

# Attachment A - Overview of the Current DOEA Program

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## **SECTION 1      Background**

### **1.1 Business Need**

The current technology used by DOEA to provide services, including determining medical eligibility of the State's elderly population for cost effective home and community-based services, is the antiquated legacy Client Information and Registration Tracking System (CIRTS). CIRTS is a 25+ year old system using an obsolete and no longer supported technology. This impact of continuing to utilize older technology is reduced stability, dependability, extensibility, and supportability of DOEA's most critical application. Additionally, years of extensive programmatic changes have resulted in conflicting modifications and workarounds in code, creation of additional external databases, and paper-based processes severely convoluting the work flow, data management, and security processes. This has resulted in significant inefficiencies in the system and thereby reduces employee efficiency and productivity.

One example of the legacy system's shortcomings is providers and Managed Care Organizations (MCOs) are required to submit requisite Medicaid 701 assessments for determining and maintaining clients Level of Care and Pre-Admission Screening and Resident Review (PASRR) forms to DOEA via electronic fax or mailing. The forms must be manually entered into CIRTS by DOEA staff for processing. This process would be made significantly more efficient by allowing providers and MCOs to submit 701 assessments, and PASRR forms directly to the system via an online web portal that would automatically integrate the associated data into the new system. It is estimated this will increase efficiency by approximately 30% for DOEA Staff.

Another example contributing to work load increases is the inability of the worker to have reliable mobile access. An online assessment optimally should take approximately 45 minutes. Often the worker starts the online assessment only to discover that it cannot be completed due to various technical problems. This requires the worker to revert to a manual assessment which can add an additional hour to the assessment process. The inefficiency is further exacerbated in performing manual assessments which then must be entered manually resulting in increased labor utilization. Thus, reducing efficiency in performing the assessment results in lessening the worker's ability to perform timely assessments and adds to a backlog of assessments to be completed each year. This inhibits DOEA's goal of effectively and efficiently serving the elderly population.

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

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

Implementation of a robust CRM platform allows DOEA to achieve its goals of standardizing and optimizing processes, improving client service, enhancing client data management and accountability. This will provide the opportunity for increasing the efficiency and effectiveness of staff as well as advanced data analytics and reporting. The overall purpose of the eCIRTS project is to optimize and standardize business processes and

align the optimized process with the best value technology solution available in the market to support DOEA's drive for increased efficiency.

## **1.2 Department of Elder Affairs Responsibilities**

The mission of the Department of Elder Affairs (DOEA) is to help Florida's elders remain healthy, safe, and independent.

Florida has more than 5.2 million elders age 60 and above which ranks first in the nation in the percentage of its citizens who are elders and will continue to do so for the near future. Currently, elders make up 24% of the state's population, and this is expected to grow to 35% by 2030. There are more than 1.7 million Floridians age 75 and older, and the population group 100 and older is Florida's fastest growing age group by percentage. Florida has more elders living within its borders than the populations of 17 other states and the District of Columbia combined. Florida's future is linked to the financial, health, and physical security of its elder population.

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

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

1. Administering human services and long-term care programs, including programs funded under the federal Older Americans Act of 1965, as amended, and other programs that are assigned to DOEA by law.
2. Ensuring each AAA/ADRC operates in a manner that provides Florida elders with the best services possible.
3. Serving as an information clearinghouse at the state level and assisting local-level information and referral resources as a repository and means for the dissemination of information regarding all federal, state, and local resources for assistance to the elderly in the areas of, but not limited to, health, social welfare, long-term care, protective services, consumer protection, education and training, housing, employment, recreation, transportation, insurance, and retirement.
4. Recommending guidelines for the development of roles for state agencies that provide services for the aging, reviewing plans of agencies that provide such services, and relaying the plans to the Governor and the Legislature.
5. Recommending to the Governor and the Legislature an organizational Framework for the planning, coordination, implementation, and evaluation of programs related to aging, with the purpose of expanding and improving programs and opportunities available to the state's elderly population and enhancing a continuum of long-term care.
6. Advising the Governor and the Legislature regarding the need for and location of programs related to aging.
7. Reviewing and coordinating aging research plans of all state agencies to ensure research objectives address issues and needs of the state's elderly population. This effort includes contracts with academic institutions, development of educational and training curricula, Alzheimer's disease and other medical research, studies of long-term care and other personal assistance needs, and design of adaptive or modified living environments.

8. Reviewing budget requests for programs related to aging to ensure the most cost-effective use of state funding for the state’s elderly population before submission to the Governor and the Legislature.
9. Requesting administering programs affecting the state’s elderly population to amend their plans, rules, policies, and research objectives as necessary to ensure that programs and other initiatives are coordinated and maximize the state’s efforts to address the needs of the elderly.
10. Holding public meetings regularly throughout the state to receive information and maximize the visibility of important issues relating to aging and the elderly.
11. Conducting policy analysis and program evaluation studies assigned by the Legislature.
12. Assisting the Governor, each Cabinet member, and members of the Legislature in conducting their responsibilities as they consider appropriate.
13. Calling upon appropriate agencies of state government for such assistance as is needed in the discharge of its duties.
14. Responsible for establishing and administering the Adult Care Food Program.

Per Section 430.02, Florida Statutes, DOEA has the lead responsibility for administering human service programs for the elderly. To fulfill the legislative intent, DOEA in conjunction with other state agencies and contracted Area Agencies on Aging (AAA), which operate as Aging and Disability Resource Centers (ADRCs) to advise, assist, and protect the state’s elderly citizens to the fullest extent possible. By developing programs and services implemented in an easily accessible manner, DOEA ensures Florida’s elderly citizens maintain a state of maximum independence and quality of life.

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

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

**Table 1: DOEA Offices, Divisions, and Bureaus**

The Department provides most services through its Division of Statewide Community-Based Services, which works through the state's eleven Area Agencies on Aging and local service providers to deliver essential services to a vital segment of the population. The Department also directly administers a wide range of programs, ranging from the Long-Term Care Ombudsman Program, Office of Public and Professional Guardians, Communities for a Lifetime to SHINE (Serving Health Insurance Needs of Elders), and CARES (Comprehensive Assessment and Review for Long-Term Care Services).

### 1.2.1 DOEA Top Priorities Five-Year Outlook

The DOEA priorities for the next five years are outlined in the bullets below:

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

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

### 1.2.2 DOEA Organizational Strategic Goals and Objectives

DOEA drafted its Long-Range Program Plan in September 2017 outlining its priorities by setting the goals and objectives needed to fulfill DOEA's mission. These initiatives include:

#### **Goals:**

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

- **Goal 5:** Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population; and
- **Goal 6:** Maintain effective and responsive management.

**Objectives:**

- **Objective 1.1:** Increase streamlined access to health and long-term care options;
- **Objective 2.1:** Identify and serve target populations in need of home and community-based services;
- **Objective 2.2:** Address unmet needs while serving as many clients as possible using all available resources;
- **Objective 2.3:** Improve caregiver supports and services;
- **Objective 3.1:** Promote good nutrition and physical activity to encourage or maintain healthy lifestyles and mitigate negative health outcomes;
- **Objective 4.1:** Increase the accountability and oversight of individuals serving as professional guardians;
- **Objective 4.2:** Increase the advocacy for residents of long-term care facilities through the Long-Term Care Ombudsman Program;
- **Objective 5.1:** Promote safe and affordable communities for elders that will benefit people of all ages; and
- **Objective 6.1:** Maximize the effective and efficient use of federal and state funds.

**1.2.3 Solution Goals**

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

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

Ultimately, the Department’s goal is to efficiently use resources to ensure the greatest number of elders possible get to spend their golden years living healthy, active, and fulfilling lives in their communities.

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

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

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

- Medical eligibility for the Medicaid Institutional Care Program (ICP);
- Medical eligibility for Medicaid waivers that provide community-based services;
- Medical assessment for all mentally ill individuals requesting ICP; and
- Medical assessment for individuals with intellectual disabilities requesting ICP services.

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

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

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

The primary functions of the AAAs and ADRCs include:

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

## **SECTION 2 Current Business Processes**

### **2.1 Client Management Processes within CARES and AAAs/ADRCs**

DOEA has two defined groups which execute DOEA's core business processes – the Bureau of CARES and the CARES personnel who collaborate with the AAA and ADRC offices located in the 11 Planning Service Areas (PSAs) throughout Florida. A summary of current (As-Is) business processes is listed below:

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- CARES Intake Process
- CARES On-Site Assessment Process
- CARES Medical Case File Review
- CARES Staffing Process (Level of Care)
- CARES Level of Care Recommendation
- CARES Follow-Up Schedule
- ADRC Intake and Follow-Up Process
- CARES Pre-Admission Screening and Resident Review (PASRR) - Level I
- CARES Pre-Admission Screening and Resident Review (PASRR) - Level II
- AAA and Lead Agency Budget and Care Plans
- Complaints
- Monitoring CARES, ADRCs and Lead Agencies

The table below lists DOEA core processes and provides a brief description of each.

ANALYSIS CATEGORY	PRIMARY FEATURES
<b>Intake</b>	<ul style="list-style-type: none"> <li>▪ The method in which CARES processes referrals, including the sources from which cases are received and the requirements for accepting cases. Referrals for ICP assessments are accepted from any source and by any means of transmission – fax, mail, courier, walk-in, email or telephone.</li> </ul>
<b>Screening</b>	<ul style="list-style-type: none"> <li>▪ Individuals are screened or re-screened for enrollment and maintenance on the Assessed Prioritized Consumer List (APCL) for the Statewide Medicaid Managed Long-Term Care (SMMC LTC) Program and Department funded programs.</li> </ul>
<b>On-site Assessment</b>	<ul style="list-style-type: none"> <li>▪ A visit to the location where a client is currently residing (home, hospital, nursing facility, etc.) to obtain client assessment or follow-up information. To be considered an on-site visit the client must be interviewed or seen at time of assessment or follow-up.</li> </ul>
<b>Medical Case File Review for Initial Referrals</b>	<ul style="list-style-type: none"> <li>▪ Also known as a Desk Review – When face-to-face client contact is not required, this file review involves the examination of medical records by a CARES Assessor, Registered Nurse Specialist, and/or Physician Consultant in the process of determining level of care.</li> </ul>
<b>Staffing Process</b>	<ul style="list-style-type: none"> <li>▪ An interdisciplinary team meeting of CARES professional staff, Program Operations Administrator, CARES Physician Consultant and/or Registered Nurse Specialist to review medical documentation and assessment information for CARES' clients. The purpose of staffing is to determine appropriate and correct Level of Care, program recommendation, and placement recommendation.</li> </ul>
<b>Recommended Placement – Community Services</b>	<ul style="list-style-type: none"> <li>▪ Placement recommendations will be based on the client's current living situation, and/or their potential to safely return or remain in the community. CARES staff will recommend placements that are the least restrictive, most appropriate living situation in which the individual can receive needed care and services.</li> </ul>
<b>Recommended Placement – Temporary Nursing Facility Placement</b>	<ul style="list-style-type: none"> <li>▪ An individual in need of a temporary stay in a nursing facility or rehabilitation center who has potential for returning to the community. A client in a temporary placement who returns to the community is considered in an alternative placement at the time of return to the community.</li> </ul>



ANALYSIS CATEGORY	PRIMARY FEATURES
<b>Recommended Placement – Long Term Nursing Facility Placement</b>	<ul style="list-style-type: none"> <li>▪ A nursing facility, assisted living facility, intermediate care facility for the developmentally disabled or tuberculosis hospital participating in the Medicaid program.</li> </ul>
<b>Follow-Up Schedule – Community Services Recommendation</b>	<ul style="list-style-type: none"> <li>▪ Enrollees residing in a nursing facility who transition into the community with assistance from the LTC Plan will have their eligibility revised from ICP to home and community-based services (HCBS) eligibility.</li> </ul>
<b>Follow-Up Schedule – Temporary Nursing Facility Recommendation</b>	<ul style="list-style-type: none"> <li>▪ Follow-up for nursing facility residents who have Temporary Level of Care recommendations. For Temporary Nursing Facility Placement (code NHTP) recommendations, the follow-up schedule is 30 and 90 days.</li> </ul>
<b>Follow-Up Schedule – Long-Term Care Nursing Facility Recommendation</b>	<ul style="list-style-type: none"> <li>▪ Follow-ups are completed to evaluate the progress of individuals as it relates to Level of Care criteria and community potential. Follow-ups will be completed at 30 and 90 days based on the most recent staffing date.</li> </ul>
<b>Pre-Admission Screening and Resident Review (PASRR)</b>	<ul style="list-style-type: none"> <li>▪ An extensive, individualized in-depth evaluation of the individual to confirm or rule out a suspected diagnosis of Serious Mental Illness (SMI), Intellectual Disability (ID) or both. The Level II Evaluation is also used to determine whether nursing facility services and specialized services are needed. The Office of Substance Abuse and Mental Health (SAMH) within the Department of Children and Families or its designee is responsible for determining the need for specialized services for individuals suspected of having SMI and if nursing facility placement is appropriate. The Agency for Persons with Disabilities (APD) is responsible for determining the need for specialized services for individuals suspected of having ID and if nursing facility placement is appropriate. See 42 CFR 483.112 and 42 CFR 483.130.</li> </ul>
<b>New Admission Review</b>	<ul style="list-style-type: none"> <li>▪ Discuss case with the facility staff, determine date of admission, review resident’s chart, and obtain copies of pertinent medical or social information related to determining Level of Care.</li> </ul>
<b>Nursing Home Intake</b>	<ul style="list-style-type: none"> <li>▪ The method in which CARES processes referrals, including the sources from which cases are received and the requirements for accepting cases. Referrals for ICP assessments are accepted from any source and by any means of transmission – fax, mail, courier, walk-in, email or telephone.</li> </ul>
<b>Care Plans</b>	<ul style="list-style-type: none"> <li>▪ An individualized written plan of care that identifies the assessed needs of a client and how the needs will be met with the provision of services. The care plan includes the services, duration, frequency, and provider of the services.</li> </ul>
<b>Complaints</b>	<ul style="list-style-type: none"> <li>▪ A complaint is the lowest level of expression of dissatisfaction about any matter other than an action, including, but not limited to, missed services, alleged abuse, neglect, exploitation, or a violations of enrollee rights and personal welfare.</li> </ul>

ANALYSIS CATEGORY	PRIMARY FEATURES
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>Comprehensive monitoring is conducted to assure the administration of state and federal programs and the delivery of services to elders conformed to standards of good practices and produced outcomes in agreement with the Department’s mission and contractual requirements. Monitoring team members are responsible for conducting the review of approved monitoring standards and related activities included in the Department’s Monitoring Plan and agenda for each AAA.</li> </ul>

**Table 2: DOEA Core Processes**

The heat map in the table below depicts the intersection of the processes shared between DOEA Divisions, AAAs/ADRCs, and Lead Agencies.

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

**Table 3: DOEA Core Processes Heat Map**

A detailed list of DOEA’s proposed (To-Be) business processes is shown in the Business Process Reengineering (BPR) document.

Associated descriptions of the functionality of DOEA’s Core Processes are listed in the Project Glossary of Terms and Abbreviations.

A detailed list of system requirements is shown in the Requirements Traceability Matrix (RTM).

## SECTION 3 Technical Environment

### 3.1 Systems and Tools used by DOEA and Partner Organizations

The Table below illustrates the functions and systems/tools managed by DOEA and partner organizations.

ENTITY	FUNCTION	SYSTEMS/TOOLS
<b>DOEA</b>	DOEA provides direct services through its Division of Statewide Community-Based Services, which works through the State’s eleven Area Agencies on Aging and local service providers to deliver essential services to the elder population of Florida.	Adult Care Food Program (ACFP) Automated Contract Management System (ACMS) Adult Protective Services Referral Tracking Tool (ARTT) CIRTS DOEA Reporting Systems DOEA Tracking Systems Microsoft Access Microsoft Excel Microsoft Outlook Ombudsman Management Information System (OMIS), Long Term Care Ombudsman Program (LTCOP) ReferNET User Management System (UMS)
<b>AAAs/ADRCs</b>	AAAs respond to the needs of Americans 60 and over in every local community by providing a range of options allowing older adults and adults with disabilities to choose home and community-based services and living arrangements.  ADRCs provide information and referrals to elders, disabled persons, and adults age 18 and older who have a serious mental illness (such as bipolar disorder, schizophrenia, or clinical depression) or intellectual disability.	CIRTS Google Calendar Microsoft Access Microsoft Excel Microsoft Outlook ReferNET Square 9 SmartSearch TimeTap

ENTITY	FUNCTION	SYSTEMS/TOOLS
<b>Community Care for the Elderly Lead Agencies and Other provider agencies</b>	Lead Agencies assist functionally impaired elderly persons to live dignified and reasonably independent lives in their own homes, homes of relatives or caregiver’s home.	CIRTS Google Calendar Microsoft Access Microsoft Excel Microsoft Outlook ReferNET Square 9 SmartSearch TimeTap

**Table 4: CIRTS Entities, Functions, and Systems**

In comparing the elder services functions and processes, DOEA’s seventeen CARES offices and eleven AAAs/ADRCs conduct similar processes but execute those processes quite differently. Moreover, the composition of their portfolio includes custom-developed applications, Microsoft Access databases, commercial-off-the-shelf (COTS) solutions, and Microsoft Excel spreadsheets. This environment, lacking centralized enterprise oversight and standardization, has created inconsistency across data elements and has been a root cause for data redundancy. Within DOEA, the lack of direct communication channels, workflows, and access points further exacerbate these duplications and inconsistencies. There is an unmet need within DOEA to standardize processes and more efficiently access and share information and data.

### 3.2 CIRTS Application Architecture

The current CIRTS system is a custom solution consisting of six (6) databases, one 2-node application server, and one single-node application server running on SuSE Linux 10, Oracle Solaris 11.3, Oracle 10g, Oracle Application Server 11g, Oracle Forms and Oracle Reports 11g, and SOA 11g. The database was developed using SQL\*Plus and SQL Developer.

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

A detailed list of CIRTS modules and their platforms, development language(s), reports, interfaces, and monthly maintenance cost can be found in the list of DOEA applications described in the Microsoft Excel spreadsheet titled “DOEA 2017 Application Inventory List.xlsx”.

A detailed Data Dictionary describing the CIRTS tables, fields, field data types, and field descriptions can be found in the Microsoft Excel spreadsheet titled “CIRTS\_Data\_Dictionary.xlsx”.

#### 3.2.1 CIRTS Features and Functionality

To support DOEA’s business objectives and processes, the current CIRTS system has the following features and functionality:

### 3.2.1.1 System, Connectivity, and Security Requirements

System Type	Custom solution running on SuSE Linux 10, Oracle Solaris 11.3, and Oracle 10g
Connectivity	The system supports both wired and wireless connectivity.
Security Requirements	<ul style="list-style-type: none"> <li>▪ Chapter 74-2, F.A.C.</li> <li>▪ Chapter 119, F.S.</li> <li>▪ Chapter 400, F.S.</li> <li>▪ Chapter 415, F.S.</li> <li>▪ Chapter 429, F.S.</li> <li>▪ Chapter 430, F.S.</li> <li>▪ Chapter 744, F.S.</li> <li>▪ Health Insurance Portability and Accountability Act of 1996 (HIPAA)</li> <li>▪ Section 282.318, F.S.</li> <li>▪ Sections 282.601-282.606, F.S.</li> </ul>

**Table 5: System, Connectivity, and Security**

### 3.2.1.2 Internal and external interfaces

The CIRT system interfaces with several external entities, including:

ORGANIZATION	INTERFACES	INBOUND/ OUTBOUND	FREQUENCY
<b>Agency for Health Care Administration (AHCA)</b>	Active waiver enrollment information for State Wide Medicaid Managed (SMMC) Long Term Care (LTC) and Program of All-inclusive Care for the Elderly (PACE) programs	Inbound	Tri-monthly
<b>Agency for Health Care Administration</b>	Previously active, but now terminated, enrollment information	Inbound	Tri-monthly
<b>Agency for Health Care Administration</b>	Complaints related to SMMC LTC waiver. Consumed by Independent Consumer Support Program used by the Medicaid Waiver/ADRC Unit	Inbound	Daily
<b>Agency for Health Care Administration</b>	Level of Care data	Outbound	Monthly
<b>Department of Children and Families (DCF)</b>	DCF sends information about individuals who are being served by DCF in state programs and who are about to turn 60 making them DOEA's responsibility	Inbound	Quarterly
<b>Department of Health (DOH)</b>	Death certificate data of individuals 18 or older	Inbound	Daily
<b>(AHCA) Enrollment Broker</b>	Client information with the Comprehensive Assessment and Review for Long Term Care Services, Level of Care determinations, for the SMMC LTC program	Outbound	Daily

<b>ORGANIZATION</b>	<b>INTERFACES</b>	<b>INBOUND/ OUTBOUND</b>	<b>FREQUENCY</b>
<b>Enrollment Broker</b>	CARES' 701B assessments (pdf format) for client data referenced in the row above with a community recommendation (not nursing home clients) to the enrollment broker for the SMMC LTC program	Outbound	Daily
<b>Service Providers</b>	Data is imported into CIRTS using the DOEA Electronic Data Interchange (EDI) File Exchange system	Inbound	Ad hoc

**Table 6: Internal and External Interfaces**

### 3.3 Agency for State Technology (AST) Data Center

CIRTS is currently hosted at the AST State Data Center on a shared clustered server environment. Using information available from the AST State Data Center, DOEA estimates the following minimum capacity requirements. AST was unable to provide CIRTS-specific average and peak utilization information.

<b>Metric</b>	<b>Fiscal YTD</b>
Number of Users	2025
System Availability	Minimum 99.9% uptime
Database Storage	100 GB
Document Storage	600 GB
Transactions	1,100,000
% Batch Transactions	4.5
% Minimum Growth	2.5

**Table 7: Capacity Planning**

A major concern of the current CIRTS system, is it experiences frequent downtime which interrupts the ability for DOEA staff to perform their job functions efficiently. From March 2014 through August 2017 (42 months), DOEA IT submitted 1,320 support tickets to AST, an average of approximately 30 tickets per month. Approximately 95% of the tickets were related to CIRTS.

## SECTION 4 End User Support

### 4.1 eCIRTS Help Desk

The DOEA Bureau of Information Technology (BIT) provides valuable technical support to both the Department's employees and private non-profit partners statewide, specifically the Area Agencies on Aging information technology units. Dedicated to maintaining the appropriate level of information security, the unit works in partnership with AST to ensure compliance with current security industry standards and to provide the appropriate level of information security in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191.

The unit is divided into two functional groups as follows:

- **Applications Support Group**

This group is responsible for maintaining all applications developed for the Department. It administers the Department's Client Information and Registration Tracking System (CIRTS), which is used by the aging network to manage client assessment data, register clients for services, plan client services and maintains program waiting lists. CIRTS is also used by CARES caseworkers to evaluate client eligibility for Medicaid services and to develop recommendations for client placement. In addition to providing technical assistance for supported applications, this group also actively works to develop web-based applications and websites.

- **Enterprise Systems Support**

This group is responsible for providing technology support to all Department employees throughout the state, as well as the Area Agencies on Aging. The group maintains, supports, troubleshoots malfunctioning equipment and software, and implements various software and hardware technologies for the Department, including but not limited to computers, software, and other wireless technologies. This group is also responsible for all system software and technical infrastructure, including servers, networks, operating system software, email, databases, database administration for applications, information security, and HIPAA compliance for information systems and interchange.

#### **4.2 Access Control**

Access to CIRTS is initially established by the BIT Help Desk. One or more LAN Administrators are established at each AAA. The AAA LAN Administrators have the ability to establish user IDs and assign appropriate roles for users within their AAA. The BIT Help Desk and LAN Administrators are responsible for monitoring user accounts and updating access as job duties change or employees leave the Department or AAA.