

# Information System Applications Integration

RFI Advertisement Number: **RFI 20-102**

## **I. INTRODUCTION**

The Department of Children and Families (Department) is issuing this Request for Information (RFI) to seek information from vendors regarding Information Systems application integration for two Program Offices within the Department, the Program Office of Economic Self-Sufficiency (ESS), and the Program Office of Child Welfare (OCW).

Services for Department customers are coordinated through an administrative structure of six geographic regions, which are aligned with Florida's 20 judicial circuits, serving all 67 counties.

ESS is responsible for determining eligibility for Florida's public assistance benefit programs including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families program (TANF), and Medicaid. These services are administered through the ACCESS system, which serves as the Department's eligibility service delivery system. The ACCESS System is a legacy, on-premise system, and the Department is considering alternative solutions for the application, infrastructure, and service delivery. ESS also oversees the Refugee, Homelessness and other programmatic and support offices. In addition to the programs and administration of public benefits listed above, ESS is transforming and diversifying its service delivery through care coordination to directly connect with customers utilizing a human centered and community-based approach to assist customers in their achieve of economic independence.

OCW is responsible for an array of services for children, their families, and legal guardians, that include the prevention of separation of children from their families; the protection of children alleged to be dependent, including the provision of emergency and long-term alternate living arrangements; the reunification of families who have had children placed in out-of-home care, foster homes, or institutions; the permanent placement of children who cannot be reunited with their families or when reunification would not be in the best interest of the child; the transition to self-sufficiency for older children who continue to be in foster care as adolescents; and the preparation of young adults that exit foster care at age 18, or extend to age 23, to make the transition to self-sufficiency as adult. These services are administered through the Family Safety First Network (FSFN) application. FSFN is the Department's official statewide automated Comprehensive Child Welfare Information System (CCWIS).

This is an RFI, as defined in section 287.012(22), Florida Statutes (F.S.), for planning purposes only. This is not a solicitation for offers. The information gathered from this RFI may be used to develop a future competitive solicitation. Please monitor the Vendor Bid System (VBS) for any changes or notices prior to submitting a response.

## **II. PURPOSE OF AN RFI**

Rule 60A-1.042(1), Florida Administrative Code (F.A.C.), provides that an agency may request information by issuing an RFI. Agencies are authorized to use an RFI in circumstances including, but not limited to, determining whether to competitively procure a commodity or contractual

services, determining what solicitation process to use for a particular need, or researching general, special, and/or technical specifications for a solicitation. A vendor’s response to an RFI is not an offer and the agency may not use the vendor’s response to justify a contract with that vendor without otherwise complying with Chapter 287, F.S., and Rule 60A-1.042, F.A.C. Vendors submitting a response to an agency’s RFI are not prohibited from responding to any related subsequent solicitation.

Any future purchase of the services will be conducted in accordance with Chapter 287, F.S. The Department may use responses to this RFI to prepare one or more competitive solicitations and as the basis for any subsequent vendor meetings.

### III. BACKGROUND

#### Economic Self Sufficiency Program:

Section 20.19(4), F.S., establishes the ESS Program Office within the Department. The ESS Program is governed by several Statutes and Codes of Federal Regulation (CFR). The Florida Statutes that govern the ESS Program are Chapter 409, F.S. (Medicaid), Chapter 414, F.S. (SNAP and TANF), Chapter 420, F.S. (Homelessness), and Chapter 402, F.S. (Refugee Services). The Codes of Federal Regulation that govern the ESS Program are Chapter 7 CFR Subchapter C (Food Stamps and Food Distribution Program), 45 CFR Subpart E (Refugee Cash Assistance Program), 45 CFR Subpart G (Refugee Medical Assistance), 45 CFR Part 205 (General Administration), 42 CFR Part 435 (Eligibility in the States), and 24 CFR Part 576 (Homelessness). The primary assistance programs and services are outlined in the ESS Services Description table below:

ESS Services	
Category	Description/Programs
<b>Medical Assistance</b>	<p>Provides medical coverage to low-income individuals and families who meet the technical, income and asset requirements of the program. The Agency for Health Care Administration (AHCA) administers Medicaid, while the Department determines Medicaid eligibility.</p> <p>Refugee Assistance Program (RAP) provides financial and medical benefits to refugees and entrants in Florida to help them become economically self-sufficient.</p>
<b>Food Assistance</b>	<p>SNAP helps low-income individuals and families who meet the technical and income requirements of the program to buy food.</p> <p>The SUNCAP Program is a special Food Assistance Program for individuals who receive Supplemental Security Income (SSI).</p> <p>The Disaster SNAP (D-SNAP) program offers emergency food benefits to victims of hurricanes or other types of disasters.</p>
<b>Cash Assistance</b>	<p>TANF provides cash assistance to families with children under the age of 18 or under the age of 19 if full time secondary school students, who meet the technical, income, and asset requirements. The program helps families become self-supporting by assisting in the payment of rent, utilities, and other household expenses while allowing children to remain in their own homes. It also provides cash help to</p>

ESS Services	
Category	Description/Programs
	<p>nonrelative/relative caregivers who have custody of a non-relative/relative child placed with them by the courts as an alternative to foster care.</p> <p>Relative Caregiver Program provides cash help to relative caregivers who have custody of a related child placed with them by the courts as an alternative to foster care. The amount of payment is based on the child's age.</p> <p>Nonrelative Caregiver Program provides monthly financial support to nonrelatives who have court ordered custody and care of a non-related child placed in their home as an alternative to foster care living arrangements. The amount of payment is based on the child's age.</p> <p>Optional State Supplementation provides payments to supplement the income of indigent elderly or disabled individuals who reside in community-based alternative living environments.</p> <p>RAP provides financial benefits to refugees and entrants in Florida to help them become economically self-sufficient.</p>
<b>Refugee Services</b>	Provides services including employment placement, English Language Training, child-care, vocational education, citizenship and youth services. The ACCESS benefits system is used to administer Refugee Cash and Medical Assistance.
<b>Homelessness Service</b>	Coordinates resources and programs across all levels of government, and with private providers that serve the homeless. It also manages targeted state grants to support the implementation of local homeless service continuum of care plans.
<b>Care Coordination</b>	The care coordination program model is characterized by a shift from a focus solely on processing benefits to providing services that help our customers achieve economic independence. The ESS transition to this model provides care coordinators who will assist public benefit applicants in their achievement to economic self-sufficiency by delivery of a human centered, community-based approach. Specifically, care coordinators work in partnership with customers to identify short, medium, and long-term goals in their journey to economic independence as well as work to identify and address any barriers that impede the achievement of the customer's goals. Care coordinators will connect customers with local resources and work closely with the customer in a coaching capacity throughout the process. This program model shift will also allow for greater collaboration, prevention and service level enhancements amongst program areas within DCF.

Within the ESS Program, the following functional units provide direct or support services:

ESS Program Functional Units	
Program/Unit	Function
<b>Application Processing Centers</b>	The centers complete the processing of initial applications and redeterminations for on-going benefits. This process entails the verification of an individual's identity, living situation, income and

ESS Program Functional Units	
	resource level (through electronic and manual processes) to ensure the individual's eligibility for benefits. Over 92% of the applications are received electronically.
<b>Customer Call Center (CCC)</b>	The ESS Program maintains one CCC with three locations (Jacksonville, Miami, and Tampa), which received over 13 million calls last year. Customer service representatives take customer calls on case status, policy, and informational calls that cannot be handled through an interactive voice response. In addition, agents accept information and process changes in eligibility.
<b>Case Maintenance Unit (CMU)</b>	The CMUs process casework that normally does not require direct customer contact; however, due to the need for local coordination, CMUs are situated in the regions. Each month the CMUs handle over 480,000 data exchange alerts from state, Federal, and private databases. In addition, CMUs also act on reported changes, do bill tracking for Medicaid share of cost cases, impose and lift sanctions as requested by welfare-to-work and Child Support Enforcement programs, process all web-based changes, and process requests for verification of Medicaid coverage.
<b>Virtual Intake Unit (VIU)</b>	VIUs are located in multiple regions and are tasked with answering and conducting incoming eligibility interview calls routed from the CCC and generating notices to clients to request pending information needed to determine benefit eligibility.
<b>Office of Public Benefits Integrity (PBI) / Benefit Investigations (BI), Benefit Recovery (BR) Program and Quality Management (QM)</b>	<p>The PBI is dedicated to preventing, detecting, and recovering waste, fraud, and abuse within the State's public benefit programs. Fraud referrals can originate from eligibility workers, citizen fraud complaints, or internal PBI data analytics.</p> <p>BI staff investigate questionable cases that have been identified prior to approval and recommend appropriate case action, e.g., denial or closure. Section 414.411, F.S., requires the Florida Department of Financial Services, through its Division Public Assistance Fraud (DPAF), to investigate cases of public assistance fraud for possible administrative action or referral to the State Attorney's Office (SAO) for criminal prosecution. If DPAF does not accept a referral, then PBI can investigate and pursue administrative disqualification on the case.</p> <p>BR staff use innovative methods to evaluate referrals, establish overpayment claims, and recover/collect overpayments. The State retains a portion of BR collections, which funds the State's share of cost for the PBI program. The PBI team is actively evaluating, exploring and implementing additional enhancements in their business processes to poise themselves further toward the prevention of fraud, waste and abuse.</p> <p>The QM Unit is comprised of Quality Control (QC) and Quality Assurance monitoring activities: SNAP regulations at 7 CFR 275.10 and the Food and Nutrition Service (FNS) 310 Handbook requires each state</p>

## ESS Program Functional Units

agency to conduct QC Reviews. The QC review is a federally required systematic method of measuring the validity of the SNAP caseload, a basis for determining State error rates, and a basis for establishing state agency liability for errors that exceed the National performance measure. QC determines SNAP payment error rate for active cases and the Case and Procedural Error Rate for negative cases.

SNAP regulations at 7 CFR 275.5 and Title IV, section 20.19 (1) (b), F.S. requires each state agency to conduct quality assurance activities and Management Evaluation (ME) Reviews. The ME review is a federally required systematic method of monitoring and assessing SNAP program operations as well as a basis to improve and strengthen program operations. There are four components of the ME review: SNAP eligibility, BR, BI, and Medicaid/TCA/ RAP. The purpose of the ME reviews is to fulfill federal and State requirements related to monitoring and technical assistance activities. The QM team conducts State monitoring of all programs for accuracy and timeliness. QM also validates local level reviews, identifies any gaps in performance, and provides technical assistance.

### **Electronic Benefits Transfer (EBT) Unit**

Benefits are deposited into a cash or food assistance account each month for benefit recipients to access the funds using EBT ACCESS Florida cards. Benefit recipients then utilize the account to make purchases at retailers. Additionally, EBT provides investigative support to PBI's AIP, DPAF, and FNS through reports, data warehousing, and nightly transmissions of data and system activity files to identify fraud and/or misuse of benefit funds.

### **Refugee Services**

Refugee Services is the program area responsible for the resettlement of refugees that have come to the United States through the U.S. Department of State and other eligible clients, including Cuban and Haitian Entrants, asylum seekers, and Victims of Human Trafficking. The program includes grant management and reporting, contract administration, and oversight of program benefits issued through the ACCESS benefits system. Certain client data is reported annually to the Office of Refugee Resettlement at the Department of Health and Human Services and forms the basis of program funding in subsequent years.

### **Homelessness Service**

Created in 2001, the Office on Homelessness was established as a central point of contact within State government to address homelessness. The office coordinates the services of the various State agencies and programs to serve individuals or families who are homeless. The homelessness team works in conjunction with the 17-member Council on Homelessness to develop state policy.

The Office on Homelessness contracts with 27 local Homeless Continuums of Care (CoC) to provide necessary services to the local community. Partnering with each CoC gives local control of projects that are tailored to the needs of each community.

## ESS Program Functional Units

### Care Coordination

The care coordination program model is a newer function geared towards prevention that is characterized by a shift from a focus solely on processing benefits to providing services that help our customers achieve economic independence. The ESS transition to this model provides care coordinators who will assist public benefit applicants in their achievement to economic self-sufficiency by delivery a human centered, community-based approach. Specifically, care coordinators will work in partnership with customers to identify short, medium, and long-term goals in their journey to economic independence as well as work to identify and address any barriers that impede the achievement of the customer's goals. Care coordinators connect customers with local resources and work closely with the customer in a coaching capacity throughout the process. This business model shift will also allow for greater collaboration, prevention and service level enhancements amongst program areas within DCF.

Functionally, the Care Coordination program has been launched in a phased approach. We are currently in phase one which includes a program launch in Northwest and Central regions. The phased implementation will be re-evaluated every six months with a Care Coordination program model implemented statewide in 18 months.

### Office of Child Welfare Program:

Pursuant to Chapter 39, F.S., the Department's OCW program is responsible for the oversight of Florida's child welfare system, which consists of key stakeholders and partners, including the Department, Community Based Care Lead Agencies (CBC), contracted community providers, other state agencies, tribes, and the legal and judicial systems. Additionally, the children, youth, young adults, and families served are considered stakeholders. These stakeholders, which comprise Florida's Child Welfare Community, each play an important role in and have shared accountability for the safety, permanency, and well-being of Florida's children. Also included in the OCW's oversight responsibilities for Florida's child welfare system are operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings. OCW is responsible for the development and implementation of policies and programs that support the Department's mission and ensure fidelity with Florida's child welfare practice model.

The Department provides these services in conjunction and collaboration with the Federal Government, whose principal unit in this area is the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS).

Within Florida's six regions (Northeast, Northwest, Central, Suncoast, Southern, and Southeastern), CBCs manage the delivery of foster care and related services, including family preservation, prevention and diversion, dependency casework, case management services, out-of-home care and recruitment, emergency shelter, independent living services and adoption under contract with the Department. The primary service categories and descriptions are outlined in the OCW Services Description table below:

OCW Services	
Category	Description/Programs
<b>Prevention</b>	Florida is currently concentrating on the prevention of child abuse and neglect by strategically integrating child welfare, Domestic Violence (DV), Substance Abuse and Mental Health (SAMH), homelessness, and other services provided by the Department with a prevention lens into both the development of policy and delivery of services.
<b>Family Prevention Services</b>	Florida continues to increase efforts to support caregivers with natural supports in the community through programs such as parent support groups, family budgeting, respite care of children to provide temporary relief for parents and other caregivers, structured activities involving parents and children to strengthen the parent-child relationship. Also, information and referral services to afford families access to other community services, including childcare, health care, and nutrition.
<b>Abuse Hotline/Intake</b>	A spectrum of services is available to families during the commencement of a child protective investigation and subsequent case management. The single-entry point for an investigation and other reports of concern is the Florida Abuse Hotline. Child abuse and neglect allegations are received through the centralized Florida Abuse Hotline located in Tallahassee and occur 24 hours a day, seven days a week. Allegations of maltreatment accepted by the Hotline are assigned for child protective investigations.
<b>Child Protective Investigations</b>	The Department is responsible for conducting child protective investigations in most counties; the Department contracts with sheriffs' offices in the remaining areas. All Child Protective Investigators are responsible for In-Home and Out-of-Home investigations.
<b>In-Home Protective Services</b>	When a child protective investigation indicates that parents or legal guardians cannot, do not, or will not, protect their children, the Department and CBCs provide a full spectrum of safety services. Aligned with a safety plan that includes a service array to strengthen and support parents and caregivers in their role and responsibility of caring for their children. In-home safety services are emphasized to keep children safely in their own families whenever possible to do so.
<b>Placement and Licensing</b>	The processes and choices involved in placement are crucial to ensure the Department is providing the safest and most appropriate care for children who may be unable to live in their own homes until a permanency goal is attained. Consideration for placement is chosen from least to most restrictive. Initial placement decisions for the least restrictive placements, such as relative and non-relative placements, are made by the front-line staff and their supervisors and continue throughout the life of a child's care in the child welfare system. After initial emergency placement, placement services are coordinated by the CBCs; this provides increased local community ownership of ensuring the right out-of-home care for children. CBCs are responsible for ensuring that there are adequate and sufficient homes available for every child in care's individual needs. The Department approves all licensing.
<b>Out-of-Home Care</b>	Under this system, CBCs are responsible for providing foster care and other child welfare-related services, including family preservation and support, prevention and diversion, dependency case work, out-of-home care, emergency shelter,



OCW Services	
Category	Description/Programs
	independent living services and adoption, and the case management that support these services.
<b>Adoption</b>	CBCs are responsible for identifying and reporting to the court the permanency options available to each child who has been removed from a parent or legal guardian. CBCs are responsible for pre- and post-adoption services, including the provision of maintenance adoption subsidies.
<b>Independent Living &amp; Extended Foster Care</b>	These services are designed to promote the development of adult self-sufficiency through educational training and supports, preparation for post-secondary education, daily life skills training, employment training, substance abuse services, pregnancy prevention, and preventive health activities. Also, programs that are designed to connect foster teens and young adults that have aged out of the foster care system with positive and permanent adult mentors. The 2014 Florida Legislature passed a law that allows for young adults in or formerly in foster care to voluntarily extend their time in foster care up to the age of 21.

Within the OCW Program, the following functional units provide direct or support services:

OCW Program Functional Units	
Functional Unit	Function
<b>CBCs</b>	<p>The 1998 Florida Legislature mandated the outsourcing of child welfare case management and foster care services to CBCs. The intent was to strengthen and focus the support and commitment of local communities toward the reunification of families and care of children and their families. Under this system, CBCs are responsible for providing foster care and related services, including family preservation and support, prevention and diversion, dependency case work, case management, out-of-home care and recruitment, emergency shelter, independent living services, and adoption. Most CBCs contract with subcontractors (Case Management Organizations) for case management and direct care services to children and their families. This arrangement allows local agencies to engage community partners in designing their local system of care that maximizes resources to meet local needs.</p> <p>The Department allocates federal and State funds directly to the various community-based providers. The Department determines allocations of State and federal funds to geographical areas for delivery of community-based services, initiatives for improvement, expansion, development, planning, evaluation, implementation, annual assessment of needs, and direct consumer services to meet the requirements of the various federal grant programs. The Department also contracts with other State agencies and statewide programs for additional service and program development, evaluation,</p>



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implementation, and direct consumer services to complement and support the local community-based service delivery systems.

The CBCs' responsibilities are codified in law while the Department remains responsible for program oversight. The 2014 Legislature modified CBCs' duties and responsibilities (section 409.988, F.S.) which include, but are not limited to:

- Serve all children referred as a result of a report of abuse, neglect, or abandonment to the Department's central abuse hotline including children that are subjects of verified reports and unverified reports and are at moderate to extremely high risk of abuse, neglect, or abandonment regardless of funding allocated.
- Serve children who are at risk of abuse, neglect, or abandonment to prevent entry into child protection or child welfare system.
- Provide accurate and timely information necessary for oversight by the Department as established in the child welfare Results-Oriented Accountability system.
- Follow the financial guidelines developed by the Department and provide for regular independent auditing of its financial activities.
- Ensure that all individuals providing care for dependent children receive appropriate training and meet the minimum employment standards established by the Department.

### Florida's Practice Model

The statewide child welfare practice model and the technology that supports it are the foundations for the Department to achieve the goals of safety, permanency, and well-being of the children and families it serves. The model supports decision making and collaboration with families, case managers, judges, service providers, Guardians ad Litem, and other community partners to create a consistent, "holistic" child-welfare system.

Florida law provides a fundamental statement of purpose for the child welfare system that is embedded throughout the delivery of services in the State:

- To provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody; to promote the health and well-being of all children under the state's care; and to prevent the occurrence of child abuse, neglect, and abandonment.
- To recognize that most families want to be competent caregivers and providers for their children and that children achieve their greatest potential when families are able to support

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and nurture the growth and development of their children.  
(Section 39.001(1), F.S.)

### **Florida Safe Families Network (FSFN)**

FSFN is the Department official statewide automated CCWIS and contains the record for all children and families receiving child welfare services. When Florida completed its transition to a shared Department - CBC model, the Legislature found it critical to implement a statewide comprehensive case and data management information system to ensure the consistent delivery of child welfare services across the state of Florida. FSFN is the single information repository for all child welfare case-management work, containing 30 years of data for more than 8,000,000 people. There are approximately 15,000 distinct system users located throughout the state of Florida.

At the direct service level, FSFN provides child welfare workers in Florida with an integrated case management system, designed to support local service delivery improvements and report outcomes for children and families. The system enables hotline counselors, investigators, case managers, and other child welfare professionals to work collaboratively so that children in their care have safety and stability. A single statewide automated case record is available for each child as he or she moves through the child welfare system. FSFN was designed to support the Department's stated vision and practice model, operations, hotline, investigations, and case management business needs, federal and state reporting, system integration, data quality, and data analytics.

FSFN is also Florida's official and comprehensive case file and record for each investigation and case and is the official record for all homes and facilities licensed by the state or approved for adoption placement. Additionally, it is the official record for all expenditures related to service provision for children, youth, and families receiving in-home, out of home, adoption services, adoption subsidies, and post-foster care supports such as Extended Foster Care payments. This financial information supports the determination of cost of care for each child, as well as claiming of expenditures to the appropriate funding sources. As reflected in policy, statute, and contracts, all pertinent information about every investigative and case management function must be recorded in FSFN.

## OCW Program Functional Units

### **Comprehensive Child Welfare Information System (CCWIS)**

The ACF replaced the regulations for Statewide Automated Child Welfare Systems with the regulations for CCWIS on August 1, 2016 (45 CFR 1355.50 – 13555.59). The Florida Legislature authorized the Department to undertake “activities that prepare and support the transition of FSFN to comply with the CCWIS federal requirements” in the 2018-2019 Florida General Appropriations Act.

The CCWIS shall maintain all federal data required to support the efficient, effective, and economical administration of the programs under titles IV–B and IV–E. The CCWIS must maintain data required for: Ongoing federal child welfare reports, title IV–E eligibility determinations, authorizations of services and other expenditures that may be claimed for reimbursement under titles IV–B and IV–E; supporting state and federal child welfare laws, regulations, and policies; supporting federal audits, reviews, and other monitoring activities.

Section 1355.52 of the CCWIS regulations provides for the requirements of Federal and Agency Data, namely:

1. CCWIS must maintain data needed to support federal and agency data requirements (1) IV-B/IV-E data that supports the efficient, effective, and economical administration of the programs.
  - (i) Data for required ongoing federal reporting such as Adoption and Foster Care Analysis and Reporting System and the National Youth in Transition Database, Schedule IV-E Quarterly Reporting;
  - (ii) Data for IV-E eligibility determinations, authorization of services, and other expenditures under IV-B and IV-E;
  - (iii) Data to support federal child welfare laws, regulations, and policies; and
  - (iv) Case management data to support federal audits, reviews, and other monitoring activities.
2. Data to support state child welfare laws, regulations, policies, practices, reporting requirements, audits, program evaluations and reviews.
3. Data to support The Indian Child Welfare Act.
4. The National Child Abuse and Neglect Data System data for federal audits, reviews, reports.

Title IV-E of the Social Security Act requires that Title IV-E agencies provide safeguards to restrict the use and/or disclosure of information regarding children receiving title IV-E assistance. In addition, in accordance with 45 CFR 1355.30 (p)(3), records maintained under Title

## OCW Program Functional Units

IV-E of the Act are subject to the confidentiality provisions in 45 CFR 205.50. Among other things, 45 CFR 205.50 restricts the release or use of information concerning individuals receiving financial assistance under the programs governed by this provision to certain persons or agencies that require the information for specified purposes. The authorized recipients of this information are in turn subject to the same confidentiality standards as the agencies administering those programs.

To the extent that the records of the State Title IV-E agency contain information regarding child abuse and neglect reports and records; such information is subject to the confidentiality requirements per Section 106(b)(2)(B)(viii) of the Child Abuse Prevention and Treatment Act.

## IV. GOALS

The Department provides the following goals for this effort:

1. Educate our Department on available technologies, including applications, infrastructure solutions, technical innovation, process re-engineering, and recommendations to achieve the following:
  - a. Enhance interoperability between existing Department systems to improve insight into the client-centered situations, to identify comprehensive risk factors and the most effective interventions at as early stage as practical (prevention), throughout service delivery, and after service delivery (reduced re-entry).
  - b. Enhance interoperability between existing Department systems, external interfacing systems, and the automation of verified data exchanges.
  - c. Enable systems to increase user and workload scalability, while allowing for timely system modifications.
  - d. Remove barriers and friction to customer service through a “no wrong door” approach where shared populations will be able to get access to required services regardless of the point of entry across Department programs, and where possible and practical across Health and Human Services programs throughout the State. This will require improved data sharing and unified customer service tools and processes across the enterprise.
  - e. Improve configurability to reduce manual work arounds and improve accuracy, such as ability to adjust business rules and functionality according to policy and/or procedural changes.
  - f. Enhance document imaging capabilities to reduce per customer administrative costs by increasing automated functions such as indexing and sorting of imaging.
  - g. Increase customer management by creating more self-serve options, simplifying the applications, automating customer notifications, and offering a mobile friendly platform.
  - h. Enhance workforce and task management by implementing integrated workload and workforce management systems to automate task assignment and monitor performance with real-time tracking and reporting.

- i. Expand remote benefit functionality through incorporation of video files, remote form completion and signatures, and secure document sharing.
  - j. Reduce business processing through frequent data updates throughout the day with less reliance on batch processing.
  - k. Enhance Artificial Intelligence capability and capacity, including the utilization of technologies for both internal systems and in the interface of existing and external systems.
  - l. Enhance business rules process to support accurate eligibility determinations.
  - m. Strengthen program integrity through technology and processes to prevent and identify fraud and abuse of benefits and recovery of benefits obtained through error or fraudulent means.
  - n. Support a service-oriented architecture, including exposing functions and data through REST-based application programming interfaces (APIs), and accessing internal and external services through APIs.
  - o. Apply robotic processing applications to streamline the review of new applications, changes, redeterminations, and other processes that are currently performed manually.
2. The second goal is to educate the vendor community regarding the Department's current service array and systems, and to prepare vendors that may have interest in responding to any subsequent solicitations. It is important that interested vendors understand the unique needs of Health and Human Service agencies and the intent of the Department to implement improvements through business process re-engineering efforts to re-imagine current business and data processes as described in the first goal statement.

## V. RESPONSE

The Department is seeking responses to include the following:

1. Contact Information:
  - a. Primary contact;
  - b. Address;
  - c. Phone; and
  - d. Email.
  - e. Are you a [certified business enterprise](#) with the State of Florida?
  - f. Customer references, including any previous work with federal, state, local, or county government.
2. In furtherance of Sections I, III, and IV, the Department requests respondents to consider the questions below in their response:
  - a. What are the advantages and disadvantages of enhancing a current application, versus developing a new solution, or utilizing a Commercial Off-The-Shelf product?
  - b. What are the advantages of combining the applications based on the provided service array for both Program Offices?

- c. How could this be accomplished with minimum, or no impact to our customers?
- d. What are the advantages and disadvantages of procuring system integrators separately from an application?
- e. What are the advantages and disadvantages of procuring applications separately from system maintenance?
- f. What are the advantages and disadvantages of procuring software, software integration, and maintenance services together?
- g. What applications does your organization have expertise with that may meet the Department's objectives?
- h. What options do these applications have for leveraging workflow?
- i. What options do these applications have for leveraging dashboards?
- j. What are the current options, with advantages and disadvantages, for hosting the application(s)?
  - a. On-premise
  - b. Private cloud
  - c. Public cloud
- k. What benefits can the Department expect by enabling previous standalone systems to communicate and share information?
- l. What features should the Department expect to see in a mobile-friendly application and case management system, how will this feature benefit our customers?
- m. What new technologies are available that enable a system to easily adjust business rules as new policy initiatives are implemented?
- n. What technology advancements are available that use machine learning to identify fraud and bad data.
- o. What are the risks the Department should be cognitive of as we look to modernize our system and how can the vendor community help mitigate those risks?
- p. Tell us about the extra capabilities, skills, or services that you offer.
- q. What capacity improvements should the Department expect to see in a modernized system?
- r. What approaches you have taken in the past to lead health human services agencies through business process re-engineering efforts to re-imagine current state business processes that drives improved outcomes supported by enhanced technology? Was this approach successful and if so, how was this measured?
- s. What are the strategies and methodologies available to develop custom code and interface with the Department's applications in such a way as to allow continued support and upgrades by the application's manufacturer, or in-house cost effectively?
- t. What are some of the considerations for a phased implementation vs. Big Bang?

- u. To what degree can modern systems be configurable by the organization to allow rules, process flows, queues and work management, customer notifications, etc. to be modified or added by business personnel, reducing reliance on application programming and highly technical resources?
- v. In deploying more modern technology for these types of health and human services, to what degree must business process re-engineering be addressed, how would this be accomplished, and when (in relation to modern technology deployment)?
- w. Please consider providing your company's experience in implementing enterprise applications. Also consider providing examples of projects with relevant sizes and objectives.
- x. Please describe your recommendations for security and protection protocols for data, including, but not limited to confidential data such as HIPAA protected and Personally Identifying Information.
- y. Please describe security access measures and safeguards, including user controls and administrative access.

**VI. RESPONSE FORMAT**

Respondents should respond at a minimum to the following sections:

1. Introduction;
2. Background; and
3. Response to Section IV and V.

**PLEASE NOTE: Any submitted materials are subject to the Public Records Act, section 119.07, F.S.**

**VII. RESPONSE SUBMISSION**

Responses shall be submitted in portable document format ("PDF") labeled with Respondent's organization's name and the RFI number in the email subject line.

Submit one original electronic copy of the Response, and one electronic redacted copy (if applicable) to the Point of Contact, listed in Section XV., within the required date and time, identified in Section XI.

**VIII. PROCESS**

Responses to this RFI will be reviewed by the Department for informational purposes only and will not result in the award of a contract. The Department will review the responses to determine the feasibility of issuing a competitive solicitation for the defined products and services.

Any request for cost information is for budgetary purposes only. If necessary, the Department may ask to hold presentations with one or more of the responding vendors.



**IX. PRESENTATIONS**

After the Department receives responses to this RFI, and at the sole discretion of the Department, one or more Respondents may be selected to demonstrate to the Department the Respondent’s products and services relating to the information submitted in the RFI response. The purpose is to learn about the most current solutions available. This economy of presentation will be applied to all verbal discussions as well. The meeting moderator will be polite but direct to keep discussions on topic and will not allow the meetings to take on a sales tone. Vendors are encouraged to bring technical and legal representatives to the presentation meetings. Presentations are only intended for clarity and are not to be considered competitive.

**X. TIMELINE**

Listed below are important dates and times when actions should be taken or completed. If the Department finds it necessary to update any of the dates and, or times noted, it will be accomplished by an addendum to the RFI. All times listed below are in Eastern Standard Time (EST) in Tallahassee, Florida.

<b>Event</b>	<b>Date</b>
<b>Release of RFI</b>	09/09/2020
<b>Deadline to submit inquiries</b>	09/18/2020
<b>Department’s response to inquiries</b>	10/09/2020
<b>Deadline to submit responses and close of RFI</b>	10/23/2020

**XI. RFI QUESTIONS AND CONTACT**

Respondents shall address all questions regarding this RFI in writing to the Point of Contact identified in Section XIV. The Department will post answers to questions on the VBS as noted in Section X., Timeline.

**XII. CONFIDENTIAL, PROPRIETARY OR TRADE SECRET INFORMATION**

If Respondent considers any portion of the documents, data or records submitted in response to this RFI to be confidential, proprietary, trade secret or otherwise not subject to disclosure pursuant to Chapter 119, F.S., the Florida Constitution, or other authority, Respondent must mark the document as “Confidential” and simultaneously provide the Department with a separate redacted copy of its response and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. This redacted copy shall contain the Department’s RFI name, number, and the name of the Respondent on the cover, and shall be clearly titled “Redacted Copy.” The Redacted Copy should only redact those portions of material that the Respondent claims are confidential, proprietary, trade secret or otherwise not subject to disclosure.

In the event of a request for public records pursuant to Chapter 119, F.S., the Florida Constitution, or other authority, to which documents that are marked as confidential are responsive, the Department will provide the Redacted Copy to the requestor. If a requestor asserts a right to the Confidential Information, the Department will notify the Respondent such

an assertion has been made. It is the Respondent's responsibility to assert that the information in question is exempt from disclosure under Chapter 119, F.S., or other applicable law. If the Department becomes subject to a demand for discovery or disclosure of the Confidential Information of the Respondent in a legal proceeding, the Department shall give the Respondent prompt notice of the demand prior to releasing the information, unless otherwise prohibited by applicable law. The Respondent shall be responsible for defending its determination that the redacted portions of its response are confidential, proprietary, trade secret, or otherwise not subject to disclosure.

By submitting a response, the Respondent agrees to protect, defend, and indemnify the Department for any and all claims arising from or relating to the Respondent's determination that the redacted portions of its response are confidential, proprietary, trade secret, or otherwise not subject to disclosure. If Respondent fails to submit a redacted copy of information it claims is confidential, the Department is authorized to produce the entire documents, data, or records submitted to the Department in answer to a public records request for these records.

**XIII. VENDOR COSTS**

Vendors are responsible for all costs associated with the preparation, submission, and any potential meeting to discuss this RFI. The Department will not be responsible for any vendor related costs associated with responding to this request.

**XIV. SOLE POINT OF CONTACT**

If you have questions concerning this RFI, please contact:

Alvin Bush, FCCM  
Office of Economic Self-Sufficiency  
Florida Department of Children and Families  
1317 Winewood Blvd., Tallahassee, FL 32399-0950  
Phone: (850) 717-4395  
Email: [Alvin.Bush@myffamilies.com](mailto:Alvin.Bush@myffamilies.com)

**ALL EMAILS TO THE POINT OF CONTACT SHALL CONTAIN THE RFI NUMBER IN THE SUBJECT LINE OF THE EMAIL.**

**XV. SPECIAL ACCOMMODATIONS**

Any person with a disability requiring special accommodations to participate in the RFI shall contact the Department sole point of contact at the phone number provided in Section XIV. at least five working days prior to the event. If you are hearing or speech impaired, please contact this office by using the Florida Relay Services which can be reached at 1 (800) 955-8771 (TDD). Certified Business Enterprises are encouraged to participate in the RFI process.

**ATTACHMENT A**  
**Index of Resources**

These resources are available by clicking on the hyperlink at the bottom of this page.

1. ESS Operational Process Maps
2. OCW Operational Process Maps
3. ESS Call Center Map
4. ESS ACCESS FLORIDA System Map
5. OCW FSFN Map
6. Department's Infrastructure Map
7. ESS ACCESS Data
8. FSFN Application Process Maps

<https://www.myflfamilies.com/vendors/index.asp?path=ESS-RFI>