

Statewide Fingerprint Imaging System (SFIS)
In-Home Supportive Services



Implementation Advanced Planning Document

Executive Summary



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California Health and Human Services Agency
Office of Systems Integration

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1 GENERAL INFORMATION

This document presents an Executive Summary (with an accompanying Implementation Advance Planning Document (IAPD)) for the Statewide Fingerprint Imaging System (SFIS) Project to implement fingerprinting for In-Home Supportive Services recipients. The document provides a high level summary of the information detailed in the IAPD.

1.1 Nature of the Statewide Fingerprint Imaging System Project and In-Home Supportive Services

The SFIS was created in response to Senate Bill 1780 (Chapter 206, Statutes of 1996) which required applicants and recipients of the California Work Opportunity and Responsibility to Kids (CalWORKs) and the Supplemental Nutrition Assistance Program (SNAP) programs to be fingerprint imaged as a condition of eligibility. The law exempts dependent children and persons who are physically unable to be fingerprint imaged. The requirement for fingerprint imaging is intended to detect and deter duplicate aid fraud in the CalWORKs and SNAP programs. In addition, twenty-four counties use the system to fingerprint image and match prints for their General Relief population.

In July of 2009, legislation (Assembly Bill X4 19) was passed that required the California Department of Social Services (CDSS) to implement fingerprint imaging for new IHSS recipients by April 1, 2010. The existing IHSS caseload shall be fingerprint imaged at reassessment. The requirement for fingerprint imaging is intended to detect and deter duplicate aid fraud in the IHSS program.

For more information regarding the SFIS Project, please visit our website at: www.sfis.ca.gov. IHSS information has not yet been added to the site.

1.2 Statewide Fingerprint Imaging System and In-Home Supportive Services Background

1.2.1 Statewide Fingerprint Imaging System

The CDSS and the Office of Systems Integration (OSI) are mandated to maintain the SFIS. OSI managed the development and implementation of SFIS and currently manages the maintenance and operations (M&O) of the system on behalf of CDSS.

A contract to develop, implement and operate SFIS was executed with Electronic Data Systems (EDS) in September 1999. Following a five-month development period, implementation of SFIS began in March 2000 and was completed in December 2000.

The SFIS currently processes approximately 120,000 applicants a month, which are added or updated in the database that currently contains approximately five million records. The system, through the use of locally placed scanning equipment and workstations in approximately 275 sites statewide, captures fingerprint images. The images are then processed with proprietary software that resides at the workstation and central host. This software is responsible for matching fingerprint images against the database of all recipient images on file. When that matching process produces unexpected results (i.e., a match on a new applicant, no match on existing recipient) which occur approximately 3 percent of the time, a fingerprint verification technician, with oversight from the fingerprint verification consultant, ensures that the final results are accurate. In addition to fingerprint image matching, the system produces numerous reports to assist the counties and CDSS in managing their fraud casework and investigate possible fraudulent activities.

The prime contract was extended to September 6, 2005 as provided under the terms of the contract. Due to delays in the re-procurement efforts, the state further extended the current contract to December 31, 2007, and issued a Non Competitive Bid (NCB) extending SFIS service under a new contract to August 2009. On September 1, 2009 a new contract with Hewlett Packard (HP) Enterprise Services (formerly EDS) was procured and executed to provide M&O services for the eight year contract period. This contract requires the winning contractor to refresh all hardware and software to current supported versions.

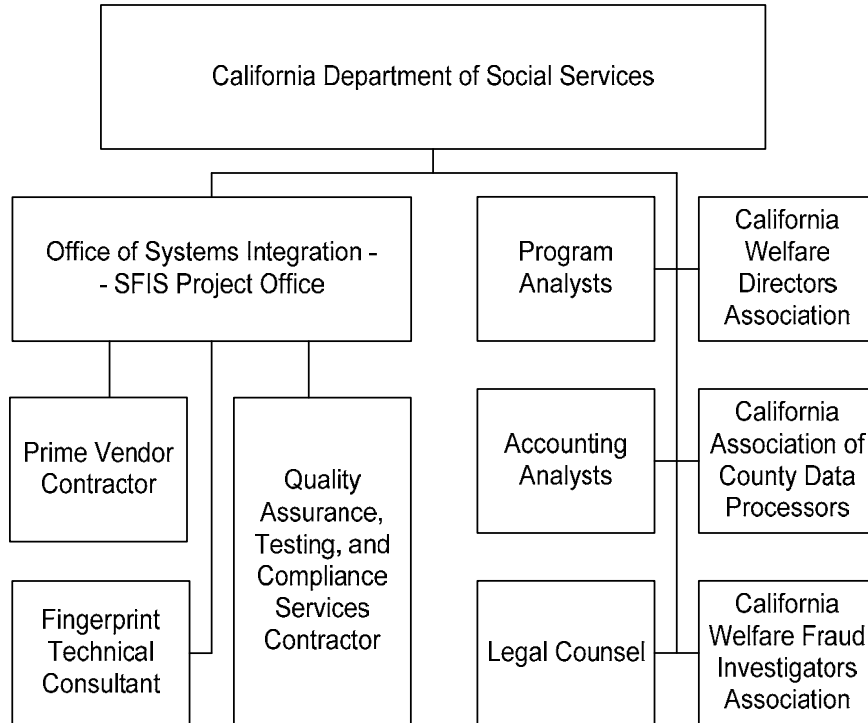
1.2.2 In-Home Supportive Services

In July of 2009, legislation was passed that required CDSS to implement fingerprint imaging on new IHSS recipients by April 1, 2010. The existing IHSS caseload shall be fingerprint imaged at reassessment. Fingerprint imaging (referred to as the SFIS IHSS Application in this document) of IHSS recipients shall be developed, implemented, and operated under the existing contract with HP through change orders, and take advantage of the existing SFIS infrastructure and technical platform.

1.2.3 Quality Assurance, Testing, and Compliance Services

The SFIS is maintained and operated with the assistance of professional consultant staff. The Quality Assurance, Testing, and Compliance Services contractor shall provide the following services: Fingerprint Verification Services; Quality Assurance Project Management Services; Quality Assurance Application Testing Services; Quality Assurance Compliance Services and Project Management Support Services. The Quality Assurance, Testing, and Compliance Services contractor shall also provide the services listed above to the SFIS IHSS Application.

1.3 Management Oversight / Project Organization



1.4 Period of Performance

The period of performance for the prime SFIS contract which shall be used to develop, implement, and operate IHSS fingerprint imaging services commenced on September 1, 2009 and shall continue through August 31, 2017 or eight years.

The period of performance for the Quality Assurance, Testing, and Compliance Services contract commenced on November 2, 2009, shall continue through November 1, 2013, or four years. Upon written notification by the state, this contract may be extended at the state’s option for three 1-year optional years. The option to extend shall be exercised at the sole discretion of the state.

2 BUDGET AND COST ALLOCATION METHODOLOGY

This section summarizes cost estimates for the development, implementation, and operation of the inclusion of IHSS into the SFIS Application. Implementation of the IHSS Application using the existing SFIS infrastructure is a cost-effective step that shall detect and deter duplicate aid fraud in the IHSS program. During the development period the OSI assisted by the SFIS contractor, CDSS and other stakeholders, shall determine and document application requirements. The SFIS contractor shall then develop and construct the IHSS application with assistance from OSI, CDSS, and project stakeholders. Following a period of extensive testing the IHSS Application shall be implemented in all California counties. Costs for the system are expected to total \$41,599,999 over the remaining SFIS Prime Vendor contract period.

Based on the cost allocation methodology, the state's cost share for the inclusion of IHSS into the SFIS is expected to total \$21,573,858 for the remaining SFIS Prime Vendor contract period, while the federal share is expected to total \$20,026,141 for the contract period. No inflationary factor has been applied for any costs.

2.1 Yearly Costs (FFY)

For purposes of specific *year-by-year* budgeting, the following spreadsheets are also included. These spreadsheets correspond directly to the year-by-year costs. As a result, the costs shown in these spreadsheets shall fluctuate annually depending on the occurrence of such events as technical refresh.

	FFY 9/10	FFY 10/11	FFY 11/12	FFY 12/13	FFY 13/14	FFY 14/15	FFY 15/16	FFY 16/17 *	Total
Contractor Services	7,725,000	2,300,000	2,300,000	2,300,000	2,300,000	2,300,000	2,300,000	2,108,333	23,633,333
Personnel	250,000	200,000	200,000	200,000	200,000	200,000	200,000	183,333	1,633,333
Network	2,500,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	1,833,333	16,333,333
Total	\$10,475,000	\$4,500,000	\$4,500,000	\$4,500,000	\$4,500,000	\$4,500,000	\$4,500,000	\$4,124,999	41,599,999

* Prime Vendor contract ends August 31, 2017

2.2 Cost Allocation Methodology

The purpose of the Cost Allocation Plan (CAP) is to distribute the costs of the inclusion of IHSS into the SFIS across each funding agency in accordance with current federal and state funding agreements. The goal of the plan is to achieve an equitable distribution of costs based on the functionality and usage of the system.

The basic tenet of the cost allocation methodology for the inclusion of IHSS into the SFIS is to distribute costs in such a way that the benefiting program is charged directly for the support provided for that program. If a single program benefits from the support then 100 percent of the costs associated with that support are charged to that program. If more than a single program benefits from a support function then the benefiting programs share the cost based on the percentage of the individuals (person count) represented by each program. The OSI tracks each automation project by establishing unique cost centers for each project. Via interagency agreements, CDSS reimburses all costs identified to these cost centers by project. These cost centers receive an appropriate allocation of overhead and project management cost in conformance with OSI's federally approved CAP. OSI invoices to CDSS reflect costs allocated in conformance with their federally approved CAP and federal requirements contained in OMB A-87 for cost allocation of public assistance programs.

The following chart reflects the funding ratios for the inclusion of IHSS into the SFIS.

	State	Reimbursement
FY 2009/10	54.02	45.98
FY 2010/11	51.33	48.67
>FY 2011/12	51.33	48.67

CDSS updates the funding ratios annually by identifying the Personal Care Services Program (PCSP)/IHSS Plus Option (IPO) and Residual caseloads and calculating corresponding percentages. The categories of that report include a portion of the IHSS programs' federally-eligible recipients under the state-only IHSS Residual program. Through the use of a separate report with an identifier that provides an accurate count of the Residual population, a calculation is subsequently made to determine the cost and number of recipients in the original report under the IHSS Residual program who should be identified as federally-eligible. .

The following chart shows the Title XIX Reimbursement and state share of cost for the duration of the SFIS Prime Vendor Contract.

	FFY 9/10	FFY 10/11	FFY 11/12	FFY 12/13	FFY 13/14	FFY 14/15	FFY 15/16	FFY 16/17 *	Total
State	\$5,597,397	\$2,309,850	\$2,309,850	\$2,309,850	\$2,309,850	\$2,309,850	\$2,309,850	\$2,117,361	\$21,573,858
Title XIX Reimbursement	\$4,877,603	\$2,190,150	\$2,190,150	\$2,190,150	\$2,190,150	\$2,190,150	\$2,190,150	\$2,007,638	\$20,026,141
Total	\$10,475,000	\$4,500,000	\$4,500,000	\$4,500,000	\$4,500,000	\$4,500,000	\$4,500,000	\$4,124,999	\$41,599,999

* Prime Vendor contract ends August 31, 2017

3 TECHNICAL

3.1 Architecture

3.1.1 Current SFIS

The existing SFIS Central Site houses database servers, process-coordinator workstations, and the MorphoTrak (formerly known as Motorola/Printrak) Automated Fingerprint Identification System (AFIS).

There are approximately 275 SFIS workstations located in county welfare offices statewide with the capability to capture images, and another approximately 100 workstations supporting various management and administrative tasks, including training. The Office of Technology Services (OTech) statewide Wide Area Network (WAN), and dedicated Local Area Networks (LAN) within each county and at the Central Site, provide the needed communications infrastructure.

Currently, the system processes approximately 6,000 fingerprint transactions per day. The current database size is approximately five million records (ten million fingerprint images).

3.1.2 Changes to SFIS

The IHSS program is supported by the counties in about 100 sites statewide. New applicants average about 8,000 per month, with an existing case load of 430,000 recipients. The program has about 2,400 active caseworkers that need access to the system. Changes to accommodate and implement the IHSS into the SFIS require additions and changes to SFIS hardware/software and services including:

- SFIS Desktop Workstations – At least one SFIS Desktop workstation is required at each of 100 IHSS sites located statewide.
- SFIS Handheld Workstations – The IHSS Legislation requires that the recipients be imaged in their homes. The proposed handheld workstation provides the same functionality as the current SFIS portable workstation but in a more compact, rugged package. A sufficient supply of these is needed to support the active caseworkers. The exact number shall be determined as part of detailed SFIS IHSS Application requirements.
- Prime contractor services including:
 - Integrate the IHSS population into the SFIS.
 - Integrate the handheld device into the SFIS.
 - Modify the existing SFIS application to include processing for IHSS.
 - Maintain the hardware, and system/application software.
 - Provide Help Desk Services to as many as 2,400 caseworkers.

Other necessary changes include the Prime Vendor contract, the current SFIS network and state staffing level. The changes are as follows:

- In order to accommodate the IHSS program and its unique imaging requirements, the SFIS Prime Vendor contract needs to be amended in the following areas:
 - Increase the number of concurrent users supported.
 - Increase the number of workstations supported.
 - Add a portable handheld fingerprint/photo capture device and backup fingerprint ink/card camera kit.
- The SFIS currently has existing circuits to about half of the sites used by IHSS caseworkers. Some of these existing circuits have to be upgraded to accommodate the increase in network traffic. The other half of the sites are new to SFIS, so new circuits and networking hardware need to be installed. Also needed is additional network hardware in each of the IHSS offices and the SFIS Central site to accommodate the portable handheld scanner.
- Two additional staff are needed to provide support to the IHSS caseworkers and hardware for new sites. These two new positions shall provide support to the SFIS Training Coordinator by creating and maintaining the SFIS Web Based Training program, providing classroom training, and network support,

4 SECURITY

Major information systems, such as SFIS, require extensive safeguards to protect the integrity of the program administered and to prevent unauthorized access to the SFIS system or its information. State of the art security is particularly necessary for the inclusion of IHSS into the SFIS since IHSS recipient data falls under the Health Insurance Portability and Accountability Act (HIPAA) security umbrella. First, the system must safeguard data and processing capability while providing effective access control to SFIS IHSS data and systems software. The system must incorporate elements for maintaining program integrity to ensure the fiscal capabilities of the system are not compromised. Second, it must ensure that the system itself is physically secure and protected from abuse and potential fraud. Third, adequate back-up and recovery features are required to ensure the service delivery function can continue in cases of system unavailability and the system can be reconstructed in the event of a disaster. The existing SFIS satisfies these requirements, and current security features are described in detail in the Current System section of this IAPD.

SFIS is also cognizant of the requirements to meet both state and federal regulations related to security, confidentiality, and auditing during development, implementation, and operation of the SFIS IHSS Application. SFIS shall incorporate into its solution, compliance with the specifications of the following publications:

- Code of Federal Regulations [Title 45, Volume 1] -- Public Welfare And Human Services Part 164_Security and Privacy, Security Standards for the Protection of Electronic Protected Health Information Subpart C; Sec. 164.306 General Rules, Sec. 164.308 Administrative Safeguards, Sec. 164.310 Physical Safeguards, and Sec. 164.312 Technical Safeguards.
- Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information, Office of the National Coordinator for Health Information Technology, U.S. Department of Health and Human Services.
- The HIPAA Privacy Rule's Right of Access and Health Information Technology, U.S. Department of Health and Human Services.
- Automatic Data Processing Physical Security and Risk Management (Federal Information Processing Standards, Pub 31).
- Computer Security Guidelines for Implementing the Privacy Act of 1974 (Federal Information Processing Standards, Pub 41).
- Guidelines for Security of Computer Applications (Federal Information Processing Standards, Pub 73).