

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Harrell, Chair
Senator Garcia, Vice Chair

MEETING DATE: Wednesday, January 25, 2023
TIME: 9:30—11:30 a.m.
PLACE: *Pat Thomas Committee Room, 412 Knott Building*

MEMBERS: Senator Harrell, Chair; Senator Garcia, Vice Chair; Senators Avila, Baxley, Book, Bradley, Brodeur, Burgess, Burton, Calatayud, Davis, Gruters, Martin, Osgood, Rouson, and Simon

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Department of Health Update on the Office of Minority Health		Presented
2	Health and Human Services Information Technology Updates: Agency for Health Care Administration Department of Children and Families Agency for Persons with Disabilities		Presented
3	Department of Children and Families Comprehensive Update on Mental Health and Substance Abuse Funding		Not Considered
Other Related Meeting Documents			



Implementation of House Bill 183 (2021): Statewide Health Improvement Efforts

Mike Mason

Assistant Deputy Secretary for Health

Florida Department of Health

January 25, 2023

HB 183 Directives

Strengthening the Department of Health's infrastructure to improve community health

Directive 1: Statewide implementation of policies, programs, and practices that improve health outcomes and establish a community health liaison representative in each county.

Directive 2: Statewide coordination with agencies, organizations, and providers to improve access to quality health care.

Directive 3: Update the Department's website to include relevant resources.

Directive 4: Liaison to the federal Office of Minority Health and Regional Health Operations.

Directive 5: Adopt rules for directive implementation.

Directive 1

Increase Access and Quality

- Nationwide scan of existing policies, programs, and practices
 - Resource Library of identified policies, programs, and practices effective in improving health outcomes
- Designate minority health liaisons within each county health department
- Local health improvement implementation plan
 - Trainings, templates, and guidance for each county on developing an implementation plan
 - Technical reviews of 67 county plans to ensure successful statewide implementation
- Increase access to and quality of health care services
 - Health improvement implementation plan launch with ongoing monitoring and evaluation

Directive 1 (continued)

Funding

- Developed annual budget for allocated state funds
- State program partnerships to utilize existing federal funding
 - A federal grant was used to hire 8 Regional Coordinators, support each county with resources for implementation of projects
 - HIV Ending the Epidemic funds provided grants to small community-based organizations
 - Maternal and child health grant purchased medical equipment to support implementation of maternal and child health projects
- Pursue increased funding opportunities
 - Process to monitor grant opportunities
 - Apply for funding to support this initiative
 - Semi-annual grant writing training to liaisons and external partners

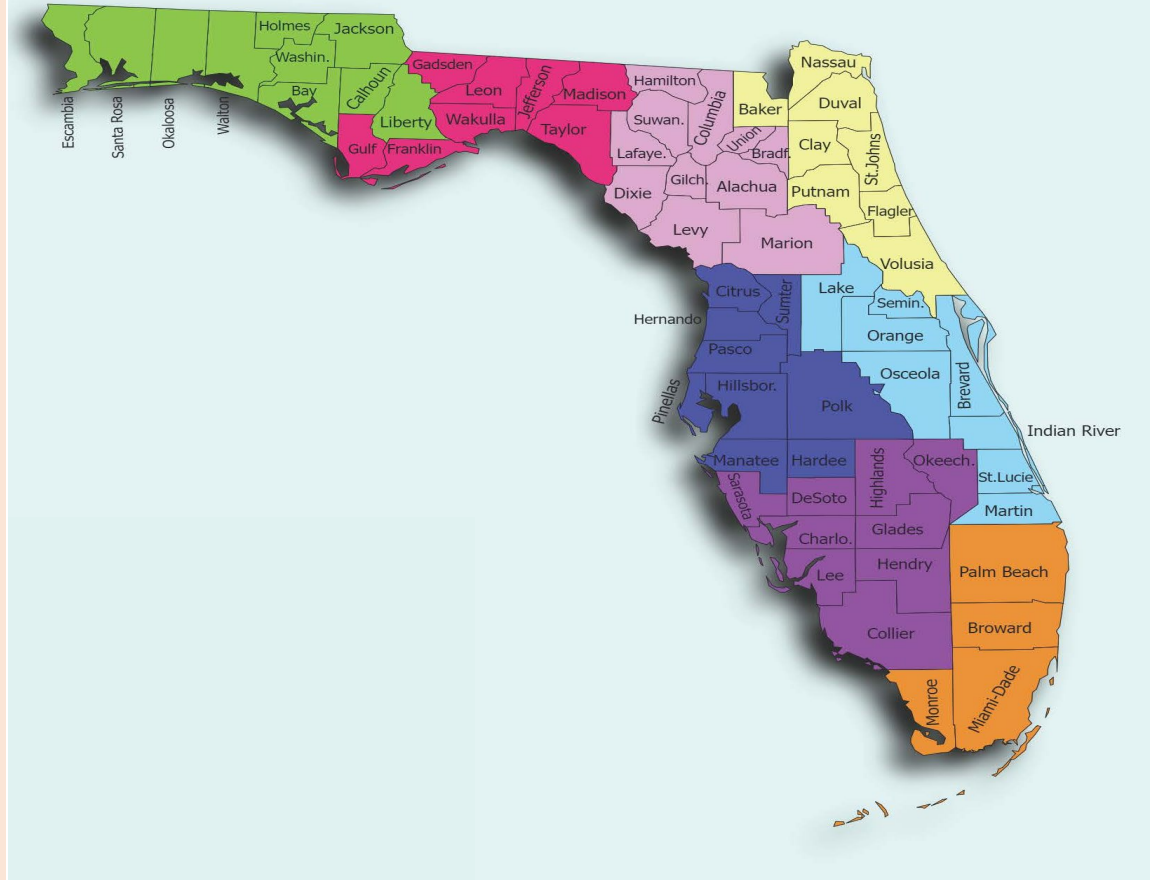
Directive 1

Increase State Capacity

4 Central Office Staff

8 Regional Coordinators

67 Community Health Liaisons



Directive 2

Data

- Assess data needs
 - Available data sources and measures, current products, and data gaps
 - Develop new health metrics to address gaps
- Increase data access
 - Health metrics made available on the Department's data repository, FLHealthCHARTS.com
 - Data on health status and health outcomes on the Department's website
- Improve data integration
 - Use data to drive selection of health priority areas
 - Ongoing surveillance to monitor and evaluate implementation

Directive 2 (continued)

Evaluation

- Local evaluation
 - Included in all health improvement implementation plans
 - Technical assistance from state and regional staff
 - Continuous program improvement
- Statewide evaluation
 - Aggregated program evaluation
 - Central office program evaluator
- Ongoing evaluation
 - Monitor evaluation results from state and national health improvement projects
 - Share evidence-based programs and best practices

Directive 2 (continued)

Coordination

- Collaborate at state and local level on strategies to address needs of disparate populations
 - Use of community health workers to improve the cultural competency of services and build individual and community self-sufficiency
 - Improve access to health care services for individuals with limited proficiency in the English language, including individuals with disabilities
- State and local coordination
 - Technical assistance to the local liaisons
 - Quarterly Taskforce meetings in each county starting January 2022
 - Collaborate with local partners to acknowledge monthly health observances

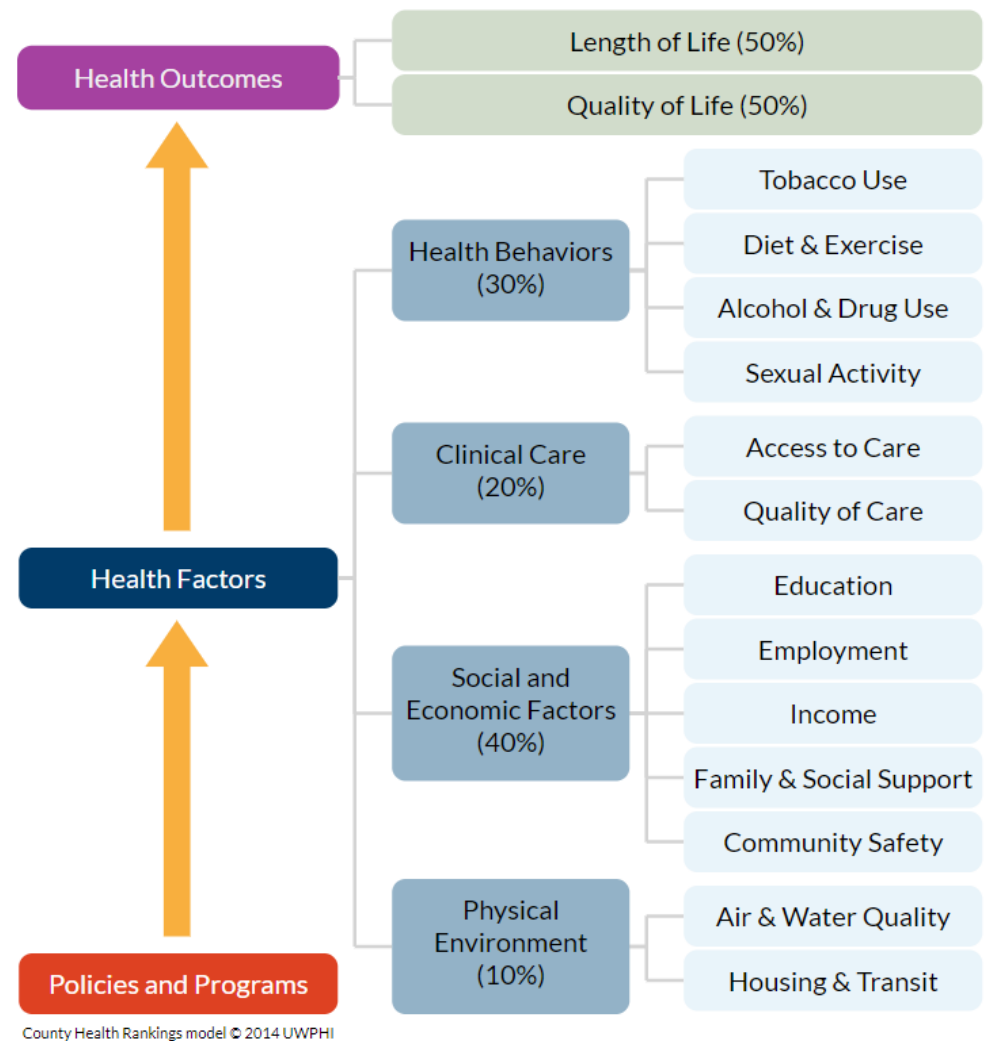
Directive 2 (continued)

Partnerships

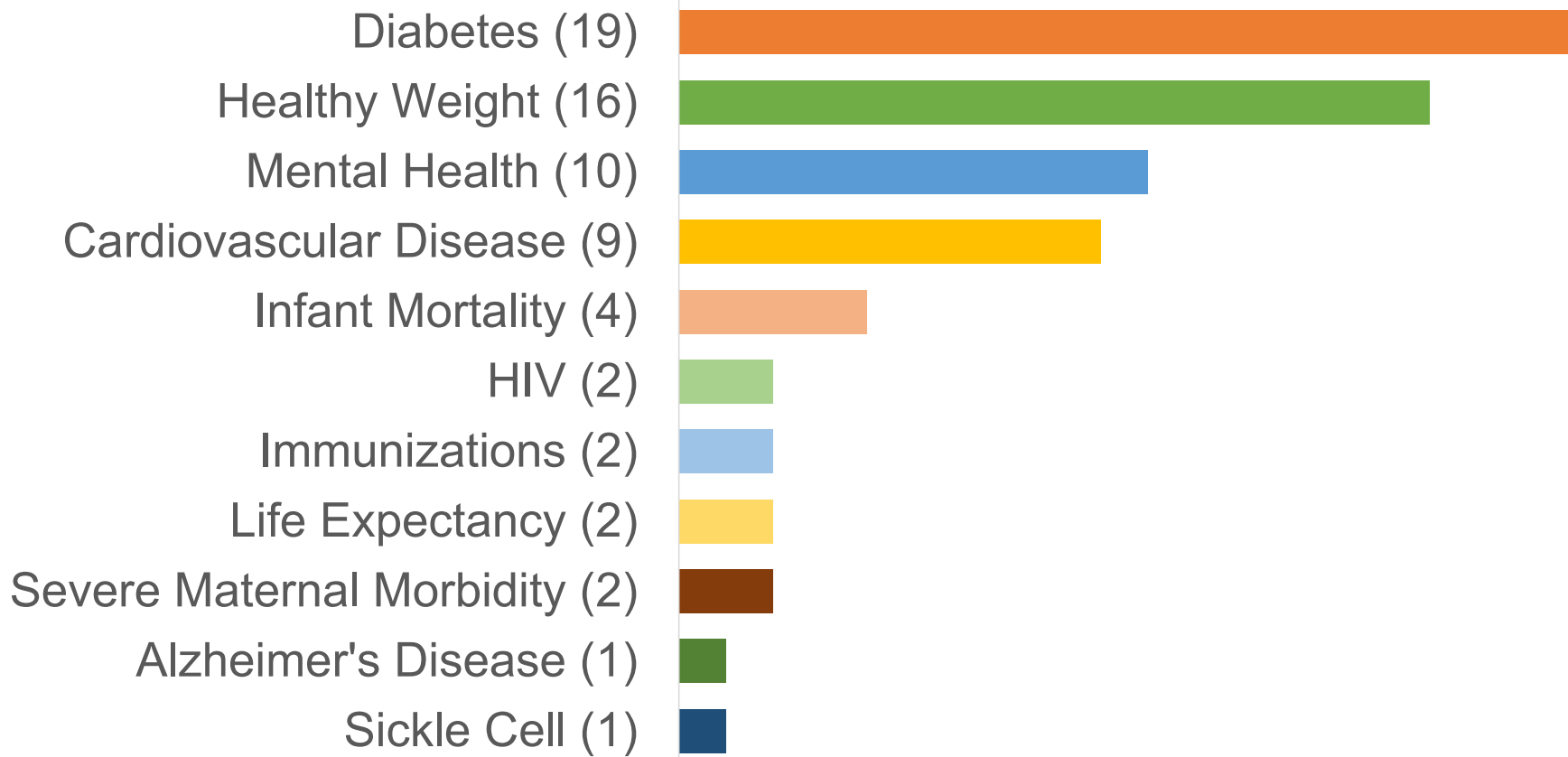
- Ongoing meetings with key public health partners
 - Monthly meetings with liaisons from other Department programs
 - Tobacco Free Florida, Maternal and Child Health, Chronic Disease Prevention, Public Health Statistics, Division of Disease Control and Protection
- Partner Engagement
 - Interagency Coordination
 - Agency for Health Care Administration, Children and Families, Economic Opportunity, Education, Elder Affairs
 - Partnerships
 - Florida International University
 - Florida Agricultural and Mechanical University
 - Florida State University
 - University of South Florida
 - Urban Health Partnerships

America's Health Rankings Model and Roadmap

- Review data on health outcomes and contributing factors
- Identify health priority area(s)
- Collaborate with local partners to develop strategies to address shared barriers
- Evaluate implementation



Top Health Priorities by Counties (68*)



*Each county has 1 top priority except for Hillsborough County which has 2.

Access to Care for Individuals Living with Sickle Cell Disease in Indian River County

Problem

Limited access to care for individuals with sickle cell disease

Partners

- Health care services
- Youth services
- Social Services
- Housing
- Poverty alleviation

Objectives

- Establish a newborn sickle cell disease screening
- Strengthen provider referral to care
- Increase health literacy

1st Year

Achievements

- Established coalition and taskforce
- Assessed social and economic conditions and barriers
- Secured funding
- Conducted health promotion and education campaign
- Improved referral services

Wakulla County Project to Improve Cardiovascular Disease

Problem

- Limited safe spaces contribute to physical inactivity
- Limited access to local services

Partners

- Healthy Dreamers of Wakulla
- The Palaver Tree
- Wakulla Board of County Commissioners

Objectives

- Improve walkability in high need areas
- Establish bicycle and pedestrian infrastructure to offer safe routes
- Increase access to services, such as clinics and food banks

1st Year Achievements

- Established coalition and taskforce
- Assessed social and economic factors impacting cardiovascular disease
- Identified sites for infrastructure improvement

Directive 3 Website

- Published 67 County Health Plans.
 - Projects within these plans address system barriers impacting community health.
- Published and maintain contact information for community health liaison.
- Work with Department programs to maintain information.

Next Steps

- **Implementation**
- **Funding**
- **Coordination and partnerships**
- **Resources and data access**
- **Evaluation**

- Collaborate with counties and other partners to identify successful policies, programs, and practices
- Broaden capacity and infrastructure to improve community health outcomes
- Monitor grant opportunities and support funding applications
- Expand partnerships with county and state agencies
- Support county level development of projects that increase access to care and utilize community health workers
- Share resources with counties and partner organizations
- Support ongoing evaluation and continuous program improvement

Thank You

The Florida Senate

APPEARANCE RECORD

Tab 1

1/25/23

Meeting Date

HB 183

Bill Number or Topic

Appropriations Committee on HEALTH AND Human Services

Deliver both copies of this form to Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Mike Mason

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32399

City

State

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Speaking: [] For [] Against [x] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[x] I am appearing without compensation or sponsorship.

[] I am a registered lobbyist, representing:

[] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf flsenate.gov

This form is part of the public record for this meeting.

S-001 (08/10/2021)

Agency for Health Care Administration



FX Program

Senate Appropriations Committee

on Health and Human Services

January 25, 2023



TODAY'S AGENDA

- Overview
- Future State
- Structure
- Governance
- Interoperability
- Budget
- Timeline
- Benefits





AGENCY OVERVIEW

MISSION

Better Health Care for all Floridians

CORE FUNCTIONS

- State's Chief Health Policy and Planning Entity
- Administering the Florida Medicaid program
- Licensure and Regulation of nearly 50,000 health care facilities

We leverage technology to support these core functions and all agency operations.





FX OVERVIEW

PURPOSE

A multi-year transformation of legacy Medicaid technology, business processes, and operations from the Florida Medicaid Management Information System (FMMIS)

VISION

Transform Florida's Medicaid Enterprise to provide the best value, highest quality health care to Floridians



WHY FX?

WE
NEED TO:



Enable
High-quality and
Accessible Data



Reduce
Complexity



Improve
Provider and
Recipient
Experiences



INTEGRATED
Technology



MODULAR
Medicaid IT
Acquisition



TRACKING
Health Care
Outcomes

SO THAT
WE:



Improve
Health Care
Outcomes

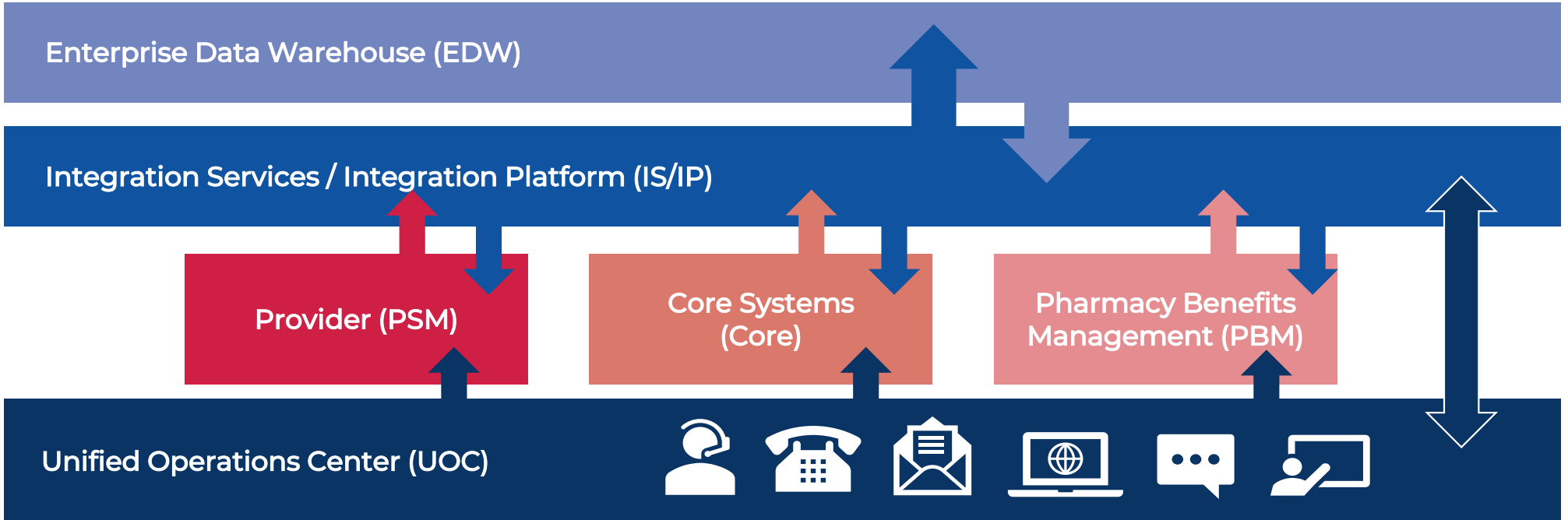


Enable **Good
Stewardship** of
Medicaid Funds

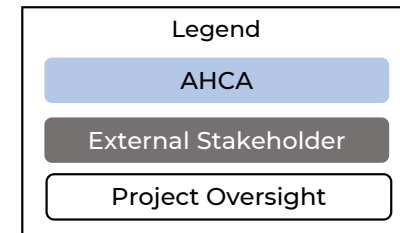
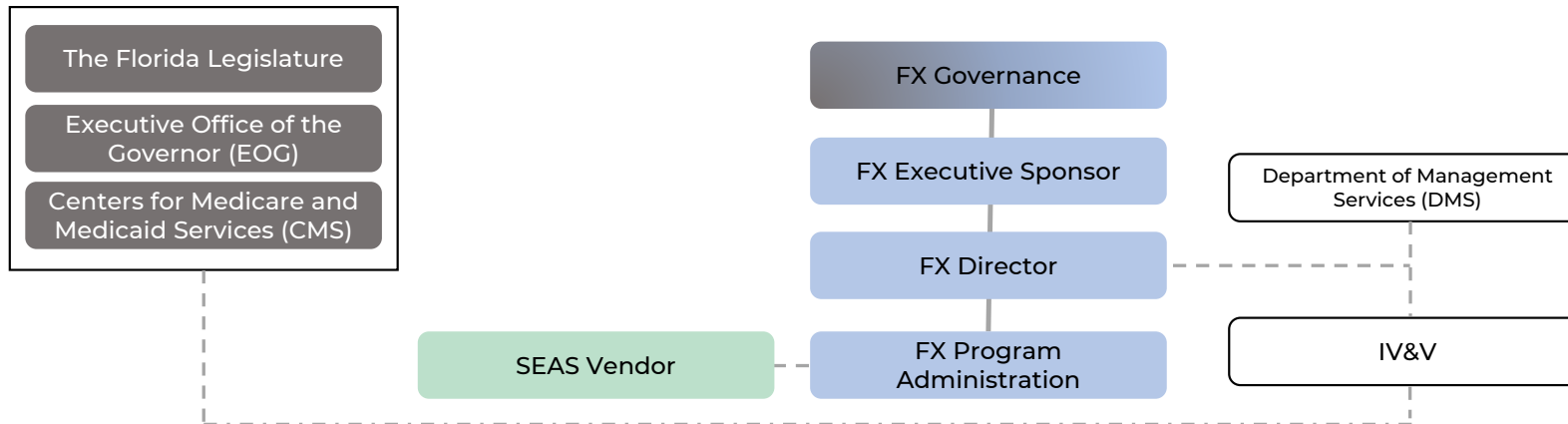


Optimize
Evidence-based
Decision-making

FX FUTURE STATE: MOVING FROM A MONOLITHIC SYSTEM TO INTEROPERABLE MODULES



FX ORGANIZATION PROMOTES TRANSPARENCY & INTEROPERABILITY



FX EXECUTIVE STEERING COMMITTEE PROMOTES TRANSPARENCY AND INTEROPERABILITY



FX Executive Steering
Committee (ESC)



FX SPEND TO DATE AND FORECAST FOR IMPLEMENTATION

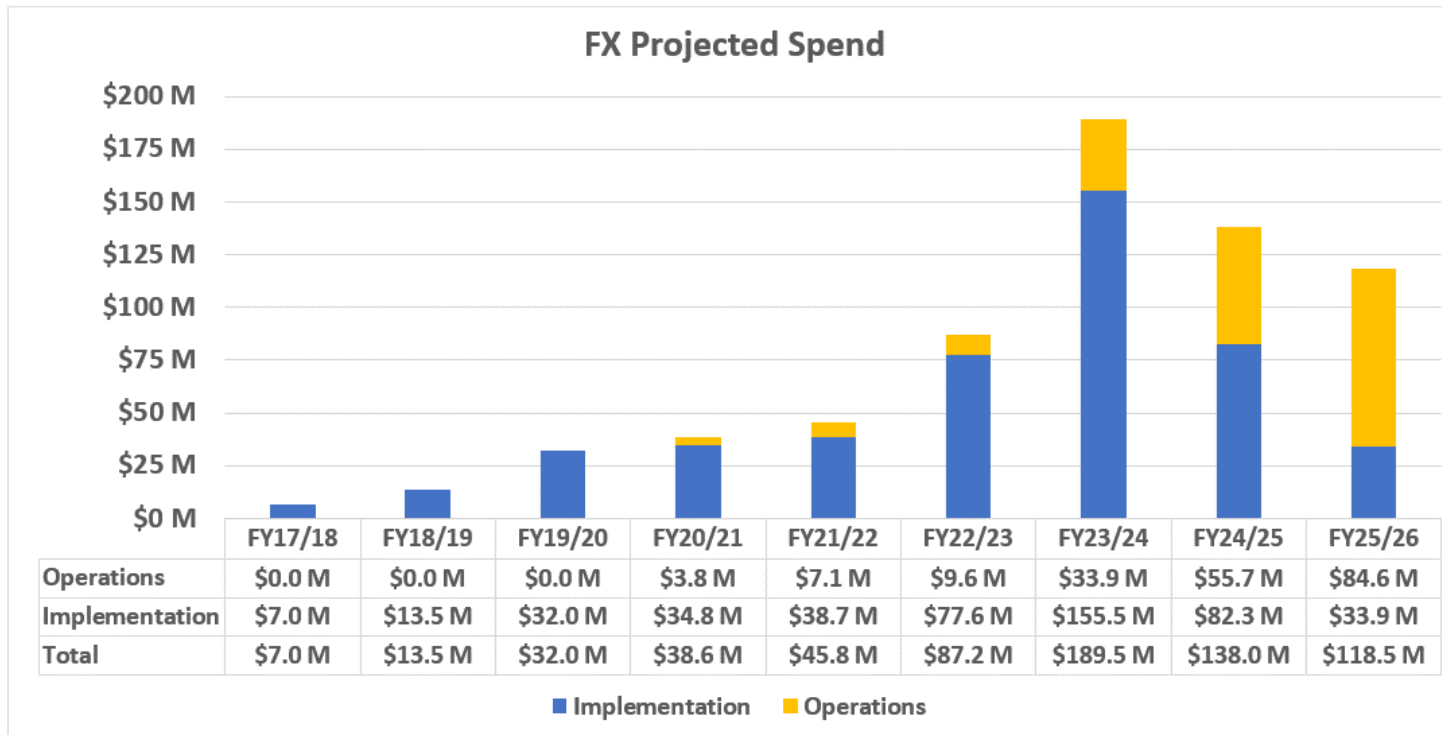


FX Implementation	
Timeframe	Amounts
Spend Through December 2022	\$ 151,504,183
FX Projected Spend Remaining	\$ 323,960,394
FX Projected Implementation Thru SFY 2025-26	\$ 475,464,577

Date Projected for FX Completion	SFY 2025-26	Fiscal agent contract will resolve by December 2024, and full implementation is anticipated to be achieved early SFY 2025-26
Breakeven Fiscal Year	SFY 2027-28	Fiscal year during which the investment costs are recovered meaning benefits from FX will have fully "paid back" the investment costs of the program by that time



FX SPEND, IMPLEMENTATION, AND OPERATIONS



MODEST INCREASE IN OPERATIONS & MAINTENANCE AFTER MODERNIZATION



Existing Systems (Current State)		
Operations & Maintenance	Annual Recurring Cost	Cost Basis
FMMIS Support	\$ 67,922,459	Contract MED-037 Amendment 62 ¹
Enrollment Broker	\$ 18,969,385	Contract MED-188 Amendment 6 ²
TOTAL	\$ 86,891,844	

¹ Uses the FY24/25 amount multiplied by two due to current contract ending December 2024

² Uses the FY22/23 amount due to current contract ending June 2023

FX Program (Future State)		
Operations & Maintenance	Annual Recurring Cost ³	Cost Basis
Integration Services and Integration Platform	\$ 6,413,764	Contract MED-205 ⁴
Enterprise Data Warehouse	\$ 6,963,660	Contract EXD-091
Unified Operations Center	\$ 23,645,152	Contract EXD-106
Provider Services Module	\$ 4,578,214	Estimate (based on market data)
Core (Claims & Encounters)	\$ 22,211,862	Contract EXD-110
Pharmacy Benefits Management	\$ 12,839,304	Contract EXD-110- Optional Cost Proposal
Choice Counseling Operations Staffing	\$ 6,070,112	Estimate (based on market data)
Enterprise Software and Support	\$ 284,679	Estimate (based on FY23/24 projection)
Enterprise Staff Support Services	\$ 5,722,000	Estimate (based on FY23/24 projection)
TOTAL	\$ 88,728,747	

³ Uses the FY26/27 amount where a contract is identified as the cost basis

⁴ Uses the FY24/25 amount due to current contract ending October 2025

Increase Recurring Costs After Modernization	\$ 1,836,903
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SIGNIFICANT BENEFITS OF FX MODERNIZATION



PROVIDERS

- Faster enrollment process for Medicaid participation
- Streamlined central source credentialing process
- Reduced claims denial error rate



RECIPIENTS

- Unified customer experience
- Self service portal and tools
- More communication options
- Health care data access and portability



EXTERNAL
STAKEHOLDERS

- Better data for decision-making
- Data available more quickly and near-real time
- Stronger data integration with the Health Plans
- Flexibility for policy changes and enhancements



AGENCIES

- Real-time data sharing
- Reuse and interoperability
- Cross program integration
- Added security through federation



FLORIDA'S PROGRESS COMPARED NATIONALLY



Few States have progressed further than Florida in MMIS Modularity Transformation

Florida has avoided many of the challenges and delays encountered in other states

- No failed procurements or contracts
- FX infrastructure modules (IS/IP and EDW) are almost complete
- Executed three complex procurements in a short timeframe simultaneously
- Transparency enabled through ESC motivated progress against target timelines





FLORIDA HEALTH CARE CONNECTIONS

Department of Children and Families



ACCESS/CCWIS MODERNIZATION PROJECT UPDATE

**HHS APPROPRIATIONS COMMITTEE UPDATE
JANUARY 2023**

PRESENTED BY:

COLE SOUSA, CHIEF INFORMATION OFFICER

AGENDA

- Project Updates For ACCESS & CCWIS Modernization
 - Overview/Objectives
 - Year 1 and 2 Current and Planned Activities
 - Project Budget
 - Project Schedule
- Technology Enablers for Interoperability
- Questions





FLORIDA ACCESS SYSTEM MODERNIZATION



FLORIDA ACCESS SYSTEM MODERNIZATION

- DCF's Public Benefits Eligibility Processing System
 - **Food Assistance**
 - Supplemental Nutrition Assistance Program (SNAP)
 - **Cash Assistance**
 - Temporary Assistance for Needy Families (TANF)
 - **Medical Coverage Assistance**
 - Medicaid
 - **Other programs**
 - Electronic Benefits Transfer (EBT), Pandemic-EBT (P-EBT), Optional State Supplementation (OSS), Refugee Assistance Program (RAP), SUNCAP, etc.
- Processes over 12M Applications/\$5.8B* Benefits Annually (*SNAP and TANF only; excludes Medicaid)
- Mainframe System of Record since 1992



OVERVIEW/OBJECTIVES

- DCF's FLORIDA ACCESS System began its modernization journey in March 2022.
- The current system relies on **outdated mainframe technology** and a collection of ancillary software applications* developed to offer additional tools and functionality, including an online customer benefit application, a web-based portal for case and workflow management, a document imaging system, and call center support tools. The system is expensive to maintain and changes take excessive time to implement.
 - *Includes Self-Service Portal (SSP), ACCESS Management System (AMS), Data and Reports, ACCESS Document Imaging (ADI), F.L.O.R.I.D.A (mainframe), Disaster-SNAP (D-SNAP), Integrated Benefit Recovery System (IBRS), and Interactive Voice Response (IVR)
- Modernization will **incrementally update** the system to streamline the customer experience, improve worker efficiency, leverage enterprise architecture, and replace the mainframe legacy infrastructure.
- Funding for modernization is shared between state and federal sources (Medicaid 90/10, SNAP 50/50).
- Implement optimized processes that increase efficiencies for our clients when applying for and receiving benefits.
 - Increase the speed in which the agency delivers benefits to our clients.
 - Reduce staff workload and support staff stability.
 - Reduce technology costs.
 - Implement a scalable, interoperable modular solution that is modern and enable faster, less expensive system updates when policies change or new innovations are identified.



YEAR 1 ACCESS ACTIVITIES (FY 2022-2023)



Scope:

- Infrastructure
 - Establish Cloud Environment – Amazon Web Services (AWS), Azure
 - Configure/Integrate Service Bus
 - Purchase/Install Business Rules Engine
 - Implement Identity Access Management for New Customer Portal and Worker Portal
 - Purchase/Install Document Management*
- Customer Portal (Public facing web-based portal for benefits applications)
 - Fully replace customer Self-Service Portal; establish responsive/mobile-first solution hosted in cloud
 - Target deployment: Fall 2023
- Worker Portal (Private web-based portal for case and workflow management)
 - Initial phase; move current Worker Portal to cloud and update look/feel
 - Integrate new Customer Portal application
 - Integrate two mainframe modules: 1) Client Registration and 2) Client Administration
 - Update batch processes/data flow between new Cloud database architecture and existing IMS database
 - Target deployment: Fall 2023
- Organizational Change Management (OCM)
 - Prepare stakeholders for change

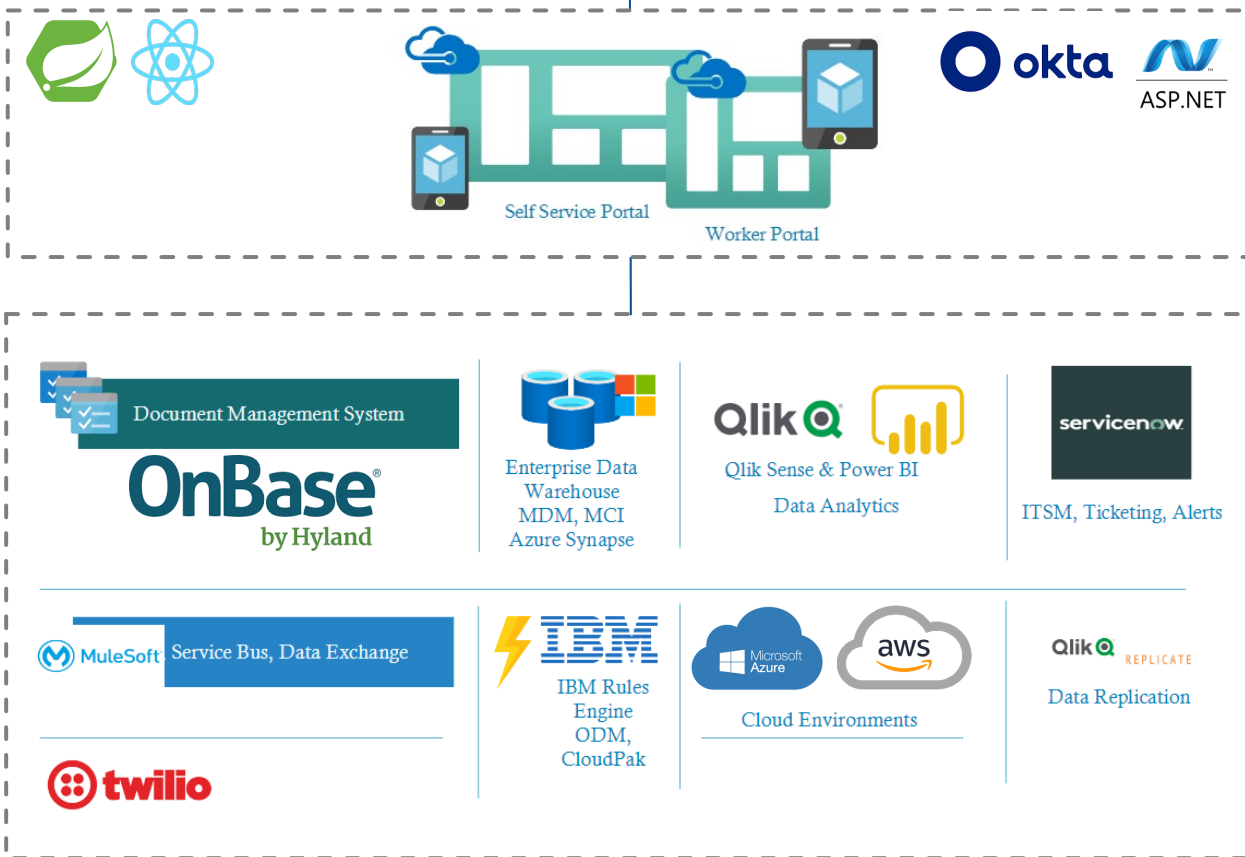


YEAR 1 ACCESS ACTIVITIES (FY 2022-2023)

- FY 2022-2023 Budget = \$16.5M Awarded and **is on-time and on-budget**
 - Project Management Office (PMO) Established
 - Staff Augmentation Positions Filled
 - Key Vendor Procurements Complete
 - Advisory Services: Genesis Consulting Partners
 - IV&V: GreenTree
 - System Integrator: Deloitte
 - Enterprise Content Mgmt (ECM) System: OnBase
 - ECM Installation: Next Phase Solutions
 - Customer Portal design sessions complete
 - Customer Portal development started
 - AWS cloud environment for Customer Portal started
 - Document Management System OnBase is installed in the Azure Dev environment
- Federal Approval:**
- Submitted & Approved Advanced Planning Document (APDU) by Centers for Medicare & Medicaid Services (CMS), Food and Nutrition Service (FNS)
 - Provided Change Notice and Security Impact Analysis (SIA) documents to CMS
 - Conduct bi-weekly call with CMS and FNS representatives
 - Provided copies of RFQ and finalized purchase documents



Identity & Access Management (IAM), Single Sign-On (SSO), Multi-Factor Authentication (MFA)



PROJECT BUDGET - ACCESS

- FY 2022-2023 Budget = \$16.5M Awarded
- Project is backend loaded due to the System Integrator and IV&V Deliverables

Budget /Spend Plan Summary (as of 1/12/2023):

Expenditure	FY22-23 Q1	FY22-23 Q2	FY22-23 Q3	FY22-23 Q4	TOTAL
Staff Aug + Business Advisory (Genesis)	\$111,921	\$328,898	\$480,096	\$774,976	\$1,695,891
IV&V Services (Greentree)		\$303,845	\$450,000	\$746,155	\$1,500,000
Software		\$20,500	\$18,000	\$27,000	\$65,500
Infrastructure Hosting, Storage			\$154,500	\$749,994	\$904,494
Integrator Services (Deloitte), M&O Changes			\$4,764,500	\$5,435,000	\$10,199,500
ECM Enterprise Imaging – OnBase		\$91,291	\$393,101	\$419,537	\$903,929
Project Contingency		\$284,134	\$284,134	\$662,418	\$1,230,686
TOTALS	\$111,921	\$1,028,668	\$6,544,331	\$8,815,080	\$16,500,000



PROJECT SCHEDULE

- Anticipated Start Date: July 1, 2023
- Anticipated Close-out Date: September 28, 2023

Schedule Milestone Summary (as of 1/12/2023):

Key Activity/Milestone	Date Due	Status
Business Advisory Vendor	August, 2022	Completed
IV&V Vendor Onboarded	September, 2022	Completed
Systems Integrator Vendor Onboarded	October, 2022	Completed
ECM Vendor Onboarded	September, 2022	Completed
Functional Design Sessions Conducted	December, 2023	Completed
Cloud Environment Setup	January, 2023	On Track
Customer Portal Development Sprints Started	January, 2023	On Track
Worker Portal Design Sessions Scheduled	February 2023	On Track



YEAR 2 ACCESS ACTIVITIES (FY 2023-2024)



Planned:

- Administration
 - FY 2023-2024 Budget = \$20M (Requested)
 - Renew Staff Augmentation Positions
 - Secure Vendor Procurements
- Infrastructure
 - Expansion of Cloud Environments
 - Integrations
- Customer Portal
 - Develop Native Mobile Application
 - Target deployment: Anticipated Fall 2024
- Worker Portal
 - Migrate two mainframe modules: 1) Application Entry and 2) Fraud Detection
 - Integrate Enterprise Content Management System
 - Update processes/data flow between new Cloud database architecture and existing IMS database
 - Begin Data Exchange Development and Integration
 - Target deployment: Anticipated Fall 2024
- Organization Change Management (OCM)
 - Prepare stakeholders for change



6-Year Map

MANAGEMENT

\$9M



\$14M



INFRASTRUCTURE

\$18M

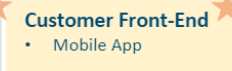


\$12M



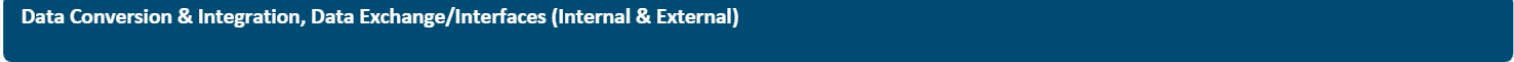
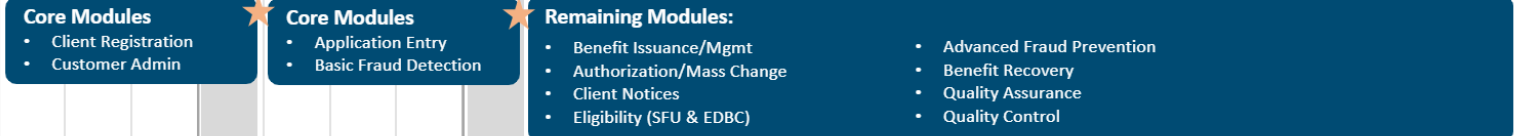
FRONT-END

\$10M



MAINFRAME REPLACEMENT

\$113M



WORKER BACK-END FUNCTIONALITY

\$7M



TOTAL = \$183M

\$16,500,000

\$20,000,000

\$36,625,000

\$36,625,000

\$36,625,000

\$36,625,000

Procurements



CCWIS SYSTEM MODERNIZATION



PROGRAM OVERVIEW

- Florida's community-based child welfare system is comprised of a partnership between DCF, other state agencies, the courts, law enforcement agencies, service providers, and local communities.
- The Florida Abuse Hotline receives more than 350,000 child-related calls annually. Calls received are screened to determine if the criteria are met to initiate a protective investigation. If criteria are met, the report is referred to a local Child Protective Investigations (CPI).
- Statewide there are over 240,000 protective investigations conducted annually. These investigations are conducted by DCF in 60 counties. In the remaining 7 counties (Broward, Hillsborough, Manatee, Pasco, Pinellas, Seminole, and Walton) the county sheriff performs the investigations.
- Investigators determine the need for post-investigation services, including protecting the child through removal and placement in out-of-home care or through case-managed, in-home services (by court order or non-judicially), or through informal voluntary family support services. Florida statute requires that post-investigation services be provided through contracting with community-based care lead agencies (CBCs).



MODERNIZATION OVERVIEW/OBJECTIVES

- The technology functionality for child and adult protective intake and investigations are currently provided by DCF's legacy Florida Safe Families Network (FSFN). FSFN is the state's official system of record for Child Welfare. FSFN currently offers several constraints that impact its ability to fully meet the DCF program and business objectives and support users, children, and their families effectively.
- A 45 C.F.R. Section 1355.52 rule was instituted in 2017 which enumerated alternative requirements for a Comprehensive Child Welfare Information System (CCWIS). Funding for modernization is shared between state and federal sources.
- DCF works in close partnership with the Children's Bureau of the Administration for Children and Families within the U.S. Department of Health and Human Services, who have approved all plans and all statements of work associated with the modernization to fully comply with federal CCWIS requirements and maximize federal funding participation.
- DCF's current CCWIS modernization strategy began its journey in late 2021.
- The objective for Phase I is to implement a scalable, modular technology solution for child protective intake and investigations that is modern and agile to position the agency for future phases and reduce cost of ownership/enhancement costs.
- Continued modernization incrementally enhances user experience that includes mobile functionality, data interoperability, and improved workflows.
- Data interoperability extends into improved agency partnerships, improved analytics, reporting, and alerts, as well as enhanced data quality.
- Modernization will reduce the Department's technology ownership/enhancement costs.



CCWIS JOURNEY

Discovery:

- **SFY 2019-2020**

- DCF partnered with PCG to explore Business Architecture, Business Requirements, and a roadmap to best modernize FSFN while meeting CCWIS requirements.

Planning:

- **SFY 2020-2021**

- DCF collaborated with multiple stakeholders to determine the best solution to modernize FSFN while meeting CCWIS requirements while investing in technology infrastructure.

Decision:

- **SFY 2021-2022**

- DCF decided on the best scope and phased plan for modernization based on technology partners that could bring applied experience to Florida. Schedule IV-B submitted in November 2021 and initial OWP submitted in May 2022.

Action:

- **SFY 2022-2023**

- APD approvals of the CCWIS plan, as well as all associated support documents. Legislative approvals. Onboarding of IV&V, OCM, and technology partners.



YEAR 1 CCWIS ACTIVITIES (FY 2022-2023)

- FY 2022-2023 Budget = \$15M Awarded
- PMO Established - Maximus
- Staff Augmentation Positions Filled
- Key Vendor Procurements Complete
 - Advisory Services: Maximus
 - IV&V: CSG
 - System Integrator: Deloitte

Current Activities:

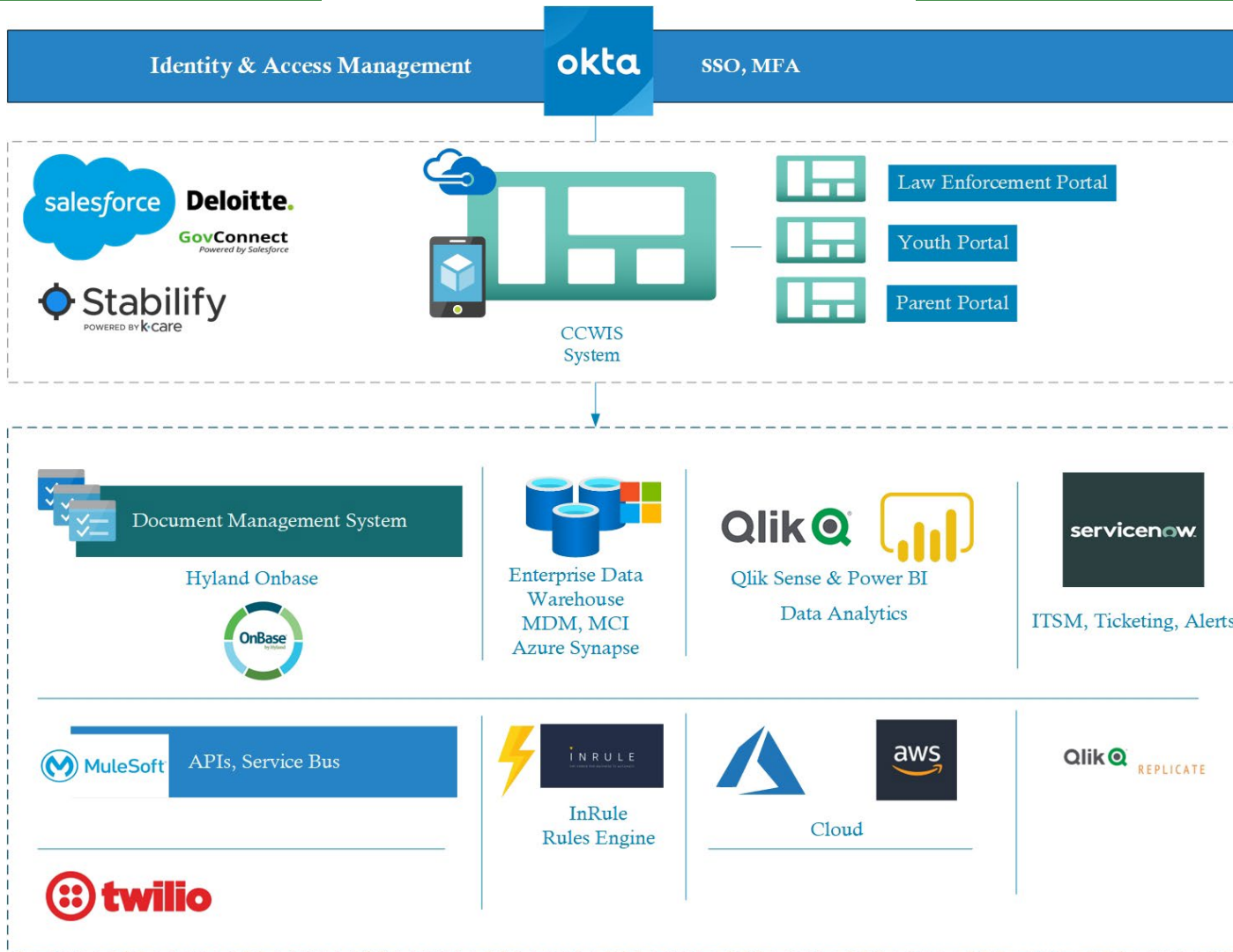
- Staffing Plans Completed
- User Story Sessions for Requirement Validations Scheduled
- Salesforce Dev Environment Configured & IAM Okta Solution Integrated
- Organization Change Management Plan Finalized
- **Anticipated Go-Live September 2023**

Federal Approval

- ✓ ACF HHS approved the submitted **Implementation Annual Planning Document(IAPD)** on August 10, 2022
- ✓ ACF HHS approved the submitted CCWIS Solution **RFQ** Procurement on August 23, 2022
- ✓ ACF HHS approved the submitted **IV&V Statement of Work** on October 27, 2022
- ✓ ACF HHS approved the submitted **CCWIS Solution Vendor Statement of Work to Deloitte** on December 20, 2022



TECHNOLOGY



PROJECT BUDGET: FY 2022-2023

- FY22-23 Budget = \$15M Awarded
- Project is backend loaded due to the System Integrator and IV&V Deliverables)

Budget /Spend Plan Summary (as of 1/12/2023):

Expenditure	FY22-23 Q1	FY22-23 Q2	FY22-23 Q3	FY22-23 Q4	TOTAL
Staff Aug + CCWIS Advisory (Maximus) + PMO Services (Maximus)	\$217,152	\$287,347	\$889,348	\$1,463,171	\$2,857,017
IV&V Services (CSG Government Solutions)	\$0	\$0	\$462,800	\$891,200	\$1,354,000
IV&V Contingency	\$0	\$0	\$73,000	\$73,000	\$146,000
Software, Infrastructure Hosting, Storage	\$0	\$21,000	\$441,403	\$534,000	\$996,403
Integrator Services (Deloitte)	\$0	\$0	\$2,365,457	\$6,082,603	\$8,448,060
FSFN Changes (IBM)	\$0	\$0	\$0	\$500,000	\$500,000
Project Contingency	\$0	\$0	\$349,260	\$349,260	\$698,520
TOTALS	\$217,152	\$308,347	\$4,581,268	\$9,893,234	\$15,000,000



PROJECT SCHEDULE

- Anticipated Start Date: July 1, 2023
- Anticipated Project Close-out Date: September 28, 2023

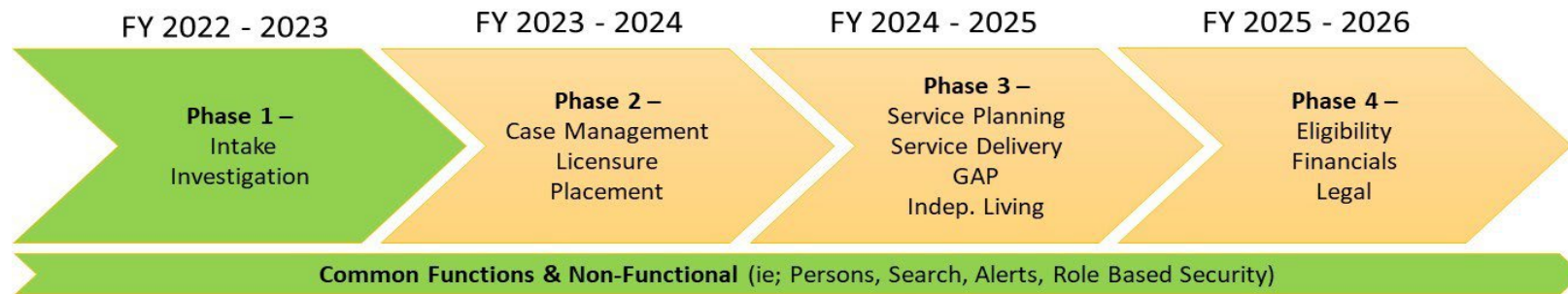
Schedule Milestone Summary (as of 1/12/2023):

Key Activity/Milestone	Date Due	Status
PMO Director Onboarded	October 1, 2022	Completed
IV&V Vendor Onboarded	October 11, 2022	Completed
Systems Integrator Vendor Onboarded	December 31, 2022	Completed
Staffing Plan Submitted by Advisory Service Team	December 31, 2022	Reviewing
IV&V initial interviews conducted	January 10, 2023	Completed
User Stories Completed	January 13, 2023	In Progress
Functional Discovery Sessions Held	January 20, 2023	On Track
Formal Kick-Off Session with Project Team	January 23, 2023	On Track



YEAR 2 CCWIS ACTIVITIES (FY 2023-2024)

Scope:



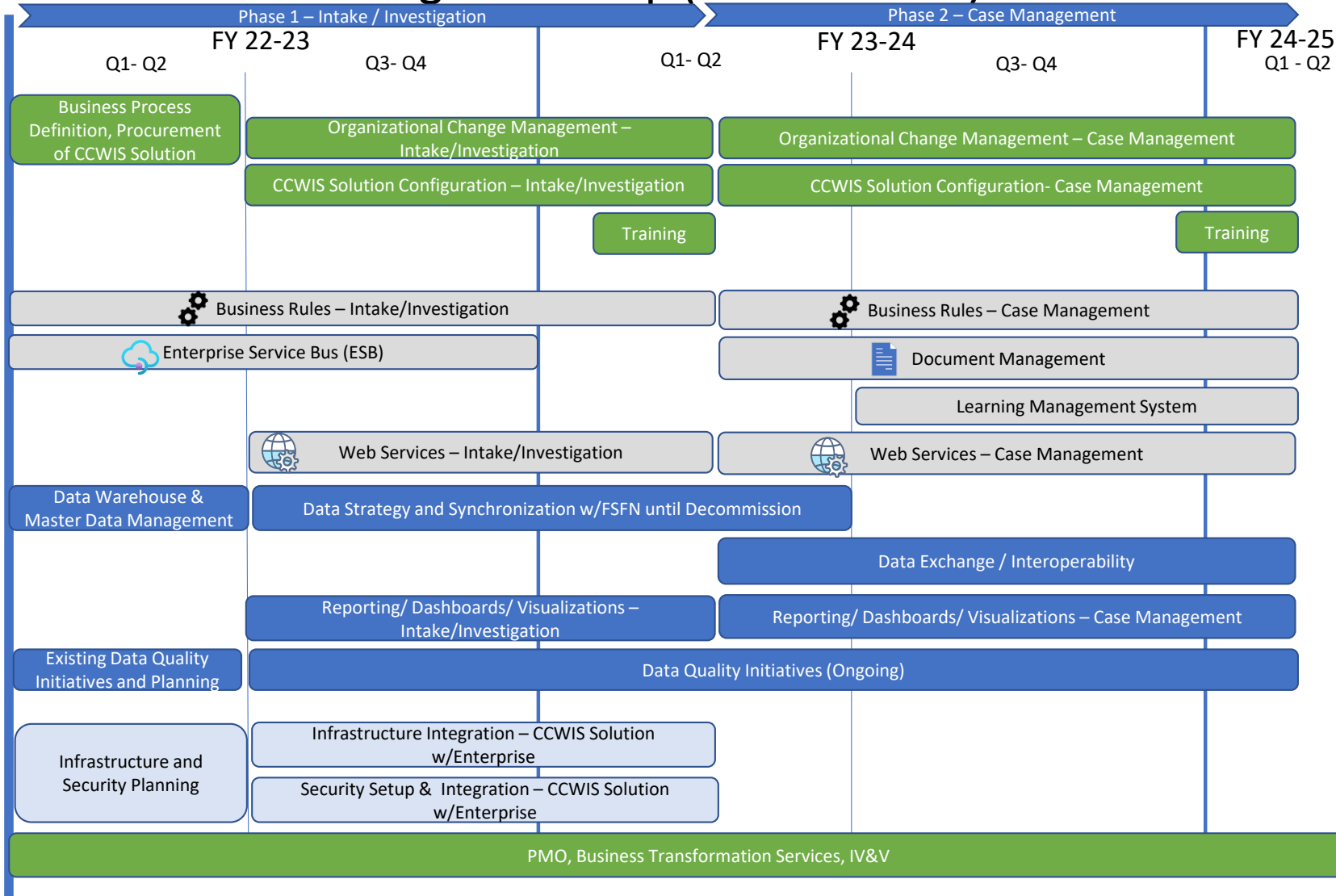
Planned:

- **FY 2023-2024 Budget = \$20M (Requested)**
- Renew Staff Augmentation Positions
- Secure Vendor Procurements
 - Advisory Services and PMO Services
 - IV&V
 - System Integrator
 - Enterprise Content/Document Management (ECM) Integrator



CCWIS Strategic Roadmap (Phase 1 and 2)

Strategic Project Categories





ENTERPRISE ARCHITECTURE

"THE PATH TO INTEROPERABILITY"



DATA INTEROPERABILITY/ACCESSIBILITY GOALS

- Modernize the agency's legacy systems and update all antiquated processes
- Establish an Enterprise Data Warehouse for reporting, analysis and data integration
- Create a holistic view of clients using a Master Data Management (MDM) solution and Master Client Indexing (MCI)
- Implement Identity Access Management (IAM) to facilitate single sign-on functionality through federation
- Achieve Data Interoperability for external partners/users by utilizing Application Programming Interface (APIs) and an Enterprise Data Warehouse
- Enhance the capability of users to analyze data using Power Business Intelligence (BI) and Enterprise Data Warehouse
- Actively collaborate with the Florida Digital Service & other state agencies to support the Data sharing and integration



ENABLING DATA/SYSTEM INTEROPERABILITY

Data Interoperability

- Establishment of Enterprise Data Warehouse - 2021
(SAMH Data, Child Welfare Data, ESS Data)
- ✓ Establishment of Data Integration Platform - 2022
(API Creation, Data Integration, 100(s) Connectors) - Allowing System to talk to one another)
- ✓ Implementation of Master Data Management System - 2022
(Master Data, Master Client Index, 360 Degree View of a Client)
- Implementation of Identity Management System - 2020
(Security, One Account – SSO, Ease of System Accessibility, Federation)



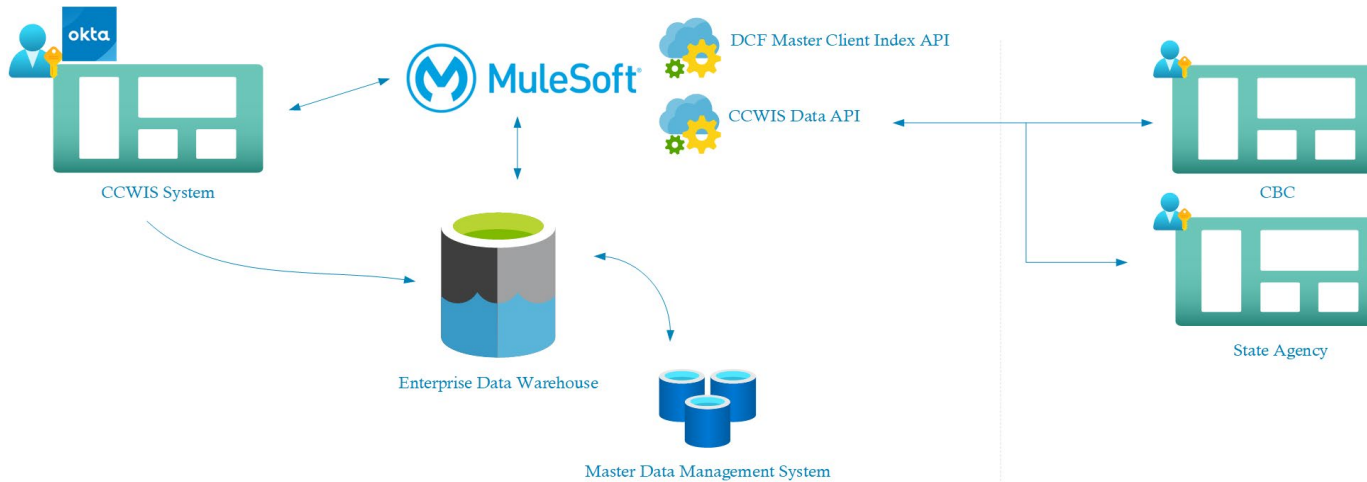
Microsoft Azure Synapse



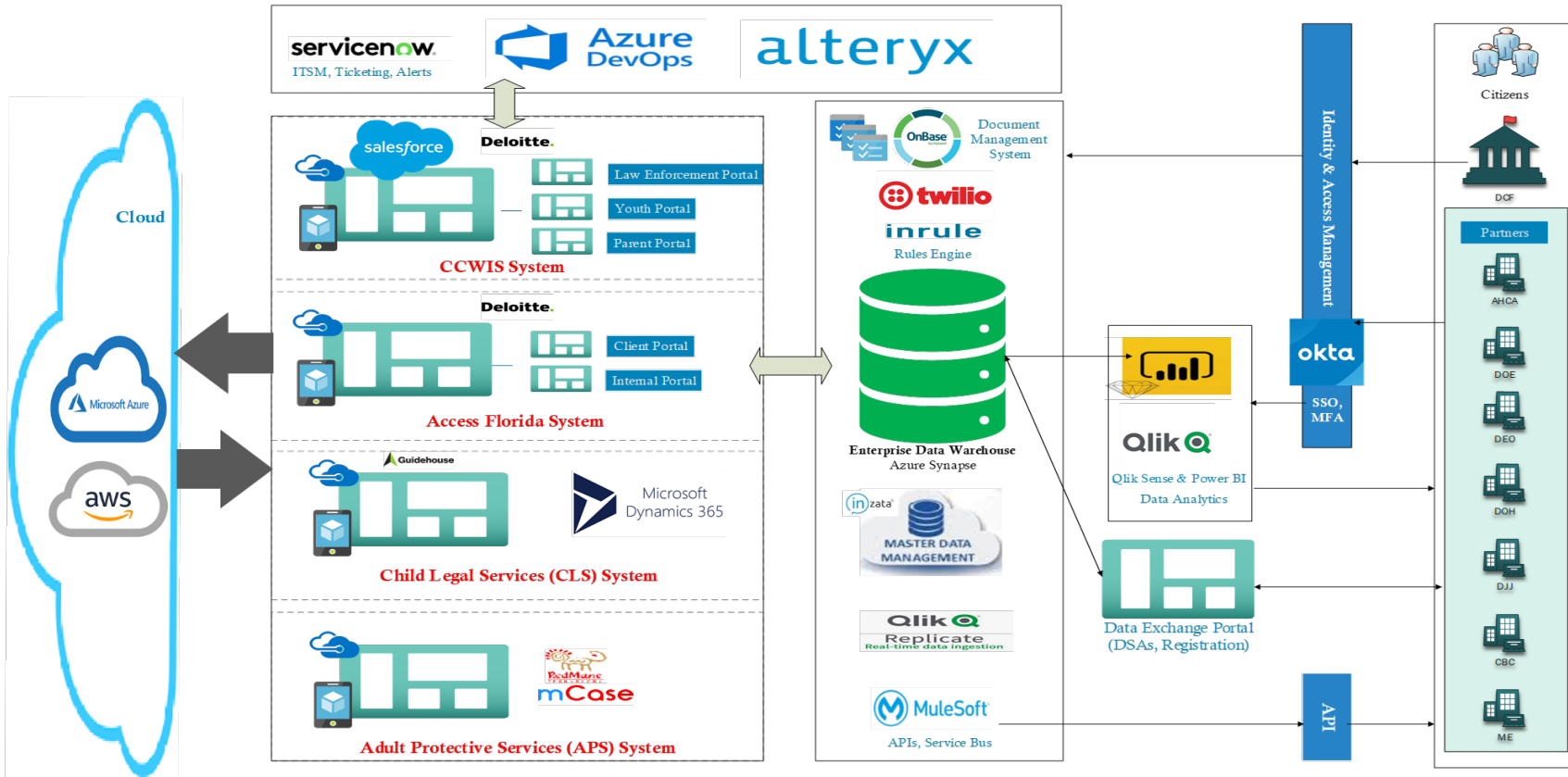
Microsoft Azure Synapse & InZata



Example



DCF ENTERPRISE ARCHITECTURE



QUESTIONS?

Cole Sousa

Chief Information Officer (CIO)

Cole.Sousa@myflfamilies.com



Agency for Persons with Disabilities

Agency for Persons with Disabilities

Senate Appropriations Committee on Health and Human Services

January 25, 2023

APD iConnect Overview

APD iConnect is a **Client Data Management System**

- Provides a system for APD to hold Waiver Support Coordinators and Providers accountable for maintaining the health and safety of our clients.
- Complies with the Health Insurance Portability Accountability Act to maintain medical privacy of clients.
- Prior client record keeping primarily was maintained manually, and therefore less efficient and secure before the implementation of APD iConnect.
- Through APD iConnect, Florida was one of the first states to receive CMS certified compliant Electronic Visit Verification (EVV) system.

APD iConnect Overview

- Creates an electronic Client Central Record, accessible by APD, external Waiver Support Coordinators (WSC), and iBudget Waiver providers who deliver services.
- Standardizes methods of documentation and data collection for services delivered.
- Documentation submitted is available in real-time, as opposed to being transmitted by email, or printed and filed in hard-copy records to which APD did not have immediate access.
- Creates electronic Provider Record, accessible by the provider, APD, and the contracted Quality Improvement Organization (QIO).
- Improves quality assurance and provider monitoring for compliance with CMS mandates.

APD iConnect History

- 2013 The Legislature provided funding for the procurement of APD iConnect.
- 2014-15 Procurement challenge
- 2015 The original fixed-price deliverable contract for APD iConnect with Mediuare/WellSky began July 2015.
Due to the size, complexity, and system integrations, a phased approach to implementation was adopted.
- 2015-18 APD and Mediuare/WellSky worked collaboratively to customize and configure APD iConnect.
- 2018 APD iConnect launched for APD staff and Waiver Support Coordinators (WSCs) in December 2018.
Mandates from the CURES Act mandated priority changes to the phased in approach.

Functionality Roll Out Timeline

- December 2018 The initial implementation included APD employees and Waiver Support Coordinators (WSC). The functionality of the system that initially went live with data migration and case management functions with 2,000 system users.
- May 2020 Annual Budgets, Cost Plans, Support Plans, Significant Additional Needs (SANs), and other functionalities were implemented for APD employees and WSCs.
- October 2020 APD implemented the APD iConnect Electronic Visit Verification (EVV) for providers of Respite and Personal Supports.
- October 2021 Supported Living services functionality was implemented.
- May 2022 Forensic case management was implemented.
- September 2022 Electronic Visit Verification (EVV) was implemented for Skilled Nursing, Skilled Respite, and Private Duty Nursing services.

iConnect Interoperability

APD iConnect interfaces with the following state agencies, improving the quality of data sharing agreements;

- AHCA – Interfaces with the AHCA FMMIS system to process all current Medicaid provider data for all iBudget Waiver Providers. As well as process 270/271 Recipient Eligibility Transaction data, process Paid data, Voided and Adjusted Claims Extract data, and process Gatekeeper Prior Authorization Request and Response data files.
- DCF – Interfaces with the DCF FSFN system to process the Abuse, Neglect and Exploitation Intake data.
- DOH – Interfaces with the DOH Vital Stats system to process the cause of death and date of death data.
- DOR – Interfaces with the DOR system to process the employment data that includes Wage History.
- DEO – Interfaces with the DEO system to process the employment data that includes Wage History.
- External Provider Interface (EPI) – Interfaces with the External Provider Systems that allows providers to import select data.
- Quality Improvement Organization (QIO) – Interfaces with the QA Vendor System that processes Person Centered Review and Provider Discovery Review data.
- DFS – Interfaces with the DFS FLAIR system to process GR Vendor data.

Return on Investment

- Support plans, consumer budgets, cost plans, authorizations, Significant Additional Needs Requests, and medical necessity reviews are conducted in APD iConnect for the 35,000 + consumers enrolled on the iBudget Waiver.
- Nearly 20K users have documented service delivery and coordinated consumer supports and services in APD iConnect.
- All Waiver Support Coordination Qualified Organizations are accessing APD iConnect to coordinate consumer supports and services.
- Providers accessing APD iConnect have access to new and updated authorizations for services in real-time.
- Electronic Visit Verification (EVV) was fully implemented for all identified services, resulting in more than 1 million service deliveries being uploaded to APD iConnect, to date.
- Streamlined the process for waiting list management.
- Compliance with CMS.
- Cloud-based accessibility.
- Estimated \$7.1M in fraud prevention saved annually through combating fraud, waste and abuse in Medicaid Personal Services.

iConnect Expenditures

- **\$6.98M** - One-time nonrecurring project costs projected expenditures through June 2023. (\$1.41M General Revenue, \$5.57M Operation and Maintenance Trust Fund)
- **\$1.27M** – FY 2023-24 LBR in nonrecurring funds (\$408K General Revenue, \$870K Operation and Maintenance Trust Fund)
- **Future Project Needs**
 - Additional staffing (trainers, helpdesk)
 - System enhancements to address end-user concerns

Remaining Functionality and Completion Date

- In 2023, the remaining services functionalities will be deployed, continuing with the phased implementation schedule.
- Concurrently, these additional functionalities will be developed and launched:
 - Residential Planning
 - Provider Enrollment, Expansion, and Termination File Maintenance
 - Residential Licensing and Monitoring
 - External Provider Interface with Secure File Transfer Protocol (SFTP)
- In 2024 final functionalities will be developed and launched:
 - Quality Improvement and Quality Assurance Reviews
 - Mobile Assessments

Thank You

For more information please contact:

JP Bell

JP.Bell@apdcares.org

www.apdcares.org

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

Ex presentation
Bill Number or Topic

1.25.23
Meeting Date

Approps on HHS
Committee

Amendment Barcode (if applicable)

Name Tom Wallace

Phone 850-412-3516

Address 2727 Mahan Dr.
Street

Email

Tallahassee FL 32308
City State Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

AHCA

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf flsenate.gov](#)

This form is part of the public record for this meeting.

1.25.2023

Meeting Date

S. HHS Approps.

Committee

Name Cole Sousa, Chief Information Officer

Phone 850-488-9410

Address 2415 North Monroe

Email cole.sousa@myflfamilies.com

Street

Tallahassee

FL

32303

City

State

Zip

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

N/A

Tab 2

Bill Number or Topic

N/A

Amendment Barcode (if applicable)

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Department of Children and Families

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Tab 2

1/25/2023

Meeting Date

Appropriations Committee on Health and Human Services

Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Rose Salinas**

Phone **8504910404**

Address **4030 Esplanade Way**

Email **rose.salinas@apdcares.org**

Street

Tallahassee

FL

32399

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Agency for Persons with Disabilities

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S-001 (08/10/2021)

1/25/23

Meeting Date

The Florida Senate APPEARANCE RECORD

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APD IT

Tab 2

Bill Number or Topic

App Health & Human Serv

Committee

Amendment Barcode (if applicable)

Name Laura Moheisky

Phone 321-794-3328

Address 205 Sutton St

Email Lmoheisky@CFL.RL.COM

Street

Roxledge Fl.

32955

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

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S-001 (08/10/2021)

APP IT

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

Bill Number or Topic

Amendment Barcode (if applicable)

1/25/23

Meeting Date

HHS Approp

Committee

Name

Patricia Rendon

Phone

727-580-7147

Address

2227 Longmore Circle

Street

Email

prendon@columbusorg.com

Valrico

City

FL

State

33596

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

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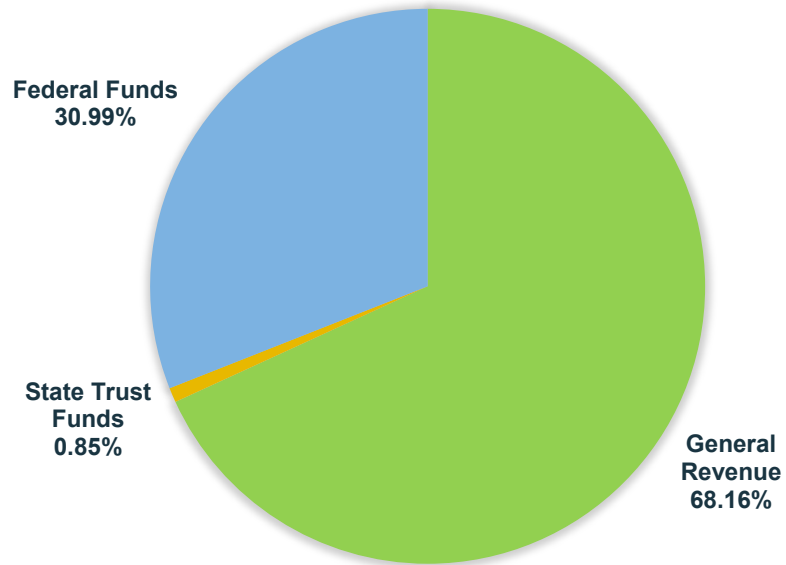


SUBSTANCE ABUSE & MENTAL HEALTH FUNDING

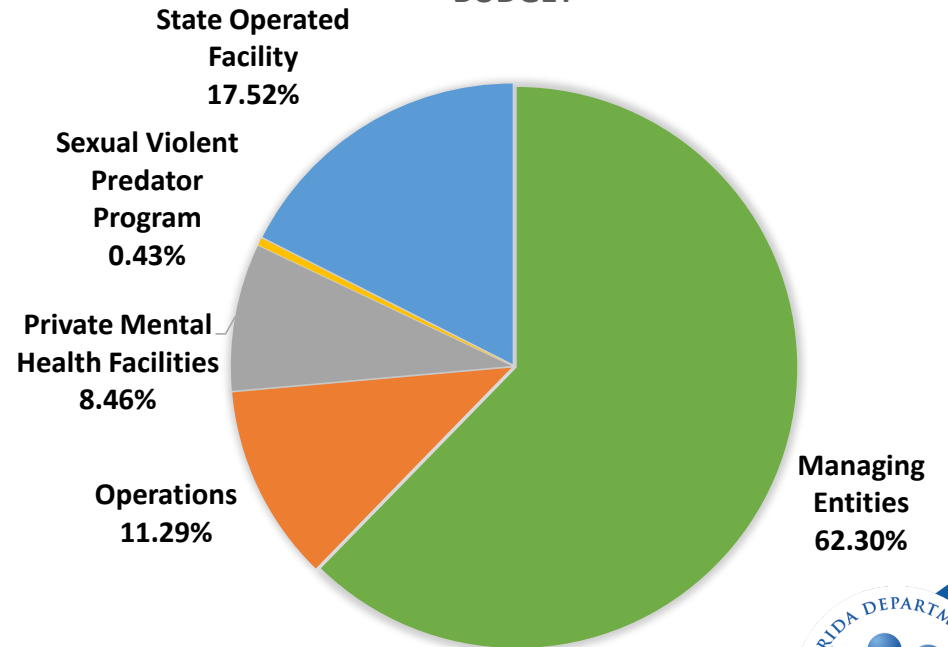
Presented By Tony Lloyd, Assistant
Secretary for Administration

SUBSTANCE ABUSE AND MENTAL HEALTH FUND AND SERVICE BREAKOUT

FUND TYPE



BUDGET



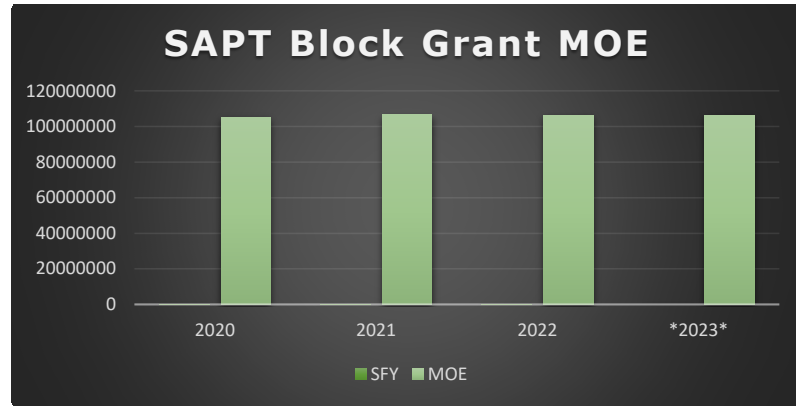
DCF SUBSTANCE ABUSE AND MENTAL HEALTH FUNDING TYPES

- Community Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment (SAPT) Block Grant
 - CMHS block grant funds are used to provide comprehensive community-based mental health services to adults with serious mental illness and children with emotional disturbances who are uninsured and underinsured.
 - SAPT block grant funds are used to provide prevention, treatment, and recovery support services to Floridians with or at risk for substance abuse disorders who are uninsured and underinsured.
 - Each block grant requires a Maintenance of Effort (MOE).
 - MOE requires the state receiving the grant to maintain or contribute a certain level of financial effort to receive federal assistance (target is based on the average of the prior two-year expenditure data).
- State Opioid Response
 - State Opioid Response grant funds are used to implement a comprehensive approach to address opioid and stimulant misuse, disorders, and overdoses.
- Other Federal Grants
 - Other federal grant funds target services such as 988 implementation, children's system of care, disaster response, pandemic response, Medicaid administration, and homelessness.

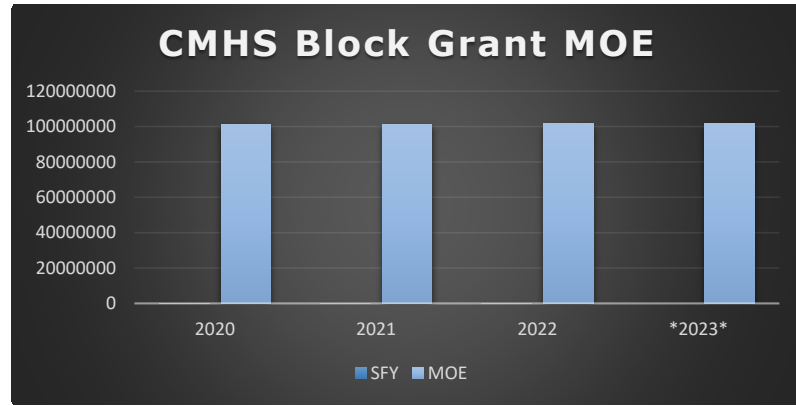


BLOCK GRANT MAINTENANCE OF EFFORT

Substance Abuse Prevention & Treatment Block Grant Maintenance of Effort (MOE)	
SFY	MOE
2020	\$105,282,827
2021	\$106,530,263
2022	\$106,197,244
2023	\$106,363,753
*Required amount for SFY 2023	



Community Mental Health Services Block Grant Maintenance of Effort (MOE)	
SFY	MOE
2020	\$101,079,219
2021	\$101,393,373
2022	\$101,580,046
2023	\$101,486,709
*Required amount for SFY 2023	



MANAGING ENTITIES' FUNDING

Managing Entity	General Revenue	Alcohol, Drug Abuse, and Mental Health	Federal Grants	Welfare Transition Trust Fund	State Trust Funds	Total
Big Bend Community Based Care	64,689,218	29,370,089	3,051,637	1,041,477	203,247	98,355,668
Broward Behavioral Health Coalition	58,477,703	23,308,507	6,072,888	1,583,956	192,281	89,635,335
Central Florida Behavioral Health Network	164,948,236	72,298,685	10,142,966	4,276,170	672,799	252,338,856
Central Florida Cares Health System	66,193,950	31,208,401	6,069,696	1,400,605	297,777	105,170,429
Lutheran Services Florida, Inc.	144,584,125	51,183,059	11,663,680	2,271,493	486,009	210,188,366
South Florida Behavioral Health Network	82,324,637	34,821,095	3,194,806	1,548,495	358,868	122,247,901
Southeast Florida Behavioral Health Network	56,704,216	29,990,355	5,464,900	1,407,782	227,845	93,795,098
Total	637,922,085	272,180,191	45,660,573	13,529,978	2,438,826	971,731,653



MANAGING ENTITIES' SERVICES

Community SAMH Services and Teams	Big Bend Community Based Care	Broward Behavioral Health Coalition	Central Florida Behavioral Health Network	Central Florida Cares Health System	Lutheran Services Florida, Inc.	South Florida Behavioral Health Network	Southeast Florida Behavioral Health Network	Grand Total
Community Action Treatment Teams	7,823,750	1,500,000	11,625,000	4,500,000	12,375,000	3,950,000	1,800,000	43,573,750
Family Intensive Treatment Teams	2,701,002	800,000	5,933,984	1,062,184	3,570,644	1,233,188	2,400,000	17,701,002
Florida Assertive Community Treatment Teams	3,533,604	883,401	13,251,015	2,650,203	9,183,807	3,533,604	3,533,604	36,569,238
Mobile Response Teams	5,943,620	1,342,236	8,188,770	3,489,882	9,645,432	4,337,139	3,146,570	36,093,649
Other Teams*	1,663,379	3,042,420	6,373,420	2,905,710	7,910,000	2,125,710	2,504,000	26,524,639
Mental Health Services**	47,342,892	47,044,730	125,130,883	50,601,754	97,418,390	65,234,105	49,653,190	482,425,944
Substance Abuse Services**	28,101,973	30,459,511	75,279,960	36,488,615	61,308,480	40,144,959	28,250,429	300,033,927
State Opioid Response	1,245,448	4,563,037	6,555,824	3,472,081	8,776,613	1,689,196	2,507,305	28,809,504
Grand Total	98,355,668	89,635,335	252,338,856	105,170,429	210,188,366	122,247,901	93,795,098	971,731,653

Funding as of January 1, 2023

*Other Teams include Coordinated Specialty Care Teams, Forensic Multidisciplinary Teams, Evidence Based Practice Teams, and Other Multidisciplinary Teams.

**Mental Health and Substance Abuse services include Residential Services.



FACILITIES FUNDING

Facility	Operated Beds	FTEs	General Revenue	Federal Grants	State Trust Funds	Total
Florida State Hospital	1,102	1,569.00	110,902,609	27,729,858	3,796,559	142,429,026
North Florida Evaluation and Treatment Center	216	402.00	33,098,481	-	500	33,098,981
Northeast Florida State Hospital	613	1,027.50	36,149,986	41,384,908	5,179,631	82,714,525
South Florida State Hospital	359	0.00	30,406,971	12,404,609	-	42,811,580
South Florida Evaluation and Treatment Center	249	0.00	29,674,239	-	-	29,674,239
Treasure Coast Forensic Treatment Center	256	0.00	32,732,262	-	-	32,732,262
Florida Civil Commitment Center	750	0.00	26,724,570	-	-	26,724,570
Total	3,545	2,998.50	299,689,118	81,519,375	8,976,690	390,185,183





Questions?



1.25.2023

Meeting Date

S. HHS Approps.

Committee

The Florida Senate APPEARANCE RECORD

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N/A Tab 3

Bill Number or Topic

N/A

Amendment Barcode (if applicable)

Name Tony Lloyd, Assistant Secretary for Administration

Phone 850-488-9410

Address 2415 North Monroe

Email tony.lloyd@myflfamilies.com

Street

Tallahassee

FL

32303

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:
Department of Children and Families

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

SENATOR JOE GRUTERS

22nd District

COMMITTEES:

Regulated Industries, *Chair*
Appropriations
Appropriations Committee on Agriculture,
Environment, and General Government
Appropriations Committee on Health
and Human Services
Commerce and Tourism
Community Affairs
Transportation

SELECT COMMITTEE:

Select Committee on Resiliency

JOINT COMMITTEE:

Joint Committee on Public Counsel Oversight,
Alternating Chair

January 18, 2023

Chair Harrell,

Senator Gruters requests an excused absence for the Appropriations Committee on Health and Human Services Meeting on 1/25/2023 beginning at 9:30AM.

Please let me know if there are any conflicts resulting in this request.

Thank you,

A handwritten signature in black ink that reads "Joe Gruters".

REPLY TO:

- 381 Interstate Boulevard, Sarasota, Florida 34240 (941) 378-6309
- 316 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5022

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Appropriations Committee on Health and Human Services AUDIO FILE 1 of 2 Judge:

Started: 1/25/2023 9:30:23 AM

Ends: 1/25/2023 10:37:45 AM

Length: 01:07:23

9:30:31 AM Sen. Harrell (Chair)
9:34:01 AM TAB 1 - Department of Health Update on the Office of Minority Health
9:34:36 AM Mike Mason, Assistant Deputy Secretary, Department of Health
9:50:34 AM Sen. Rouson
9:51:25 AM M. Mason
9:51:50 AM Sen. Rouson
9:52:02 AM M. Mason
9:52:27 AM Sen. Rouson
9:52:40 AM M. Mason
9:53:44 AM Sen. Rouson
9:54:01 AM M. Mason
9:54:31 AM Sen. Burton
9:54:57 AM Sen. Harrell
9:55:08 AM M. Mason
9:55:24 AM Sen. Harrell
9:55:36 AM Sen. Burton
9:55:50 AM Sen. Harrell
9:56:04 AM Sen. Calatayud
9:56:38 AM M. Mason
9:57:37 AM Sen. Book
9:58:09 AM M. Mason
9:58:45 AM Sen. Book
9:59:00 AM M. Mason
9:59:34 AM Sen. Book
9:59:42 AM Sen. Davis
9:59:52 AM M. Mason
10:00:25 AM Sen. Davis
10:00:51 AM M. Mason
10:01:22 AM Sen. Harrell
10:01:35 AM Sen. Osgood
10:01:54 AM M. Mason
10:03:13 AM Sen. Osgood
10:03:48 AM Sen. Garcia
10:04:23 AM M. Mason
10:04:40 AM Sen. Simon
10:05:28 AM M. Mason
10:06:00 AM Sen. Harrell
10:06:53 AM Sen. Rouson
10:08:03 AM Sen. Harrell
10:08:17 AM TAB 2 - Health and Human Services Information Technology Updates
10:08:18 AM Agency for Health Care Administration
10:08:36 AM Sen. Harrell
10:10:09 AM Tom Wallace, Deputy Secretary for Medicaid, Agency for Health Care Administration
10:31:14 AM Sen. Harrell
10:31:19 AM Sen. Brodeur
10:31:53 AM M. Mason
10:32:04 AM Sen. Harrell
10:33:23 AM Sen. Brodeur
10:33:41 AM T. Wallace
10:34:23 AM Sen. Brodeur
10:34:32 AM T. Wallace
10:34:45 AM Sen. Harrell

10:35:00 AM T. Wallace
10:35:26 AM Sen. Book
10:35:57 AM T. Wallace
10:36:25 AM Sen. Book
10:36:56 AM Sen. Harrell
10:37:22 AM Recording Paused
10:37:43 AM
10:37:44 AM

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Appropriations Committee on Health and Human Services AUDIO FILE 2 of 2 Judge:

Started: 1/25/2023 10:46:55 AM

Ends: 1/25/2023 11:29:50 AM

Length: 00:42:56

10:47:15 AM Sen. Harrell (Chair)
10:47:28 AM TAB 2 - Health and Human Services Information Technology Updates (continuation from previous recording)
10:47:32 AM Sen. Book
10:47:41 AM Sen. Harrell
10:47:47 AM Sen. Book
10:48:05 AM T. Wallace
10:48:45 AM Sen. Book
10:48:55 AM T. Wallace
10:49:15 AM Sen. Harrell
10:49:43 AM T. Wallace
10:49:52 AM Sen. Harrell
10:50:15 AM T. Wallace
10:50:32 AM Sen. Harrell
10:50:50 AM T. Wallace
10:51:08 AM Sen. Harrell
10:51:29 AM T. Wallace
10:51:45 AM Sen. Harrell
10:51:55 AM Sen. Burton
10:52:24 AM T. Wallace
10:52:56 AM Sen. Burton
10:53:37 AM T. Wallace
10:53:49 AM Sen. Burton
10:54:44 AM T. Wallace
10:54:56 AM Sen. Harrell
10:55:23 AM T. Wallace
10:55:38 AM Sen. Harrell
10:55:45 AM T. Wallace
10:55:54 AM Sen. Harrell
10:56:28 AM T. Wallace
10:56:51 AM Sen. Harrell
10:57:02 AM T. Wallace
10:57:27 AM Sen. Harrell
10:57:46 AM T. Wallace
10:57:56 AM Sen. Harrell
10:58:02 AM Sen. Garcia
10:59:22 AM T. Wallace
10:59:55 AM Sen. Baxley
11:01:49 AM Sen. Harrell
11:01:55 AM Sen. Baxley
11:02:00 AM Sen. Harrell
11:02:44 AM T. Wallace
11:02:56 AM Sen. Harrell
11:03:32 AM T. Wallace
11:03:46 AM Sen. Harrell
11:04:09 AM T. Wallace
11:04:29 AM Sen. Harrell
11:04:40 AM Sen. Brodeur
11:04:51 AM Sen. Harrell
11:05:18 AM Department of Children and Families
11:05:23 AM Sen. Harrell
11:05:39 AM Cole Sousa, Chief Information Officer, Department of Children and Families

11:06:04 AM	Sen. Harrell
11:06:12 AM	C. Sousa
11:14:39 AM	Sen. Harrell
11:14:47 AM	Sen. Calatayud
11:15:33 AM	C. Sousa
11:16:51 AM	Sen. Calatayud
11:17:38 AM	Sen. Harrell
11:17:43 AM	C. Sousa
11:18:38 AM	Sen. Harrell
11:19:23 AM	C. Sousa
11:20:40 AM	Sen. Harrell
11:20:48 AM	Sen. Garcia
11:21:28 AM	Sen. Davis
11:22:01 AM	C. Sousa
11:22:55 AM	Sen. Davis
11:23:25 AM	C. Sousa
11:23:54 AM	Sen. Harrell
11:24:34 AM	C. Sousa
11:24:49 AM	Sen. Harrell
11:25:32 AM	Sen. Burton
11:26:17 AM	C. Sousa
11:27:04 AM	Sen. Garcia
11:27:14 AM	C. Sousa
11:27:27 AM	Sen. Garcia
11:27:54 AM	C. Sousa
11:28:21 AM	Sen. Harrell