences Liability	14,065.79 (D)
--	---------------

	(D)
--	-----

	(D)
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ADJUSTED BEGINNING TRIAL BALANCE:	4,777,672 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	4,777,672 (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: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	329,181	(A)		329,181
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	3,863,383	(D)		3,863,383
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	4,192,564	(F)	0	4,192,564
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	2,662,038	(H)		2,662,038
Approved "B" Certified Forwards	1,201,345	(H)		1,201,345
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/24	329,181	(K)	0	329,181 **

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: 2025 - 2026

Department Title:	<u>Health</u>
Trust Fund Title:	<u>Maternal and Child Health Block Grant Trust Fund</u>
LAS/PBS Fund Number:	<u>2475</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds;	1,527,968.82 (A)
GLC 539XX for proprietary and fiduciary funds	

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	(1,201,345.02) (D)
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Approved FCO Certified Forward per LAS/PBS	[] (D)
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A/P not C/F-Operating Categories	2,557.48 (D)
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[] (D)

[] (D)

[] (D)

ADJUSTED BEGINNING TRIAL BALANCE:	329,181.28 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	329,181.28 (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: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	26,949,723.32	(A)		26,949,723.32
ADD: Other Cash (See Instructions)	87,501.58	(B)		87,501.58
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	1,355,530.52	(D)		1,355,530.52
ADD: _____ SWFS # B6400008		(E)	20.00	20.00
Total Cash plus Accounts Receivable	28,392,755.42	(F)	20.00	28,392,775.42
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	1,345,800.35	(H)		1,345,800.35
Approved "B" Certified Forwards	587,182.89	(H)		587,182.89
Approved "FCO" Certified Forwards	10,742,507.16	(H)		10,742,507.16
LESS: Other Accounts Payable (Nonoperating)	378,557.79	(I)		378,557.79
LESS: _____ SWFS # B6400008		(J)	475,048.69	475,048.69
Unreserved Fund Balance, 07/01/24	15,338,707.23	(K)	(475,028.69)	14,863,678.54 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24
 Total all GLC's 5XXXX for governmental funds; 26,717,653.85 (A)
 GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 114,976.92 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # B6400008 20.00 (C)

SWFS Adjustment # B6400008 (475,048.69) (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (587,182.89) (D)

Approved FCO Certified Forward per LAS/PBS (10,742,507.16) (D)

A/P not C/F-Operating Categories 47,965.31 (D)

Current Compensated Absences Liability 17,755.04 (D)

(D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE: 14,863,678.54 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 14,863,678.54 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	225308	(A)		225308
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	136,152	(D)		136,152
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	361,460	(F)	0	361,460
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	117,611	(H)		117,611
Approved "B" Certified Forwards	18,541	(H)		18,541
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/24	225,308	(K)	0	225,308 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds;	243,849.13 (A)
GLC 539XX for proprietary and fiduciary funds	

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	(18,540.80) (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)
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[] (D)

[] (D)

[] (D)

ADJUSTED BEGINNING TRIAL BALANCE:	225,308.33 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	225,308.33 (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: 2025 - 2026

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	7,159,788	(A)		7,159,788
ADD: Other Cash (See Instructions)	93,502	(B)		93,502
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	302,700	(D)		302,700
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	7,555,991	(F)	0	7,555,991
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	214,057	(H)		214,057
Approved "B" Certified Forwards	130,786	(H)		130,786
Approved "FCO" Certified Forwards	15,807	(H)		15,807
LESS: Other Accounts Payable (Nonoperating)	111,994	(I)		111,994
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/24	7,083,346	(K)	0	7,083,346 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	7,209,816.45	(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	(130,786)	(D)
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Approved FCO Certified Forward per LAS/PBS	(15,807.45)	(D)
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A/P not C/F-Operating Categories	3,515.08	(D)
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Current Compensated Absences Liability	16,608.29	(D)
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		(D)
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		(D)
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ADJUSTED BEGINNING TRIAL BALANCE:	7,083,345.95	(E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	7,083,345.95	(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: 2025 - 2026

Department Title:	Health
Trust Fund Title:	Social Services Block Grant Trust Fund
Budget Entity:	
LAS/PBS Fund Number:	2639

	Balance as of 6/30/2024		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	4,376,908	(A)			4,376,908
ADD: Other Cash (See Instructions)		(B)			0
ADD: Investments		(C)			0
ADD: Outstanding Accounts Receivable		(D)			0
ADD: _____		(E)			0
Total Cash plus Accounts Receivable	4,376,908	(F)	0		4,376,908
LESS Allowances for Uncollectibles		(G)			0
LESS Approved "A" Certified Forwards	2,130,562	(H)			2,130,562
Approved "B" Certified Forwards	145,070	(H)			145,070
Approved "FCO" Certified Forwards		(H)			0
LESS: Other Accounts Payable (Nonoperating)		(I)			0
LESS: _____		(J)			0
Unreserved Fund Balance, 07/01/24	2,101,276	(K)	0		2,101,276 **

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: 2025 - 2026

Department Title:	Health
Trust Fund Title:	Social Services Block Grant Trust Fund
LAS/PBS Fund Number:	2639

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds;	2,246,345.77 (A)
GLC 539XX for proprietary and fiduciary funds	

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	(145,069.77) (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)
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[] (D)

[] (D)

[] (D)

ADJUSTED BEGINNING TRIAL BALANCE:	2,101,276.00 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	2,101,276.00 (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: 2025 - 2026

Department Title:	Health
Trust Fund Title:	United States Trust Fund
Budget Entity:	
LAS/PBS Fund Number:	2738

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,795,087.33	(A)		1,795,087.33
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	6,364,951.82	(D)		6,364,951.82
ADD: _____		(E)		0.00
Total Cash plus Accounts Receivable	8,160,039.15	(F)	0.00	8,160,039.15
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	4,344,135.08	(H)		4,344,135.08
Approved "B" Certified Forwards	2,029,722.57	(H)		2,029,722.57
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: <u>SWFS # B6400005</u>		(J)	96,931.47	96,931.47
Unreserved Fund Balance, 07/01/24	1,786,181.50	(K)	(96,931.47)	1,689,250.03 **

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: 2025 - 2026

Department Title:	Health
Trust Fund Title:	United States Trust Fund
LAS/PBS Fund Number:	2738

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds;	3,756,629.87 (A)
GLC 539XX for proprietary and fiduciary funds	

Subtract Nonspendable Fund Balance (GLC 56XXX)	(B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # B6400005	(96,931.47) (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	(2,029,722.57) (D)
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Approved FCO Certified Forward per LAS/PBS	(D)
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A/P not C/F-Operating Categories	26,388.24 (D)
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Current Compensated Absences Liability	32,885.96 (D)
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	(D)
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	(D)
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ADJUSTED BEGINNING TRIAL BALANCE:	1,689,250.03 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	1,689,250.03 (F)
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DIFFERENCE:	0.00 (G)*
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***SHOULD EQUAL ZERO.**



State Fiscal Year 2025-2026

Administrative Support Exhibits and Schedules

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2025 - 2026

Department: Department of Health

Chief Internal Auditor: Ashlea K. Mincy

Budget Entity: 64100200

Phone Number: 850-617-1933

(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-2223-005	July 12, 2023	Bureau of Finance and Accounting	<p>Department of Health (Department) in Orange County waived Environmental Health fees not authorized by Florida Administrative Code or Department policy.</p> <p>The Bureau of Finance and Accounting should consider other scenarios in which fees can be waived and potentially develop guidance to promote consistent application statewide.</p>	Management accepted any risk. No action will be taken.	
A-2223-006B	September 26, 2023	Office of Minority Health and Health Equity	<p>Foundation Sickle, Incorporated, d/b/a Foundation for Sickle Cell Disease Research (Provider) did not complete or submit deliverables in a time and manner specified by the contract and was not assessed appropriate financial consequences by the Department.</p> <p>The Department’s Office of Minority Health and Health Equity should ensure all invoices for current and future contracts comply with contract requirements, and deliverables are completed in the time and manner specified by the contract, prior to approval for payment.</p> <p>The Department’s Office of Minority Health and Health Equity should ensure its contract managers (CMs) are trained and accurately apply financial consequences, as required by state law and as defined in each applicable contract, where contracting entities do not comply with agreed-upon contract requirements.</p> <p>The Department’s Office of Minority Health and Health Equity should conduct an in-depth review of all currently active contracts with Foundation Sickle, Incorporated, d/b/a Foundation for Sickle Cell Disease Research, to ensure the deliverables of the contracts are met.</p>	<p>The CM supervisor has conducted monthly reviews of deliverables and invoices as specified by the contract. There has not been a need to assess financial consequences as deliverables were submitted as specified, the Provider is compliant per contract, and corrections made as instructed and appropriate.</p> <p>The CMs received trainings covering financial consequences through the online TRAIN website as well as from the Office of Contracts Continuing Oversight team. Ongoing monitoring of invoices concludes that the Provider has been compliant per contract, and corrections made as instructed and appropriate. There has not been a need for the application of financial consequences. Staff will continue to monitor progress.</p> <p>The CM supervisor conducted an in-depth review of all current contracts with the Provider. The review concluded that the deliverables are being met or corrections made as instructed and appropriate. The CM supervisor will continue to monitor the Provider’s contracts deliverables and invoices per contract.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2025 - 2026

Department: Department of Health

Chief Internal Auditor: Ashlea K. Mincy

Budget Entity: 64100200

Phone Number: 850-617-1933

(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-2223-006B	September 26, 2023	Office of Minority Health and Health Equity	<p>The Provider, rather than the Department, developed the contract deliverables, resulting in the Department’s inability to ensure taxpayer funds were used efficiently.</p> <p>The Department’s Office of Minority Health and Health Equity should end the practice of allowing providers the ability to develop contract deliverables and ensure all contract deliverables are developed internally to ensure funds are spent appropriately and provide the maximum return of services.</p>	<p>The contract management team, led by the CM supervisor, has engaged in a series of meetings to emphasize, re-enforce, and validate that no providers are allowed to inappropriately participate in the development of their contract deliverables. On March 25, 2024, the team will participate in a training aimed at the appropriate development of the Department’s standard contract Attachment I. All new contract development will adhere to the Department’s policies on contract development.</p>	
A-2223-006B	September 26, 2023	Office of Minority Health and Health Equity	<p>The Department’s official contract performance record was not organized and complete for the full term of the contract.</p> <p>The Department’s Office of Minority Health and Health Equity should ensure all contract performance records are maintained in compliance with requirements in Department Policy (DOHP) 250-14-19, <i>Contractual Services</i>.</p>	<p>The CM supervisor required each CM to perform an in-depth file review, required inclusion of a contract file review checklist, signed attestations, and included in each of the files reviewed.</p>	
A-2223-006B	September 26, 2023	Office of Minority Health and Health Equity	<p>Contract information was not always posted in the <i>Florida Accountability Contract Tracking System</i> (FACTS) timely.</p> <p>The Department’s Office of Minority Health and Health Equity should ensure all required contract information is posted in FACTS within 30 days of execution or amendment, in accordance with the Transparency Florida Act.</p>	<p>FACTS training was successfully completed to ensure that all required contract information is posted in FACTS. The CM supervisor continues to check files for timely inclusion of appropriate entry into FACTS.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2025 - 2026

Department: Department of Health

Chief Internal Auditor: Ashlea K. Mincy

Budget Entity: 64100200

Phone Number: 850-617-1933

(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-2324-003	May 6, 2024	Bureau of Personnel and Human Resource Management	<p>Department and non-Department employees did not always undergo timely background rescreens in accordance with Florida law, rules, and Department policy.</p> <p>The Bureau of Personnel and Human Resource Management should continue to improve the monitoring process to ensure Department and non-Department employees undergo timely background rescreens in accordance with Florida law, rules, and Department policy.</p>	The Bureau of Personnel and Human Resource Management will continue to announce the importance of working five-year rescreen tickets timely on personnel liaison calls, Health Officer calls, and Division of Administration calls. The Bureau of Personnel and Human Resource Management will continue to push the importance of Health Officers using the metrics in FLHealthDesk-HR to ensure these ticket types are being worked.	
R-2324-003	May 6, 2024	Bureau of Personnel and Human Resource Management	<p>The Department does not have an effective centralized process to track and monitor non-Department employees.</p> <p>The Bureau of Personnel and Human Resource Management should continue to improve the process to ensure the Department maintains an accurate centralized list of all non-Department employees to ensure compliance with the Background Screening Policy and any other requirements for those employees.</p>	The Bureau of Personnel and Human Resource Management is currently working on a process to ensure all non-Department employees (Contractors, Interns, and Vendors) are separated timely.	

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / ADMINISTRATIVE SUPPORT

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional

	Program or Service (Budget Entity Codes)				
Action	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 56 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / ADMINISTRATIVE SUPPORT				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
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	Program or Service (Budget Entity Codes)			
Action	64100200			
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	Y			

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	Program or Service (Budget Entity Codes)			
Action	64100200			

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			
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			
TIP Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)				
4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y			
4.2 Is the program component code and title used correct?	Y			

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Action	64100200				

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.

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Action	64100200			

5. EXHIBIT D-1 (ED1R, EXD1)				
5.1 Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:				
5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
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 2023-24 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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Action	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.				
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 14 through 27 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 64 through 69 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	Y			
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.7 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.	Y			
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 94 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?	N/A			

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	Program or Service (Budget Entity Codes)			
Action	64100200			

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 #24-040?	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				
7.16	Do the issue codes relating to special <i>Salaries and Benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 26 and 27 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:						

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Action					Program or Service (Budget Entity Codes)				
					64100200				
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 2024-25? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2024-25. 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 64 through 69 of the LBR Instructions.								

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Action	64100200			

TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.	
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).	
TIP	If an appropriation made in the FY 2024-25 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)					
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			

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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			
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			

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Action	64100200			

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				

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Action	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 page 124 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 155 of the LBR Instructions.)	N/J	Positions requested at midpoint.		

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Action	64100200			

10. SCHEDULE III (PSCR, SC3)				
10.1	Is the appropriate lapse amount applied? (See page 90 of the LBR Instructions.)	N/A		
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 93 and 94 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.	N/A		
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 99 through 102 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y		
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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Action	64100200			

15. SCHEDULE VIIC (EADR, S8C) (NO LONGER REQUIRED)				
16. SCHEDULE XI (UCSR, SCXD) (LAS/PBS Web - see pages 104-108 of the LBR Instructions for detailed instructions)				
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 (if submitting) and LBR match?	Y		

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Action	64100200			

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
16.3	Does the FY 2023-24 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 52 through 152 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 128 and 129 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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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			
AUDITS - GENERAL INFORMATION				
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions (pages 154 through 156) for a list of audits and their descriptions.			
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.			

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	Program or Service (Budget Entity Codes)			
Action	64100200			

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
2025-2026**

COMMUNITY HEALTH PROMOTION EXHIBITS AND SCHEDULES



**Fiscal Year
2025-2026**

COMMUNITY HEALTH PROMOTION SCHEDULE I SERIES

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2025-2026**
Program: 64200100 - Community Health Promotor
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.)

SECTION I - FEE COLLECTION

	ACTUAL	ESTIMATED	REQUEST
	FY 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
Receipts:			
Revenue - Seat Belt Violation Fees	301,553	301,553	301,553
Total Fee Collection to Line (A) - Section III	301,553	301,553	301,553

SECTION II - FULL COSTS

Direct Costs:

Salaries and Benefits	75,812	82,295	82,295
Other Personal Services			
Expenses	1,288	2,500	2,500
Operating Capital Outlay			
Epilepsy Services Provider Contracts	301,000	100,000	100,000
Service Charge to General Revenue	24,124	24,124	24,124
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	402,224	208,919	208,919

Basis Used: FLAIR download of actual expenditures and an estimation of amounts for provider contracts based on the Trust Fund's Cash Analysis as of April, 2024.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	301,553	301,553	301,553
TOTAL SECTION II	(B)	402,224	208,919	208,919
TOTAL - Surplus/Deficit	(C)	(100,671)	92,634	92,634

EXPLANATION of LINE C:

Deficit of 101,009 in FY 23-24 will be covered by Cash in the TF from prior years. We are reducing provider contracts in FY 24-25 due to a Fund Shift in the GAA. Will increase GR amount on provider contracts.

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2025 - 2026

Department: Department of Health

Chief Internal Auditor: Ashlea K. Mincy

Budget Entity: 64200100

Phone Number: 850-617-1933

(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>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 developed a desk reference that will be used by each CM. The desk reference documents contractual tasks that occur for each contract on a weekly, monthly, quarterly, and annual basis. The desk reference includes contract document filing information such as folder organization and naming conventions. The desk reference will function as a transitional guide during staff vacancies and/or contract re-assignments. The Bureau of Tobacco Free Florida hired a Contract Liaison in June 2023 to provide continued quality improvement and training to all certified CMs within the Bureau of Tobacco Free Florida.</p>	
A-2223-002	August 3, 2023	Bureau of Tobacco Free Florida	<p>The Bureau of Tobacco Free Florida was unable to 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 Contract Liaison maintains a master file with information from each contract managed within the Bureau of Tobacco Free Florida. This file tracks six-month supervisory review of each contract. CM supervisors have access to the file to schedule and report timely review. All supervisors with direct reports who manage contracts have a performance expectation that requires review of contract files for a score of three or better. The Contract Liaison will also conduct random contract reviews to ensure files are up to date.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2025 - 2026

Department: Department of Health

Chief Internal Auditor: Ashlea K. Mincy

Budget Entity: 64200100

Phone Number: 850-617-1933

(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>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>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>Risk assessments were completed and documented. The Contract Liaison conducts random contract file reviews to ensure this documentation is in the file. At the request of the Office of Contract Administration, all contract files have been copied into a shared folder that is accessible by the contract review committee. The CM, CM supervisor and the Contract Liaison have access to the contract files.</p> <p>The contract was expected to end June 30, 2024. Due to the lengthy Invitation to Negotiate process, the contract was extended from July 1, 2024, through December 31, 2024. An in person programmatic site visit occurred April 30 – May 1, 2024. The CM and CM supervisor will continue to monitor and improve processes to ensure all contract deliverables are compliant throughout the extension period of this contract.</p>	
2024-174	March 26, 2024	Bureau of Women, Infants & Children Program Services (WIC)	<p>Certain security controls related to user authentication for the Florida WIC Information System and Electronic Benefits Transfer data system (FL-WiSE) need improvement to ensure the confidentiality, integrity, and availability of FL-WiSE data and related information technology (IT) resources.</p> <p>Department management should improve certain security controls related to FL-WiSE user authentication to ensure the confidentiality, integrity, and availability of FL-WiSE data and related IT resources.</p>	<p>The Department is in the process of procuring a new contract for operations and maintenance of FL-WiSE that will include additional security controls.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2025 - 2026

Department: Department of Health

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Budget Entity: 64200100

Phone Number: 850-617-1933

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
2024-174	March 26, 2024	Bureau of Women, Infants & Children Program Services (WIC)	<p>The Department did not always timely deactivate FL-WiSE access privileges for employees who separated from employment.</p> <p>Department management should enhance controls to ensure that FL-WiSE user access privileges are deactivated immediately upon a user's separation from employment.</p>	<p>Upon a user's separation from employment, their Active Directory account is disabled and thus immediately prevented from accessing FL-WiSE. Even though a user can no longer access FL-WiSE, we will ensure their system roles within FL-WiSE are also removed and their account status is set to the system value of 'Inactive'. Additionally, a file is received nightly from the Department's Human Resources system to notify us of WIC terminations. The WIC security officer ensures that the individuals listed on the file are terminated timely.</p>	
2024-174	March 26, 2024	Bureau of Women, Infants & Children Program Services (WIC)	<p>Department expenditures charged to the WIC program were not always incurred during the authorized period of performance.</p> <p>Department management should enhance review procedures to ensure that costs are attributable to the authorized period of performance and are charged to the correct grant.</p>	<p>Procedures are being implemented to review expenditures charged to the program monthly to ensure expenditures are authorized and charged to the correct grant, allowing corrections to be processed, if needed.</p>	

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	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 56 of the LBR Instructions?	Y			
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION

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	Program or Service (Budget Entity Codes)			
Action	64200100			

2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	Y			
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Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION				
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Action	64200100			

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			
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			
TIP Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)				
4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y			
4.2 Is the program component code and title used correct?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	64200100			

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.

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200100			

5. EXHIBIT D-1 (ED1R, EXD1)				
5.1 Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:				
5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
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 2023-24 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	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.				
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 14 through 27 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 64 through 69 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	Y			
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.7 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.	N/A			
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 94 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION				
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	Program or Service (Budget Entity Codes)			
Action	64200100			

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 #24-040?	N/A				
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A				
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				
7.16	Do the issue codes relating to special <i>Salaries and Benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 26 and 27 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:						

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	64200100			

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 2024-25? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2024-25. 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 64 through 69 of the LBR Instructions.				

Fiscal Year 2025-26 LBR Technical Review Checklist

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Action	64200100			

TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.	
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).	
TIP	If an appropriation made in the FY 2024-25 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)				
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		

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	64200100			

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				
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				

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Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200100			

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 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional				
	Program or Service (Budget Entity Codes)			
Action	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 page 124 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 155 of the LBR Instructions.)	N/A			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional				
	Program or Service (Budget Entity Codes)			
Action	64200100			

10. SCHEDULE III (PSCR, SC3)				
10.1 Is the appropriate lapse amount applied? (See page 90 of the LBR Instructions.)	Y			
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 93 and 94 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 99 through 102 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y			
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.				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200100			

15. SCHEDULE VIIC (EADR, S8C) (NO LONGER REQUIRED)				
16. SCHEDULE XI (UCSR, SCXD) (LAS/PBS Web - see pages 104-108 of the LBR Instructions for detailed instructions)				
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 (if submitting) and LBR match?	Y		

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200100			

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
16.3	Does the FY 2023-24 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 52 through 152 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 128 and 129 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	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 154 through 156) for a list of audits and their descriptions.				
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COMMUNITY HEALTH PROMOTION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200100			

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
2025-2026**

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



**Fiscal Year
2025-2026**

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

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 HEALTH **Budget Period:** 2025-2026
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 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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
_____	5,358	5,519	5,684

Total Fee Collection to Line (A) - Section III	5,358	5,519	5,684

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	67,924	69,962	72,061
Other Personal Services			
Expenses	-		
Operating Capital Outlay			
Surcharge to Trust Fund	442	455	469

Indirect Costs Charged to Trust Fund	4,230	4,357	4,488
Total Full Costs to Line (B) - Section III	72,596	74,774	77,017

Basis Used: _____

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	5,358	5,519	5,684
TOTAL SECTION II	(B)	72,596	74,774	77,017
TOTAL - Surplus/Deficit	(C)	(67,238)	(69,255)	(71,333)

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:** **2025-2026**
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 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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
<u>Contract, CHDs, & Lab billings</u>	1,896,884	1,991,728	2,091,315
<u>Medicaid, Medicare & 3rd Party</u>	321,092	337,147	354,004
<u>Other Grants & Transfers</u>	1,745	1,832	1,924
<u>Miscellaneous</u>	15,101	15,856	16,649
Total Fee Collection to Line (A) - Section III	2,234,822	2,346,563	2,463,891

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	47,249	49,611	52,092
<u>Other Personal Services</u>	2,096	2,201	2,311
<u>Expenses</u>	64,461	67,684	71,069
<u>Operating Capital Outlay</u>	-	-	-
<u>Contracted Services</u>	375,675	394,459	414,182
<u>Lease/purchase/equipment</u>	2,034	2,135	2,242
<u>Indirect Costs Charged to Trust Fund</u>	2,224	2,335	2,452
Total Full Costs to Line (B) - Section III	493,740	518,427	544,348

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

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	2,234,822	2,346,563	2,463,891
TOTAL SECTION II	(B)	493,740	518,427	544,348
TOTAL - Surplus/Deficit	(C)	1,741,082	1,828,136	1,919,543

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period: 2025-2026**
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 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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
Fee for live births - hospitals/birth centers	9,065,605	10,425,446	11,989,263
Medicaid/Medicare & Third Party	18,625,493	21,419,317	24,632,214
Transfers	139,606	160,547	184,629
Miscellaneous	3,241	3,727	4,286
Total Fee Collection to Line (A) - Section III	27,833,945	32,009,037	36,810,392

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	3,289,281	3,782,673	4,350,074
Other Personal Services	60,971	70,117	80,634
Expenses	12,677,323	14,578,921	16,765,759
Operating Capital Outlay	18,500	21,275	24,466
Contracted Services	2,776,419	3,192,882	3,671,815
Lease/Purchase/Equipment	14,851	17,078	19,640
Indirect Costs Charged to Trust Fund	9,068,481	10,428,753	11,993,066
Total Full Costs to Line (B) - Section III	27,905,826	32,091,700	36,905,455

Basis Used: Estimated increased 15% from Actual.
Request increased 15% from Estimated

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	27,833,945	36,810,392
TOTAL SECTION II	(B)	27,905,826	36,905,455
TOTAL - Surplus/Deficit	(C)	(71,881)	(95,063)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-2026
Program: 64200200 Disease Control ar 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 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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
<u>License renewals, applications, and</u>	584,480	613,704	644,389
<u>certifications</u>	58,800	61,740	64,827
<u>Transfers</u>	1,690,417	1,774,938	1,863,685
<u>_____</u>	-	-	-
Total Fee Collection to Line (A) - Section III	2,333,697	2,450,382	2,572,901

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	602,677	632,810	664,451
<u>Other Personal Services</u>	-	-	-
<u>Expenses</u>	30,155	31,663	33,246
<u>Operating Capital Outlay</u>	-	-	-
<u>Lease/Purchase/Equipment</u>	1,343	1,410	1,480
<u>_____</u>	-	-	-
<u>Indirect Costs Charged to Trust Fund</u>	-	-	-
Total Full Costs to Line (B) - Section III	634,174	665,883	699,177

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

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	2,333,697	2,450,382	2,572,901
TOTAL SECTION II	(B)	634,174	665,883	699,177
TOTAL - Surplus/Deficit	(C)	1,699,523	1,784,499	1,873,724

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 HEALTH **Budget Period:** 2025-2026
Program: Radon Program
Fund: Radiation Protection Trust Fu

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>	<u>ACTUAL</u>	<u>ESTIMATED</u>	<u>REQUEST</u>
	<u>FY 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
_____	176,550	185,378	194,646

Total Fee Collection to Line (A) - Section III	176,550	185,378	194,646

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	137,442	141,565	145,812
Other Personal Services			
Expenses	647	666	686
Operating Capital Outlay			

Surcharge to Trust Fund	13,536	13,942	14,360
Indirect Costs Charged to Trust Fund	13,583	13,990	14,410
Total Full Costs to Line (B) - Section III	165,208	170,164	175,269

Basis Used: _____

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	176,550	185,378
TOTAL SECTION II	(B)	165,208	175,269
TOTAL - Surplus/Deficit	(C)	11,342	19,378

EXPLANATION of LINE C:

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2025 - 2026

Department: Department of Health

Chief Internal Auditor: Ashlea K. Mincy

Budget Entity: 64200200

Phone Number: 850-617-1933

(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 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>	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.	
A-2223-004	July 24, 2023	Bureau of Communicable Diseases	<p>The Bureau of Communicable Diseases did not maintain sufficient documentation to support whether #TheBurgCares, Inc. obtained appropriate liability insurance, as required by Department policy.</p> <p>The Bureau of Communicable Diseases should obtain and maintain sufficient documentation supporting insurance requirements in all applicable contract files.</p>	The Department has obtained the certificate of liability insurance for #TheBurgCares, Inc. and will maintain a copy in the appropriate files.	
A-2223-008	December 22, 2023	Bureau of Early Steps and Newborn Screening	<p>Selected contract goals and deliverables could not be accurately evaluated due to limited information.</p> <p>The Bureau of Early Steps and Newborn Screening should continue with efforts to implement a new reporting system such that providers will have the ability to accurately report the number of eligible children receiving early intervention or developmental surveillance services each month.</p>	The current contracts were set to expire June 30, 2024. However, there is currently a six-month extension to December 31, 2024. In the next procurement of these services, the language in the task will be clarified to ensure compliance with reporting available until the new data system is in use. The new data system is anticipated to go live in May 2025.	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2025 - 2026

Department: Department of Health

Chief Internal Auditor: Ashlea K. Mincy

Budget Entity: 64200200

Phone Number: 850-617-1933

(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-2223-008	December 22, 2023	Bureau of Early Steps and Newborn Screening	<p>Contract monitoring was inadequate.</p> <p>The Bureau of Early Steps and Newborn Screening should ensure all invoices for current and future contracts comply with contract requirements, and deliverables are completed in the time and manner specified by the contract, prior to approval for payment.</p> <p>The Bureau of Early Steps and Newborn Screening should ensure its contract managers are trained and accurately apply financial consequences, as required by state law and as defined in each applicable contract, where contracting entities do not comply with agreed-upon contract requirements.</p>	<p>During the timeframe of the Office of Inspector General (OIG) audit, the Local Early Steps providers used manual processes to report child data and the number of children assigned to each service coordinator. At times, this reporting was inconsistent. Because of inconsistencies, the CMs did not apply financial consequences for these situations and identified the need to update this requirement in the contract. Effective July 1, 2023, the requirement was amended and removed from of the contract. The Early Steps Program is also developing a new data system which, in the future, will allow for electronic, consistent reporting of caseload per service coordinator. In addition to the amendment, all CMs have received training on this topic and will receive on-going guidance through the Division of Children’s Medical Services Contract Management Unit, along with continued supervisor oversight to reduce the occurrence of inadvertent mistakes during the invoice approval process.</p> <p>Each of the Early Steps CMs are trained and hold a Florida Certified Contract Manager certificate. CMs have received training and will receive on-going guidance, along with continued supervisor oversight to reduce the occurrence of inadvertent mistakes during the invoice approval process.</p>	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2025 - 2026

Department: Department of Health

Chief Internal Auditor: Ashlea K. Mincy

Budget Entity: 64200200

Phone Number: 850-617-1933

(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-2223-008	December 22, 2023	Bureau of Early Steps and Newborn Screening	<p>Contract file supervisory reviews were not conducted within specified time frames as required by Department policy.</p> <p>The Bureau of Early Steps and Newborn Screening 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>	The Bureau of Early Steps and Newborn Screening’s current staffing model ensures sufficient resources are available to conduct supervisory reviews per policy.	

Office of Policy and Budget - June 2024

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISEASE CONTROL AND HEALTH PROTECTION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	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 56 of the LBR Instructions?	Y			
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			

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2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	Y			
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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.				
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")				
TIP Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)				
4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y			
4.2 Is the program component code and title used correct?	Y			

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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.

Fiscal Year 2025-26 LBR Technical Review Checklist

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5. EXHIBIT D-1 (ED1R, EXD1)				
5.1 Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:				
5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
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 2023-24 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

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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 14 through 27 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 64 through 69 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	Y			
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.7 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 (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 94 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

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Action	64200200			

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 #24-040?	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				
7.16	Do the issue codes relating to special <i>Salaries and Benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 26 and 27 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:						

Fiscal Year 2025-26 LBR Technical Review Checklist

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Action	64200200			

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 2024-25? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2024-25. 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 64 through 69 of the LBR Instructions.				

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TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.	
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).	
TIP	If an appropriation made in the FY 2024-25 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)				
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		

Fiscal Year 2025-26 LBR Technical Review Checklist

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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				
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				

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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				

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8.33	Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y			
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y			
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 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 155 of the LBR Instructions.)	N/J	Positions requested at midpoint.		

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10. SCHEDULE III (PSCR, SC3)				
10.1 Is the appropriate lapse amount applied? (See page 90 of the LBR Instructions.)	Y			
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 93 and 94 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 99 through 102 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y			
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 VIIC (EADR, S8C) (NO LONGER REQUIRED)				
16. SCHEDULE XI (UCSR, SCXD) (LAS/PBS Web - see pages 104-108 of the LBR Instructions for detailed instructions)				
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 (if submitting) and LBR match?	Y		

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AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
16.3	Does the FY 2023-24 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 52 through 152 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 128 and 129 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISEASE CONTROL AND HEALTH PROTECTION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	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			
AUDITS - GENERAL INFORMATION				
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions (pages 154 through 156) for a list of audits and their descriptions.			
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISEASE CONTROL AND HEALTH PROTECTION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200200			

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
2025-2026**

MEDICAL MARIJUANA REGULATION EXHIBITS AND SCHEDULES



**Fiscal Year
2025-2026**

MEDICAL MARIJUANA REGULATION SCHEDULE I SERIES

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Department of Health **Budget Period:** 2025-2026
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 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 2023 - 2024	ESTIMATED FY 2024 - 2025	REQUEST FY 2025 - 2026
Receipts:			
Identification Card Applications	69,347,462	71,377,303	75,088,948
MMTC Applications/Renewals	19,981,866	11,989,120	21,313,991
CMTL Applications/Renewals	234,000	608,495	218,495
Fines/Fees	1,372,796	1,217,052	767,731
Total Fee Collection to Line (A) - Section III	90,936,124	85,191,970	97,389,165

SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	7,215,811	11,358,660	13,875,621
Other Personal Services	779,349	1,118,131	1,118,131
Expenses	1,405,487	1,842,354	2,896,542
Operating Capital Outlay	368	6,000	6,000
Motor Vehicles	107,612	-	88,591
Contracted Services	13,630,272	19,926,228	17,926,228
OMMU IT Systems	2,235,195	720,031	-
Transfer to FAMU	8,875,580	9,311,760	9,311,760
Risk Management	25,435	24,224	24,224
Lease/Lease-Purchase	5,828	11,500	11,500
Transfer DMS HR Assessment	47,841	47,841	55,926
Indirect Costs Charged to Trust Fund	32,886,914	54,597,312	10,582,620
Total Full Costs to Line (B) - Section III	67,215,692	98,964,041	55,897,143

Basis Used:

SECTION III - SUMMARY			
TOTAL SECTION I	(A)	90,936,124	97,389,165
TOTAL SECTION II	(B)	67,215,692	55,897,143
TOTAL - Surplus/Deficit	(C)	23,720,432	41,492,022

EXPLANATION of LINE C:

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / OFFICE OF MEDICAL MARIJUANA USE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	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 56 of the LBR Instructions?	Y			
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / OFFICE OF MEDICAL MARIJUANA USE				
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	Program or Service (Budget Entity Codes)			
Action	64200500			
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	64200500			

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.				
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")				
TIP Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)				
4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y			
4.2 Is the program component code and title used correct?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / OFFICE OF MEDICAL MARIJUANA USE

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	Program or Service (Budget Entity Codes)				
Action	64200500				

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.

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / OFFICE OF MEDICAL MARIJUANA USE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200500			

5. EXHIBIT D-1 (ED1R, EXD1)				
5.1 Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:				
5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
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 2023-24 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	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 14 through 27 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 64 through 69 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	Y			
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.7 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 (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 94 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / OFFICE OF MEDICAL MARIJUANA USE				
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	Program or Service (Budget Entity Codes)			
Action	64200500			

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 #24-040?	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				
7.16	Do the issue codes relating to special <i>Salaries and Benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 26 and 27 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:						

Fiscal Year 2025-26 LBR Technical Review Checklist

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Action	64200500			

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 2024-25? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2024-25. 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 64 through 69 of the LBR Instructions.					

Fiscal Year 2025-26 LBR Technical Review Checklist

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Action	64200500			

TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.	
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).	
TIP	If an appropriation made in the FY 2024-25 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)					
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			

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	64200500			

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				
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				

Fiscal Year 2025-26 LBR Technical Review Checklist

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Action	64200500			

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 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	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 page 124 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 155 of the LBR Instructions.)	N/J	Positions requested at midpoint.		

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / OFFICE OF MEDICAL MARIJUANA USE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
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	Program or Service (Budget Entity Codes)			
Action	64200500			

10. SCHEDULE III (PSCR, SC3)				
10.1 Is the appropriate lapse amount applied? (See page 90 of the LBR Instructions.)	Y			
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 93 and 94 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 99 through 102 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y			
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.				

Fiscal Year 2025-26 LBR Technical Review Checklist

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15. SCHEDULE VIIC (EADR, S8C) (NO LONGER REQUIRED)				
16. SCHEDULE XI (UCSR, SCXD) (LAS/PBS Web - see pages 104-108 of the LBR Instructions for detailed instructions)				
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 (if submitting) and LBR match?	Y		

Fiscal Year 2025-26 LBR Technical Review Checklist

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AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
16.3	Does the FY 2023-24 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 52 through 152 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 128 and 129 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

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Action	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			
AUDITS - GENERAL INFORMATION				
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions (pages 154 through 156) for a list of audits and their descriptions.			
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.			

Fiscal Year 2025-26 LBR Technical Review Checklist

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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		
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
2025-2026**

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

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2025 - 2026

Department: Department of Health

Chief Internal Auditor: Ashlea K. Mincy

Budget Entity: 64200700

Phone Number: 850-617-1933

(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-2223-005	July 12, 2023	Office of County Health Systems	<p>County Health Departments (CHDs) waived some fees to write off uncollectible accounts receivable, in conflict with Department policy.</p> <p>The Office of County Health Systems should work with the Bureau of Clinic Management and Informatics to re-evaluate categories in the Health Management System (HMS) to document and differentiate between fee waivers and fee write-offs.</p> <p>The Office of County Health Systems should work with the Bureau of Clinic Management and Informatics to establish formal guidelines for CHD staff that will assist in the consistency of selecting the appropriate category in HMS when recording a fee that will not be collected.</p> <p>The Office of County Health Systems should incorporate training that includes the proper classification of recorded fees, including waived fees, into its quality improvement process.</p>	Management accepted any risk. No action will be taken.	
A-2223-005	July 12, 2023	Department in Orange County (DOH-Orange)	<p>DOH-Orange waived Environmental Health fees not authorized by Florida Administrative Code or Department policy.</p> <p>DOH-Orange should follow guidance issued by the Bureau of Finance and Accounting.</p>	Orange County Parks and Recreations was notified in writing, that DOH-Orange does not have the authority to waive Environmental Health fees and pursuant to Florida Administrative Code Rule 64E-16.011-16.012, 2023-2024 permit fees will be invoiced and cannot be waived.	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2025 - 2026

Department: Department of Health

Chief Internal Auditor: Ashlea K. Mincy

Budget Entity: 64200700

Phone Number: 850-617-1933

(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-2223-005	December 15, 2023	Office of County Health Systems	<p>Various general controls were found to be deficient or non-existent within the 19 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>	<p>The Office of Inspector General presented the results of the review on the January 8, 2024 CHD conference call and at the April 2024 Statewide Leadership Meeting for Health Officers and Business Managers. Additionally, the results were included in the February 2024 consortia meeting notes.</p>	

Office of Policy and Budget - June 2024

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
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	Program or Service (Budget Entity Codes)			
Action	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 56 of the LBR Instructions?	Y			
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

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Action	64200700			

2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	Y			
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Fiscal Year 2025-26 LBR Technical Review Checklist

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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.				
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")				
TIP Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)				
4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y			
4.2 Is the program component code and title used correct?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

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Action	64200700			

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.

Fiscal Year 2025-26 LBR Technical Review Checklist

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Action	64200700			

5. EXHIBIT D-1 (ED1R, EXD1)				
5.1 Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:				
5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
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 2023-24 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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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 14 through 27 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 64 through 69 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	Y			
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.7 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 (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 94 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

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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 #24-040?	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				
7.16	Do the issue codes relating to special <i>Salaries and Benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 26 and 27 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:						

Fiscal Year 2025-26 LBR Technical Review Checklist

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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 2024-25? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2024-25. 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 64 through 69 of the LBR Instructions.					

Fiscal Year 2025-26 LBR Technical Review Checklist

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TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.	
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).	
TIP	If an appropriation made in the FY 2024-25 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)					
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			

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	64200700			

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			
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			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200700			

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 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	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 page 124 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 155 of the LBR Instructions.)	N/J			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional				
	Program or Service (Budget Entity Codes)			
Action	64200700			

10. SCHEDULE III (PSCR, SC3)				
10.1 Is the appropriate lapse amount applied? (See page 90 of the LBR Instructions.)	Y			
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 93 and 94 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 99 through 102 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y			
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.				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200700			

15. SCHEDULE VIIC (EADR, S8C) (NO LONGER REQUIRED)				
16. SCHEDULE XI (UCSR, SCXD) (LAS/PBS Web - see pages 104-108 of the LBR Instructions for detailed instructions)				
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 (if submitting) and LBR match?	Y		

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200700			

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
16.3	Does the FY 2023-24 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 52 through 152 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 128 and 129 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	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			
AUDITS - GENERAL INFORMATION				
TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 154 through 156) for a list of audits and their descriptions.				
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / COUNTY HEALTH LOCAL NEEDS				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200700			

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
2025-2026**

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



**Fiscal Year
2025-2026**

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

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 - Department of Health **Budget Period:** **2025-2026**
Program: 64200800 - Emergency Preparedness & Community Support
Fund: 2569 - Radiation Protection TF

Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: PREVENTION OF ABANDONMENT OF RADIOACTIVE MATS
JH000

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
<u>FEES</u>	55,810	58,601	61,531

Total Fee Collection to Line (A) - Section III	55,810	58,601	61,531

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits			
Other Personal Services			
Expenses			
Operating Capital Outlay			
<u>Service Charge to GR 8%</u>	6,916	7,469	8,067

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	6,916	7,469	8,067

Basis Used: _____

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	55,810	61,531
TOTAL SECTION II	(B)	6,916	8,067
TOTAL - Surplus/Deficit	(C)	48,894	53,464

EXPLANATION of LINE C:
Surplus is intended to be available in the event of a radiological emergency or for collection of abandoned radioactive material.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 - Department of Health **Budget Period:** 2025-2026
Program: 64200800 - Emergency Preparedness & Community Support
Fund: 2569 - Radiation Protection TF
Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: TRANSPORTATION OF LOW LEVEL RADIOACTIVE WASTE
 KI000

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 2023 - 2024	ESTIMATED FY 2024 - 2025	REQUEST FY 2025 - 2026
<u>Receipts:</u>			
GL:613XX ENVIRONMENTAL HEALTH FEE - STATE	371,996	390,596	410,126
Total Fee Collection to Line (A) - Section III	371,996	390,596	410,126

SECTION II - FULL COSTS

Direct Costs:

Salaries and Benefits	81,461	85,534	89,811
Other Personal Services	611	642	674
Expenses	8,348	8,765	9,204
Operating Capital Outlay	-	-	-
<u>CONTRACTED SERVICES</u>	2,455	2,578	2,707
GL: 105281 Lease/Purchase/Equipment	(45)	(47)	(50)
GL:758XX Service Charge to GR 8%	16,173	17,467	18,864
CAT:107040 GL:759XX Transfer to DMS/HR (org.9861)	770	809	849
Indirect Costs Charged to Trust Fund	-	-	-
Total Full Costs to Line (B) - Section III	109,773	115,747	122,058

Basis Used:

SECTION III - SUMMARY

TOTAL SECTION I	(A)	371,996	390,596	410,126
TOTAL SECTION II	(B)	109,773	115,747	122,058
TOTAL - Surplus/Deficit	(C)	262,223	274,849	288,067

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 - Department of Health **Budget Period:** 2025-2026
Program: 64200800 - Emergency Preparedness & Community Support
Fund: 2569 - Radiation Protection TF

Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: RADIOACTIVE MATERIALS LICENSING
 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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
Receipts:			
GL:61300 FEE	2,965,478	3,113,751.90	3,269,439.50
GL:61300 SALE OF GOODS AND SERVICES TO STATE AGENCIES	6,015	6,315.75	6,631.54
GL:61800 REFUNDS	543	570.15	598.66
	-	0	0
	-	0	0
Total Fee Collection to Line (A) - Section III	2,972,036	3,120,638	3,276,670

SECTION II - FULL COSTS

Direct Costs:			
Salaries and Benefits	2,390,360	2,509,878.00	2,635,371.90
Other Personal Services	11,296	11,860.80	12,453.84
Expenses	453,478	476,151.90	499,959.50
Operating Capital Outlay	56,954	59,801.70	62,791.79
Contracted Services	49,389	51,858.45	54,451.37
GL: 105281 Lease/Purchase/Equipment	925	971.25	1,019.81
GL: 220020 Refunds - State Revenue	731	767.55	805.93
GL:758XX Service Charge to GR 8%	232,792	251,415.36	271,528.59
CAT:107040 GL:759XX Transfer to DMS/HR (org.9861)	11,905	12,500.25	13,125.26
Vehicles	93,428	98,099.40	103,004.37
GL: 75700 Transfer out within the agency	13,023	13,674.15	14,357.86
Indirect Costs Charged to Trust Fund	-	0	0
Total Full Costs to Line (B) - Section III	3,314,281	3,486,979	3,668,870

Basis Used: _____

SECTION III - SUMMARY

TOTAL SECTION I	(A)	2,972,036	3,120,638	3,276,670
TOTAL SECTION II	(B)	3,314,281	3,486,979	3,668,870
TOTAL - Surplus/Deficit	(C)	(342,245)	(366,341)	(392,201)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 - Department of Health **Budget Period:** 2025-2026
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.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
<u>GL:61300 FEE</u>	1,375	1,444	1,516

Total Fee Collection to Line (A) - Section III	1,375	1,444	1,516

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits			
Other Personal Services			
Expenses			
Operating Capital Outlay			
<u>Service Charge to GR 8%</u>	110	119	128

<u>Indirect Costs Charged to Trust Fund</u>			
Total Full Costs to Line (B) - Section III	110	119	128

Basis Used: Rate 8%

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	1,375	1,444	1,516
TOTAL SECTION II	(B)	110	119	128
TOTAL - Surplus/Deficit	(C)	1,265	1,325	1,388

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 - Department of Health **Budget Period:** 2025-2026
Program: 64200800 - Emergency Preparedness & Community Support
Fund: 2569 - Radiation Protection TF
Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: X-RAY TECHNOLOGISTS 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.)

SECTION I - FEE COLLECTION	ACTUAL FY 2023 - 2024	ESTIMATED FY 2024 - 2025	REQUEST FY 2025 - 2026
Receipts:			
COMPAS - INITIAL APPLICATION	134,342	141059.10	148112.06
COMPAS - LICENSE VERIFICATION	25	26.25	27.56
COMPAS - DUPLICATE/NAME & STATUS CHANGE	910	955.50	1003.28
COMPAS - REFUNDED REVENUE	450	472.50	496.13
COMPAS - NON-VALID MONEY	286	300.29	315.30
COMPAS - UNASSIGNED	23,695	24879.83	26123.83
COMPAS - SALES GOODS AND SERVICES	201	210.97	221.51
COMPAS - LICENSE RENEWAL	807,670	848053.50	890456.18
COMPAS - INACTIVE	3,040	3192.00	3351.60
COMPAS - DELINQUENT CHARGE	101,065	106118.25	111424.16
ADMINISTRATIVE FINES	2,650	2782.50	2921.63
UNLICENSED ACTIVITY FINE	250	262.50	275.63
Total Fee Collection to Line (A) - Section III	1,074,584	1,128,313	1,184,729

SECTION II - FULL COSTS			
Direct Costs:			
Salaries and Benefits	558,117	586022.85	615323.99
Other Personal Services	6,106	6411.30	6731.87
Expenses	97,200	102060.00	107163.00
Operating Capital Outlay	-	0.00	0.00
Contracted Services	16,457	17279.85	18143.84
GL: 105281 Lease/Purchase/Equipment	358	375.90	394.70
GL:758XX Service Charge to GR 8%	85,272	92093.76	99461.26
CAT:107040 GL:759XX Transfer to DMS/HR (org.9861)	2,101	2206.05	2316.35
		0	0
Indirect Costs Charged to Trust Fund	-	0	0
Total Full Costs to Line (B) - Section III	765,611	806,450	849,535

Basis Used: _____

SECTION III - SUMMARY			
TOTAL SECTION I	(A)	1,074,584	1,128,313
TOTAL SECTION II	(B)	765,611	806,450
TOTAL - Surplus/Deficit	(C)	308,973	321,863

EXPLANATION of LINE C:
 Revenue fluctuates each year based on the underage/overage paid services performed during the year.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 - Department of Health **Budget Period:** 2025-2026
Program: 64200800 - Emergency Preparedness & Community Support
Fund: 2569 - Radiation Protection TF

Specific Authority: Chapter 404, F.S.
Purpose of Fees Collected: X-RAYS MACHINES REGISTRATION AND 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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
GL:61300 FEES	3,006,758	3,157,096	3,314,951
GL:61300 SALES OF GOODS/SERVICES TO STATE AGENCIES	11,723	12,309	12,925
Total Fee Collection to Line (A) - Section III	3,018,481	3,169,405	3,327,875

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
Salaries and Benefits	2,037,837	2,139,729	2,246,715
Other Personal Services	23,416	24,587	25,816
Expenses	372,572	391,201	410,761
Operating Capital Outlay	-	-	-
Contracted Services	58,852	61,795	64,884
Fixed Capital Outlay	-	-	-
GL: 105281 Lease/Purchase/Equipment	1,284	1,348	1,416
GL: 220020 Refunds - State Revenue	210	221	232
GL:758XX Service Charge to GR 8%	238,672	257,766	278,387
DMS/HR (org.9861)	4,902	5,147	5,404
Vehicles	168,066	176,469	185,293
		-	-
Indirect Costs Charged to Trust Fund	-	-	-
Total Full Costs to Line (B) - Section III	2,905,811	3,058,262	3,218,908

Basis Used: _____

SECTION III - SUMMARY

TOTAL SECTION I	(A)	3,018,481	3,169,405	3,327,875
TOTAL SECTION II	(B)	2,905,811	3,058,262	3,218,908
TOTAL - Surplus/Deficit	(C)	112,670	111,143	108,968

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 **Budget Period: 2025-2026**
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.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2023 - 2024	ESTIMATED FY 2024 - 2025	REQUEST FY 2025 - 2026
<u>Receipts:</u>			
EMDSP - EMERGENCY DISPATCHER CERTIFICATION	105,180	422,232	110,439
IL000 - EMS LICENSURE AND CERTIFICATION	355,373	441,884	463,978
N2000 - EMS TRAFFIC VIOLATION FINES	5,094,118	5,348,824	5,616,265
Total Fee Collection to Line (A) - Section III	5,554,671	6,212,940	6,190,682

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
010000 - SALARIES AND BENEFITS	1,553,362	1,631,030	1,712,582
030000 - OTHER PERSONAL SERVICES	223,119	234,275	245,988
040000 - EXPENSES	234,510	246,235	258,547
060000 - OPERATING CAPITAL OUTLAY	16,607	17,437	18,309
100777 - CONTRACTED SERVICES	241,291	253,356	266,024
105281 - LEASE/PURCHASE/EQUIPMENT	2,284	2,399	2,518
Indirect Costs Charged to Trust Fund	332,270	348,884	366,328
Total Full Costs to Line (B) - Section III	2,603,443	2,733,615	2,870,296

Basis Used: Revenues: Average percentage (5%) from trend analysis. Cyclical revenues due to license renovation periods
Costs: Average percentage (5%) based on trend analysis.

SECTION III - SUMMARY

TOTAL SECTION I	(A)	5,554,671	6,212,940	6,190,682
TOTAL SECTION II	(B)	2,603,443	2,733,615	2,870,296
TOTAL - Surplus/Deficit	(C)	2,951,228	3,479,325	3,320,386

EXPLANATION of LINE C:

EMDSP and IL000 revenue stream is cyclical due to license renovation periods. Calculations are made based on last 3 fiscal years.

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-2026
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.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
HD000-EMS Trauma Center Verification	2,519,888	2,656,023	2,697,761
HD001-Civil Penalty	259,562	272,540	286,167
HD002-Red Light Running Fine	1,721,763	1,807,851	1,898,244
HD004-Traffic Violation Fine	21,194	22,254	23,366
HD005-Traffic Violation Fine	165,347	173,614	182,295
HD006-Traffic Violation Fine	860,446	903,468	948,642
RLCTK-Red Light Ticket Revenue	8,069,924	8,473,420	8,897,091
HD0TK-Texting and Driving	40,215	42,226	44,337
Total Fee Collection to Line (A) - Section III	13,618,124	14,309,170	14,933,566

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	707,782	743,171	780,330
Other Personal Services	104,462	109,685	115,169
Expenses	83,676	87,860	92,253
Operating Capital Outlay	-	-	-
Contractual	328,291	344,706	361,941
Leasing	-	-	-
Trauma Payouts (HD001-RLCTK)	7,947,749	8,345,136	8,762,393
8% DMS Service Charge	1,371,755	1,440,343	1,512,360
Total Full Costs to Line (B) - Section III	10,543,715	11,070,900	11,624,445

Basis Used: Revenues: Average percentage (5%) from trend analysis.
Costs: Average percentage (5%) based on trend analysis.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	13,618,124	14,309,170	14,933,566
TOTAL SECTION II	(B)	10,543,715	11,070,900	11,624,445
TOTAL - Surplus/Deficit	(C)	3,074,409	3,238,270	3,309,120

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 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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	ESTIMATED	REQUEST
	FY 2023-2024	FY 2024- 2025	FY 2025-2026
<u>Receipts:</u>			
<u>Traffic-Related Civil Penalties (021015)</u>	5,179,144	5,205,040	5,231,065
<u>Temporary & Motorcycle Licenses Tags (015023)</u>	1,320,248	1,386,260	1,455,573
<u>Fee for Conviction (012009)</u>	14,743	15,480	16,254
<u>Boating Under the Influence Fines (012018)</u>	1,088,587	1,143,016	1,200,167
<u>Subrogation (018093)</u>		72,085	72,445
<u>Miscellaneous/REFUNDS</u>		29,775	29,924
<u>AHCA Reimbursement (015075)</u>		-	-
<u>Cash & Grants Donation</u>	65	75	85
<u>Red Light Camera Tickets Fines (012010)</u>	2,602,892	2,615,906	2,628,986
Total Fee Collection to Line (A) - Section III	10,205,679	10,467,638	10,634,500

SECTION II - FULL COSTS

<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	2,768,282	3,184,347	3,470,938
<u>Other Personal Services</u>	102,660	124,190	130,400
<u>Expenses</u>	483,342	573,192	630,511
<u>Operating Capital Outlay</u>	-	-	
<u>Contractual (100777 and 100778)</u>	1,306,292	1,547,019	1,554,754
<u>Purchased Client Services</u>	1,419,762	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>	2,772,911	4,000,000	4,000,000
<u>Leasing/Human Resources/Other</u>	5,753	47,576	47,814
<u>8% Service Charge</u>	809,478	813,525	817,593
Total Full Costs to Line (B) - Section III	9,668,481	11,966,201	12,628,361

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

SECTION III - SUMMARY

TOTAL SECTION I	10,205,679	10,467,638	10,634,500
TOTAL SECTION II	9,668,481	11,966,201	12,628,361
TOTAL - Surplus/Deficit	537,198	(1,498,563)	(1,993,861)

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.

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	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 56 of the LBR Instructions?	Y			
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional

	Program or Service (Budget Entity Codes)				
Action	64200800				

2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	Y				
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Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200800			

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.				
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")				
TIP Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)				
4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y			
4.2 Is the program component code and title used correct?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional

	Program or Service (Budget Entity Codes)			
Action	64200800			

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.

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200800			

5. EXHIBIT D-1 (ED1R, EXD1)				
5.1 Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:				
5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
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 2023-24 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	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.				
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 14 through 27 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 64 through 69 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	Y			
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.7 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 (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 94 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional				
	Program or Service (Budget Entity Codes)			
Action	64200800			

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 #24-040?	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				
7.16	Do the issue codes relating to special <i>Salaries and Benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 26 and 27 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:						

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200800			

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 2024-25? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2024-25. 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 64 through 69 of the LBR Instructions.					

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200800			

TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2024-25 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)					
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			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200800			

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			
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			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200800			

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 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional				
	Program or Service (Budget Entity Codes)			
Action	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 page 124 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 155 of the LBR Instructions.)	N/J	Positions requested at midpoint.		

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional				
	Program or Service (Budget Entity Codes)			
Action	64200800			

10. SCHEDULE III (PSCR, SC3)				
10.1 Is the appropriate lapse amount applied? (See page 90 of the LBR Instructions.)	Y			
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 93 and 94 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 99 through 102 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y			
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.				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200800			

15. SCHEDULE VIIC (EADR, S8C) (NO LONGER REQUIRED)				
16. SCHEDULE XI (UCSR, SCXD) (LAS/PBS Web - see pages 104-108 of the LBR Instructions for detailed instructions)				
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 (if submitting) and LBR match?	Y		

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200800			

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
16.3	Does the FY 2023-24 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 52 through 152 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 128 and 129 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	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			
AUDITS - GENERAL INFORMATION				
TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 154 through 156) for a list of audits and their descriptions.				
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / STATEWIDE PUBLIC HEALTH SUPPORT SERVICES				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64200800			

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
2025-2026**

**PUBLIC HEALTH RESEARCH
AND INNOVATION
EXHIBITS AND SCHEDULES**



**Fiscal Year
2025-2026**

**PUBLIC HEALTH RESEARCH
AND INNOVATION
SCHEDULE I SERIES**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2025-2026
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.)

SECTION I - FEE COLLECTION	ACTUAL FY 2023-2024	ESTIMATED FY 2024-2025	REQUEST FY 2025-2026
<u>Receipts:</u>			
<u>\$2 Birth Certificate Surcharge</u>			
<u>from Central Office</u>	269,748	271,097	272,452
<u>\$2 Birth Certificate Surcharge</u>			
<u>from County Offices</u>	991,270	992,261	993,254
Total Fee Collection to Line (A) - Section III	1,261,018	1,263,358	1,265,706

SECTION II - FULL COSTS	ACTUAL FY 2023-2024	ESTIMATED FY 2024-2025	REQUEST FY 2025-2026
<u>Direct Costs:</u>			
Salaries and Benefits	1,575,451	1,654,224	1,736,935
Other Personal Services	-	-	-
Expenses *	8,141	8,548	8,975
Operating Capital Outlay	-	-	-
Service Charge to General Revenue	101,138	102,149	103,171
Transfers to DMS	-	-	-
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	1,684,730	1,764,921	1,849,081

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances as of June 30, 2024

SECTION III - SUMMARY				
TOTAL SECTION I	(A)	1,261,018	1,263,358	1,265,706
TOTAL SECTION II	(B)	1,684,730	1,764,921	1,849,081
TOTAL - Surplus/Deficit	(C)	(423,712)	(501,563)	(583,375)

EXPLANATION of LINE C:
 * Direct costs includes 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:** 2025-2026
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.)

SECTION I - FEE COLLECTION

	ACTUAL FY 2023-2024	ESTIMATED FY 2024-2025	REQUEST FY 2025-2026
<u>Receipts:</u>			
ConsumerProduct Safety Commission Deat	2,645	2,777	2,916

Total Fee Collection to Line (A) - Section III	2,645	2,777	2,916

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, 2024

SECTION III - SUMMARY

TOTAL SECTION I	(A)	2,645	2,777	2,916
TOTAL SECTION II	(B)	-	-	-
TOTAL - Surplus/Deficit	(C)	2,645	2,777	2,916

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2025-2026
Program: Statewide Health Support Services 64200800
Fund: Planning & Evaluation Trust Fund 531003
Vital - Death Record Collection 32L00
Specific Authority: Chapter 382, Florida Statutes
Purpose of Fees Collected: Annual contract for providing Florida death 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>	<u>ACTUAL</u> <u>FY 2023-2024</u>	<u>ESTIMATED</u> <u>FY 2024-2025</u>	<u>REQUEST</u> <u>FY 2025-2026</u>
<u>Receipts:</u>			
<u>Social Security Administration Death</u>	462,106	508,317	559,148
	888,959	977,855	1,075,640
Total Fee Collection to Line (A) - Section III	1,351,065	1,486,172	1,634,789

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	921,687	967,771	1,016,160
Other Personal Services	36,248	37,154	38,102
Expenses *	4,584	4,813	5,054
Operating Capital Outlay	-	-	-
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	962,519	1,009,738	1,059,316

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances
as of June 30, 2024

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	1,351,065	1,486,172	1,634,789
TOTAL SECTION II	(B)	962,519	1,009,738	1,059,316
TOTAL - Surplus/Deficit	(C)	388,546	476,434	575,473

EXPLANATION of LINE C:
* Direct costs includes 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:** 2025-2026
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 FY 2023-2024	ESTIMATED FY 2024-2025	REQUEST FY 2025-2026
<u>Receipts:</u>			
Vital Statistics Cooperative Program	777,444	777,444	777,444

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

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	995,999	1,013,429	1,031,164
Other Personal Services	-	-	-
Expenses *	3,912	3,980	4,050
Operating Capital Outlay	-	-	-

Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	999,911	1,017,409	1,035,214

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances as of June 30, 2024

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	777,444	777,444
TOTAL SECTION II	(B)	999,911	1,017,409
TOTAL - Surplus/Deficit	(C)	(222,467)	(239,965)

EXPLANATION of LINE C:
*Direct costs includes 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:** 2025-2026
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.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL FY 2023-2024	ESTIMATED FY 2024-2025	REQUEST FY 2025-2026
<u>Receipts:</u>			
National Death Index	261,197	181,951	154,481

Total Fee Collection to Line (A) - Section III	261,197	181,951	154,481

<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, 2024

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	261,197	181,951	154,481
TOTAL SECTION II	(B)	-	-	-
TOTAL - Surplus/Deficit	(C)	261,197	181,951	154,481

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2025-2026
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
<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 2023-2024	ESTIMATED FY 2024-2025	REQUEST FY 2025-2026
<u>Receipts:</u>			
_____	-	-	-

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

<u>SECTION II - FULL COSTS</u>	ACTUAL FY 2023-2024	ESTIMATED FY 2024-2025	REQUEST FY 2025-2026
<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: Schedule of Allotment Balances and Trust Fund 20-2-531003
as of June 30, 2024

<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:** 2025-2026
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

SECTION I - FEE COLLECTION

	ACTUAL FY 2023-2024	ESTIMATED FY 2024-2025	REQUEST FY 2025-2026
<u>Receipts:</u>			
_____	42,434	48,799	50,000
_____	3,868	4,448	5,000

Total Fee Collection to Line (A) - Section III	46,302	53,247	55,000

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, 2024

SECTION III - SUMMARY

TOTAL SECTION I	(A)	46,302	53,247	55,000
TOTAL SECTION II	(B)	-	-	-
TOTAL - Surplus/Deficit	(C)	46,302	53,247	55,000

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period:** 2025-2026
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 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 2023-2024	ESTIMATED FY 2024-2025	REQUEST FY 2025-2026
<u>Receipts:</u>			
_____	-	-	-

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

SECTION II - FULL COSTS	ACTUAL FY 2023-2024	ESTIMATED FY 2024-2025	REQUEST FY 2025-2026
<u>Direct Costs:</u>			
Salaries and Benefits	-	-	-
Other Personal Services	-	-	-
Expenses	10,356	-	-
Operating Capital Outlay	-	-	-

<u>Indirect Costs Charged to Trust Fund</u>			
Total Full Costs to Line (B) - Section III	10,356	-	-

Basis Used: Schedule of Allotment Balances Trust Fund 20-2-531003
as of June 30, 2024

SECTION III - SUMMARY		ACTUAL FY 2023-2024	ESTIMATED FY 2024-2025	REQUEST FY 2025-2026
TOTAL SECTION I	(A)	-	-	-
TOTAL SECTION II	(B)	10,356	-	-
TOTAL - Surplus/Deficit	(C)	(10,356)	-	-

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: Health 64 **Budget Period: 2025-2026**
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 2023-2024	FY 2024-2025	FY 2025-2026
<u>Receipts:</u>			
Vital Statistics Certification Fees	4,488,809	4,493,298	4,497,791
Marriage License Filing Fees	694,207	694,901	695,596
Dissolution of Marriage Filing Fees	391,162	391,553	391,945
Total Fee Collection to Line (A) - Section III	5,574,178	5,579,752	5,585,332

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	2,704,656	2,839,889	2,981,883
Other Personal Services	310,669	318,436	326,556
Expenses *	1,912,174	1,357,783	1,425,672
Operating Capital Outlay	-	28,302	28,302
<u>Service Charge to General Revenue</u>	453,250	464,581	476,196
<u>Lease/Purchase</u>	22,819	52,241	52,241
<u>Refund State Revenues</u>	602	660	720
<u>Risk Mgt Ins.</u>	45,277	45,277	45,277
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	5,449,447	5,107,169	5,336,847

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances
as of June 30, 2024

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	5,574,178	5,579,752	5,585,332
TOTAL SECTION II	(B)	5,449,447	5,107,169	5,336,847
TOTAL - Surplus/Deficit	(C)	124,731	472,583	248,485

EXPLANATION of LINE C:
 *Direct costs includes 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:** 2025-2026
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.)

<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 2023-2024	ESTIMATED FY 2024-2025	REQUEST FY 2025-2026
<u>Receipts:</u>			
\$1.50 Child Welfare Certificate Surcharge	978,105	987,886	997,765
Total Fee Collection to Line (A) - Section III	978,105	987,886	997,765

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
Salaries and Benefits	-	-	-
Other Personal Services	-	-	-
Expenses	-	-	-
Operating Capital Outlay	-	-	-
<u>Service Charge to General Revenue</u>	79,464	79,031	79,821
<u>Transfers to DCF</u>	898,641	908,855	917,943
Indirect Costs Charged to Trust Fund			
Total Full Costs to Line (B) - Section III	978,105	987,886	997,765

Basis Used: Revenue Object Code Report and Schedule of Allotment Balances
as of June 30, 2024

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	978,105	987,886	997,765
TOTAL SECTION II	(B)	978,105	987,886	997,765
TOTAL - Surplus/Deficit	(C)	-	-	-

EXPLANATION of LINE C:

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

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	Program or Service (Budget Entity Codes)			
Action	64200900			

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 56 of the LBR Instructions?	Y				
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

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	Program or Service (Budget Entity Codes)			
Action	64200900			
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

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	Program or Service (Budget Entity Codes)			
Action	64200900			

3. EXHIBIT B (EXBR, EXB)

<p>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.</p>						N/A
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AUDITS:

<p>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")</p>						Y	
<p>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")</p>						N/J	This is a new budget entity for FY 25-26.
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)

<p>4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?</p>						Y
<p>4.2 Is the program component code and title used correct?</p>						Y

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

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	Program or Service (Budget Entity Codes)			
Action	64200900			

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.	
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Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

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	Program or Service (Budget Entity Codes)			
Action	64200900			

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			
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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.)	N/J	This is a new budget entity for FY 25-26.		
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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.)	N/J	This is a new budget entity for FY 25-26.		
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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.				
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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 2023-24 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.				
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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.				
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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 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

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	Program or Service (Budget Entity Codes)			
Action	64200900			

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 14 through 27 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 64 through 69 of the LBR Instructions.)	Y				
7.3 Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	Y				
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.7 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 (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 94 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				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

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	Program or Service (Budget Entity Codes)			
Action	64200900			

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 #24-040?	N/A				
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A				
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.	N/A				
7.16	Do the issue codes relating to special <i>Salaries and Benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 26 and 27 of the LBR Instructions.)	Y				
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:

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

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		Program or Service (Budget Entity Codes)			
Action		64200900			
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)	Y			
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 2024-25? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2024-25. 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 64 through 69 of the LBR Instructions.				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

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	Program or Service (Budget Entity Codes)			
Action	64200900			

- TIP** Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.
- TIP** If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).
- TIP** If an appropriation made in the FY 2024-25 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)

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				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional

		Program or Service (Budget Entity Codes)				
Action		64200900				
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				
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				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

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		Program or Service (Budget Entity Codes)				
Action		64200900				
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 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

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	Program or Service (Budget Entity Codes)			
Action	64200900			

8.33 Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y				
8.34 Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y				
TIP The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!					
TIP Determine if the agency is scheduled for trust fund review. (See page 124 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 155 of the LBR Instructions.)	N/J	Positions requested at midpoint.
--	-----	----------------------------------

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional

	Program or Service (Budget Entity Codes)			
Action	64200900			

10. SCHEDULE III (PSCR, SC3)

10.1 Is the appropriate lapse amount applied? (See page 90 of the LBR Instructions.)	N/A				
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 93 and 94 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 99 through 102 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y				
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.					

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional

	Program or Service (Budget Entity Codes)			
Action	64200900			

15. SCHEDULE VIII C (EADR, S8C) (NO LONGER REQUIRED)

16. SCHEDULE XI (UCSR, SCXD) (LAS/PBS Web - see pages 104-108 of the LBR Instructions for detailed instructions)

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 (if submitting) and LBR match?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional

	Program or Service (Budget Entity Codes)			
Action	64200900			

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:

16.3 Does the FY 2023-24 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	N/J	This is a new budget entity for FY 25-26.			
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 should appear in Section II? (Note: The activities listed in Audit #3 do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)	Y				
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 52 through 152 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 128 and 129 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional

	Program or Service (Budget Entity Codes)			
Action	64200900			

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 154 through 156) for a list of audits and their descriptions.				
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): Health / Public Health Statistics and Innovation

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional

	Program or Service (Budget Entity Codes)			
Action	64200900			

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			
------	---	---	--	--	--

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2025 - 2026

Department: Department of Health

Chief Internal Auditor: Ashlea K. Mincy

Budget Entity: 64200900

Phone Number: 850-617-1933

(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-2223-005	July 12, 2023	Bureau of Vital Statistics (Vital Statistics)	<p>There were inconsistencies in how fees related to providing birth and death certificates are waived and reported in e-Vitals.</p> <p>Vital Statistics should seek an Office of the General Counsel legal opinion to determine whether the Chief Deputy Registrar Operations Manual's (Manual) guidance stating, "It is at the discretion of the local registrar to waive certain fees within the county vital statistics office," is in conflict with section 382.0255, Florida Statutes.</p> <p>Additionally, Vital Statistics should make appropriate revisions to the Manual as necessary to ensure fees are only waived in accordance with Florida law and documented consistently statewide.</p> <p>Vital Statistics should conduct quality assurance reviews to ensure the accuracy and completeness of all e-Vitals data.</p>	<p>Vital Statistics updated the Manual to clarify that CHDs are only required to waive fees in the limited circumstances specified in section 382.0255(3), Florida Statutes. The Manual was updated to clarify the only circumstances where CHDs are authorized, but not required, to waive fees for "any governmental entity." The Manual was updated to describe procedures for when waiving fees for governmental entities to make it clear that fees are being waived on the entity's behalf and not for any nongovernmental person or entity. The Manual describes how fee waiver requests are to be recorded in e-Vitals. The Manual recommends if fees are waived for government entities, that this be delineated in a written policy authorized by the County Health Director/Local Registrar to the Chief Deputy Registrar (CDR). The Manual states audits/reviews are required by CDR/Business managers and are included in the CHD annual self-assessments tool. Vital Statistics held a call with CDRs and their staff regarding the updated procedures and corrective actions regarding this audit on the bi-monthly CDR conference call. The State Registrar shared information with the Office of County Health Systems so they could discuss with the CHD directors.</p> <p>The Quality Assurance team audits CHD Vital Statistics offices twice annually regarding their safety paper issuance which also includes all courtesy copies by county, fee type, and event type. Discrepancies discovered in any of these audits will be brought to the attention of the CDR and Business Manager for corrective action.</p>	



**Fiscal Year
2025-2026**

CHILDREN'S SPECIAL HEALTH CARE EXHIBITS AND SCHEDULES

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

For Fiscal Year 2025-2026



06/30/2024

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: 7/16/2024
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 2025-26 LBR Issue Code: 36328CO	FY 2025-26 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: _____	Date: _____
Printed Name: Antonio Dawkins, MPA, PMP	
Agency Chief Information Officer (or equivalent): _____	Date: _____
Printed Name: James C. Veal	
Budget Officer: _____	Date: _____
Printed Name: Curtis Barker	
Division Officer: <i>Dusty Stern</i> for Andrea Gary (Delegation attached)	Date: 7/16/2024
Printed Name: Andrea S. Gary, MS, RN	
Bureau Sponsor: <i>Dusty Stern</i>	Date: 7/16/2024
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

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. Several 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/>

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.

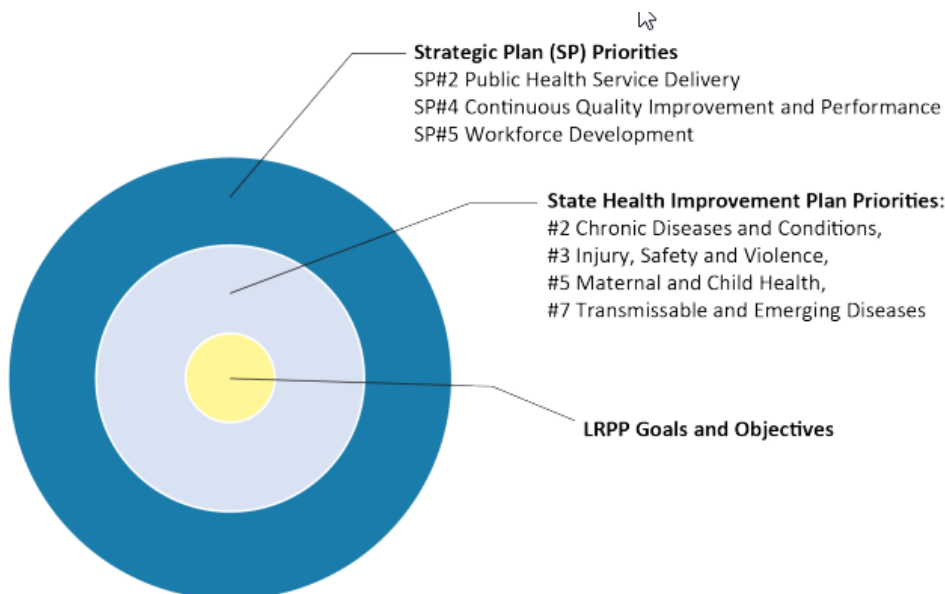
There is still a need to acquire a modernized, streamlined system to ensure the Early Steps Program can provide and report on the early intervention services for children in Florida. The Department seeks to procure a new vendor that is experienced in developing data systems for programs administering 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.

As shown below and described in the following pages, the Department’s LRPP Goals connect to its strategic plan as well as the State Health Improvement Plan.



The Department’s Goal #2—Public Health Service Delivery, for example, includes improving maternal and infant health and includes specific objectives related to decreasing the black infant mortality; reducing births to teenagers; and reducing congenital syphilis.

In turn, the Department’s goals are supported by its objectives.

Goal #2: Public Health Service Delivery
Objective 2J: Provide early intervention services for eligible children and youth 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 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
84.5% / 2020-22	88.5%	90%	90%	90%	90.5%

In its Long-Range Program Plan for *FY 2024-2025 through FY 2028-2029*, 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 2J: Provide early intervention services for eligible children and youth with special health care needs. The performance trend for timely Individualized Family Support Plan (IFSP) development has remained in the lower 90th percentile range with the exception of a dramatic increase in FY 2020-21. However, since that time the data dropped back to the lower 90th percentile during the current 5-year trend: 90.3% in FY 2018-19, 91.2% in FY 2019-20, 98.2% FY 2020-21, 92.15% in FY 2021-22, and 90.89% in FY 2022-23. 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, implement creative approaches to provider recruitment, as well as 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

² Florida Department of Health, *Long Range Program Plan, FY 2024-2025 through FY 2028-2029*, September 29, 2023 (hereafter referred to as the Department LRPP)

providers

- Ability to complete work tasks within the Early Steps Data System via modern mobile technology
- 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 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.

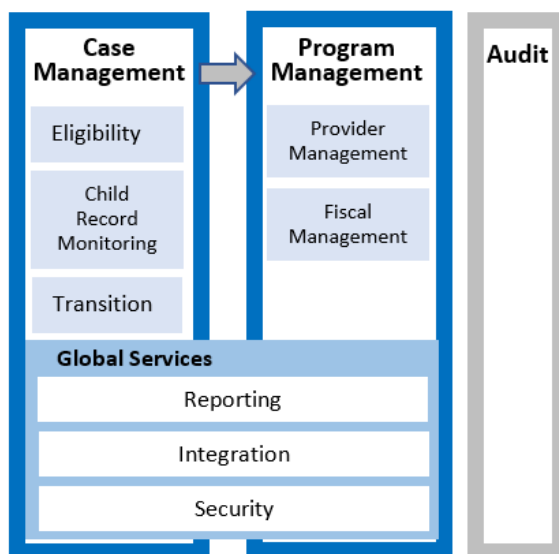


Figure 1: Early Steps Program Functional Model

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 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.
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

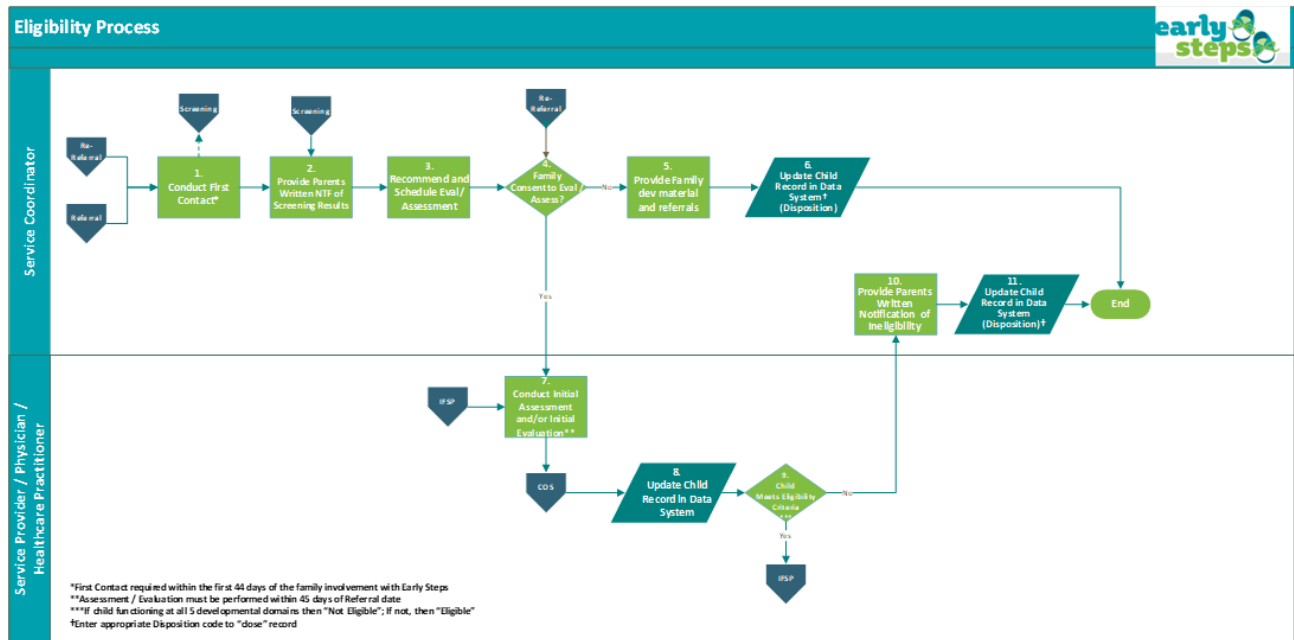
The current assumptions are:

- 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

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Referral Process	
Step	Process Step Description
	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 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.

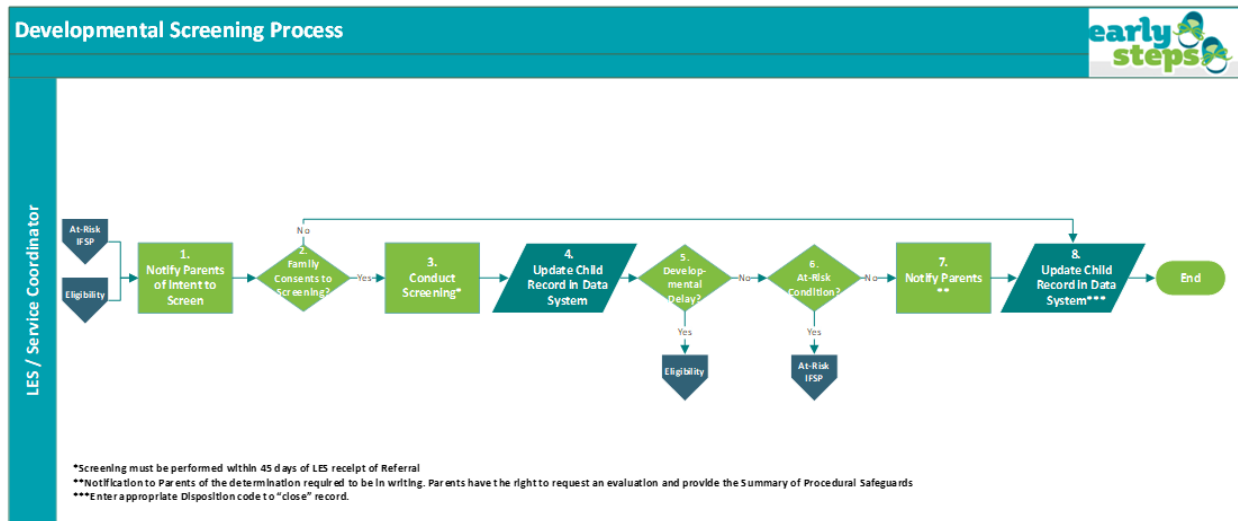
Eligibility Process



Eligibility Process	
Step	Process Step Description
1	<p>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.</p> <p>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.</p>
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

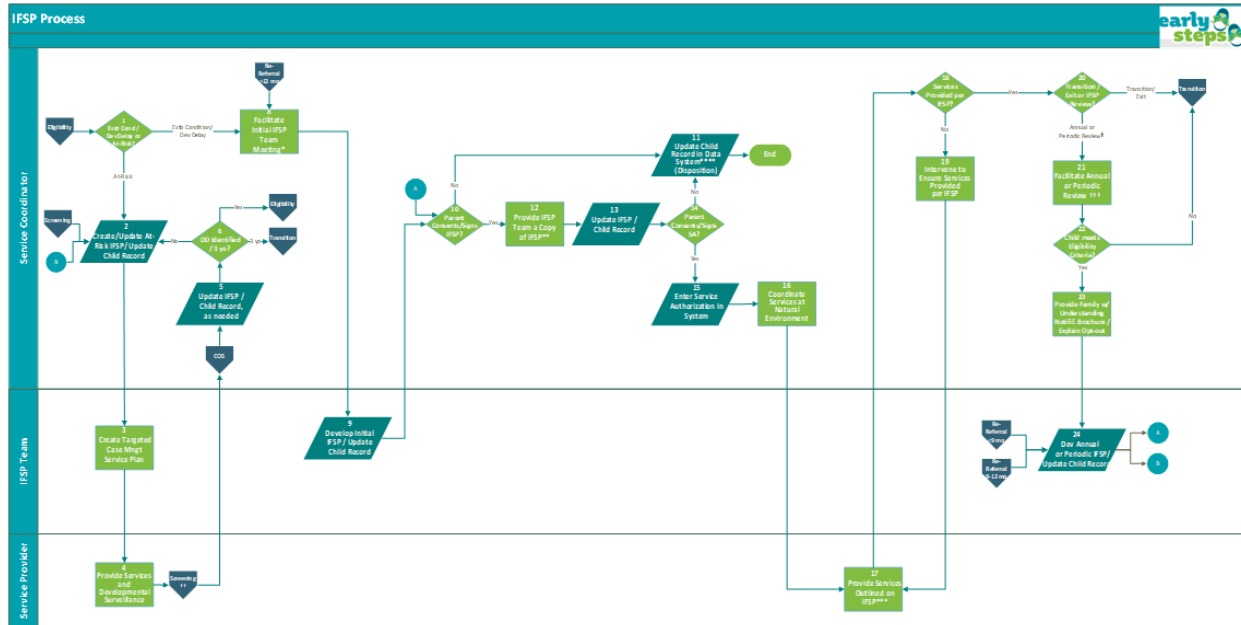
Eligibility Process	
Step	Process Step Description
	Coordinator performs multidisciplinary procedures to determine the child's initial eligibility for Early Steps. The initial evaluation and the initial assessment must be completed within 45 days of the date the LES received the referral of the child 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.

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.

Individualized Family Support Plan (IFSP) Process



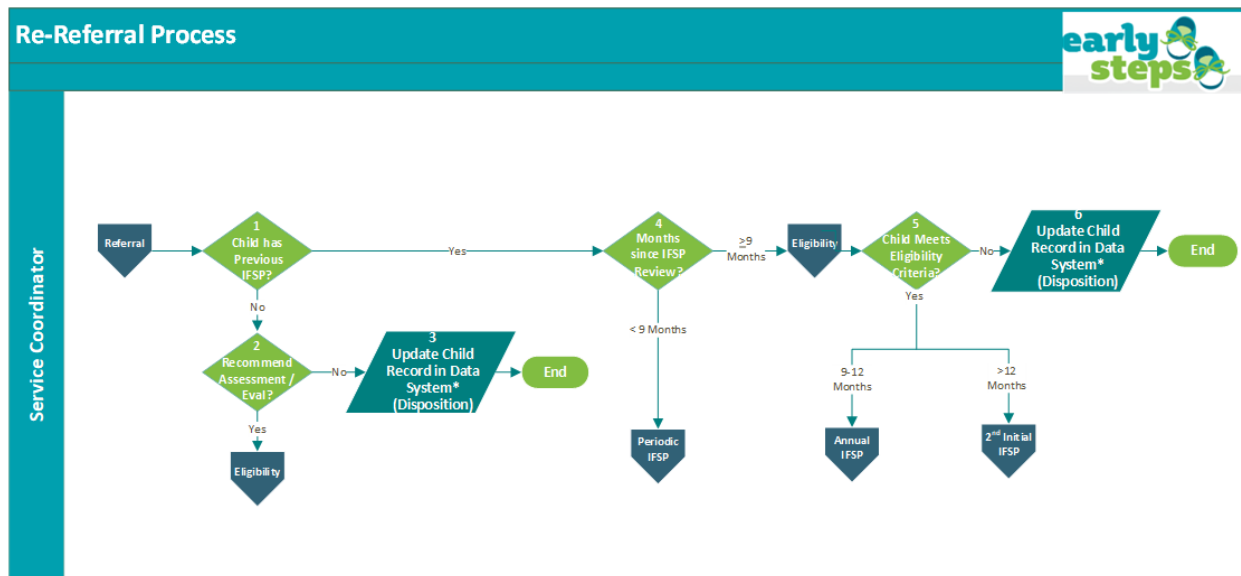
IFSP Process	
Step	Process Step Description
1	The IFSP process begins when a child has been determined eligible to participate in the Early Steps program by the Service Coordinator, and at least two professionals from two different disciplines. Once determined eligible, the Service Coordinator must identify the child for an established condition, developmental delay and/or at-risk condition.
2	If the child is identified with an at-risk condition, the Service Coordinator creates the At-Risk IFSP (Individualized Family Support Plan) within 45 days of the referral to the Early Steps program, and the child record is updated in the data system.
3	The IFSP team develops the Targeted Case Management Service Plan (TCMP) based on the assessment of the emotional, social, behavioral, environmental, medical, and developmental needs of the child. The TCMP will be updated as needs change.
4	The Service Provider(s) provides the services to the child as outlined on the At-Risk IFSP as well as conduct Developmental Surveillance. The purpose of the developmental surveillance is to conduct a first-level review of the developmental status of the child, and to identify a child who has developmental concerns that warrant developmental screening. A screening may be needed after two consecutive episodes of Developmental Surveillance.
5	After the screening, the Service Coordinator updates the IFSP and the child record in the data system. The Service Coordinator also conducts an Annual or Periodic COS assessment and, updates the child record in the data system with the assessment results.
6	The Service Coordinator verifies if the child has a developmental delay or is 3 years old. If a developmental delay is not identified, the At-Risk IFSP is updated by the Service Coordinator, and steps 3 to 6 are repeated until the child is 3 years old. If a developmental delay is suspected, the child is evaluated again using the Eligibility process.
7	If the child is 3 years old, the child continues to the Transition process.
8	If the child is identified with an established condition or a developmental delay including a child who was re-referred, the Service Coordinator facilitates the initial IFSP meeting with the IFSP Team which includes the Family, Service Coordinator, and at least two professionals from two different disciplines who have been or are currently involved in the assessment or provision of services to the child. The meeting must occur within 45 days of the referral date to the Early Steps program. If the

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.

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.

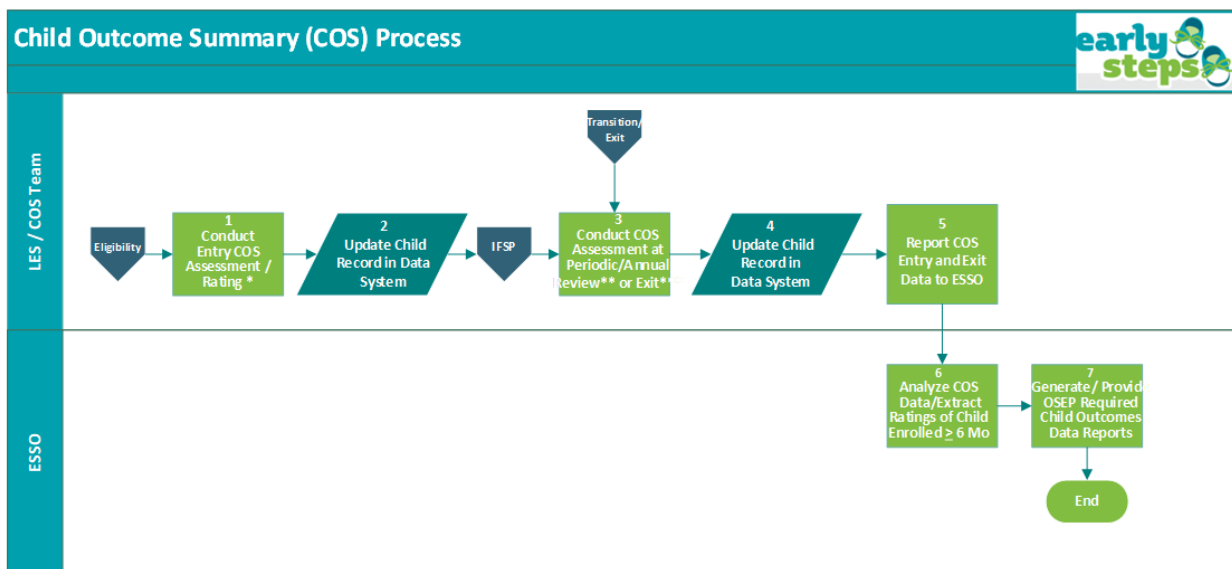
Re-Referral Process



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.

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

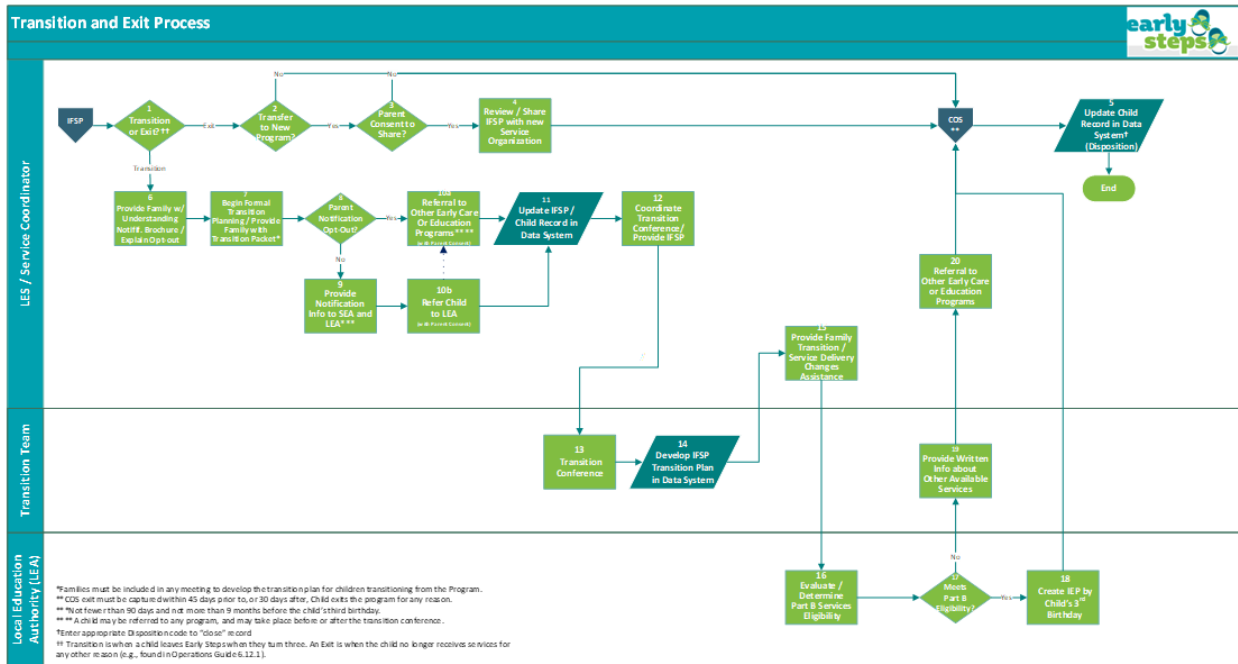


Child Outcomes Summary (COS) Process	
Step	Process Step Description
1	The Child Outcomes Summary (COS) process is initiated during the Eligibility process after the Initial Assessment and/or Initial Evaluation is conducted. The LES / COS Team is required to identify a child outcomes entry rating within 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.

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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



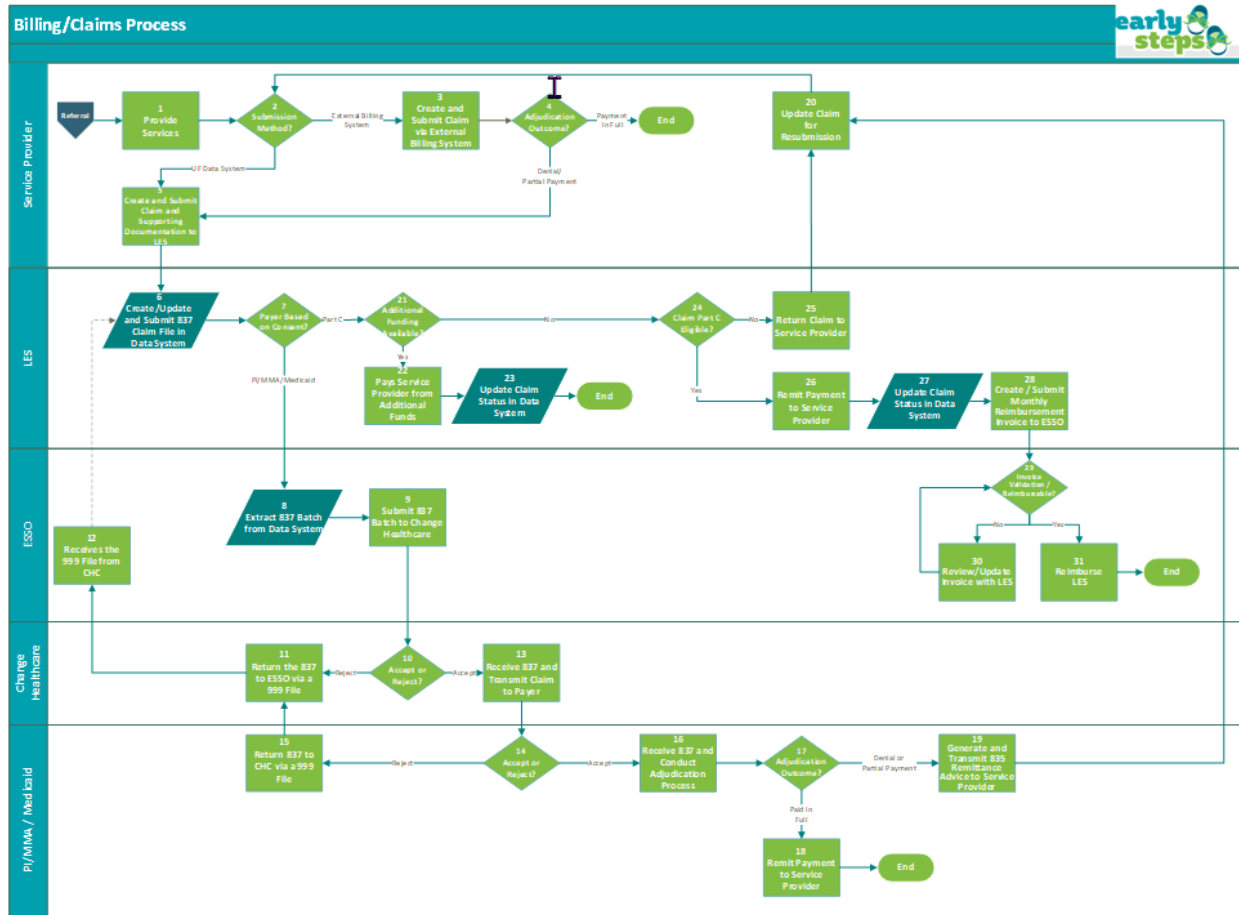
Transition/Exit Process	
Step	Process Step Description
1	The Transition/Exit process begins when the Service Coordinator determines if a child is Transitioning/Exiting the Early Steps program. Transition occurs when children participating in the Early Steps program leave the program because they are 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

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.

Billing/Claims Process

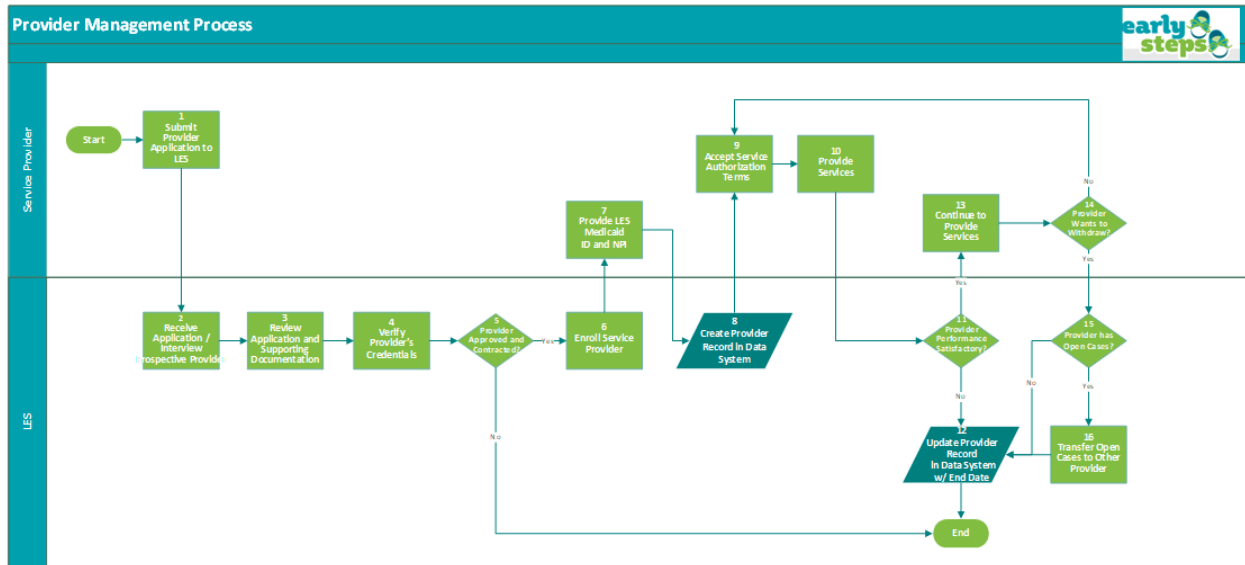


Claims/Billing Process	
Step	Process Step Description
1	When a child is referred to the Early Steps program, various types of Service Providers will begin to provide billable services which include, but are not limited to, First Contact, Eligibility Determination, Service Coordination, IFSP creation, 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.

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

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.

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.

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 other states for

the purpose of providing services under the IDEA, Part C.

The Early Steps Program began project planning and procurement activities in FY 2021-2022 and the system implementor, SSG, began working on the project in November 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	<p>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.</p>
REQ-036	<p>The system shall allow a Service Provider to electronically submit supplemental documentation (e.g., a written correspondence between the insurer and the Provider.)</p>
REQ-037	<p>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.</p>
REQ-038	<p>The system shall allow for and track adjudication of received claims corrections or credits (adjustment to charges or services).</p>
REQ-039	<p>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).</p>
REQ-040	<p>The system shall have a “viewer” of child or multiple child claims as specified that provides all claim data.</p>
REQ-041	<p>The system shall provide a solution for selecting and overriding claims or services to be manually approved or denied.</p>
REQ-042	<p>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.</p>
REQ-043	<p>The system shall provide the ability to download various notices, forms, and letters of different file types (e.g., PDF, Word, Excel).</p>
REQ-044	<p>The system shall provide soft errors and hard errors when entering certain data items incorrectly or when not completing items.</p>
REQ-045	<p>The system shall flag incomplete or invalid data entry in an obvious manner to the identified user so that needed corrections are clear.</p>
REQ-046	<p>The system shall standardize reference or lookup tables within the system so that the code, description, and effective dates follow a standardized naming convention.</p>
REQ-047	<p>The system shall include a start and end date for each category on a reference table.</p>
REQ-048	<p>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).</p>
REQ-049	<p>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.</p>
REQ-050	<p>The system shall provide conversion functionality (e.g., ability to toggle between pounds/ounces to grams when entering birth weight).</p>
REQ-051	<p>The system shall always calculate the child’s age dynamically.</p>

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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.

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

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

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

	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.

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

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

#	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)	05/25
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	05/25

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 	05/25
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	05/25
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 	05/25
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 	05/25

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	Department of Health			Project	Early Steps Data System	
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	\$3,022,390	\$11,781,263		
Net Tangible Benefits	\$0	\$0	\$0	\$0	\$0	\$0		
Return on Investment	(\$516,688)	(\$1,252,145)	(\$3,139,104)	(\$3,850,936)	(\$3,022,390)	(\$11,781,263)		
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)	(\$10,481,397)	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%			

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	Early Steps Data System (ESDS)	
Agency	Florida Department of Health	
FY 2025-26 LBR Issue Code:	FY 2025-26 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	6/30/2024
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		LOW
Fiscal Assessment		LOW
Project Organization Assessment		MEDIUM
Project Management Assessment		LOW
Project Complexity Assessment		HIGH
<i>Overall Project Risk</i>		MEDIUM

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 2022-2023, the web-based UF ES Data System served 15 LES offices and submitted approximately 1,216,716 claims for over \$53M 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/>

- 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 Casativity-EI platform provided by SSG. SSG will configure and deploy Casativity-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

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:

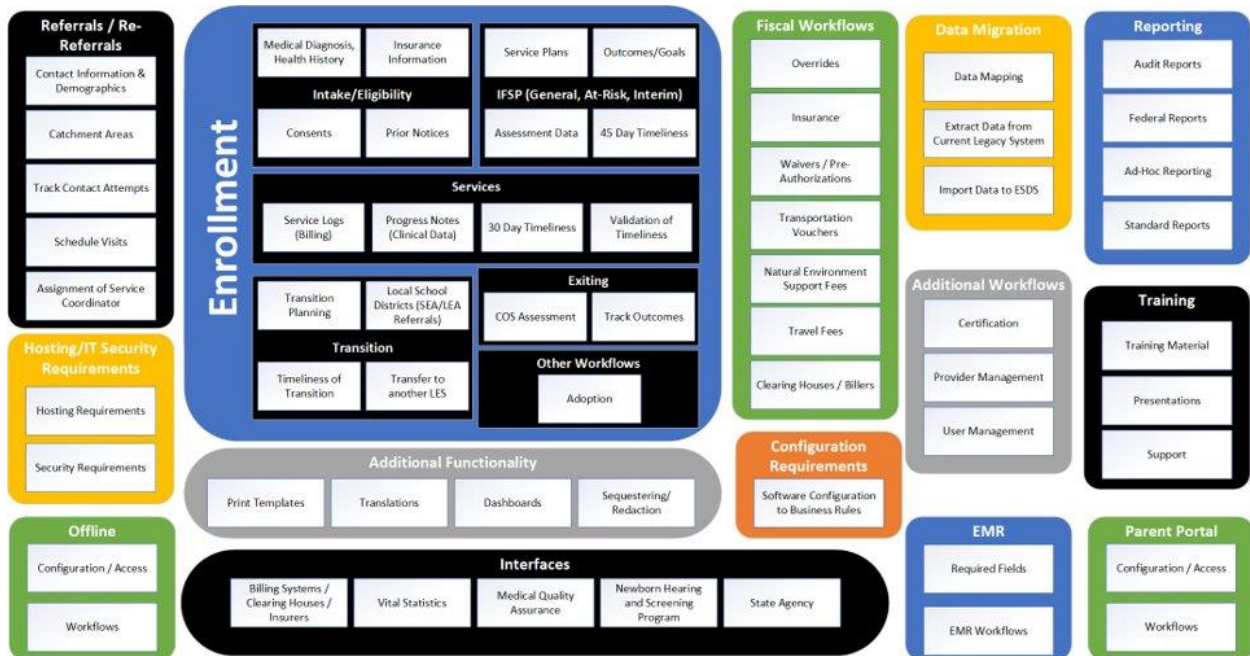
- Referral Intake
- Eligibility Verification
- IFSP Creation
- Caseload Management
- Service Coordination
- Service Logging / Progress Notes
- EI Billing
- Compliance Management
- Reporting
- Tele-health/Tele-Intervention
- Portal ready

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:



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 <u>Department of Health</u>		Project <u>Early Steps Data System</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 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	\$1,492,282	\$0	\$1,492,282	\$2,182,904	\$0	\$2,182,904	\$2,352,312	\$0	\$2,352,312	\$2,561,887	\$0	\$2,561,887	\$2,561,887	\$0	\$2,561,887		
A.b Total Staff	22.00	0.00	22.00	24.00	0.00	24.00	30.00	0.00	30.00	31.00	0.00	31.00	31.00	0.00	31.00		
A-1.a. State FTEs (Salaries & Benefits)	\$1,359,236	\$0	\$1,359,236	\$1,681,291	\$0	\$1,681,291	\$2,153,382	\$0	\$2,153,382	\$2,404,887	\$0	\$2,404,887	\$2,404,887	\$0	\$2,404,887		
A-1.b. State FTEs (#)	19.00	0.00	19.00	19	0.00	19.00	28.00	0.00	28.00	29.00	0.00	29.00	29.00	0.00	29.00		
A-2.a. OPS Staff (Salaries)	\$118,064	\$0	\$118,064	\$161,601	\$0	\$161,601	\$122,288	\$0	\$122,288	\$124,500	\$0	\$124,500	\$124,500	\$0	\$124,500		
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)	\$14,983	\$0	\$14,983	\$340,012	\$0	\$340,012	\$76,641	\$0	\$76,641	\$32,500	\$0	\$32,500	\$32,500	\$0	\$32,500		
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	\$253,409	\$0	\$253,409	\$83,166	\$0	\$83,166	\$11,166	\$0	\$11,166	\$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>	\$253,409	\$0	\$253,409	\$83,166	\$0	\$83,166	\$11,166	\$0	\$11,166	\$86,725	\$0	\$86,725	\$86,725	\$0	\$86,725		
C. Data Center Provider Costs	\$582,666	\$0	\$582,666	\$639,152	\$0	\$639,152	\$406,275	\$0	\$406,275	\$981,668	\$0	\$981,668	\$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>	\$582,666	\$0	\$582,666	\$639,152	\$0	\$639,152	\$406,275	\$0	\$406,275	\$981,668	\$0	\$981,668	\$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	\$65,787,669	\$0	\$65,787,669	\$71,139,268	\$0	\$71,139,268	\$65,345,306	\$0	\$65,345,306	\$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	\$9,338	\$0	\$9,338	\$58,219	\$0	\$58,219	\$44,930	\$0	\$44,930	\$66,560	\$0	\$66,560	\$66,560	\$0	\$66,560		
E-3. Other <i>LES Contracts, Supplies, Services</i>	\$65,728,330	\$0	\$65,728,330	\$71,031,049	\$0	\$71,031,049	\$65,250,375	\$0	\$65,250,375	\$69,607,317	\$0	\$69,607,317	\$69,607,317	\$0	\$69,607,317		
Total of Recurring Operational Costs	\$68,116,027	\$0	\$68,116,027	\$74,044,491	\$0	\$74,044,491	\$68,115,058	\$0	\$68,115,058	\$73,354,157	\$0	\$73,354,157	\$72,372,489	\$0	\$72,372,489		
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	20%
Placeholder	<input type="checkbox"/>	Confidence Level	

SCHEDULE IV-B FOR EARLY STEPS DATA SYSTEM (ESDS)

Department of Health		Early Steps Data System		CBA Form 2A Baseline Project Budget																	
<small>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.</small>				FY2021-22		FY2022-23			FY2023-24			FY2024-25			FY2025-26			TOTAL			
Item Description <small>(remove guidelines and annotate entries here)</small>		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	
				\$ -	\$ 516,688		\$ 1,252,145			\$ 3,139,104			\$ 3,850,936			\$ 3,022,390			\$ 11,781,263		
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	\$ 183,340	\$ -	\$ -	\$ 903,559
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	\$ 319,800	\$ -	\$ -	\$ 2,015,666
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	\$ -	\$ -	\$ 2,519,250	\$ -	\$ -	\$ -	\$ 7,189,000
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	\$ 3,022,390	\$ -	\$ -	\$ 11,781,263

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	\$3,022,390	\$11,781,263
CUMULATIVE PROJECT COSTS <i>(Includes Current & Previous Years' Project-Related Costs)</i>	\$516,688	\$1,768,833	\$4,907,937	\$8,758,873	\$11,781,263	

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 <input checked="" type="checkbox"/>	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	\$3,022,390	\$11,781,263
Net Tangible Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Return on Investment	(\$516,688)	(\$1,252,145)	(\$3,139,104)	(\$3,850,936)	(\$3,022,390)	(\$11,781,263)
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 projects investment costs are recovered.
Net Present Value (NPV)	(\$10,481,397)	NPV is the present-day value of the projects benefits less costs over the projects lifecycle.
Internal Rate of Return (IRR)	NO IRR	IRR is the projects 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%

Appendix B - Project Risk Assessment

Project	Early Steps Data System (ESDS)	
Agency	Florida Department of Health	
FY 2025-26 LBR Issue Code:	FY 2025-26 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	6/30/2024
Risk Assessment Summary		
Business Strategy	Most Aligned	Least Aligned
	Least Risk	Most Risk
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		LOW
Fiscal Assessment		LOW
Project Organization Assessment		MEDIUM
Project Management Assessment		LOW
Project Complexity Assessment		HIGH
Overall Project Risk		MEDIUM

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	Changes are identified and documented
		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	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	

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	
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	

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
		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)	Extensive change or new way of providing/receiving services or information)
		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	Extensive change or new way of providing/receiving services or information
		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 fewer 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: 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 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	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 estimation model?	Yes	Yes
		No	
5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Detailed and rigorous (accurate within ±10%)
		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	Yes
		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 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	

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	
		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	3 or more
		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	
		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-time to	
		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, schedule, or	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 control	
		No, all stakeholders are not represented on the board	
		Yes, all stakeholders are represented by functional manager	

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
		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	
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,	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	
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: 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)

07/15/2024

Version 2.0

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SIGNATURE AND ACCEPTANCE PAGE

I have reviewed this Project Management Plan (PMP) and agree that the content of the document is accurate and clearly describes the project management methodology for the ESDS Project.

Signature: _____ Date: _____
Print Name: _____
Title: _____
Agency: _____
Role: Project Sponsor

Signature: _____ Date: _____
Print Name: _____
Title: _____
Agency: _____
Role: ESDS Project Manager

Signature: _____ Date: _____
Print Name: _____
Title: _____
Agency: _____
Role: Contract Manager

Signature: _____ Date: _____
Print Name: _____
Title: _____
Agency: _____
Role: SSG Project Manager

Signature: _____ Date: _____
Print Name: _____
Title: _____
Agency: _____
Role: SSG Engagement Lead

REVISION HISTORY

Version Number	Date	Description	Author
0.1	12/22/2022	Baseline Version	SSG/ Tami Thomas
0.2	1/31/2023	Revised based on feedback from Early Steps	SSG/ Kevin Tucker
1.0	3/17/2023	Revised based on feedback from Early Steps and IV&V	SSG/ Kevin Tucket
1.1	7/7/2023	Revised section 13.4.3.	ESDS PM / Maryanne Marchese
2.0	07/15/2024	Revised	ESDS PM / Maryanne Marchese

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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.

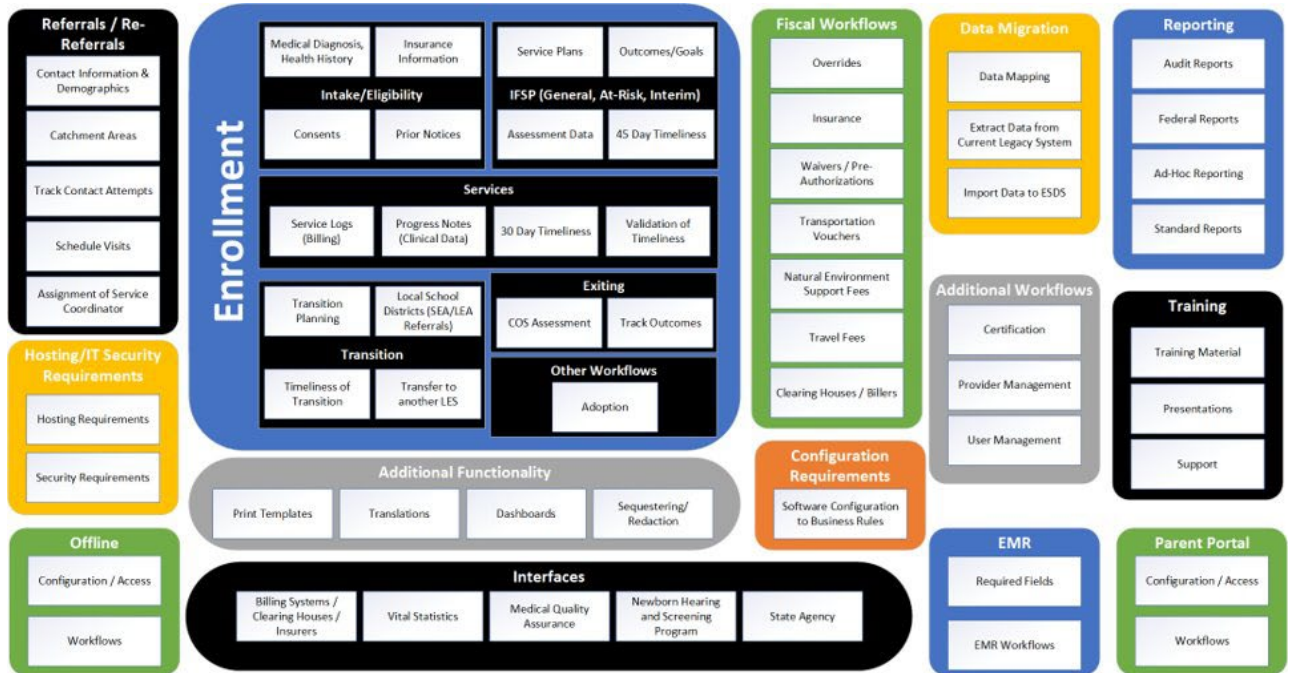
The Early Steps Program is administered through Local Early Steps Offices (LES), which are Early Steps Program contracted providers, located currently within 15 geographic regions throughout the state of Florida. Each LES Office is responsible for administering services, which includes evaluations for 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 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.

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.

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.

- 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.

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 the winter 2024 (just prior to the 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
- Phase 1 Discovery Start
- Project Management Plan and Project Schedule Complete
- Phase 1 Discovery Complete
- Phase 2 System Design Start
- 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
- Phase 2 System Design Complete
- Phase 3 Development and Configuration Start
- Submit DRAFT Implementation Plan
- 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
- Phase 3 Development and Configuration Complete
- Phase 4 Data Migration Start
- Submit DRAFT of Demonstrate Solution with Migrated Data

- Submit DRAFT of Document completed per Data Migration Plan
- Data Migrated, Demonstrated, and Plan Documented
- Phase 4 Data Migration Complete
- Phase 5 User Acceptance Testing (UAT)
- System Tested and UAT Performed
- Submit DRAFT of Training Plan and Training Materials
- Training Plan and Training Materials Developed
- Phase 5 UAT Complete
- Phase 6 Training Start
- Training Materials Distributed and Training Conducted
- Phase 6 Training Complete
- Phase 7 System Implementation Start
- Submit DRAFT Configuration Guide and Solution Documentation
- Go /No-Go Decision
- ESDS Application Public Go-live
- Phase 7 System Implementation Complete
- Phase 8 System Stabilization Post Implementation Start
- System Stabilization Phase Complete
- Phase 9 Continuous Operation of ESDS and Maintenance Start
- Phase 9 Continuous Operation of ESDS and Maintenance Complete
- Phase 10 Enhancements and Modifications Start
- Phase 10 Enhancements and Modifications Complete
- Phase 11 Documentation Start
- Submit DRAFT of UAT materials
- UAT Materials and Documentation Finalized
- Submit DRAFT of updated RTM
- RTM Revision Complete
- Phase 11 Documentation 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.

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 and a revised version will be submitted in Phase 11; Task # B.1.a.11.d). The specification of the RTM will be captured in the TED for Task 2)c) and 11)d) .

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.
- **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-EI* 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
 - 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.
 - 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

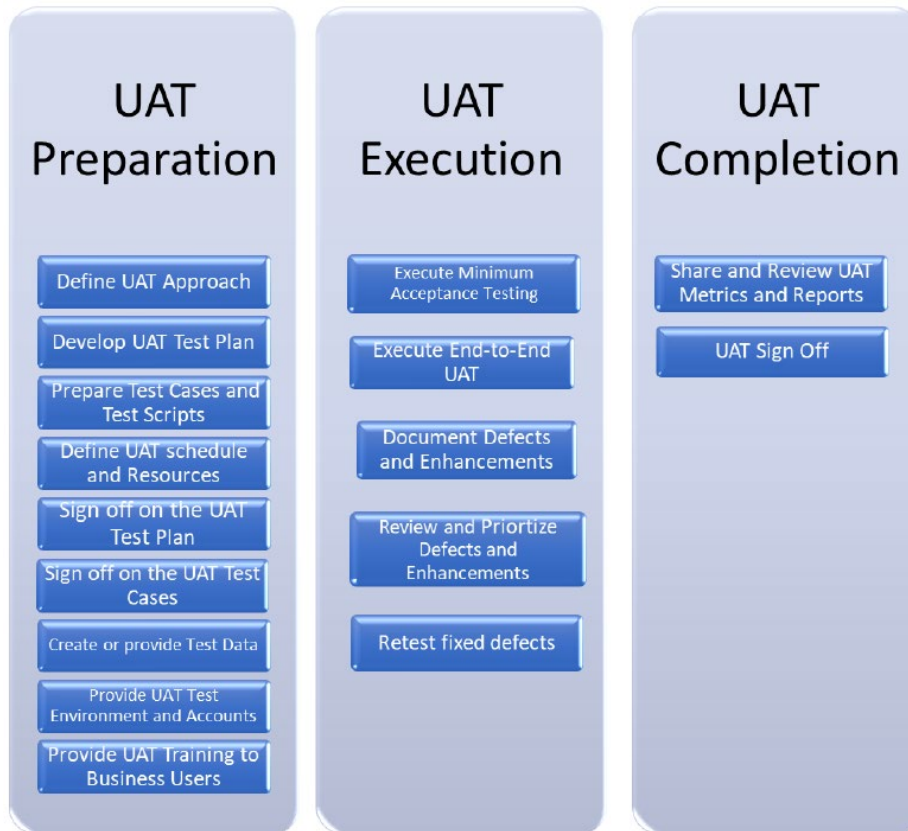
target will be implemented and executed. SSG will utilize ETL tools to execute the Extract, Transform and Loading of data using the established data migration logic.

- 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 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:



(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 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 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 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

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)

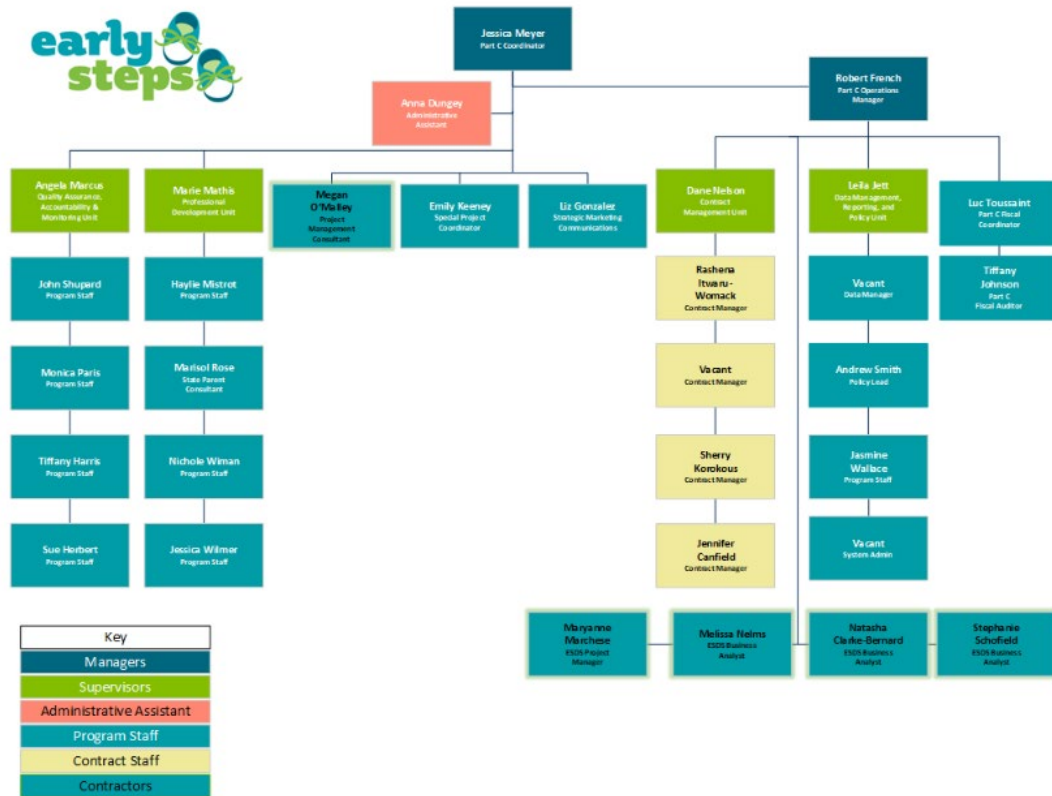
4.3 Identify Project Team

The file attached below contains the RACI chart for the ESDS project:



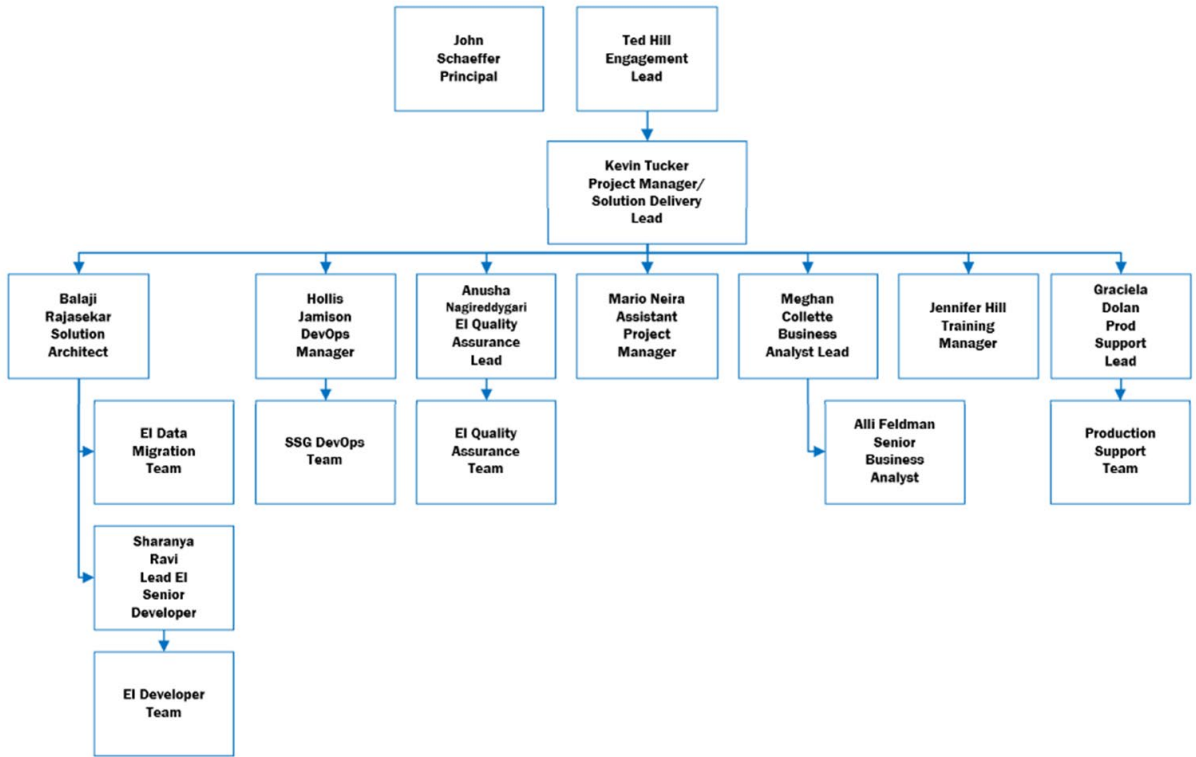
ESDS RACI_PMP.xlsx

The following diagram depicts the Early Steps Program’s Early Steps Data System (ESDS) 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:



(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

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.

- 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.

The WBS table below was taken from the Approved ESDS Project Schedule. The WBS in this table will be updated when and if the Approved Project Schedule is Rebaselined.

WBS	Task Name
1	Florida Early Steps Data System (ESDS) Project Plan
1.1	ESDS Application
1.1.1	Project Status Update Weekly Meeting
1.1.2	Project Status Weekly Report
1.1.3	Project Steering Committee Monthly Meeting
1.1.4	B.1.a.1 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)
1.1.4.5	B.1.a.1.h Submit Project Initiation and Discovery Phase Completion Documentation with Invoice
1.1.5	Discovery Phase Complete
1.1.6	Complete and Closeout B.1.b.1) Initiation and Discovery Phase
1.1.7	B.1.a.2 Phase 2: ESDS System Design Phase
1.1.7.1	Phase 2 Start
1.1.7.2	B.1.a.2.a Create and submit TED for Task 2b and 2c
1.1.7.2.1	TED for Functional Specifications
1.1.7.2.2	TED for System Design
1.1.7.2.3	TED for Claims File (EDI) Specifications
1.1.7.2.4	TED for Initial RTM
1.1.7.2.5	TED for System Hosting Plan
1.1.7.2.6	TED for Business Continuity Plan
1.1.7.2.7	TED for Security Plan
1.1.7.3	Draft Task B.1.a.2.b
1.1.7.3.1	System Hosting Plan
1.1.7.3.2	Business Continuity Plan
1.1.7.3.3	Security Plan
1.1.7.4	Submit all plans in B.1.a.2.b
1.1.7.5	Draft Task B.1.a.2.c
1.1.7.6	Submit all approved docs for task B.1.a.2.c
1.1.7.7	B.1.a.2.e Submit System Design Phase Completion and Documentation with Invoice
1.1.8	System Design Phase Complete
1.1.9	Complete and Closeout B.1.b.2) System Design Phase
1.1.10	B.1.a.3 Phase 3: ESDS Development and Configuration Phase
1.1.10.1	Phase 3 Start
1.1.10.2	B.1.a.3.a Create and submit TED for Task 3b, 3c, 3d and 3e
1.1.10.3	B.1.a.3.b Draft Task B.1.a.3.b
1.1.10.3.1	Implementation Plan
1.1.10.4	Submit Plan and Guide for task B.1.a.3.b
1.1.10.5	Draft Task B.1.a.3.c

1.1.10.5.1	Legacy Database Analysis
1.1.10.6	Submit Plan for task B.1.a.3.c
1.1.10.7	Perform Task B.1.a.3.d
1.1.10.7.1	Data Migration Test Scripts (B.1.a.3.d.1,2,3,4,5,6)
1.1.10.8	Submit test scripts for task B.1.a.3.d
1.1.10.9	Task B.1.a.3.e: Solution Configuration and Development Phase
1.1.10.9.1	ESDS Configuration Iterations
1.1.10.9.2	B.1.a.3.e.1 Demonstrate Developed Solution
1.1.10.9.3	Walkthroughs
1.1.10.9.4	Walkthroughs Complete
1.1.10.9.5	Submit Email of Completion of Walkthrough
1.1.10.10	B.1.a.3.g Submit ESDS Development and Configuration Phase Documentation with Invoice
1.1.11	Development and Configuration Phase Complete
1.1.12	Complete and Closeout B.1.b.3) Development and Configuration Phase
1.1.13	B.1.a.4 Phase 4: Data Migration Phase
1.1.13.1	Phase 4 Start
1.1.13.2	B.1.a.4.a Create and submit TED for Task 4b
1.1.13.3	Unit Testing of Migrated Data
1.1.13.4	Task B.1.a.4.b: Migrate Data
1.1.13.4.1	Migrate Data per Approved Data Migration Plan
1.1.13.4.2	B.1.a.4.b.1 Complete Unit Testing per Data Migration Plan
1.1.13.4.3	B.1.a.4.b.2 Demonstrate Solution with Enrollment Migrated Data
1.1.13.4.4	Data Migrated, Demonstrated, and Tested
1.1.13.5	B.1.a.4.f Submit Data Migration Phase Completion Documentation with Invoice
1.1.14	Data Migration Phase Complete
1.1.15	Complete and Closeout B.1.b.4) Data Migration Phase
1.1.16	B.1.a.11 Phase 11: Documentation
1.1.16.1	Task B.1.a.11.c: UAT Prep
1.1.16.2	Task B.1.a.11.d: RTM Revision
1.1.16.3	B.1.a.11.e Submit Documentation Phase documentation with Invoice
1.1.16.4	Complete and Closeout B.1.b.11) Documentation Phase
1.1.17	B.1.a.5 Phase 5: UAT
1.1.17.1	Phase 5 Start
1.1.17.2	B.1.a.5.a Create and Submit TED for Task 5b, 5c
1.1.17.3	System Testing
1.1.17.3.1	Perform SIT per Test Plan (Regression Testing)
1.1.17.3.2	B.1.a.5.b User Acceptance Testing
1.1.17.4	Code Revisions Required Based Upon UAT Finding
1.1.17.5	System Tested and UAT Performed
1.1.17.6	B.1.a.5.c Develop Training Plan and Training Materials
1.1.17.7	Submit DRAFT of Training Plan and Training Materials

1.1.17.8	Review and edit/comment DRAFT of Training Plan and Training Materials
1.1.17.9	Revise, edit, and submit FINAL Training Plan and Training Materials
1.1.17.10	Review and accept FINAL Training Plan and Training Materials
1.1.17.11	Submit FINAL Training Plan and Training Materials
1.1.17.12	Approve FINAL Training Plan and Training Materials
1.1.17.13	Training Plan and Training Materials Developed
1.1.17.14	Final Review of updated Training Materials and Training Evaluations
1.1.17.15	B.1.a.5.e Submit UAT Phase documentation with Invoice
1.1.18	UAT Phase Complete
1.1.19	Complete and Closeout B.1.b.5) User Acceptance and Testing Phase
1.1.20	B.1.a.6 Phase 6: Training
1.1.20.1	Phase 6 Start
1.1.20.2	B.1.a.6.a Create and submit TED for Task 6c
1.1.20.3	Deliverable: Completed Training Prior to Public Go-Live
1.1.20.3.1	B.1.a.6.b Distribute Training Materials
1.1.20.3.2	B.1.a.6.c Conduct training per Training Plan
1.1.20.4	Training Materials Distributed and Training Conducted
1.1.20.5	B.1.a.6.e Submit Training Phase documentation with invoice
1.1.21	Training Phase Complete
1.1.22	Complete and Closeout B.1.b.6) Training Phase
1.1.23	B.1.a.7 Phase 7: System Implementation
1.1.23.1	Phase 7 Start
1.1.23.2	B.1.a.7.a Create and Submit TED for Task 7b
1.1.23.3	B.1.a.7.a Create and Submit TED for Task 7c
1.1.23.4	Sprints 24-37
1.1.23.5	Deployment to Production
1.1.23.5.1	B.1.a.7.b Configuration Guide
1.1.23.5.2	Vendor Cure Period
1.1.23.5.3	Florida to deliver final user templates to SSG
1.1.23.5.4	Code Freeze and Deployment Checklist Implementation
1.1.23.5.5	Go/No-Go Meeting - Morning meeting
1.1.23.5.6	ESSO Delivery of UF Data to SSG at 5:00pm and sunset UF Legacy System
1.1.23.5.7	B.1.a.7.e Deployment to Production
1.1.23.5.8	Smoke Testing and verify metrics
1.1.23.5.9	Provide Implementation Data (cutover metrics)
1.1.23.5.10	ESDS Application Go-Live for Public
1.1.23.5.11	B.1.a.7.g Submit System Implementation documentation with invoice
1.1.24	System Implementation Phase Complete
1.1.25	Complete and Closeout B.1.b.7) System Implementation Phase
1.1.26	B.1.a.8 Phase 8: System Stabilization Post Implementation Phase
1.1.26.1	Phase 8 Start
1.1.26.2	B.1.a.8.a Create and Submit TED for Task 8b

1.1.26.3	Operations and Post-Production System Acceptance
1.1.26.4	B.1.a.8.e Submit System Stabilization Post Implementation Phase Documentation with Invoice
1.1.27	System Stabilization Phase Complete
1.1.28	Complete and Closeout B.1.b.8) System Stabilization Post Implementation Phase
1.1.29	B.1.a.9 Phase 9: Continuous Operation of the ESDS and Maintenance
1.1.29.1	Phase 9 Start
1.1.29.2	End Date of 1 Year Warranty Period
1.1.29.3	B.1.a.9.a Provide Licensing, Hosting, and Maintenance
1.1.29.4	B.1.a.9.c Post-Implementation Training Resources
1.1.29.5	B.1.a.9.d Maintain System Security
1.1.29.6	Monthly review of issues, defects, change requests and performance
1.1.29.6.1	B.1.a.9.b Monthly Application/Hosting O&M Report
1.1.29.6.2	B.1.a.9.b Host Review of Monthly Application/Hosting O&M Report
1.1.30	Continuous Operation of ESDS and Maintenance Phase Complete
1.1.31	Complete and Closeout B.1.b.9) Continuous Operation and Maintenance Phase
1.1.32	B.1.a.10 Phase 10: Enhancements and Modifications
1.1.32.1	Enhancements and Modifications (when applicable)
1.1.33	Enhancements and Modifications Phase Complete
1.1.34	Complete and Closeout B.1.b.10) Enhancements and Modifications Phase

The detailed ESDS Project Schedule can be found in the next section.

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.

The Approved Project Schedule is posted below:

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).

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.

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.

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](#)

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.

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.

- 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.

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-EI* 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.

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.

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).

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.

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 will adhere to the DOH Application Lifecycle Management Policy and submit a policy exception request detailing the business case and justification to include PHI/PII data.

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

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:
 - 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. 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:

		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

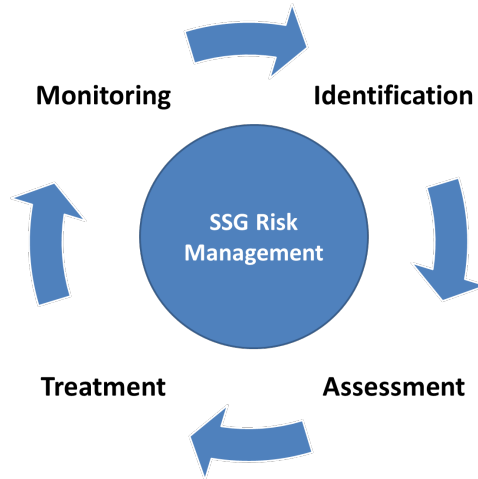
The ESDS PM will update the Category Score as the Project progresses, when applicable. The ESDS Project Manager is maintaining the Risk and Complexity Assessment in the ESDS Project Smartsheet tool.

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



(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
- 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.

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 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.
- 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.

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

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*Authors:
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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

communities. Thus, it is important that data are collected, analyzed, and used intentionally to examine equity for underserved groups and communities.

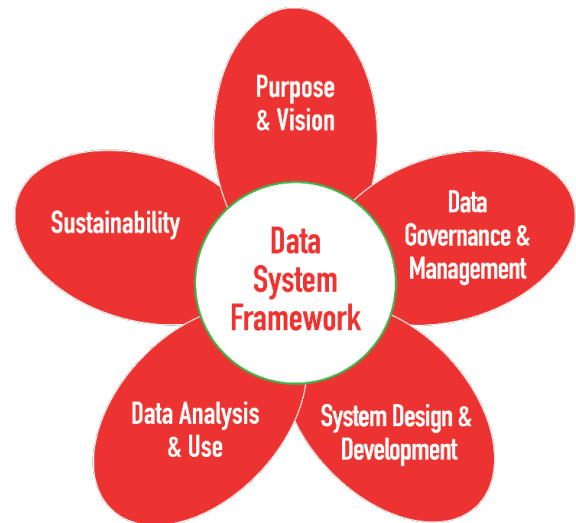
The use of the term *data system* is conceptualized broadly in the DaSy framework. It refers to the hardware, software, and other applications and processes that enable Part C and Part B 619 programs to collect data about children, families, workforce, and/or program characteristics (e.g., program quality), 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

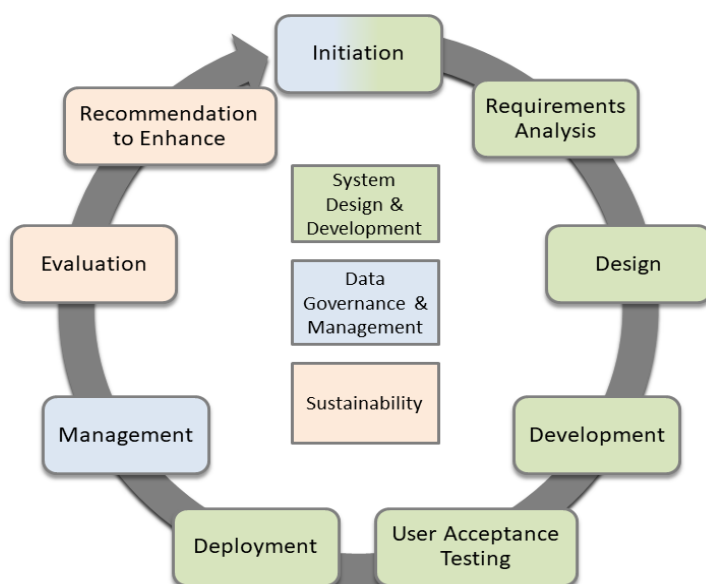
The DaSy framework is organized around five subcomponents: Purpose and Vision, Data Governance and Management, System Design and Development, Data Analysis and Use, and Sustainability (Figure 1). The five subcomponents are interrelated. For example, the Purpose and Vision subcomponent addresses the mission, 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.

Figure 1. Subcomponents of the DaSy Framework



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 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.

Figure 2. DaSy Framework Subcomponents and the Life Cycle of a Database Application



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 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

Figure 4. ECTA System Framework



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.

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 ≤ 5 years old with disabilities and their families <p>3. Local Early Intervention Services (EIS) program/local educational agency (LEA)-level data elements</p> <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 ≤ 5 years old) f. Size of program/district in terms of number of children ≤ 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 ≤ 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

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;

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

The contents of this document were developed under grants from the U.S. Department of Education, #H373Z120002 and #H373Z190002. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government. Project Officers, Meredith Miceli and Amy Bae.



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/>.

From: [Felt, Lindsey](#)
To: [DL All CMS Staff](#)
Subject: Delegation for Andrea Gary
Date: Tuesday, July 16, 2024 3:17:45 PM

This message is being sent to all CMS staff via DL All CMS Staff

Good afternoon, All,

Andrea Gary will be out of the office the remainder of today, Tuesday, July 16 - Friday, July 19, 2024. Andrea has given delegated authority for the Division of Children's Medical Services to Dusty Stern.

Dusty Stern: (850) 841-8652 / Dusty.Stern@flhealth.gov

Dusty may redelegate as needed.

Thank you,



Lindsey Felt

Executive Assistant to Deputy Secretary for Children's Medical Services

Executive Assistant to Division Director for the Division of Children's Medical Services

Division of Children's Medical Services

4052 Bald Cypress Way, Bin A-06

Tallahassee, FL 32399-1707

New Office Number: 850-841-8728

Lindsey.Felt@flhealth.gov

The Mission of the Florida Department of Health:

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

Please note:

Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	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 56 of the LBR Instructions?	Y			
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE

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Action	64300100			

2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	Y			
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Fiscal Year 2025-26 LBR Technical Review Checklist

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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			
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")				
TIP Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)				
4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y			
4.2 Is the program component code and title used correct?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE

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Action	64300100				

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.

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
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	Program or Service (Budget Entity Codes)			
Action	64300100			

5. EXHIBIT D-1 (ED1R, EXD1)				
5.1 Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:				
5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
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 2023-24 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	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.				
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 14 through 27 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 64 through 69 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	Y			
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.7 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 (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 94 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE				
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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 #24-040?	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				
7.16	Do the issue codes relating to special <i>Salaries and Benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 26 and 27 of the LBR Instructions.)	Y				
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:						

Fiscal Year 2025-26 LBR Technical Review Checklist

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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 2024-25? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2024-25. 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 64 through 69 of the LBR Instructions.					

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TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.	
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).	
TIP	If an appropriation made in the FY 2024-25 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)				
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		

Fiscal Year 2025-26 LBR Technical Review Checklist

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Action	64300100			

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			
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			

Fiscal Year 2025-26 LBR Technical Review Checklist

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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 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	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 page 124 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 155 of the LBR Instructions.)	N/J			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional				
	Program or Service (Budget Entity Codes)			
Action	64300100			

10. SCHEDULE III (PSCR, SC3)				
10.1 Is the appropriate lapse amount applied? (See page 90 of the LBR Instructions.)	Y			
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 93 and 94 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 99 through 102 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y			
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.				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64300100			

15. SCHEDULE VIIC (EADR, S8C) (NO LONGER REQUIRED)				
16. SCHEDULE XI (UCSR, SCXD) (LAS/PBS Web - see pages 104-108 of the LBR Instructions for detailed instructions)				
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 (if submitting) and LBR match?	Y		

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64300100			

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
16.3	Does the FY 2023-24 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 52 through 152 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 128 and 129 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	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			
AUDITS - GENERAL INFORMATION				
TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 154 through 156) for a list of audits and their descriptions.				
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / CHILDREN'S SPECIAL HEALTH CARE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64300100			

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
2025-2026**

MEDICAL QUALITY ASSURANCE EXHIBITS AND SCHEDULES



**Fiscal Year
2025-2026**

**MEDICAL QUALITY
ASSURANCE
SCHEDULE I SERIES**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Acupuncture

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	764,020	62,145	767,520
<u>Fines, Forfeitures and Judgments</u>	9,670	9,670	9,670
<u>Unlicensed Activity</u>	13,450	1,180	11,685
<u>Miscellaneous</u>	10	10	10
Total Fee Collection to Line (A) - Section III	787,150	73,005	788,885

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	45,460	127,867	169,156
<u>Other Personal Services</u>	5,410	11,118	15,005
<u>Expenses</u>	11,633	19,219	25,302
<u>Operating Capital Outlay</u>	-	76	100
<u>Special Categories - Operating</u>	85,876	88,443	116,740
<u>Special Categories - Non-Operating</u>	256,065	28,933	42,974
<u>Indirect Costs Charged to Trust Fund</u>	7,846	14,695	19,251
Total Full Costs to Line (B) - Section III	412,291	290,351	388,527

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	787,150	73,005
TOTAL SECTION II	(B)	412,291	290,351
TOTAL - Surplus/Deficit	(C)	374,859	(217,346)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Anesthesiologist Assistant

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
Receipts:			
<u>Fees and Licensees</u>	32,495	187,550	32,495
<u>Fines, Forfeitures and Judgments</u>	-	-	-
<u>Unlicensed Activity</u>	665	3,325	665
<u>Miscellaneous</u>	(97)	-97	-97
Total Fee Collection to Line (A) - Section III	33,063	190,778	33,063

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	10,459	28,787	31,302
<u>Other Personal Services</u>	785	2,503	2,777
<u>Expenses</u>	1,709	4,327	4,682
<u>Operating Capital Outlay</u>	-	17	18
<u>Special Categories - Operating</u>	21,480	18,207	20,132
<u>Special Categories - Non-Operating</u>	51,749	6,514	7,952
Indirect Costs Charged to Trust Fund	1,961	3,308	3,562
Total Full Costs to Line (B) - Section III	88,143	63,664	70,425

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	33,063	190,778	33,063
TOTAL SECTION II	(B)	88,143	63,664	70,425
TOTAL - Surplus/Deficit	(C)	(55,080)	127,114	(37,362)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Atheletic Trainers

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	79,950	373,920	79,950
<u>Fines, Forfeitures and Judgments</u>	1,857	140	140
<u>Unlicensed Activity</u>	2,160	14,345	2,160
<u>Miscellaneous</u>	59	37	37
Total Fee Collection to Line (A) - Section III	84,026	388,442	82,287

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	66,743	98,966	94,234
<u>Other Personal Services</u>	6,122	8,605	8,359
<u>Expenses</u>	9,844	14,875	14,096
<u>Operating Capital Outlay</u>	-	59	55
<u>Special Categories - Operating</u>	53,975	67,723	65,995
<u>Special Categories - Non-Operating</u>	84,390	22,394	23,940
<u>Indirect Costs Charged to Trust Fund</u>	11,769	11,374	10,724
Total Full Costs to Line (B) - Section III	232,843	223,995	217,404

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	84,026	388,442	82,287
TOTAL SECTION II	(B)	232,843	223,995	217,404
TOTAL - Surplus/Deficit	(C)	(148,817)	164,447	(135,117)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Chiropractic

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
<u>Fees and Licensees</u>	2,575,242	327,497	2,884,195
<u>Fines, Forfeitures and Judgments</u>	69,864	69,864	69,864
<u>Unlicensed Activity</u>	41,065	4,030	34,680
<u>Miscellaneous</u>	787	787	787
Total Fee Collection to Line (A) - Section III	2,686,958	402,178	2,989,526

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	258,132	523,643	562,516
<u>Other Personal Services</u>	14,311	45,530	49,899
<u>Expenses</u>	65,128	78,705	84,141
<u>Operating Capital Outlay</u>	-	311	331
<u>Special Categories - Operating</u>	260,623	337,782	368,707
<u>Special Categories - Non-Operating</u>	541,316	118,489	142,906
<u>Indirect Costs Charged to Trust Fund</u>	29,422	60,180	64,016
Total Full Costs to Line (B) - Section III	1,168,932	1,164,640	1,272,517

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	2,686,958	402,178	2,989,526
TOTAL SECTION II	(B)	1,168,932	1,164,640	1,272,517
TOTAL - Surplus/Deficit	(C)	1,518,026	(762,462)	1,717,009

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Clinical Labs

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	878,765	1,376,105	878,765
<u>Fines, Forfeitures and Judgments</u>	-	-	-
<u>Unlicensed Activity</u>	46,385	47,455	46,385
<u>Miscellaneous</u>	229	229	229
Total Fee Collection to Line (A) - Section III	925,379	1,423,789	925,379

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	401,061	495,735	422,591
<u>Other Personal Services</u>	7,667	43,103	37,487
<u>Expenses</u>	47,539	74,511	63,211
<u>Operating Capital Outlay</u>	-	295	249
<u>Special Categories - Operating</u>	181,409	317,221	275,670
<u>Special Categories - Non-Operating</u>	162,717	112,174	107,359
<u>Indirect Costs Charged to Trust Fund</u>	76,989	56,973	48,092
Total Full Costs to Line (B) - Section III	877,381	1,100,011	954,659

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	925,379	1,423,789
TOTAL SECTION II	(B)	877,381	954,659
TOTAL - Surplus/Deficit	(C)	47,998	323,778

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
CNA

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
Receipts:			
<u>Fees and Licensees</u>	4,252,996	4,181,135	4,181,135
<u>Fines, Forfeitures and Judgments</u>	21,514	21,514	21,514
<u>Unlicensed Activity</u>	380,020	372,973	372,973
<u>Miscellaneous</u>	675	675	675
Total Fee Collection to Line (A) - Section III	4,655,205	4,576,296	4,576,296

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	2,704,160	2,728,572	2,510,563
<u>Other Personal Services</u>	214,105	237,244	222,705
<u>Expenses</u>	415,904	410,113	375,528
<u>Operating Capital Outlay</u>	-	1,622	1,478
<u>Special Categories - Operating</u>	936,392	1,730,344	1,619,556
<u>Special Categories - Non-Operating</u>	186,916	617,414	637,805
Indirect Costs Charged to Trust Fund	448,201	313,584	285,710
Total Full Costs to Line (B) - Section III	4,905,678	6,038,893	5,653,346

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	4,655,205	4,576,296	4,576,296
TOTAL SECTION II	(B)	4,905,678	6,038,893	5,653,346
TOTAL - Surplus/Deficit	(C)	(250,473)	(1,462,597)	(1,077,050)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Clinical Social Worker/Marriage & Family Therapy/Mental Health Counselor

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	1,385,204	5,829,034	1,385,204
<u>Fines, Forfeitures and Judgments</u>	41,060	41,060	41,060
<u>Unlicensed Activity</u>	21,972	169,928	21,972
<u>Miscellaneous</u>	1,121	1121	1121
Total Fee Collection to Line (A) - Section III	1,449,357	6,041,143	1,449,357

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	1,162,268	1,544,130	1,373,677
<u>Other Personal Services</u>	98,827	134,259	121,855
<u>Expenses</u>	175,594	232,088	205,473
<u>Operating Capital Outlay</u>	-	918	809
<u>Special Categories - Operating</u>	646,128	1,025,580	934,928
<u>Special Categories - Non-Operating</u>	583,001	349,402	348,981
<u>Indirect Costs Charged to Trust Fund</u>	190,265	177,461	156,329
Total Full Costs to Line (B) - Section III	2,856,084	3,463,837	3,142,052

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	1,449,357	6,041,143	1,449,357
TOTAL SECTION II	(B)	2,856,084	3,463,837	3,142,052
TOTAL - Surplus/Deficit	(C)	(1,406,727)	2,577,306	(1,692,695)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Dental Hygienist

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
Receipts:			
<u>Fees and Licensees</u>	1,520,469	191,818	1,597,768
<u>Fines, Forfeitures and Judgments</u>	-	-	-
<u>Unlicensed Activity</u>	91,780	6,920	81,760
<u>Miscellaneous</u>	92	92	92
Total Fee Collection to Line (A) - Section III	1,612,341	198,830	1,679,620

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	177,204	221,408	329,552
<u>Other Personal Services</u>	4,731	19,251	29,234
<u>Expenses</u>	30,743	33,278	49,294
<u>Operating Capital Outlay</u>	-	132	194
<u>Special Categories - Operating</u>	150,040	146,919	219,173
<u>Special Categories - Non-Operating</u>	395,986	50,100	83,722
Indirect Costs Charged to Trust Fund	31,874	25,446	37,504
Total Full Costs to Line (B) - Section III	790,579	496,534	748,672

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	1,612,341	198,830	1,679,620
TOTAL SECTION II	(B)	790,579	496,534	748,672
TOTAL - Surplus/Deficit	(C)	821,762	(297,704)	930,948

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Dental Labs

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	137,504	10,730	123,080
<u>Fines, Forfeitures and Judgments</u>	-	-	-
<u>Unlicensed Activity</u>	3,145	35	3,255
<u>Miscellaneous</u>	3	3	3
Total Fee Collection to Line (A) - Section III	140,652	10,768	126,338

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	10,517	16,278	33,413
<u>Other Personal Services</u>	922	1,415	2,964
<u>Expenses</u>	2,469	2,447	4,998
<u>Operating Capital Outlay</u>	-	10	20
<u>Special Categories - Operating</u>	19,100	14,803	26,221
<u>Special Categories - Non-Operating</u>	69,243	3,683	8,489
<u>Indirect Costs Charged to Trust Fund</u>	981	1,871	3,803
Total Full Costs to Line (B) - Section III	103,231	40,508	79,907

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	140,652	126,338
TOTAL SECTION II	(B)	103,231	79,907
TOTAL - Surplus/Deficit	(C)	37,421	46,431

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Dentistry

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	5,807,379	524,255	5,923,665
<u>Fines, Forfeitures and Judgments</u>	235,705	235,705	235,705
<u>Unlicensed Activity</u>	91,975	15,949	69,596
<u>Miscellaneous</u>	319	319	319
Total Fee Collection to Line (A) - Section III	6,135,378	776,228	6,229,285

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	1,509,402	1,437,636	1,791,199
<u>Other Personal Services</u>	367,728	124,999	158,892
<u>Expenses</u>	267,255	216,081	267,926
<u>Operating Capital Outlay</u>	-	855	1,054
<u>Special Categories - Operating</u>	1,265,421	1,016,614	1,264,712
<u>Special Categories - Non-Operating</u>	395,939	325,304	455,052
<u>Indirect Costs Charged to Trust Fund</u>	91,700	165,222	203,844
Total Full Costs to Line (B) - Section III	3,897,444	3,286,711	4,142,681

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	6,135,378	776,228	6,229,285
TOTAL SECTION II	(B)	3,897,444	3,286,711	4,142,681
TOTAL - Surplus/Deficit	(C)	2,237,934	(2,510,483)	2,086,604

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Dietitians

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
<u>Fees and Licensees</u>	226,361	859,315	188,415
<u>Fines, Forfeitures and Judgments</u>		-	-
<u>Unlicensed Activity</u>	6,245	30,125	6,245
<u>Miscellaneous</u>	37	37	37
Total Fee Collection to Line (A) - Section III	232,643	889,477	194,697

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	79,589	143,463	159,647
<u>Other Personal Services</u>	1,956	12,474	14,162
<u>Expenses</u>	10,608	21,563	23,880
<u>Operating Capital Outlay</u>		85	94
<u>Special Categories - Operating</u>	102,952	103,265	115,832
<u>Special Categories - Non-Operating</u>	184,950	32,462	40,558
<u>Indirect Costs Charged to Trust Fund</u>	19,615	16,488	18,168
Total Full Costs to Line (B) - Section III	399,670	329,800	372,342

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	232,643	889,477	194,697
TOTAL SECTION II	(B)	399,670	329,800	372,342
TOTAL - Surplus/Deficit	(C)	(167,027)	559,677	(177,645)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Electrologists

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	528,053	185,480	427,480
<u>Fines, Forfeitures and Judgments</u>	1,015	1,015	1,015
<u>Unlicensed Activity</u>	19,060	8,402	19,060
<u>Miscellaneous</u>	44	44	44
Total Fee Collection to Line (A) - Section III	548,172	194,941	447,599

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	148,879	175,370	171,610
<u>Other Personal Services</u>	13,330	15,248	15,223
<u>Expenses</u>	32,584	26,359	25,669
<u>Operating Capital Outlay</u>		104	101
<u>Special Categories - Operating</u>	228,434	155,628	157,320
<u>Special Categories - Non-Operating</u>	2,994	39,682	43,597
<u>Indirect Costs Charged to Trust Fund</u>	24,028	20,155	19,530
Total Full Costs to Line (B) - Section III	450,250	432,545	433,050

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	548,172	194,941
TOTAL SECTION II	(B)	450,250	432,545
TOTAL - Surplus/Deficit	(C)	97,922	(237,604)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
<u>Fees and Licensees</u>	303,632	2,825,977	303,632
<u>Fines, Forfeitures and Judgments</u>	11,039	11,039	11,039
<u>Unlicensed Activity</u>	-	-	-
<u>Miscellaneous</u>	552	552	552
Total Fee Collection to Line (A) - Section III	315,223	2,837,568	315,223

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	772,990	1,026,768	697,028
<u>Other Personal Services</u>	33,151	89,275	61,831
<u>Expenses</u>	98,250	154,327	104,261
<u>Operating Capital Outlay</u>		610	410
<u>Special Categories - Operating</u>	333,728	649,393	448,332
<u>Special Categories - Non-Operating</u>	(107,197)	232,334	177,079
<u>Indirect Costs Charged to Trust Fund</u>	148,583	118,002	79,324
Total Full Costs to Line (B) - Section III	1,279,505	2,270,710	1,568,267

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	315,223	2,837,568	315,223
TOTAL SECTION II	(B)	1,279,505	2,270,710	1,568,267
TOTAL - Surplus/Deficit	(C)	(964,282)	566,858	(1,253,044)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Genetic Counselor

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	8,980	8,980	8,980
<u>Fines, Forfeitures and Judgments</u>		-	-
<u>Unlicensed Activity</u>	3,055	500	2,675
<u>Miscellaneous</u>	7	7	7
Total Fee Collection to Line (A) - Section III	12,042	9,487	11,662

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	14,082	9,136	19,919
<u>Other Personal Services</u>	24,257	794	1,767
<u>Expenses</u>	927	1,373	2,980
<u>Operating Capital Outlay</u>		5	12
<u>Special Categories - Operating</u>	4,488	5,777	12,809
<u>Special Categories - Non-Operating</u>	(976)	2,067	5,060
<u>Indirect Costs Charged to Trust Fund</u>	2,452	1,050	2,267
Total Full Costs to Line (B) - Section III	45,230	20,203	44,814

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	12,042	9,487
TOTAL SECTION II	(B)	45,230	20,203
TOTAL - Surplus/Deficit	(C)	(33,188)	(10,716)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Hearing Aid Specialist

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
Receipts:			
<u>Fees and Licensees</u>	72,833	475,208	72,833
<u>Fines, Forfeitures and Judgments</u>	-	7,224	7,224
<u>Unlicensed Activity</u>	1,015	4,420	1,015
<u>Miscellaneous</u>	151	65	65
Total Fee Collection to Line (A) - Section III	73,999	486,917	81,137

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	30,809	94,645	91,767
<u>Other Personal Services</u>	2,503	8,229	8,140
<u>Expenses</u>	9,043	14,225	13,726
<u>Operating Capital Outlay</u>		56	54
<u>Special Categories - Operating</u>	37,527	60,618	59,817
<u>Special Categories - Non-Operating</u>	121,446	21,416	23,313
Indirect Costs Charged to Trust Fund	5,394	10,877	10,443
Total Full Costs to Line (B) - Section III	206,722	210,067	207,262

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	73,999	486,917	81,137
TOTAL SECTION II	(B)	206,722	210,067	207,262
TOTAL - Surplus/Deficit	(C)	(132,723)	276,850	(126,125)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Massage Therapy

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
Receipts:			
<u>Fees and Licensees</u>	4,412,450	1,978,395	3,771,825
<u>Fines, Forfeitures and Judgments</u>	251,576	131,691	131,691
<u>Unlicensed Activity</u>	256,879	199,467	256,879
<u>Miscellaneous</u>	1,644	1644	1644
Total Fee Collection to Line (A) - Section III	4,922,549	2,311,197	4,162,039

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	3,836,582	3,246,548	3,478,883
<u>Other Personal Services</u>	397,391	282,281	308,602
<u>Expenses</u>	806,898	487,967	520,368
<u>Operating Capital Outlay</u>		1,930	2,048
<u>Special Categories - Operating</u>	2,800,526	2,602,582	2,814,157
<u>Special Categories - Non-Operating</u>	139,537	734,620	883,806
Indirect Costs Charged to Trust Fund	483,018	373,113	395,908
Total Full Costs to Line (B) - Section III	8,463,952	7,729,040	8,403,772

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	4,922,549	2,311,197	4,162,039
TOTAL SECTION II	(B)	8,463,952	7,729,040	8,403,772
TOTAL - Surplus/Deficit	(C)	(3,541,403)	(5,417,843)	(4,241,733)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Medical Physicists

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
Receipts:			
<u>Fees and Licensees</u>	44,651	159,181	44,651
<u>Fines, Forfeitures and Judgments</u>		-	-
<u>Unlicensed Activity</u>	675	3,140	675
<u>Miscellaneous</u>	14	14	14
Total Fee Collection to Line (A) - Section III	45,340	162,335	45,340

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	144,859	48,908	64,507
<u>Other Personal Services</u>	938	4,252	5,722
<u>Expenses</u>	7,909	7,351	9,649
<u>Operating Capital Outlay</u>		29	38
<u>Special Categories - Operating</u>	12,055	31,157	41,722
<u>Special Categories - Non-Operating</u>	44,869	11,067	16,388
Indirect Costs Charged to Trust Fund	10,788	5,621	7,341
Total Full Costs to Line (B) - Section III	221,418	108,386	145,367

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	45,340	162,335	45,340
TOTAL SECTION II	(B)	221,418	108,386	145,367
TOTAL - Surplus/Deficit	(C)	(176,078)	53,949	(100,027)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Medicine

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
Receipts:			
<u>Fees and Licensees</u>	20,538,429	22,348,895	22,348,895
<u>Fines, Forfeitures and Judgments</u>	947,733	892,801	892,801
<u>Unlicensed Activity</u>	234,374	216,870	216,870
<u>Miscellaneous</u>	16,211	16,211	16,211
Total Fee Collection to Line (A) - Section III	21,736,747	23,474,777	23,474,777

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	6,922,675	9,457,779	10,196,254
<u>Other Personal Services</u>	1,113,552	822,335	904,482
<u>Expenses</u>	1,479,660	1,421,535	1,525,148
<u>Operating Capital Outlay</u>		5,622	6,001
<u>Special Categories - Operating</u>	5,817,643	6,160,918	6,745,872
<u>Special Categories - Non-Operating</u>	5,578,310	2,140,081	2,590,346
Indirect Costs Charged to Trust Fund	812,058	1,086,945	1,160,368
Total Full Costs to Line (B) - Section III	21,723,898	21,095,215	23,128,470

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	21,736,747	23,474,777
TOTAL SECTION II	(B)	21,723,898	23,128,470
TOTAL - Surplus/Deficit	(C)	12,849	346,307

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Midwifery

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
<u>Fees and Licensees</u>	125,185	22,540	131,290
<u>Fines, Forfeitures and Judgments</u>	5,796	5,500	5,500
<u>Unlicensed Activity</u>	1,145	95	975
<u>Miscellaneous</u>	10	10	10
Total Fee Collection to Line (A) - Section III	132,136	28,145	137,775

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	77,643	71,581	77,615
<u>Other Personal Services</u>	5,100	6,224	6,885
<u>Expenses</u>	12,652	10,759	11,610
<u>Operating Capital Outlay</u>		43	46
<u>Special Categories - Operating</u>	65,885	52,720	57,738
<u>Special Categories - Non-Operating</u>	3,450	16,197	19,718
<u>Indirect Costs Charged to Trust Fund</u>	6,865	8,227	8,833
Total Full Costs to Line (B) - Section III	171,595	165,750	182,445

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	132,136	137,775
TOTAL SECTION II	(B)	171,595	182,445
TOTAL - Surplus/Deficit	(C)	(39,459)	(44,670)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Nursing Home Admin

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
<u>Fees and Licensees</u>	166,310	761,310	166,310
<u>Fines, Forfeitures and Judgments</u>	30	-	-
<u>Unlicensed Activity</u>	1,595	8,245	1,595
<u>Miscellaneous</u>	98	96	96
Total Fee Collection to Line (A) - Section III	168,033	769,651	168,001

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	267,438	237,099	228,395
<u>Other Personal Services</u>	10,575	20,615	20,260
<u>Expenses</u>	34,006	35,637	34,163
<u>Operating Capital Outlay</u>		141	134
<u>Special Categories - Operating</u>	141,946	150,019	146,960
<u>Special Categories - Non-Operating</u>	126,537	53,650	58,023
<u>Indirect Costs Charged to Trust Fund</u>	23,048	27,249	25,992
Total Full Costs to Line (B) - Section III	603,550	524,410	513,928

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	168,033	168,001
TOTAL SECTION II	(B)	603,550	513,928
TOTAL - Surplus/Deficit	(C)	(435,517)	(345,927)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Nursing

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
<u>Fees and Licensees</u>	18,349,715	22,955,704	22,955,704
<u>Fines, Forfeitures and Judgments</u>	227,372	227,372	227,372
<u>Unlicensed Activity</u>	1,120,100	1,259,875	1,259,875
<u>Miscellaneous</u>	6,279	6279	6279
Total Fee Collection to Line (A) - Section III	19,703,466	24,449,230	24,449,230

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	8,650,240	11,218,814	10,505,052
<u>Other Personal Services</u>	666,850	975,453	931,874
<u>Expenses</u>	1,422,246	1,686,224	1,571,337
<u>Operating Capital Outlay</u>		6,668	6,183
<u>Special Categories - Operating</u>	6,177,024	7,149,735	6,813,408
<u>Special Categories - Non-Operating</u>	4,403,517	2,538,563	2,668,795
<u>Indirect Costs Charged to Trust Fund</u>	1,396,093	1,289,333	1,195,510
Total Full Costs to Line (B) - Section III	22,715,969	24,864,791	23,692,160

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	19,703,466	24,449,230
TOTAL SECTION II	(B)	22,715,969	23,692,160
TOTAL - Surplus/Deficit	(C)	(3,012,503)	757,070

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Occupational Therapy

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	306,181	1,400,641	306,181
<u>Fines, Forfeitures and Judgments</u>	16,159	16,159	16,159
<u>Unlicensed Activity</u>	8,170	87,650	8,170
<u>Miscellaneous</u>	219	219	219
Total Fee Collection to Line (A) - Section III	330,729	1,504,669	330,729

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	415,568	443,980	368,429
<u>Other Personal Services</u>	8,505	38,603	32,682
<u>Expenses</u>	44,085	66,732	55,109
<u>Operating Capital Outlay</u>		264	217
<u>Special Categories - Operating</u>	149,397	280,963	237,135
<u>Special Categories - Non-Operating</u>	136,009	100,463	93,599
<u>Indirect Costs Charged to Trust Fund</u>	65,220	51,025	41,928
Total Full Costs to Line (B) - Section III	818,784	982,030	829,100

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	330,729	1,504,669
TOTAL SECTION II	(B)	818,784	982,030
TOTAL - Surplus/Deficit	(C)	(488,055)	522,639

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Opticianry

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	73,802	573,452	73,802
<u>Fines, Forfeitures and Judgments</u>	15	15	15
<u>Unlicensed Activity</u>	2,003	18,287	2,003
<u>Miscellaneous</u>	80	80	80
Total Fee Collection to Line (A) - Section III	75,900	591,834	75,900

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	153,036	357,610	219,406
<u>Other Personal Services</u>	19,320	31,093	19,463
<u>Expenses</u>	34,268	53,750	32,819
<u>Operating Capital Outlay</u>		213	129
<u>Special Categories - Operating</u>	318,285	294,380	212,742
<u>Special Categories - Non-Operating</u>	(20,125)	80,919	55,740
<u>Indirect Costs Charged to Trust Fund</u>	30,894	41,099	24,969
Total Full Costs to Line (B) - Section III	535,678	859,063	565,268

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	75,900	591,834	75,900
TOTAL SECTION II	(B)	535,678	859,063	565,268
TOTAL - Surplus/Deficit	(C)	(459,778)	(267,229)	(489,368)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Optometry

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
Receipts:			
<u>Fees and Licensees</u>	142,425	1,318,725	142,425
<u>Fines, Forfeitures and Judgments</u>		-	-
<u>Unlicensed Activity</u>	1,210	18,595	1,210
<u>Miscellaneous</u>	115	115	115
Total Fee Collection to Line (A) - Section III	143,750	1,337,435	143,750

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	121,653	227,302	238,126
<u>Other Personal Services</u>	10,836	19,763	21,124
<u>Expenses</u>	18,762	34,164	35,619
<u>Operating Capital Outlay</u>		135	140
<u>Special Categories - Operating</u>	69,373	145,365	154,836
<u>Special Categories - Non-Operating</u>	418,110	51,433	60,496
Indirect Costs Charged to Trust Fund	16,673	26,123	27,100
Total Full Costs to Line (B) - Section III	655,406	504,286	537,440

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	143,750	1,337,435	143,750
TOTAL SECTION II	(B)	655,406	504,286	537,440
TOTAL - Surplus/Deficit	(C)	(511,656)	833,149	(393,690)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Orthotist & Prosthetists

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	239,897	48,923	298,873
<u>Fines, Forfeitures and Judgments</u>	1,218	-	-
<u>Unlicensed Activity</u>	3,395	360	2,730
<u>Miscellaneous</u>	7	7	7
Total Fee Collection to Line (A) - Section III	244,517	49,290	301,610

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	15,847	48,737	68,426
<u>Other Personal Services</u>	1,269	4,238	6,070
<u>Expenses</u>	3,357	7,325	10,235
<u>Operating Capital Outlay</u>		29	40
<u>Special Categories - Operating</u>	21,858	32,158	45,407
<u>Special Categories - Non-Operating</u>	117,807	11,028	17,383
<u>Indirect Costs Charged to Trust Fund</u>	2,452	5,601	7,787
Total Full Costs to Line (B) - Section III	162,589	109,116	155,348

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	244,517	301,610
TOTAL SECTION II	(B)	162,589	155,348
TOTAL - Surplus/Deficit	(C)	81,928	146,262

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Osteopathic

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	5,447,170	902,772	5,347,772
<u>Fines, Forfeitures and Judgments</u>	133,136	97,235	97,235
<u>Unlicensed Activity</u>	60,025	6,055	50,795
<u>Miscellaneous</u>	799	747	747
Total Fee Collection to Line (A) - Section III	5,641,130	1,006,809	5,496,549

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	729,059	1,079,809	1,297,955
<u>Other Personal Services</u>	85,419	93,887	115,138
<u>Expenses</u>	130,939	162,299	194,147
<u>Operating Capital Outlay</u>		642	764
<u>Special Categories - Operating</u>	744,852	683,293	835,134
<u>Special Categories - Non-Operating</u>	1,127,496	244,336	329,744
<u>Indirect Costs Charged to Trust Fund</u>	82,873	124,098	147,712
Total Full Costs to Line (B) - Section III	2,900,638	2,388,364	2,920,593

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	5,641,130	1,006,809
TOTAL SECTION II	(B)	2,900,638	2,388,364
TOTAL - Surplus/Deficit	(C)	2,740,492	(1,381,555)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Pharmacy

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	8,558,730	7,363,730	8,955,180
<u>Fines, Forfeitures and Judgments</u>	71,482	71,482	71,482
<u>Unlicensed Activity</u>	229,890	295,135	182,490
<u>Miscellaneous</u>	1,675	1675	1675
Total Fee Collection to Line (A) - Section III	8,861,777	7,732,022	9,210,827

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	3,633,566	3,994,923	3,661,879
<u>Other Personal Services</u>	498,609	347,350	324,835
<u>Expenses</u>	666,933	600,450	547,741
<u>Operating Capital Outlay</u>		2,375	2,155
<u>Special Categories - Operating</u>	1,494,981	2,558,363	2,388,497
<u>Special Categories - Non-Operating</u>	815,436	903,960	930,296
<u>Indirect Costs Charged to Trust Fund</u>	331,983	459,120	416,734
Total Full Costs to Line (B) - Section III	7,441,508	8,866,542	8,272,137

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	8,861,777	9,210,827
TOTAL SECTION II	(B)	7,441,508	8,272,137
TOTAL - Surplus/Deficit	(C)	1,420,269	938,690

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Physical Therapy

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	2,854,122	546,457	3,007,197
<u>Fines, Forfeitures and Judgments</u>	28,528	28,528	28,528
<u>Unlicensed Activity</u>	167,310	12,740	153,335
<u>Miscellaneous</u>	5,748	1509	1509
Total Fee Collection to Line (A) - Section III	3,055,708	589,234	3,190,569

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	596,104	743,721	870,274
<u>Other Personal Services</u>	17,693	64,665	77,200
<u>Expenses</u>	131,814	111,784	130,175
<u>Operating Capital Outlay</u>		442	512
<u>Special Categories - Operating</u>	655,646	475,065	564,631
<u>Special Categories - Non-Operating</u>	390,329	168,287	221,092
<u>Indirect Costs Charged to Trust Fund</u>	99,546	85,473	99,040
Total Full Costs to Line (B) - Section III	1,891,131	1,649,436	1,962,924

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	3,055,708	589,234	3,190,569
TOTAL SECTION II	(B)	1,891,131	1,649,436	1,962,924
TOTAL - Surplus/Deficit	(C)	1,164,577	(1,060,202)	1,227,645

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Physican Assistant

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	4,040,350	476,710	5,869,130
<u>Fines, Forfeitures and Judgments</u>	120	15	15
<u>Unlicensed Activity</u>	70,650	7,545	61,445
<u>Miscellaneous</u>	399	399	399
Total Fee Collection to Line (A) - Section III	4,111,519	484,669	5,930,989

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	498,722	701,041	995,491
<u>Other Personal Services</u>	41,938	60,954	88,307
<u>Expenses</u>	69,322	105,369	148,905
<u>Operating Capital Outlay</u>		417	586
<u>Special Categories - Operating</u>	414,830	444,572	641,472
<u>Special Categories - Non-Operating</u>	1,274,496	158,630	252,903
<u>Indirect Costs Charged to Trust Fund</u>	67,672	80,568	113,290
Total Full Costs to Line (B) - Section III	2,366,979	1,551,550	2,240,955

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	4,111,519	5,930,989
TOTAL SECTION II	(B)	2,366,979	2,240,955
TOTAL - Surplus/Deficit	(C)	1,744,540	3,690,034

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Podiatry

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	790,972	82,610	768,810
<u>Fines, Forfeitures and Judgments</u>	9,015	-	-
<u>Unlicensed Activity</u>	12,170	1,455	9,920
<u>Miscellaneous</u>	58	58	58
Total Fee Collection to Line (A) - Section III	812,215	84,123	778,788

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	94,272	156,738	188,396
<u>Other Personal Services</u>	11,676	13,628	16,712
<u>Expenses</u>	24,225	23,558	28,180
<u>Operating Capital Outlay</u>		93	111
<u>Special Categories - Operating</u>	106,523	100,026	122,105
<u>Special Categories - Non-Operating</u>	155,621	35,466	47,862
<u>Indirect Costs Charged to Trust Fund</u>	13,730	18,013	21,440
Total Full Costs to Line (B) - Section III	406,048	347,524	424,806

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	812,215	778,788
TOTAL SECTION II	(B)	406,048	424,806
TOTAL - Surplus/Deficit	(C)	406,167	353,982

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Psychology

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
<u>Fees and Licensees</u>	1,506,916	225,131	1,579,856
<u>Fines, Forfeitures and Judgments</u>	1,543	1,543	1,543
<u>Unlicensed Activity</u>	35,545	6,280	26,830
<u>Miscellaneous</u>	382	382	382
Total Fee Collection to Line (A) - Section III	1,544,386	233,336	1,608,611

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	207,033	330,700	368,378
<u>Other Personal Services</u>	8,456	28,754	32,678
<u>Expenses</u>	40,321	49,705	55,102
<u>Operating Capital Outlay</u>		197	217
<u>Special Categories - Operating</u>	231,084	220,053	248,362
<u>Special Categories - Non-Operating</u>	418,643	74,830	93,586
<u>Indirect Costs Charged to Trust Fund</u>	27,951	38,006	41,923
Total Full Costs to Line (B) - Section III	933,488	742,244	840,246

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	1,544,386	1,608,611
TOTAL SECTION II	(B)	933,488	840,246
TOTAL - Surplus/Deficit	(C)	610,898	768,365

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Respiratory Therapy

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
Receipts:			
<u>Fees and Licensees</u>	158,170	1,521,860	158,170
<u>Fines, Forfeitures and Judgments</u>	8,535	2,251	2,251
<u>Unlicensed Activity</u>	5,015	72,235	5,015
<u>Miscellaneous</u>	554	553	553
Total Fee Collection to Line (A) - Section III	172,274	1,596,899	165,989

<u>SECTION II - FULL COSTS</u>			
Direct Costs:			
<u>Salaries and Benefits</u>	268,973	410,541	432,527
<u>Other Personal Services</u>	8,382	35,696	38,368
<u>Expenses</u>	46,670	61,706	64,697
<u>Operating Capital Outlay</u>		244	255
<u>Special Categories - Operating</u>	222,628	261,270	279,879
<u>Special Categories - Non-Operating</u>	327,842	92,896	109,883
Indirect Costs Charged to Trust Fund	50,508	47,182	49,223
Total Full Costs to Line (B) - Section III	925,003	909,534	974,832

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	172,274	1,596,899	165,989
TOTAL SECTION II	(B)	925,003	909,534	974,832
TOTAL - Surplus/Deficit	(C)	(752,729)	687,365	(808,843)

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
School Psychology

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 2023 - 2024	FY 2024 - 2025	FY 2025 - 2026
<u>Receipts:</u>			
<u>Fees and Licensees</u>	241,555	45,385	255,545
<u>Fines, Forfeitures and Judgments</u>	30	-	-
<u>Unlicensed Activity</u>	5,700	625	5,015
<u>Miscellaneous</u>	7	7	7
Total Fee Collection to Line (A) - Section III	247,292	46,017	260,567

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	27,467	51,890	62,877
<u>Other Personal Services</u>	480	4,512	5,578
<u>Expenses</u>	3,950	7,799	9,405
<u>Operating Capital Outlay</u>		31	37
<u>Special Categories - Operating</u>	25,837	32,892	40,516
<u>Special Categories - Non-Operating</u>	28,724	11,742	15,974
<u>Indirect Costs Charged to Trust Fund</u>	3,923	5,964	7,156
Total Full Costs to Line (B) - Section III	90,381	114,829	141,543

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx, 15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>			
TOTAL SECTION I	(A)	247,292	260,567
TOTAL SECTION II	(B)	90,381	141,543
TOTAL - Surplus/Deficit	(C)	156,911	119,024

EXPLANATION of LINE C:

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 64 Health **Budget Period:** 2025-26
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
Speech

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 2023 - 2024</u>	<u>FY 2024 - 2025</u>	<u>FY 2025 - 2026</u>
<u>Receipts:</u>			
<u>Fees and Licensees</u>	1,812,538	562,185	1,946,645
<u>Fines, Forfeitures and Judgments</u>	11,926	60	60
<u>Unlicensed Activity</u>	94,675	14,625	72,395
<u>Miscellaneous</u>	118	118	118
Total Fee Collection to Line (A) - Section III	1,919,257	576,988	2,019,218

<u>SECTION II - FULL COSTS</u>			
<u>Direct Costs:</u>			
<u>Salaries and Benefits</u>	362,479	376,012	589,897
<u>Other Personal Services</u>	38,840	32,694	52,328
<u>Expenses</u>	84,828	56,516	88,236
<u>Operating Capital Outlay</u>		223	347
<u>Special Categories - Operating</u>	445,806	238,513	380,106
<u>Special Categories - Non-Operating</u>	484,770	85,083	149,863
<u>Indirect Costs Charged to Trust Fund</u>	53,941	43,214	67,132
Total Full Costs to Line (B) - Section III	1,470,664	832,255	1,327,910

Basis Used: 10% of all projected costs under object: 11xxxx, 12xxxx,
15xxxx and 16xxxx.

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	1,919,257	576,988	2,019,218
TOTAL SECTION II	(B)	1,470,664	832,255	1,327,910
TOTAL - Surplus/Deficit	(C)	448,593	(255,267)	691,308

EXPLANATION of LINE C:

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	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 56 of the LBR Instructions?	Y			
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional

	Program or Service (Budget Entity Codes)			
Action	64400100			

2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	Y			
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Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64400100			

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			
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			
TIP Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)				
4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y			
4.2 Is the program component code and title used correct?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE

Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional

	Program or Service (Budget Entity Codes)			
Action	64400100			

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.

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64400100			

5. EXHIBIT D-1 (ED1R, EXD1)				
5.1 Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:				
5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
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 2023-24 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	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.				
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 14 through 27 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 64 through 69 of the LBR Instructions.)	Y			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	Y			
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.7 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 (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 94 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional				
	Program or Service (Budget Entity Codes)			
Action	64400100			

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 #24-040?	N/A				
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be deleted. (PLRR, PLMO)	N/A				
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.	N/A				
7.16	Do the issue codes relating to special <i>Salaries and Benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 26 and 27 of the LBR Instructions.)	Y				
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:						

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE									
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey									
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>									
Action					Program or Service (Budget Entity Codes)				
					64400100				
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 2024-25? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2024-25. 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 64 through 69 of the LBR Instructions.								

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	64400100			

TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.	
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).	
TIP	If an appropriation made in the FY 2024-25 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)				
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		

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE				
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	Program or Service (Budget Entity Codes)			
Action	64400100			

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				
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				

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	64400100			

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 2025-26 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 page 124 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 155 of the LBR Instructions.)	N/J	Positions requested at midpoint.		

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE				
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	Program or Service (Budget Entity Codes)			
Action	64400100			

10. SCHEDULE III (PSCR, SC3)				
10.1 Is the appropriate lapse amount applied? (See page 90 of the LBR Instructions.)	Y			
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 93 and 94 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 99 through 102 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y			
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.				

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	64400100			

15. SCHEDULE VIIC (EADR, S8C) (NO LONGER REQUIRED)				
16. SCHEDULE XI (UCSR, SCXD) (LAS/PBS Web - see pages 104-108 of the LBR Instructions for detailed instructions)				
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 (if submitting) and LBR match?	Y		

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE				
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	Program or Service (Budget Entity Codes)			
Action	64400100			

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:				
16.3	Does the FY 2023-24 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 52 through 152 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 128 and 129 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y		

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE				
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	Program or Service (Budget Entity Codes)			
Action	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			
AUDITS - GENERAL INFORMATION				
TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 154 through 156) for a list of audits and their descriptions.				
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.				

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / MEDICAL QUALITY ASSURANCE				
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	Program or Service (Budget Entity Codes)			
Action	64400100			

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
2025-2026**

**DISABILITY BENEFITS
DETERMINATION
EXHIBITS AND SCHEDULES**

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISABILITY DETERMINATION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	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 56 of the LBR Instructions?	Y			
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISABILITY DETERMINATION

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	Program or Service (Budget Entity Codes)			
Action	64500100			

2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	N/A			
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Fiscal Year 2025-26 LBR Technical Review Checklist

Department/Budget Entity (Service): HEALTH / DISABILITY DETERMINATION				
Agency Budget Officer/OPB Analyst Name: Curtis Barker / Christian Harvey				
<i>A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional</i>				
	Program or Service (Budget Entity Codes)			
Action	64500100			

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			
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			
TIP Generally look for and be able to fully explain significant differences between A02 and A03.				
TIP Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.				
TIP Requests for appropriations which require advance payment authority must use the subtitle "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.				
4. EXHIBIT D (EADR, EXD)				
4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR Instructions?	Y			
4.2 Is the program component code and title used correct?	Y			

Fiscal Year 2025-26 LBR Technical Review Checklist

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A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional

	Program or Service (Budget Entity Codes)			
Action	64500100			

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.

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	64500100			

5. EXHIBIT D-1 (ED1R, EXD1)				
5.1 Are all object of expenditures positive amounts? (This is a manual check.)	Y			
AUDITS:				
5.2 Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y			
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 2023-24 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			

Fiscal Year 2025-26 LBR Technical Review Checklist

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	Program or Service (Budget Entity Codes)			
Action	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 14 through 27 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 64 through 69 of the LBR Instructions.)	N/A			
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR Instructions?	N/A			
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.7 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 (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 94 of the LBR Instructions.)	N/A			
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			

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	Program or Service (Budget Entity Codes)			
Action	64500100			

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 #24-040?	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				
7.16	Do the issue codes relating to special <i>Salaries and Benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 26 and 27 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:						

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Action					Program or Service (Budget Entity Codes)				
					64500100				
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 2024-25? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2024-25. 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 64 through 69 of the LBR Instructions.								

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TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.	
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).	
TIP	If an appropriation made in the FY 2024-25 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)					
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			

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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				
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				

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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				

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8.33	Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y			
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y			
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!				
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 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 155 of the LBR Instructions.)				

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10. SCHEDULE III (PSCR, SC3)				
10.1 Is the appropriate lapse amount applied? (See page 90 of the LBR Instructions.)	Y			
10.2 Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 93 and 94 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 99 through 102 of the LBR Instructions regarding a 10% reduction in General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y			
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 VIIC (EADR, S8C) (NO LONGER REQUIRED)				
16. SCHEDULE XI (UCSR, SCXD) (LAS/PBS Web - see pages 104-108 of the LBR Instructions for detailed instructions)				
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 (if submitting) and LBR match?	Y		

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AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
16.3	Does the FY 2023-24 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 52 through 152 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 128 and 129 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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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 154 through 156) for a list of audits and their descriptions.			
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.			

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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		
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		