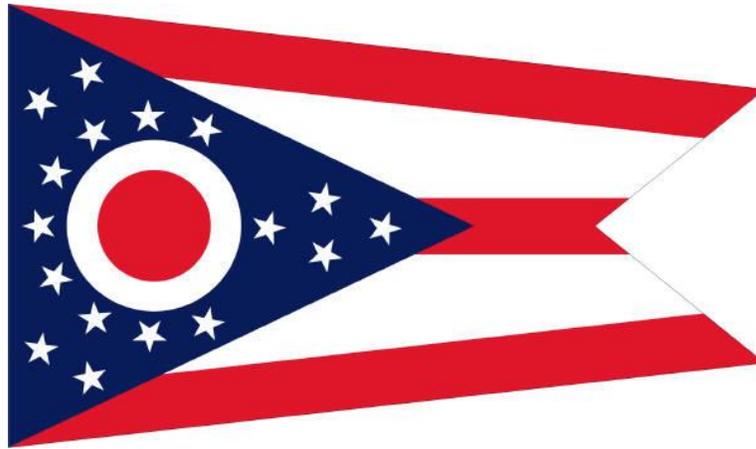


Operating Protocol between the Department of Administrative Services and the Department of Job and Family Services for Ohio Benefits



For the period of 7-1-2015 thru 6-30-2016

July, 2015

Glossary

APD	Advanced Planning Document
BI	Business Intelligence
BIC	Business Information Center
CMS	Centers for Medicare and Medicaid Services
CRISE	Client Registry Information System-Enhanced
CRP	Conference Room Pilot
DAS	Department of Administrative Services
DDI	Design, Development & Implementation
EAPD	Expedited Advanced Planning Document
HHS	Health & Human Services
HPES	Hewlett Packard Enterprise Services
IE	Integrated Eligibility
IVV	Independent Verification and Validation
JAD	Joint Application Development
JAR	Joint Application Requirements
MAGI	Modified Adjusted Gross Income
MCD	OAKS Designation for Ohio Department of Medicaid
MITA	Medicaid Information Technology Architecture
OAKS	Ohio Administrative Knowledge System
OB	Ohio Benefits
OCM	Organization Change Management
ODJFS	Ohio Department of Job and Family Services
ODM	Ohio Department of Medicaid
OHCDW	Ohio HealthCare Data Warehouse
OHT	Ohio Health Transformation
OIT	Office of Information Technology
PHI	Protected Health Information
PPACA	Patient Protection and Affordable Care Act

QDSS	Quality Decision Support System
SMEs	Subject Matter Experts
SFY	State Fiscal Year
SNAP	Supplemental Nutrition Assistance Program
SOA	Service Oriented Architecture
TANF	Temporary Assistance for Needy Families

Project: Ohio Benefits (OB) Initiative, Operating Protocol (OP) between the Department of Administrative Services (DAS) and the Department of Job and Family Services (JFS)

OP Manager: Stephen Boudinot, 614-466-9389 Stephen.P.Boudinot@das.ohio.gov and Thomas Holsinger, 614-387-5496 ThomasHolsinger@jfs.ohio.gov

Dated: June, 2015

PROJECT PURPOSE	Status
Define the issue that the project will address or remedy	Complete
Identify “hot spots” that illustrate the urgency to find a solution	In process
Define the project purpose and scope of work	Complete
Complete a preliminary workplan (using this page as a template)	Complete
Submit high-value concepts to OBM for the biennium review	NA
PROJECT MANAGEMENT	
Identify the project team and augment with consultants if needed	Complete
Determine the project management structure, including table of organization	Complete
Create a detailed project workplan	In process
Develop a workplan budget and identify the source(s) of funding	Complete
Obtain Budget approval from the Project office	Complete
Report project status to the Program Office and HHS Cabinet	In process
Coordinate with other project teams through the Program Office	In process
Develop a stakeholder/media/legislative outreach plan	Complete
Identify external stakeholders and create a stakeholder advisory group	Complete
Establish a process for regular stakeholder input	Complete
Host kick-off event(s) for the project team and stakeholders	Complete
BUSINESS REQUIREMENTS AND SOLUTION	
Define business requirements/policy objectives	Complete

Conduct an internal scan of solutions/capabilities	Complete
Identify and report gaps in existing operations/infrastructure	Complete
Conduct an external market scan and/or request for information (RFI)	Complete
Assess the federal landscape for opportunities, including funding, and threats	Complete
Identify best practices, within the state and externally	Complete
Recommend a solution to meet business requirements/policy objectives	Complete
Identify key deliverables necessary to implement the solution	Complete
Conduct an impact analysis of expected benefits and costs of the solution	Complete
DELIVERABLES	
Develop an implementation budget and identify the source(s) of funding	In progress
Develop an Operating Protocol if the Project Involves Shared Resources	In progress
Draft legislative and/or administrative rule language	In progress
Recommend an appropriation strategy, if needed	Completed
Develop a detailed stakeholder/media/legislative strategy	In process
Recommend a procurement strategy	In progress
Develop a request for a proposal, if needed	N/A
Support the procurement process (e.g., evaluation, vendor selection)	N/A
Support the completion and approval of federal compliance activities	In progress

PROJECT PURPOSE

This operating protocol is entered into by the Department of Administrative Services (DAS) and the Department of Job and Family Services (ODJFS). It is for the purpose of implementing specified activities related to the PPACA legislation and ancillary requirements by identifying the work and payment for work associated with identified activities. This Operating Protocol (OP) is effective from 7-1-2015 to 6-30-2016.

Opportunities

1. Replace the existing CRIS-E system with the OB system in a multi-phased approach.

2. Version upgrades are also needed to comply with federally-mandated eligibility enrollment, and clinical coding requirements effective in 2014. Failure to comply could impact federal funding.

Scope of Work

The Office of Health Transformation (OHT), on behalf of Ohio's HHS agencies, is seeking to replace Ohio's current eligibility system (known as Client Registry Information System-Enhanced [CRIS-E]) with an integrated, enterprise solution that supports both State and County operations. CRIS-E provides intake and eligibility determination support for several of Ohio's HHS programs, as it also presents some case management functionality for several Ohio Department of Jobs and Family Services (ODJFS) programs. Nonetheless, CRIS-E is a legacy system that was designed over 40 years ago, built in 4 years, and finally implemented in 1978. In its current state, it is an amalgamation of workarounds and solution enhancements to ensure end-to-end support of cases that reside within CRIS-E. The Ohio Department of Job and Family Services will use the OB to administer the cash and food assistance programs. OB will be used to determine eligibility, issue benefits, establish work required and work eligible individuals and to establish overpayments.

PROJECT MANAGEMENT

Project Team

See project team information at the end of this document.

Project Management

DAS will be responsible for overall management of this project. Vendors are responsible to provide a detailed project plan and to meet agreed-upon deadlines as approved by DAS project director, and to provide updates to the project plan on a monthly basis. This protocol does not apply to any OB/BI activities of any agencies other than DAS, ODJFS or ODM.

As risks and change orders are identified, the Project Management Office will review potential actions and determine the best action to implement. The project team will follow the Project Management Body of Knowledge (PMBOK) processes and best practices as committed to in the Expedited Advanced Planning Document (EAPD) approved by CMS on July 25, 2012.

State Staff Reporting Requirements

State staff will be required to effort report in TimeKeep and identify the project activity (CRP, JAD, JAR, Business Process, Communications, Training, or Testing) on which they worked. JFS will provide this detail by individual with payroll support data for reimbursement.

Contractor Status Report

Contractors on the OB project must comply with the Federal effort reporting guidelines. In order for an invoice to be paid it must be accompanied by a status report.

Below is the status report template which is also available on the DAS-OIT Business Office website:

CONTRACTOR/EMPLOYEE STATUS REPORT

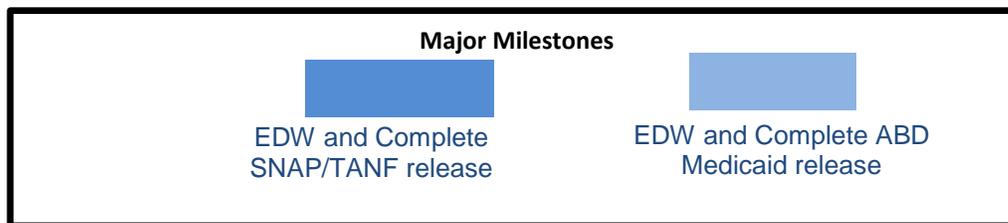
PROJECT IDENTIFICATION

PROJECT IDENTIFICATION		
• Project Name	• Ohio Benefits Program Director	• Manager
Ohio Benefits [Integrated Eligibility and HHS Business Intelligence]	Deven Mehta	[Manager’s Name]
• Team Member Name	• Agency	• Date Range
[Name]	Ohio Department of Job and Family Services	[Month Day Year],– [Month Day Year],

PROJECT OVERVIEW

The Governor’s Office of Health Transformation (OHT) initiated an eligibility modernization project to simplify client eligibility based on income, streamline state and local responsibility for eligibility determination, and modernize eligibility systems technology. These actions will improve the consumer experience and significantly reduce the costs associated with these processes, particularly those that rely on information technology.

In addition the Enterprise data warehouse and Business Intelligence program will provide a tool to investigate and answer questions to drive improved policy, access data to manage our HHS program performance and develop a linkage to our distributed “Records of Truth.”



WORK PERFORMED

Task(s)	Hours	Applicable Milestone	Team Member
Ohio Benefits	0.0	Operations Initiation (BUILD)	[Name]

MEETINGS

Date	Meetings	Hours	Applicable Milestone	Team Member
mm/dd/year	Example - Ohio Benefits System Timesheet Review – The intent of this meeting was for the SMEs and the state procurement specialist to finalize the agenda for the upcoming meetings with the Offeror to review timesheet items.	0.0	Operations Initiation (BUILD)	[Name]
mm/dd/year		0.0	Operations Initiation (BUILD)	[Name]
mm/dd/year		0.0	Operations Initiation (BUILD)	[Name]
mm/dd/year		0.0	Operations Initiation (BUILD)	[Name]

WORK SUMMARY

Team Member	Role	Work Focus	Task(s)	Meetings	Total
[Name]	[Title]		0.0 Hours	0.0 Hours	0.0 Hours

Work plan

Vendors will provide detailed project plans.

1. CRIS-E Retirement
2. Interface Support
3. Conversion Support
4. BIC Support

Project Budget

OHT is coordinating project budgets with DAS, ODJFS, ODM, and OBM. Meetings to review and update the budget will be held no less often than quarterly to ensure the budget is a dynamic representation of the work associated with this Operating Protocol. The budget below shows the total ODJFS amount for SFY 16:

Ohio Benefits System Cost Estimates – 7/1/2015		FY16	TOTAL
1.	Ohio Benefits	\$23,500,000	\$23,500,000

Ohio Integrated Eligibility Cost Allocation

July 1, 2015 thru September 30, 2015

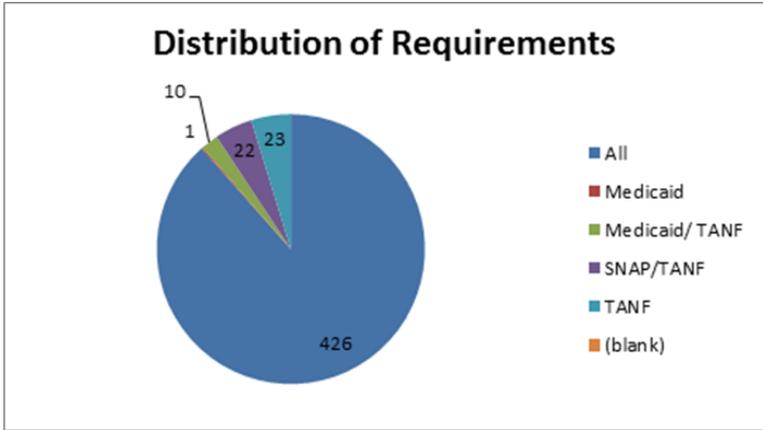
(Waiver period only)

The cost methodology described below will be used to attribute costs across agencies.

The following will be used to allocate Ohio Benefits costs for the waiver period (currently ending December 31, 2015). During this period the waiver lets any cost associated to the building of the OB system for the Medicaid Program (as long as the Medicaid Program benefits from the developed functionality) to be entirely charged to the grant even if another federal program (i.e. TANF/SNAP) receives a benefit from that development. The document below supports that 83.6% of the OB build during the waiver period will be charged to the Medicaid APD at 90% federal reimbursement.

Functionality	Medicaid	TANF	SNAP
Functional Requirements	91%	7%	2%
Rules	70%	15%	15%
Interfaces	70%	15%	15%
Reports	87%	6.5%	6.5%
Non-functional	100%	N/A	N/A
Overall allocation percentage to program	83.6%	8.7%	7.7%

A breakdown of each area is listed below that gives more detail on the percentage taken:



Functional Requirements

Out of 482 requirements, 426 are common across all programs; 23 are unique to TANF; 22 are common across TANF and SNAP; 1 is unique to Medicaid and 10 are common across Medicaid and TANF. Therefore, the work effort

estimation is that 91% of all functional requirements be allocated to Medicaid because of the requirements showing benefit to the Medicaid program and being eligible for reimbursement through Medicaid according to the APD. TANF and SNAP integrated features will be charged equally to the two programs because the two programs are so tied within the programming.

Rules

Additionally of the total rule sets/packages that need to be updated here is the breakdown of allocation of effort by program. The numbers of expected updates have 70% being unique to Medicaid or spanning the three programs.

	Total Sets	Expected Updates for Medicaid	Expected Updates unique to TANF/SNAP % charged to TANF (50% of common updates)	Expected Updates unique to TANF/SNAP % charged to SNAP (50% of common updates)
Medicaid (Including MAGI, Non-MAGI and PE)	700	210	0	0
SNAP/TANF	400	0	40	40
Screening	10	5	2.5	2.5
Reasonable Compatibility Determination (RCD)	25	25	0	0
NOAs	150	95	27.5	27.5

Total Rule Sets	1285			
Total Expected Updates	475	335	70	70
Percent of Updates or Effort		70%	15%	15%

Interfaces

Of the approximately 50 interfaces it is expected that 15 are required uniquely for TANF/SNAP, or 30 percent of the work effort. The split between TANF/SNAP is again split at 50%.

Reports

It’s currently estimated that approximately 13 percent or 52 of the 400 total reports would be unique TANF/SNAP reports. These will be split evenly until further actuals are realized. The remaining 87% benefit the Medicaid program.

Non-Functional Requirements

100% of the non-functional requirements are required for Medicaid. There is no functionality specific to TANF or SNAP. Therefore 100 percent is allocated to Medicaid for this section.

As areas are further defined the allocation method will be reviewed quarterly and adjusted as necessary.

Ohio Integrated Eligibility Cost Allocation

October 1, 2015 thru September 30, 2016

(Waiver period only)

The cost methodology described below will be used to attribute costs across agencies pending federal approval. If any changes are required to meet federal compliance, all participants will be advised and those changes will automatically be incorporated into this protocol.

The following work package breakdown will be used to allocate Ohio Integrated Eligibility (IE) costs across the Medicaid, TANF, and SNAP programs for the waiver period (currently ending December 31, 2018). During this period, the waiver lets any cost associated to the building of the IE system for the Medicaid Program (as long as the Medicaid Program benefits from the developed functionality) to be entirely charged to the grant even if another federal program (i.e. TANF/SNAP) receives a benefit from that development. The document below supports that 87 percent of the IE build during the waiver period will be charged to the Medicaid APD at 90 percent federal reimbursement.

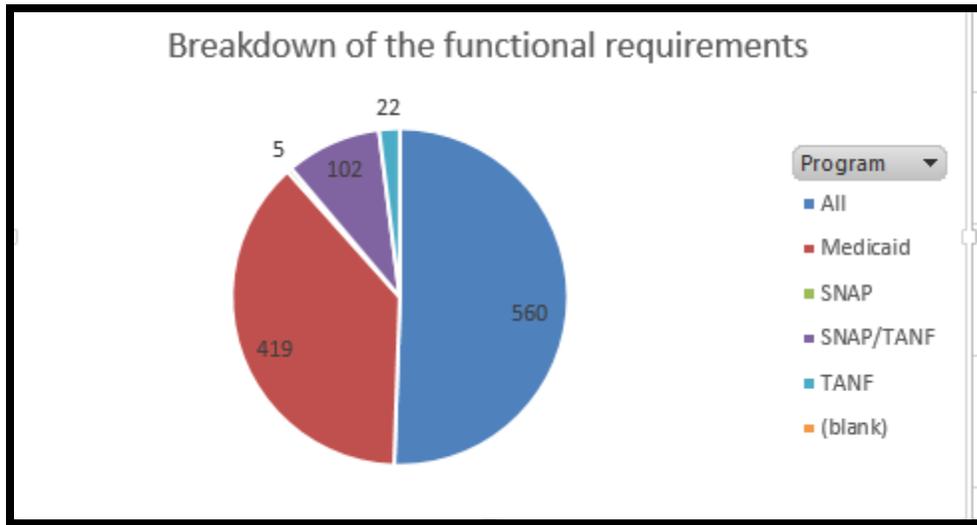
Functionality	Medicaid	TANF	SNAP
Functional Requirements	89%	9%	2%
Rules	83%	8%	9%
Interfaces	78%	10%	12%
Reports	85%	7.5%	7.5%
Non-functional	100%	N/A	N/A
Overall allocation percentage to program	87%	6.9%	6.1%

A breakdown of each area is listed below that gives more detail on the percentage taken:

Functional Requirements

Out of 1108 requirements, 560 are common across all programs; 22 are unique to TANF; 102 are common across TANF and SNAP; 419 are unique to Medicaid and 5 are unique to SNAP. Therefore, the work effort estimation is such that 89 percent of all functional requirements are allocated to Medicaid, because of them showing benefit to the Medicaid program and therefore being eligible for

reimbursement through Medicaid according to the APD. TANF and SNAP integrated features will be charged equally to the two programs because the two programs are so tied within the programming.



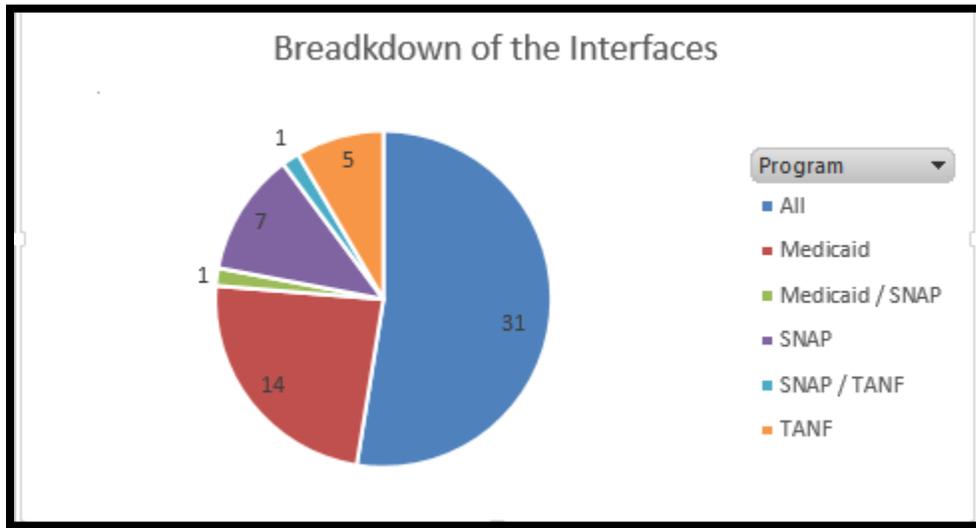
Rules

The Ohio Integrated Eligibility System includes 308 total use cases (eligibility rule sets). 169 are Medicaid use cases, and 139 are TANF/SNAP use cases. 75 percent of the TANF/SNAP use cases come out-of-the-box with the product, and do not require customization for Ohio policy rules. The remaining 25 percent of the TANF/SNAP use cases must be developed for Ohio. 100 percent of the Medicaid use cases have to be developed or configured/customized from the base product. Therefore, 83 percent of the total use cases that are being developed / customized for Ohio are for the Medicaid program.

Program	Total Use Cases	Out-of-the-Box Use Cases	Total Use Cases to be Developed	% Cost Allocation
TANF/SNAP Use Cases	139	75%	34.75	17%
Medicaid Use Cases	169	0%	169	83%
	308		203.75	100%

Interfaces

The Ohio Integrated Eligibility System will include 59 interfaces with external systems / agencies. 31 of these interfaces are cross-program, and support the Medicaid, TANF, and SNAP programs. 14 of the interfaces are solely used for the Medicaid program. 1 interface is used for Medicaid and SNAP, 7 are used for SNAP only, 5 are used for TANF only, and 1 is used for SNAP/TANF. Therefore, 78 percent of the interfaces support the Medicaid program, and are consequently eligible for reimbursement through Medicaid according to the APD.



Reports

The Ohio Integrated Eligibility System includes 144 reports. 80 percent of the effort required to develop the reports is for the Extract, Transform, and Load (ETL) process by which data is retrieved from Ohio Benefits and moved to the Operational Data Store (ODS) in a format that supports analysis and reporting. The ETL process supports reporting needs for all programs, including Medicaid, TANF, and SNAP. The remaining 20 percent of the reporting effort is development of reports from the ODS. 15 percent of this remaining effort is for TANF/SNAP reports, and 5 percent is for Medicaid reports. This percent breakdown between Medicaid and TANF/SNAP is based on the number of reports developed from the ODS. Therefore, 85 percent of the reporting effort supports the Medicaid program, and this percentage is consequently eligible for reimbursement through Medicaid according to the APD.

Non-Functional Requirements

100 percent of the non-functional requirements are required for Medicaid. There is no functionality specific to TANF or SNAP. Therefore, 100 percent is allocated to Medicaid for this section. As areas are further defined the allocation method will be reviewed quarterly and adjusted as necessary.

Stakeholder Input

Current Eligibility and Enrollment functionality and data is utilized by several offices and agencies.

Stakeholders using the functionality and data include, but are not limited to:

1. Ohio Department of Medicaid (ODM)
2. Department of Job and Family Services (ODJFS)
3. Department of Administrative Services (DAS)
4. Office of Health Transformation (OHT)
5. Office of Budget and Management (OBM)
6. Other Cabinet Level Agencies

BUSINESS REQUIREMENTS AND SOLUTION

Business Requirements/Policy Objectives/Deliverables

The business requirements are being detailed by the project teams, are contained within the RFP and the contract that resulted from it.

Procurement

DAS managed the competitive procurement of OB, IVV, and OCM vendors. The procurement process comports with applicable federal legislation listed below, including procurement.

Federal Funding and Compliance

The project and expenditures associated with the project will comply with the following federal and state legislation:

Health Insurance Portability and Accountability Act of 1996 security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.

Federal Funding

- OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments (05/10/2004)
- Federal Funding Accountability and Transparency Act of 2006
- Transparency and Accountability in Federal Spending Act of 2008
- OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations (includes revisions published in the Federal Register 06/27/2003 and 06/26/2007)
- Tri Agency Letter on details of cost allocation waiver dated 1-23-2013
- Affordable Care Act FAQ 4-25-2013
- Public Law 111 - 148 - Patient Protection And Affordable Care Act

Procurement Standards (Competition/Sole Source):

- 45 CFR Part 95 Subpart F §95.615
- 45 CFR Part 95 §92.36
- SMM Section 11267

Access to Records

- 42 CFR Part 433.112(b) (5) – (9)
- 45 CFR Part 95 Subpart F §95.615
- SMMS Section 11267

Software & Ownership Rights

- 42 CFR Part 433.112(b) (5) – (9)
- 45 CFR Part 95 Subpart F §95.615
- SMMS Section 11267

HIPAA Privacy & Security

- 45 CFR Part 160 and Part 164, Subparts A and E.

Cost Allocation

- 2 CFR Part 225 formerly OMB A-87.Appendix C to Part 225—State/Local-Wide Central Service CAP

Other applicable Federal and State Laws

PROJECT TEAM

Name	Department	Phone	Email
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Operating Protocol

A. Applicability. This Operating Protocol is developed pursuant to O.R.C. Sections 191.01-191.06 and is applicable to following state agencies: ODJFS and DAS

B. Purpose. The purpose of this protocol is to manage the relationship between ODJFS and DAS in the development of the Ohio Benefits system.

C. Funding Responsibilities

1. If any federal funds are to be sub-granted to sub-recipients, the agency issuing the sub-grant will be responsible for communicating federal and state compliance requirements governing program funding. Such requirements include, but are not limited to, 45 CFR Part 92 or 45 CFR Part 74, OMB Circulars A-21, A-87, A-110, A-122 and A-133, and cost principles outlined within 2 CFR Part 220, 2 CFR Part 225 or 2 CFR Part 230, as applicable to the sub-recipient.

2. All funds received by DAS to reimburse ODJFS for services performed will be provided by ODM (MCD). All documentation or other validation requests that are necessary for Federal expense compliance must be submitted to DAS at the time of the payment request. The payment request will not accepted without proper support.

3. ODJFS is required to submit employee and/or contractor time sheets or similar documentation to support effort toward the Operating Protocols objectives. Invoices for reimbursement will be submitted quarterly and will be supported by the JFS Cost Allocation Report. Such documentation must meet the cost requirements of 2 CFR Part 225.

4. ODJFS Billing DAS/OIT for ODJFS personnel and contractors working on OB Build

ODJFS will sell services to DAS to build the OB system.

ODJFS as the seller agency general process and timeline for invoice payment based on business days:

- Day 1 ODJFS service provider invoice received by OIT
- Day 1-3 ODJFS invoice reviewed and approved by OIT
- Day 1-3 OIT creates and issues invoice to ODM
- Day 4 – 17 ODM reviews, approves and issues payment for OIT invoice

- Day 18 – 22 OIT remits payment to ODJFS

Payments are between State agencies only; no late payment interest will be owed or collected.

5. DAS Billing ODJFS for Vendor payments for OB Build

ODJFS will buy services from DAS to build and operate the OB system to accommodate their requirements for TANF and SNAP. “Build” will require DAS to bill ODJFS for the services of contractors. Those bills are subject to interest for late payments. DAS/OIT as the seller agency general process and timeline for vendor invoice payment based on business days:

- Day 1 DAS/OIT receives the invoice from the vendor
- Day 1-3 DAS/OIT review of the invoice
- Day 1-3 DAS/OIT creates and issues invoice for vendor “build” to ODJFS
- Day 4-17 ODJFS reviews, approves and issues payment to DAS/OIT
- Day 18 DAS/OIT issues payment to vendor

If ODJFS receives an improper invoice from DAS, ODJFS must notify DAS within 10 days of the receipt of that invoice. ORC 126.30 and OAC 126-3-01 require payment of interest for any invoice not paid within 30 days of receipt. Failure of either party to adhere to the schedule could require implementation and an obligation to pay interest by the agency responsible for the delay.

6. Costs reimbursed to ODJFS or DAS will be limited to the amounts shown under the Project Budget Section as DAS Invoice Costs unless mutually agreed by ODM, DAS and ODJFS.
7. The funding sources identified for the time period specified in the table below are committed to the project.
8. ODJFS funding supports both federal and state match requirements for OB Build and Run requirements.

JFS Operating Protocol Funding Table for:	2016	2017
JFS05 - Director's Office	\$107,065.53	\$107,963.21
JFS0026300 - Human Services innovation Pool	\$107,065.53	\$107,963.21
JFS45 - OIS	\$1,741,771.81	\$1,772,367.48
JFS0016800 - OIS Application Development	\$1,585,636.30	\$1,613,430.89
JFS0018400 - OIS Enterprise	\$141,694.31	\$144,163.94
JFS0023700 - Information Services	\$14,441.20	\$14,772.65
JFS85 - Family Assistance	\$1,632,104.09	\$1,688,899.39
JFS0019200 - Program Policy Pool	\$132,578.55	\$136,162.36
JFS0019300 - Family Assistance Policy Pool	\$22,702.56	\$24,147.97
JFS0019400 - CFA Tech Asst/Oversight Pool	\$327,608.86	\$337,116.78
JFS0019500 - OFA Operations	\$52,365.59	\$53,800.90
JFS0022700 - Office of Family Asst	\$98,652.14	\$101,247.95
JFS0030600 - OFA Operational Support	\$720,199.49	\$746,733.24
JFS0030800 - Cash/Food Asst Admin II	\$277,996.90	\$289,690.19
Grand Total	\$3,480,941.43	\$3,569,230.08

Personnel: All personnel identified for the time period specified in the table below are anticipated to be involved in the OB/BI project to some extent for ODJFS during the project.

Ohio Benefits Executive Summary Estimate—Office of Information Services

Description: OIS Management		
OIS Staffing	Classification	# of Staff
Deputy Director	DD6	1
Client Partners	ITM2	1
Project Manager	PM3	2

Description: CRIS-E Retirement		
OIS Staffing	Classification	# of Staff
Development Manager	ITM1	1
Developers	SDS3	4
System/UAT Testers	SDS4	1
System/UAT Testers	SDS3	3

Description: Interface Support		
OIS Staffing	Classification	# of Staff
Development Manager	ITM1	3
Developers	SDS3	8
System/UAT Testers	SDS4	2
System/UAT Testers	SDS3	6

Description: Conversion Support		
OIS Staffing	Classification	# of Staff
Development Manager	ITM1	1
Developers	SDS3	4
System/UAT Testers	SDS4	1

Description: BIC Support		
OIS Staffing	Classification	# of Staff
Development Manager	ITM1	1
Developers	SDS4	2

Ohio Benefits Estimate – Business Staffing – Office of Family Assistance

SYF 2016

Business Staffing	Classification	# of Staff
Deputy Director	Deputy Director 6	1
Project Manager	Project Manager 1	1
SME	Business Analyst	4
SME	Human Services Developer 2/Training Supv.	6
Business Analyst	Contracted	1
SME	HSPA3&4/ODJFS Program Admin 1 & 2	7

**Ohio Benefits Estimate – Business Staffing – Director’s Office/Human Services Innovation
SYF 2016**

Business Staffing	Classification	# of Staff
Deputy Director	Deputy Director 6	1

Data Sharing

1. Data sources and elements to be shared for the ODJFS, ODM and DAS for the time period specified are shown in the table below.
2. Confidential information, if shared or accessed, will be covered under a data sharing agreement executed by the agencies.

Operating Protocols Data Sharing Table for:				
Time Period: 7-1-2013-6-30-2015				
Agency	Data Source	Description of Data Elements	Is Data Protected	
			Health Information?	Description of Data Sharing Procedures
DAS	MIT	Medicaid related	Yes	NIST SP-800-53
DAS	CRISE	Medicaid related	Yes	NIST SP-800-53
DAS	MIT, CHRISE,SNAP	IRS data	No	IRS Publication 1075
	TANF			

3. If a participating agency reasonably determines that its protected health information shared with another agency has been maintained, used or disclosed in violation of state or federal law, the agency may cease sharing access to the information until the matter is satisfactorily resolved among the agencies and the Governor's Office of Health Transformation. The agency, agency contractors or agency sub-contractors responsible for the failure of reasonable security or failing its duty to protect PHI will be responsible for rectifying that incident. Any material suspected security incident of PHI by contractors must be reported to the contracting agency. Agencies must provide immediate notice of any suspected security incident to the DAS Office of Information Security and Privacy to coordinate mitigation.