

## AGREEMENT

24-0330-RFP

Human Services Focused Case Management, Integration and Low Code Platform Solution - Human Services ARPA

This Agreement (the “agreement” or “contract”), is entered into on the date last executed below (“Effective Date”), by and between Pinellas County, a subdivision of the State of Florida whose primary address is 315 Court Street, Clearwater, Florida 33756 (“COUNTY”) and Ignyte Group, Inc. whose primary address is 1990 K Street NW, Suite 5R, Washington, DC 20006 (hereinafter “CONTRACTOR”) (jointly, the “Parties”).

### ***NOW THEREFORE, the Parties agree as follows:***

#### **A. Documents Comprising Agreement**

1. This Agreement, including the Exhibits listed below, constitutes the entire agreement and understanding of the Parties with respect to the transactions and services contemplated hereby and supersedes all prior agreements, arrangements, and understandings relating to the subject matter of the Agreement. The documents listed below are hereby incorporated into and made a part of this Agreement:
  - a. This Agreement
  - b. Pinellas County Standard Terms & Conditions, located on Pinellas County Purchasing's website, effective 6/14/2023, posted at <https://pinellas.gov/county-standard-terms-conditions/>
  - c. Solicitation Section 4, titled Special Conditions attached as Exhibit C.
  - d. Solicitation Section 5, titled Insurance Requirements attached as Exhibit D.
  - e. Contractor's response to Solicitation Section 6, titled Scope of Work / Specifications attached as Exhibit E.
  - f. Contractor's response to Solicitation Section 9, titled Pricing Proposal attached as Exhibit F.
  - g. HIPPA Business Associate Agreement attached as Exhibit G.
  - h. Grant Provisions – ARPA attached as Exhibit H.
2. In the case of a conflict, the terms of this document govern, followed by the terms of the attached Exhibits, which control in the order listed above.

#### **B. Term**

1. The initial term of this Agreement is for ten (10) years from the Effective Date (the "Contract Term"). At the end of the initial term of this contract, this Agreement may be extended for three (3), additional thirty-six (36) months terms, or such other renewal terms agreed to by the Parties.

### **C. Price Adjustments**

1. Prices will be held firm for the duration of the Contract Term.
2. Term extensions will allow for price adjustments (Decrease/Increase) in an amount not to exceed the average of the Consumer Price Index (CPI) or 5%, whichever is less, for all Urban Consumers, Series Id: CUUR0000SA0, Not Seasonally Adjusted, Area: U.S. city average, Item: All items, Base Period: 1982-84=100 for the twelve months prior to extension. The extension shall be exercised only if all terms and conditions remain the same and the County Administrator or Director of Purchasing grants approval.

It is the vendor's responsibility to request any pricing adjustment under this provision. For any adjustment to commence on the first day of any exercised extension period, the vendor's request for adjustment should be submitted at time of the extension request from the County, utilizing the available index at the time of request. The vendor adjustment request should not be in excess of the relevant pricing index change. If no adjustment request is received from the vendor, the County will assume the vendor has agreed that the extension term may be exercised without pricing adjustment. Any adjustment request received after the commencement of a new extension period may not be considered. County has the right to request pricing decreases at any time.

### **D. Expenditures Cap**

1. Payment and pricing terms for the initial and renewal terms are subject to the Pricing Proposals in Exhibit F. County expenditures under the Agreement will not exceed \$11,384,141.10 for the Contract Term without a written amendment to this Agreement.

### **E. Entire Agreement**

1. This Agreement constitutes the entire agreement between the Parties.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their undersigned officials, who are duly authorized to bind the Parties to the Agreement.

For Contractor:

Signature:



Print Name and Title: Aria Shariati

Date: June 24, 2023

For County:

Signature:

Print Name and Title:

Date:

**APPROVED AS TO FORM**

By: Keiah Townsend  
Office of the County Attorney

## EXHIBIT C

Solicitation #24-0330-RFP

Title: Human Services Focused Case Management, Integration and Low Code Platform Solution - Human Services ARPA

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### **4. Special Terms & Conditions**

#### **4.1. INTENT**

It is the intent of Pinellas County to establish an Agreement for Human Services Focused Case Management, Integration and Low Code Platform Solution - Human Services ARPA to be ordered, as and when required.

#### **4.2. NON-NEGOTIABLE TERMS**

While the County prefers that no exceptions to its contract terms be taken, the solicitation does authorize respondent to take exception to terms as part of its submittal. The County has deemed the following contract terms in the County's Standard Terms & Conditions <https://pinellas.gov/county-standard-terms-conditions/> to be non-negotiable:

Section 3: Compliance with Applicable Laws (all terms)

Section 7: Indemnification & Liability (all terms)

Section 8: Insurance & Conditions Precedent

Section 10(G): Governing Law & Venue

Section 12(A): Fiscal Non-Funding

Section 13: Confidential Records, Public Records, & Audit (all terms)

Section 19: Digital Content (all terms) *(if the Agreement includes software, online, or digital content services)*

Any terms required by law

#### **4.3. PRICING/PERIOD OF CONTRACT**

Unit prices submitted of listed items will be held firm for the duration of the Agreement. Duration of the Agreement will be for a period of ten (10) years from the date of Agreement award and any extension thereof.

#### **4.4. TERM EXTENSION(S) OF CONTRACT**

The Agreement may be extended subject to written notice of agreement from the County and successful respondent, for 3 additional 36 month period(s) beyond the primary contract period. Term extensions will allow for price adjustments (Decrease/Increase) in an amount not to exceed the average of the Consumer Price Index (CPI) or 5%, whichever is less, for all Urban Consumers, Series Id: CUUR0000SA0, Not Seasonally Adjusted, Area: U.S. city average, Item: All items, Base Period: 1982-84=100 for the twelve months prior to extension. The extension shall be exercised only if all terms and conditions remain the same and the County Administrator or Director of Purchasing grants approval.

It is the vendor's responsibility to request any pricing adjustment under this provision. For any adjustment to commence on the first day of any exercised extension period, the vendor's request for adjustment should be submitted at time of the extension request from the County, utilizing the available



index at the time of request. The vendor adjustment request should not be in excess of the relevant pricing index change. If no adjustment request is received from the vendor, the County will assume the vendor has agreed that the extension term may be exercised without pricing adjustment. Any adjustment request received after the commencement of a new extension period may not be considered. County has the right to request pricing decreases at any time.

#### 4.5. NON-MANDATORY PRE-SUBMITTAL CONFERENCE:

All questions pertaining to the solicitation or technical specifications will be reviewed at this time. Solicitation suggestions or modifications may be discussed with County representatives at this meeting and may be considered by representatives as possible addenda to the solicitation.

Microsoft Teams meeting Join on your computer, mobile app or room device Click here to join the meeting Meeting ID: 242 985 959 807 Passcode: fXJ55i Download Teams | Join on the web Or call in (audio only) +1 813-644-3116,,105017392# United States, Tampa Phone Conference ID: 105 017 392#

Tuesday, February 13, 2024

10:30 am

#### 4.6. PRE-COMMENCEMENT MEETING

Upon award of the Agreement, the County will coordinate a pre-commencement meeting with the successful Contractor. The meeting will require Contractor and the County Representative to review specific Agreement details and deliverable documents at this meeting to ensure the scope of work and work areas are understood.

#### 4.7. ORDERS

Within the term of this Agreement, County may place one or more orders for goods and/or services at the prices listed on the Pricing Proposal section of this solicitation, which is incorporated by reference hereto.

#### 4.8. ASBESTOS MATERIALS

The Contractor must perform all Work in compliance with Federal, State and local laws, statutes, rules, regulations and ordinances, including but not limited to the Department of Environmental Protection (DEP)'s asbestos requirements, 40 CFR Part 61, Subpart M, and OSHA Section 29 CFR 1926.58. Additionally, the Contractor must be properly licensed and/or certified for asbestos removal as required under Federal, State and local laws, statutes, rules, regulations and ordinances. The County is responsible for filing all DEP notifications and furnish a copy of the DEP notification and approval for demolition to the successful Contractor. The County will furnish a copy of the asbestos survey to the successful Contractor. The Contractor must keep this copy on site at all times during the actual demolition.

#### 4.9. SERVICES

***The terms below are applicable if the Solicitation includes the provision of SERVICES:***

- A. **ADD/DELETE LOCATIONS SERVICES** - The County reserves the right to unilaterally add or delete locations/services, either collectively or individually, at the County's sole option, at any time after award has been made as may be deemed necessary or in the best interests of the County. In such case, the Contractor(s) will be required to provide services to this agreement in accordance with the terms, conditions, and specifications.

#### 4.10. GOODS & PRODUCTS

***The terms below are applicable if the Solicitation includes the purchase of GOODS or PRODUCTS:***

- A. **DELIVERY/CLAIMS** - Prices quoted will be FOB Destination, freight included and unloaded to location(s) within Pinellas County. Actual delivery address(s) will be identified at time of order. Successful Contractor(s) will be responsible for making any and all claims against carriers for missing or damaged items.

#### 4.11. QUANTITIES

Any quantities stated are an estimate only and no guarantee is given or implied as to quantities that will be used during the Agreement period. Estimated quantities are based upon previous use and/or anticipated needs.

## 5. Insurance Requirements

### 5.1. INSURANCE (General)

The Vendor must provide a certificate of insurance and endorsement in accordance with the insurance requirements listed below, prior to recommendation for award. The Vendor shall obtain and maintain, and require any subcontractor to obtain and maintain, at all times during its performance of the Agreement in Phase 1 insurance of the types and in the amounts set forth. For projects with a Completed Operations exposure, Vendor shall maintain coverage and provide evidence of insurance for 2 years beyond final acceptance. All insurance policies shall be from responsible companies duly authorized to do business in the State of Florida and have an AM Best rating of VIII or better.

### 5.2. INSURANCE (Requirements)

- A. Submittals should include, the Vendor's current Certificate(s) of Insurance. If Vendor does not currently meet insurance requirements, Vendor shall also include verification from their broker or agent that any required insurance not provided at that time of submittal will be in place prior to the award of contract. Upon selection of Vendor for award, the selected Vendor shall email certificate that is compliant with the insurance requirements. If the certificate received is compliant, no further action may be necessary. The Certificate(s) of Insurance shall be signed by authorized representatives of the insurance companies shown on the Certificate(s).
- B. **The Certificate holder section shall indicate Pinellas County, a Subdivision of the State of Florida, 400 S Fort Harrison Ave, Clearwater, FL 33756. Pinellas County shall be named as an Additional Insured for General Liability. A Waiver of Subrogation for Workers Compensation shall be provided if Workers Compensation coverage is a requirement.**
- C. Approval by the County of any Certificate(s) of Insurance does not constitute verification by the County that the insurance requirements have been satisfied or that the insurance policy shown on the Certificate(s) of Insurance is in compliance with the requirements of the Agreement. County reserves the right to require a certified copy of the entire insurance policy, including endorsement(s), at any time during the Bid and/or contract period.
- D. If any insurance provided pursuant to the Agreement expires or cancels prior to the completion of the Work, you will be notified by CTrax, the authorized vendor of Pinellas County. Upon notification, renewal Certificate(s) of Insurance and endorsement(s) shall be furnished to Pinellas County Risk Management at [InsuranceCerts@pinellascounty.org](mailto:InsuranceCerts@pinellascounty.org) and to CTrax c/o JDi Data at [PinellasSupport@ididata.com](mailto:PinellasSupport@ididata.com) by the Vendor or their agent prior to the expiration date.
  1. Vendor shall also notify County within twenty-four (24) hours after receipt, of any notices of expiration, cancellation, nonrenewal or adverse material change in coverage received by said Vendor from its insurer Notice shall be given by email to Pinellas County Risk Management at [InsuranceCerts@pinellascounty.org](mailto:InsuranceCerts@pinellascounty.org). Nothing contained herein shall absolve Vendor of this requirement to provide notice.

2. Should the Vendor, at any time, not maintain the insurance coverages required herein, the County may terminate the Agreement,.
- E. If subcontracting is allowed under this Bid, the Primary Vendor shall obtain and maintain, at all times during its performance of the Agreement, insurance of the types and in the amounts set forth; and require any subcontractors to obtain and maintain, at all times during its performance of the Agreement, insurance limits as it may apply to the portion of the Work performed by the subcontractor; but in no event will the insurance limits be less than \$500,000 for Workers' Compensation/Employers' Liability, and \$1,000,000 for General Liability and Auto Liability if required below.
1. All subcontracts between the Vendor and its Subcontractors shall be in writing and are subject to the County's prior written approval. Further, all subcontracts shall
    - a. Require each Subcontractor to be bound to the Vendor to the same extent the Vendor is bound to the County by the terms of the Contract Documents, as those terms may apply to the portion of the Work to be performed by the Subcontractor;
    - b. Provide for the assignment of the subcontracts from the Vendor to the County at the election of Owner upon termination of the Contract;
    - c. Provide that County will be an additional indemnified party of the subcontract;
    - d. Provide that the County will be an additional insured on all insurance policies required to be provided by the Subcontractor except workers compensation and professional liability;
    - e. Provide a waiver of subrogation in favor of the County and other insurance terms and/or conditions
    - f. Assign all warranties directly to the County; and
    - g. Identify the County as an intended third-party beneficiary of the subcontract. The Vendor shall make available to each proposed Subcontractor, prior to the execution of the subcontract, copies of the Contract Documents to which the Subcontractor will be bound by this Section C and identify to the Subcontractor any terms and conditions of the proposed subcontract which may be at variance with the Contract Documents.
- F. Each insurance policy and/or certificate shall include the following terms and/or conditions:
1. The Named Insured on the Certificate of Insurance and insurance policy must match the entity's name that responded to the solicitation and/or is signing the agreement with the County.

2. Companies issuing the insurance policy, or policies, shall have no recourse against County for payment of premiums or assessments for any deductibles which all are at the sole responsibility and risk of Vendor.
3. The term "County" or "Pinellas County" shall include all Authorities, Boards, Bureaus, Commissions, Divisions, Departments and Constitutional offices of County and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas County.
4. All policies shall be written on a primary, non-contributory basis.

The minimum insurance requirements and limits for this Agreement, which shall remain in effect throughout its duration and for two (2) years beyond final acceptance for projects with a Completed Operations exposure, are as follows:

### 5.3. WORKERS' COMPENSATION INSURANCE

Worker's Compensation Insurance is required if required pursuant to Florida law. If, pursuant to Florida law, Worker's Compensation Insurance is required, employer's liability, also known as Worker's Compensation Part B, is also required in the amounts set forth herein.

#### A. Limits

1. Employers' Liability Limits Florida Statutory
  - a. Per Employee \$ 500,000
  - b. Per Employee Disease \$ 500,000
  - c. Policy Limit Disease \$ 500,000

If Vendor is not required by Florida law, to carry Workers Compensation Insurance in order to perform the requirements of this Agreement, County Waiver Form for workers compensation must be executed, submitted, and accepted by Risk Management. The County Waiver Form is found at <https://pinellas.gov/services/submit-a-workers-compensation-waiver-request/>. Failure to obtain required Worker's Compensation Insurance without submitting and receiving a waiver from Risk Management constitutes a material breach of this Agreement.

### 5.4. COMMERCIAL GENERAL LIABILITY INSURANCE

Includes, but not limited to, Independent Vendor, Contractual Liability Premises/Operations, Products/Completed Operations, and Personal Injury.

#### A. Limits

1. Combined Single Limit Per Occurrence \$ 1,000,000
2. Products/Completed Operations Aggregate \$ 2,000,000
3. Personal Injury and Advertising Injury \$ 1,000,000

4. General Aggregate \$ 2,000,000

**5.5. CYBER RISK LIABILITY (NETWORK SECURITY/PRIVACY LIABILITY) INSURANCE**

To include cloud computing and mobile devices, for protection of private or confidential information whether electronic or non- electronic, network security and privacy; privacy against liability for system attacks, digital asset loss, denial or loss of service, introduction, implantation or spread of malicious software code, security breach, unauthorized access and use; including regulatory action expenses; and notification and credit monitoring expenses with at least minimum limits as follows:

A. Limits

1. Each Occurrence \$ 2,000,000
2. General Aggregate \$2,000,000

- B. For acceptance of Cyber Risk Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Cyber Risk Liability and other coverage combined.

**5.6. PROFESSIONAL LIABILITY (TECHNOLOGY ERRORS AND OMISSIONS) INSURANCE**

Minimum limits as follows. If “claims made” coverage is provided, “tail coverage” extending three (3) years beyond completion and acceptance of the project with proof of “tail coverage” to be submitted with the invoice for final payment. In lieu of “tail coverage”, Proposer may submit annually to the County, for a three (3) year period, a current certificate of insurance providing “claims made” insurance with prior acts coverage in force with a retroactive date no later than commencement date of this contract.

A. Limits

1. Each Occurrence or Claim \$2,000,000
2. General Aggregate \$2,000,000

- B. For acceptance of Professional Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Professional Liability and other coverage combined.

**5.7. PROPERTY INSURANCE**

Vendor will be responsible for all damage to its own property, equipment and/or materials.

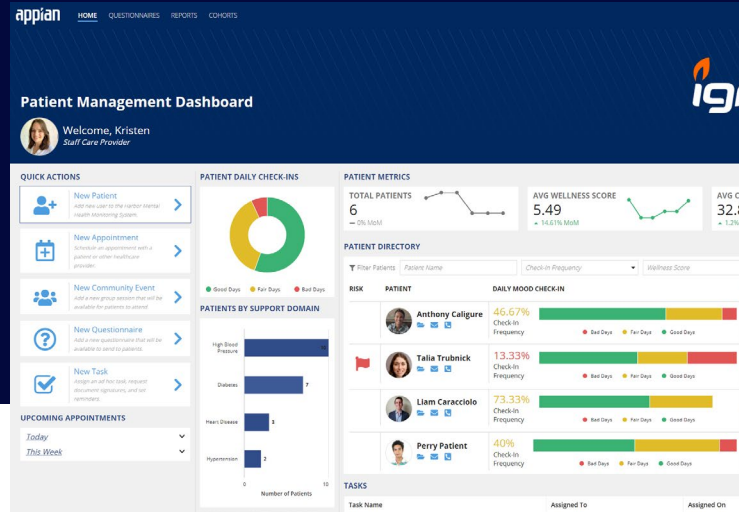
# EXHIBIT E



## SOLICITATION RESPONSE FOR

### Request for Proposals (RFP) for Human Services Focused Case Management, Integration, and Low-Code Platform Solution for Pinellas County

Team Ignyte Proposal Response  
Date Prepared: March 5, 2024  
**AMENDED: June 04, 2024**



PREPARED FOR  
Alex Meloy, NIGP-CPP, CPPB

Pinellas County Human Services  
400 South Fort Harrison Avenue  
Clearwater, FL 33765

SUBMITTED BY  
Ignyte Group, Inc.

1990 K St NW  
Washington, DC 20001

#### GSA Schedule Contracts

GS-35F-488DA  
CAGE Code: 7HQ68

UEI: TZ5JY14NKUK6  
Tax ID: 47-1950073

#### Points of Contact

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Megan Markert  
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Product Manager  
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megan@ignytegroupp.com

**TAB A: Introduction Letter  
and Table of  
Contents**



## A.1 Introduction Letter

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June 4, 2024

**NOTE this Document is amended to update pricing details in Section E to align with the updated Exhibit C provided directly to Pinellas County.**

March 5, 2024

Attention:

**Alex Meloy, NIGP-CPP, CPPB, Lead Procurement Analyst**

Pinellas County Human Services  
400 South Fort Harrison Avenue  
Clearwater, FL 33765

Dear Mr. Meloy,

On behalf of Ignyte Group, Inc., a Virginia (VA No. 07827124) and Florida-based corporation (Corporate No. P24000014290), and our teaming partner Appian, we thank you for the opportunity to participate in the solicitation for design and implementation of a modernized Human Services Focused Case Management, Integration, and Low-Code Platform Solution for Pinellas County Human Services (PCHS) and the County of Pinellas (the County). We are in full agreement with the terms, conditions, and provisions outlined under this RFP, as well as Addendum 1, Addendum 2, and Addendum 3.

This is **Tab A**, which is comprised of our Introduction Letter, Table of Contents, Table of Figures, and Table of Tables. The remainder of our proposal response is organized as follows:

- **Tab B** provides an overview of our Team Ignyte partnership with Appian and AWS, a summary of our relevant experience and qualifications, and our vendor certifications.
- **Tab C** describes our proposed solution's core functionality and how our proposed solution will meet PCHS's desired functionality for a future-state system, and how our team will help address each of PCHS's existing challenges. This tab also includes details on the technical specifications of our proposed solution, a copy of our detailed responses to Exhibit B, and our strategy to applying PCHS's success criteria to the use cases from the RFP.
- **Tab D** outlines our thorough technical approach and methodology to implementing the modernized system tailored to Pinellas' specific needs and requirements. This section of our proposal outlines our proven strategy to implementing a best-in-class solution, details our proposed schedule for implementation, and provides PCHS with our team's relevant vendor guarantees, Service Level Agreements (SLAs), and expectations from Pinellas County to help drive the success of this project.
- **Tab E** includes our proposed pricing based on our understanding of the required scope. Please note that this proposal offers significant savings on software and services if the awards for human services case management / low-code platform and electronic health record are combined.

We are confident that our team can provide the **highest quality and best valued solution** to Pinellas County Human Services. If you have any questions regarding our response, I can be reached by phone anytime at (517) 505-7039 or by email at [jason@ignytegroup.com](mailto:jason@ignytegroup.com).



**Jason Stanis**

Chief Technology Officer, Ignyte Group  
(571) 505-7039  
[jason@ignytegroup.com](mailto:jason@ignytegroup.com)

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**TAB B: Qualifications and  
Experience of  
Vendor**



# B.1 Vendor Experience and Qualifications

As detailed in the following sections, Ignyte Group (**Ignyte**), Appian Corporation (**Appian**), and Amazon Web Services (**AWS**) are joining forces as Team Ignyte to provide Pinellas County with a comprehensive, secure, cloud-hosted Human Services Focused Case Management, Integration, and Low-Code Platform Solution. This collaboration combines Ignyte's expertise in implementing tailored solutions built on Appian's powerful low-code platform to deliver a solution hosted on AWS's highly secure and capable GovCloud that meets Pinellas County's needs effectively and efficiently. Our team brings a track record of success, innovation, and regulatory compliance, making us the perfect vendor for Pinellas County Human Services' (PCHS) integrated platform needs.

## B.1.1 About Team Ignyte (SOW 1.3.1.1)

Ignyte is a digital transformation consultancy that specializes in the planning, implementation, and maintenance of **transformative enterprise software solutions**. Our team is committed to innovation and delivering solutions that are tailored to the specific needs of our clients. Ignyte has been consistently recognized by *Forbes* as one of America's Best Consulting Firms for seven consecutive years.

Ignyte specializes in implementing solutions that enable healthcare providers and community care organizations to implement **Case Management Society of America (CMSA) best practices**. We digitize the end-to-end lifecycle, improve provider credentialing and management, and streamline billing and claims, ensuring efficient and effective operations. Our team has developed a portfolio of **award-winning solutions for healthcare and government agencies** using the **Appian Low-code platform** hosted on **AWS GovCloud**. This includes our acclaimed **healthcare case management solution** and our Grants Management solution, which has been **recommended by the HHS QSMO Marketplace** for quality, innovation, and trustworthiness.

**Appian** is the recognized leader in low-code process automation and application delivery by trusted sources, including Gartner and Forrester. Appian is trusted by more than **40 US Government Agencies** and over **100 Public Sector** customers worldwide. Appian's secure (**HIPAA-compliant, FedRAMP, and StateRAMP authorized**), reliable (**99.99% availability**), and scalable (**supporting more than 1.5 billion transactions per day**) platform enables these customers to rapidly create, deploy, and use software applications tailored to their unique mission needs. Appian solutions can be configured **over 20**

**Ignyte Key Facts**

- Specialized in providing **end-to-end transformative software solutions**
- Extensive **Healthcare and Government Agency** Experience
- Ranked among **America's Best Consulting Firms** by *Forbes* (7+ years)
- Premier **Appian** Partner and **2022 & 2023 Partner of the Year**
- Award-winning** provider of **cloud-based healthcare solutions**
- Select Partners of AWS** to enable enhanced support

Figure 1: Ignyte Key Facts

**appian in the Public Sector**

- 40+ Government agencies
- 100+ Public Sector customers
- FedRAMP authorized
- StateRAMP authorized
- HIPAA-compliant

Figure 2: Appian in the Public Sector

**times faster than traditional software development** and are much **more flexible and adaptable to changing customer needs**. Appian solutions can be seamlessly and securely integrated with systems that leverage APIs, such as Microsoft Power BI, Oracle E-Business Suite, and ArcGis Enterprise, and leverages **HL7 FHIR** standards with its patented Data Fabric architecture. This means PCHS won't incur the technical debt and long-term maintenance costs associated with custom coding, or the lack of flexibility, proprietary data architectures, and costly integration add-ons that often accompany pre-packaged Software as a Service (SaaS) platforms and configurable off the shelf (COTS) applications. Appian provides several options for single sign-on (SSO) configuration, including integration with OKTA.

The Appian platform is powered by AWS GovCloud and easily integrates with the powerful library of AWS services. Understanding that Pinellas County already utilizes several AWS services, including storage (S3), compute (EC2 Windows and Linux), database (RDS for MySQL and PostgreSQL), and security (Perimeter Protection), our solution aligns seamlessly with Pinellas' cloud-first approach. AWS GovCloud meets stringent regulatory compliance requirements, making it ideal for government agencies like Pinellas County, ensuring the security and privacy of sensitive data in the cloud. As a Select Partner of AWS, Ignyte offers technical expertise, certified AWS practitioners, and a strong track record of AWS deployments and cloud migrations, ensuring the success and effectiveness of solutions delivered on AWS for Pinellas County. Our team's AWS partnership positions our solution well for future innovations leveraging AWS capabilities, such as AWS HealthLake, Comprehend Medical, and HealthScribe.



**Figure 3: AWS Partnership**



**Figure 4: Combined Team Ignyte Experience**

Team Ignyte has a proven track record in the healthcare sector supporting community care organizations like Rocky Mountain Human Services (RMHS), where we transformed case management and billing, and established their EHR of record on the Appian platform. We've also modernized health policy, facility inspections, and provider credentialing for the Peace Corps Office of Health Services, enhancing clinical operations and care quality. Additionally, our work with the Centers for Medicare and Medicaid Services (CMS) has led to reduced fraud, waste, and abuse through a modernized auditing system for federally funded health exchanges. We've also digitized workflows at the Food and Drug Administration (FDA), Washington Metropolitan Area Transit Authority (WMATA) Office of Occupational Health and Wellness (OHAW), and other

federal, state, and local agencies, driving efficiency and effectiveness. The Appian platform is trusted by leading healthcare organizations such as MD Anderson Cancer Center, Kaiser Permanente, the U.S. Health and Human Services Department (HHS), and the National Institutes of Health (NIH), demonstrating its reliability and effectiveness to support mission-critical healthcare operations.

Team Ignyte partner AWS has a strong track record of successful implementations for clients in Florida and the Tampa area, including the City of Tampa, Hillsborough County Schools, Tampa Airport, Port of Tampa Bay, Tampa Hillsborough Expressway Authority (THEA), Pasco County Sheriff, FL Department of Transportation (FDOT), FL Department of Children and Families (DCF), FL Department of Financial Services (DFS), FL Digital Service (FLDS), FL Agency for Persons with Disabilities (APD), FL Department of Revenue, and more. This experience, further described in **Section B.1.4**, uniquely positions our team to deliver a secure, scalable, and efficient solution for PCHS, leveraging best practices and lessons learned from our work with these organizations.

Ignyte will provide comprehensive support throughout the implementation lifecycle. As a Premier Appian partner, and select AWS partner, our track record of success and industry recognition as Appian's North American Partner of the Year for 2022 and 2023, and Innovation Award winner from the Appian Government Conference in 2023, reflects our commitment to delivering impactful solutions for our customers that are less complex and costly to support and maintain over time.

**Team Ignyte's extensive experience and proven capable, secure, and scalable technology solutions make us the optimal partner for Pinellas County to successfully implement a Case management, Health and Social Services Integration and Low Code Platform, and Electronic Health Record (EHR) solutions that are tailor-fit to the PCHS mission with the fastest time to value, least risk, and lowest total cost of ownership.**

### ***B.1.2 Past Successful Implementations (SOW 1.3.1.2)***




Team Ignyte possesses the relevant qualifications and experience required for the size and scope of the Pinellas RFP. Our solution's capabilities are further detailed in **Exhibit B**. Our proven approach is detailed in **Section D** and demonstrates that we have all the necessary experience, capabilities, and methodology to deliver complex, enterprise-grade solutions with multiple interdependencies that are similar in size and scope to PCHS's desired Human Services focused Case Management, Integration, and Low-Code Platform solutions as well as the related implementation of an Electronic Health Record (EHR) for Low Income and Homeless Healthcare Programs.

Our proposed solution has been implemented organizations such as Rocky Mountain Human Services (RMHS) and the Peace Corps' Office of Health Services (OHS), showcasing our team's ability to address unique challenges and provide effective results.



At RMHS, a nonprofit dedicated to supporting vulnerable community members including low-income and homeless individuals, children, seniors, and veterans, Ignyte implemented the Automated System for Tracking Reporting and Organizational Change (ASTRO) **within six months**, revolutionizing their EHR and case

#### ***Ignyte Key Impacts***

-  Implemented case management solution and EHR in **less than 6 months**
-  **Migrated over 20,000 client records** from legacy EHR system
-  **Automated** the processing of **approximately 1,000 referrals per month (~150 hours per month)**

management system. This transformation streamlined case management, contract management, provider management, billing, and electronic health records. By eliminating manual processes and enhancing workflows, Ignyte significantly improved efficiency and effectiveness, **reducing case management errors by over 25%** and the time it takes for RMHS to collect revenues by 15%. **We successfully migrated over 20,000 client records from Greenway, RMHS’s legacy EHR system, and CaseLogic, RMHS’s legacy case management system**, ensuring a seamless transition and continuity of care for RMHS clients. Ignyte also established an online portal for local providers to **refer over 1,000 clients** per month to RMHS human services programs.



For the Peace Corps' Office of Health Services (OHS), we delivered a comprehensive case management solution tailored to address their unique needs. Our integrated software solution revolutionized their case management capabilities, facilitating streamlined provider onboarding processes and enabling efficient management of corrective actions to address clinical quality issues. **Implemented in less than 3 months, our enterprise solution swiftly streamlined digital workflows, eliminating 100% of paper forms.** It also significantly enhanced visibility, providing a centralized platform to **streamline policy management** and ensure compliance across the organization.

**Ignyte Key Impacts**

- Enterprise solution **developed and implemented in less than 3 months**
- Streamlined digital workflow **removing 100% of paper forms**
- Improved visibility to **streamline policy management**

These past implementations demonstrate our combined team’s ability to tailor and implement solutions to specific needs, drive efficiency, and achieve positive outcomes for our clients.

### ***B.1.3 Past Successful Integrations (SOW 1.3.1.3)***

Ignyte has a track record of successful integrations with a wide range of HL7 FHIR compatible Electronic Health Records, and Health Information Exchanges (including Epic, Cerner, HAPI-FHIR, Health Gorilla, Redox Engine, and Velatura), as well as industry leading Health APIS (such as Health Gorilla and Redox Engine).

These integrations enable caregivers to extend the functionality of these platforms with innovative workflows and implement mobile-enabled Clinical Practice Guidelines (CPGs), particularly beneficial in high-stress emergency and urgent care situations. We have also demonstrated extensive experience in developing and testing HL7 FHIR Integrations with HAPI FHIR, ensuring seamless interoperability and secure data exchange with different healthcare systems and applications. This capability allows for the exchange of patient data across platforms while maintaining strict security and privacy standards, including implementing a scoped authorization mechanism for granular control over data access.


Our solution also has proven integration with payer systems to process enrollments, check eligibility, submit claims, and manage payments via direct APIs, file exchanges, and Electronic Data Interchange (EDI) Clearinghouses via the X12 (HIPAA 5010) standards. Ignyte is a licensed X12 developer and has developed a comprehensive Appian solution comprising reusable components to digitize the end-to-end claims lifecycle. This solution provides a user-friendly

method for health providers to process HIPAA Compliant electronic claims with existing EDI Clearing Houses using the X12 HIPAA 5010 Standards (837, 835, 276/277). We can rapidly deploy solutions for processing other HIPAA 5010 X12 transaction sets for enrollment, eligibility, prior authorization, and more upon request. Additionally, Ignyte can support the NCPDP standard to enhance eligibility and claims processes with health payers, as well as mapping to HL7-compliant medication history details in Electronic Health Records (EHRs).

Below we have provided details on three of our past successful integrations for RMHS, Broward County, Florida, and Mountain Lake Associates (MLA).

### **B.1.3.1 RMHS Integrations**

Our integration with RMHS's legacy system, CaseLogic, was a significant success, demonstrating our capability to seamlessly integrate with existing systems while modernizing workflows and is explained in further detail in the table below.

 <b>Rocky Mountain Human Services – Legacy EHR (CaseLogic)</b>	
<b>Description</b>	<i>This bidirectional integration facilitated the updating of client demographic information and program enrollments, enabling RMHS to maintain accurate and up-to-date records in both systems across EHR and case management workflows. We adopted a phased approach to integration, supporting programs in both the legacy system and the new combined EHR and case management system, ASTRO, during the transition period. This approach allowed for a smooth transition, ensuring continuity of service without disruption. Our solution also enabled the pulling and pushing of documents between systems, further enhancing efficiency and data accessibility. The real-time integration kept the two systems synchronized, ensuring that RMHS staff always had access to the most current information.</i>
<b>Key Data Exchanged</b>	<i>Client (including demographics, contacts, etc), Client Program Enrollment, Referral &amp; Eligibility Info</i>
<b>Frequency</b>	<i>On Demand updates of information from ASTRO to CaseLogic. Nightly syncs from CaseLogic to ASTRO.</i>
<b>Integration Method</b>	<i>Robotic Process Automation (RPA) over HTTPS</i>

**Table 1: RMHS Integrations**

### **B.1.3.2 Broward County Integrations**

Our integration with Broward County's (Florida) Integrated Data System (IDS) showcases our commitment to interoperability and user-friendly interfaces and is explained in further detail in **Table 2**.





## Broward County – Integrated Data System (IDS)

<b>Description</b>	<i>By leveraging HL7 FHIR integrations with the Clinical Data Repository (CDR) at the Broward County IDS, our solution enabled seamless data exchange, empowering care teams with access to critical patient information. The SMART App Launch feature provided secure and granular access to patient data for authorized applications, enhancing data accessibility while ensuring data security and privacy. Our mobile capabilities allowed users to interact with the application across all devices, facilitating remote care delivery and improving patient engagement.</i>
<b>Key Data Exchanged</b>	<i>Client Data, Care Team (Medical &amp; Social), Organization, Consent, Encounter, Condition, Observation, and Questionnaire &amp; Questionnaire Response</i>
<b>Frequency</b>	<i>Real-time</i>
<b>Integration Method</b>	<i>RESTful API over HTTPS</i>
<b>Standards Applied</b>	<i>HL7 FHIR, SMART on FHIR</i>

Table 2: Broward County Integrations

### B.1.3.3 MLA Integrations

Our integration with Mountain Lake Associates (MLA) and Availity, their clearinghouse, is explained in further detail in **Table 3**.



## Mountain Lake Associates – Integrated Claims (Availity)

<b>Description</b>	<i>This integration enables a fully automated workflow for MLA to process claims within their system. Clinical &amp; Admin staff submit and manage claim information using user-friendly forms. Nightly, our solution generates EDI 837 files from the entered information and transmits them via STFP to Availity, their Clearinghouse, for processing. Following that, our solution also fetches any updated EDI 835 files from Availity and parses the payment information for display within our system.</i>
<b>Key Data Exchanged</b>	<i>EDI 837 – Claim and EDI 835 – ERA/Claim Payment</i>
<b>Frequency</b>	<i>Batched Nightly</i>
<b>Integration Method</b>	<i>STFP</i>
<b>Standards Applied</b>	<i>EDI X12 HIPAA 5010 (837, 835)</i>

Table 3: MLA Integrations

Below we have provided our responses to the requested certifications from the RFP.

### B.1.4 Florida Customer Sites Certifications (SOW 1.3.1.5)

In accordance with **RFP SOW 1.3.1.5**, Team Ignyte certifies that the proposed Appian platform has been successfully implemented across **16 sites** in the state of Florida, including public sector organizations such as the University of South Florida (USF), Florida League of Cities, Inc., Southwest Florida Water Management District, and Special Operations Command (SOCOM), as well as Florida-based private sector companies including KForce, Burger King Corporation, and Ryder System, Inc., showcasing our experience and ability to meet the diverse needs of organizations in the state of Florida.

Team Ignyte partner AWS also brings strong track record of successful implementations for clients such as Pasco County Sheriff, City of Jacksonville, and City of Orlando. AWS has also delivered solutions for Orange County Government, Jacksonville Electric Authority (JEA), and Orlando Utilities Commission (OUC). Other notable Florida-based AWS customers we have worked with include City of Tampa, Orange County Public Schools, Hillsborough County Schools, Tampa Airport, Port of Tampa Bay, Tampa Hillsborough Expressway Authority (THEA), Greater Orlando Aviation Authority, FL Department of Transportation (FDOT), FL Department of Children and Families (DCF), FL Department of Financial Services (DFS), FL Digital Service (FLDS), FL Agency for Persons with Disabilities (APD), FL Department of Revenue, FL Department of Corrections (FDC), FL Department of Management Services (DMS), FL Agency for Healthcare Administration (AHCA), and FL Department of Health (DoH).

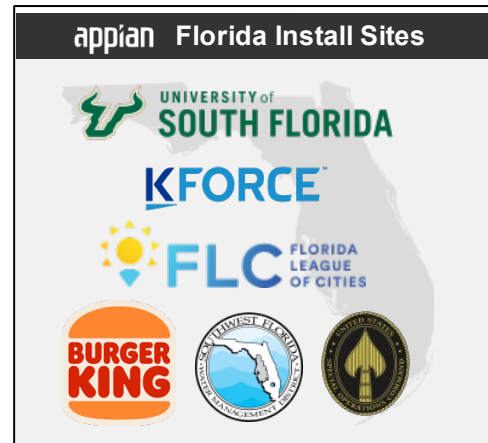


Figure 5: Our Florida Install Sites



Figure 6: AWS Florida Install Sites

### ***B.1.5 Certifications (SOW 1.3.1.6 & 1.3.1.7)***

In accordance with **RFP SOW 1.3.1.6**, Team Ignyte confirms that there are no pending lawsuits or legal actions against our organization at present. Within the last five (5) years, there have been no lawsuits or legal actions, including bankruptcy filed against Ignyte that have been resolved. Our commitment to legal compliance and ethical business practices reflects our dedication to maintaining a reputable and reliable partnership with our clients.

In accordance with **RFP SOW 1.3.1.7**, Team Ignyte certifies that we are not under suspension or disbarment by any government entity and is fully eligible to participate in procurements, including those involving federal grant funding.



## B.2 Vendor Acknowledgement & Core Minimum Requirements

---

Please find below Team Ignyte's responses to the Vendor Acknowledgements and Core Minimum Requirements found in **Section 1.3.2** of the RFP.

### ***B.2.1 Additional Vendors (SOW 1.3.2.1)***

Our team acknowledges that the successful completion of the project integrations with the County's selected EHR and additional applications may necessitate collaboration with additional vendors and consultants. Team Ignyte commits to working harmoniously with these external stakeholders, seeking their guidance, feedback, and assistance as necessary to adhere to an integrated approach. We understand that consultants may be engaged to aid in auditing, reviewing, and providing guidance for the project's overall success.

Our solution leverages Appian's Data Fabric and Data Anywhere capabilities to help drive integration and data consolidation across diverse data sources. Our solution enables the consolidation of data from external systems, databases, and applications, creating a virtual common data repository. With extensive low-code integrations, our solution interfaces with legacy systems, facilitating data sharing for reporting needs.

Our solution, based on AWS, enables even more secure cloud-to-cloud connections through Amazon PrivateLink. PrivateLink is a networking construct that allows applications/services in one VPC to be accessed by clients/consumers in other VPCs within the AWS Region. This private access is facilitated via a VPC Endpoint deployed in the Consumer VPC, ensuring all traffic remains within AWS's private network, without requiring internet connectivity. One key benefit of PrivateLink is secure traffic, as network traffic never traverses the public internet, reducing exposure to cybersecurity threats. It also simplifies network management by eliminating the need for firewall rules, route tables, and other complex configurations, making it easier to connect services across different AWS accounts and VPCs. Another advantage is improved scalability, as it allows for quick and secure establishment of unidirectional access from multiple consumer VPCs to an application/service. PrivateLink VPC Endpoints support high throughput, scaling up to 100 Gbps, ensuring high-performance dedicated paths to specific services.

This empowers Pinellas County with proactive decision-making and data control, ensuring secure, seamless integration with our solution.

### ***B.2.2 ADA Compliance (SOW 1.3.2.2)***

Team Ignyte is committed to ensuring ADA compliance for all public-facing components of the proposed solution. Appian is natively compliant with ADA and Section 508 standards. Appian's Accessibility Conformance Report, which details the solution's accessibility conformance level for each criterion and demonstrates our commitment to accessibility and compliance, can be found at <https://appian.com/legal/accessibility-conformance-report-vpat-508.html>.

### ***B.2.3 ARPA Provisions (SOW 1.3.2.3)***

Team IgnYTE acknowledges that the solicitation for this project is initially funded with federal funds from the Coronavirus Local Fiscal Recovery Funds under the American Rescue Plan Act (ARPA). We confirm that in addition to complying with all Pinellas County requirements, we will adhere to the relevant terms and conditions specified by the applicable federal agency, as outlined in **Section 1.3.2** of the RFP. All transactions managed by our solution are securely logged in the cloud and auditable.

IgnYTE also offers an optional Grants Management solution, also developed on the Appian platform and recommended by the U.S. Department of Health and Human Services' (HHS) Grants Quality Service Management Office (QSMO). This solution could be useful in helping the County manage the budgets and compliance reporting associated with the ARPA funds. As further detailed in **Section C.2.1**, our award-winning Appian Grants Management solution can integrate with SAM.gov, allowing for seamless reporting of funding obligations and expenditures both quarterly and annually.

### ***B.2.4 HIPAA Requirements (SOW 1.3.2.4)***

Team IgnYTE acknowledges the critical importance of safeguarding sensitive data and complying with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security requirements. Our proposed solution is hosted on a HIPAA-compliant cloud, and we have a proven track record of establishing Business Associate Agreements (BAAs) to handle Protected Health Information (PHI) and Personally Identifiable Information (PII) with utmost trust and security. We are committed to developing a core system solution that not only meets but exceeds all necessary HIPAA regulations, ensuring the privacy and security of confidential health information throughout the project lifecycle.

### ***B.2.5 Staffing Requirements (SOW 1.3.2.5)***

We understand and agree to the staffing/personnel terms stipulated in the RFP.

1. Team IgnYTE confirms that the individuals identified within our proposal will be assigned to this project and will actively contribute their expertise to its successful implementation. We acknowledge that any proposed changes to the project personnel must receive prior written consent from Pinellas County. If a key staff position becomes vacant, we will promptly provide qualifications and resumes of replacement candidates for the County's approval.
2. We recognize the County's right to request changes in our project personnel when necessary and will work collaboratively to find suitable solutions.

Details on our approach to staffing can be found in **Section D.1.4.1** of this proposal.

**TAB C: Detailed Statement  
of Work: Core  
Features Solution  
Overview**

## C.1 Core Human Services Case Management

Team IgnYTE specializes in modernizing case management and workflow-driven systems, employing best practices in Agile project management, system architecture, integration, implementation, and testing. Our proposed Human Services Case Management System includes a Provider and Patient Self-Service Portal, is highly aligned to PCHS's needs, and can be easily adapted for a tailored fit to ensure intuitive use and seamless navigation for users. Its robust data management infrastructure not only safeguards sensitive information but also integrates seamlessly with existing core systems and the future-planned EHR, offering the County dynamic flexibility for managing clients across internal and external programs. Because our solution is built on Appian's flexible low-code platform, it easily integrates with external systems and existing Appian solutions and accelerators. This interoperability extends to our library of solutions, which includes a Contract Management Solution, an award-winning Grants Management Solution, and a library of additional modular interfaces, data exchanges, and integrations.

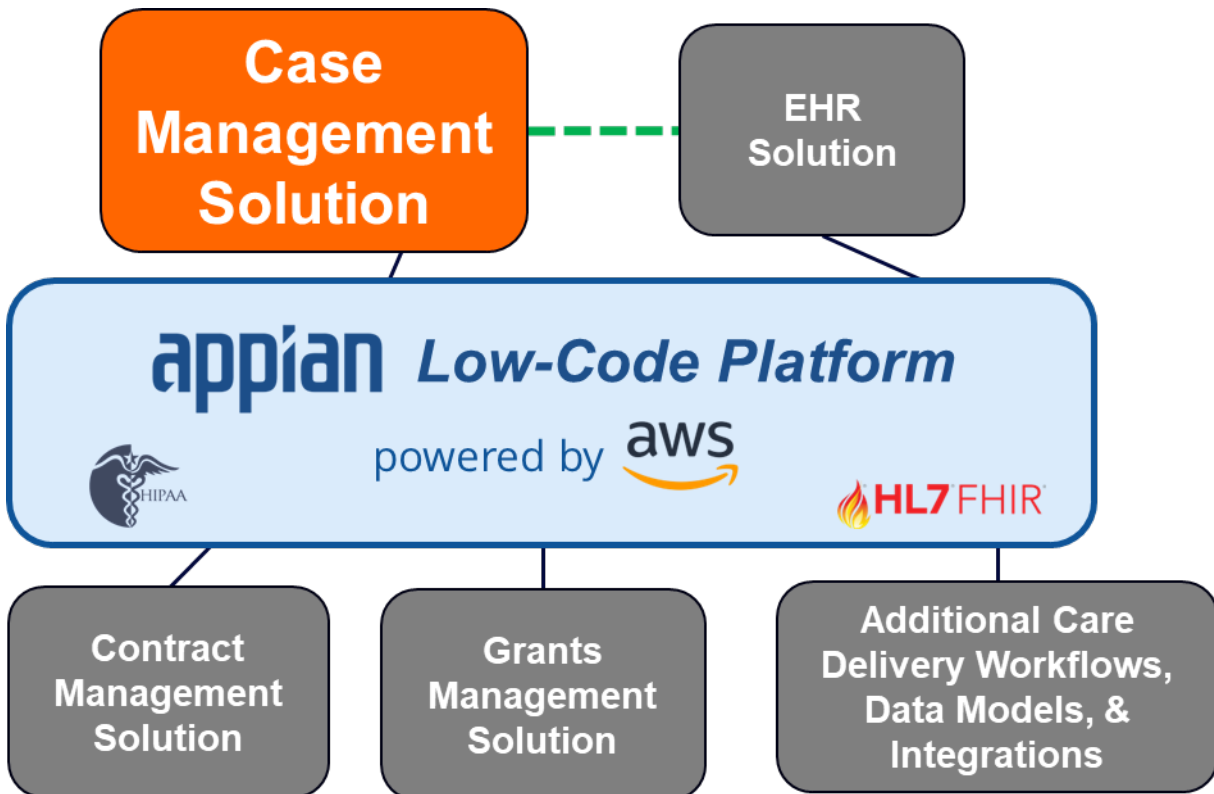


Figure 7: Our Proposed Interoperable Case Management Solution

Our proposed solution facilitates efficient tracking of client progress and outcomes while promoting collaboration among service providers. With support for in-person and online intake, clients can swiftly access services and engage with their case management team through a user-friendly portal. Advanced functionalities such as assignment tasking, ongoing case review, and recertification processes enhance operational efficiency and customer service delivery.

As shown in **Figure 8**, our solution's comprehensive feature set spans the case management lifecycle and implements the Case Management Society of America's (CMSA) standards and best practices in an efficient digital workflow system. The phases for each case take a client from

intake to case closeout in a standardized but flexible manner.

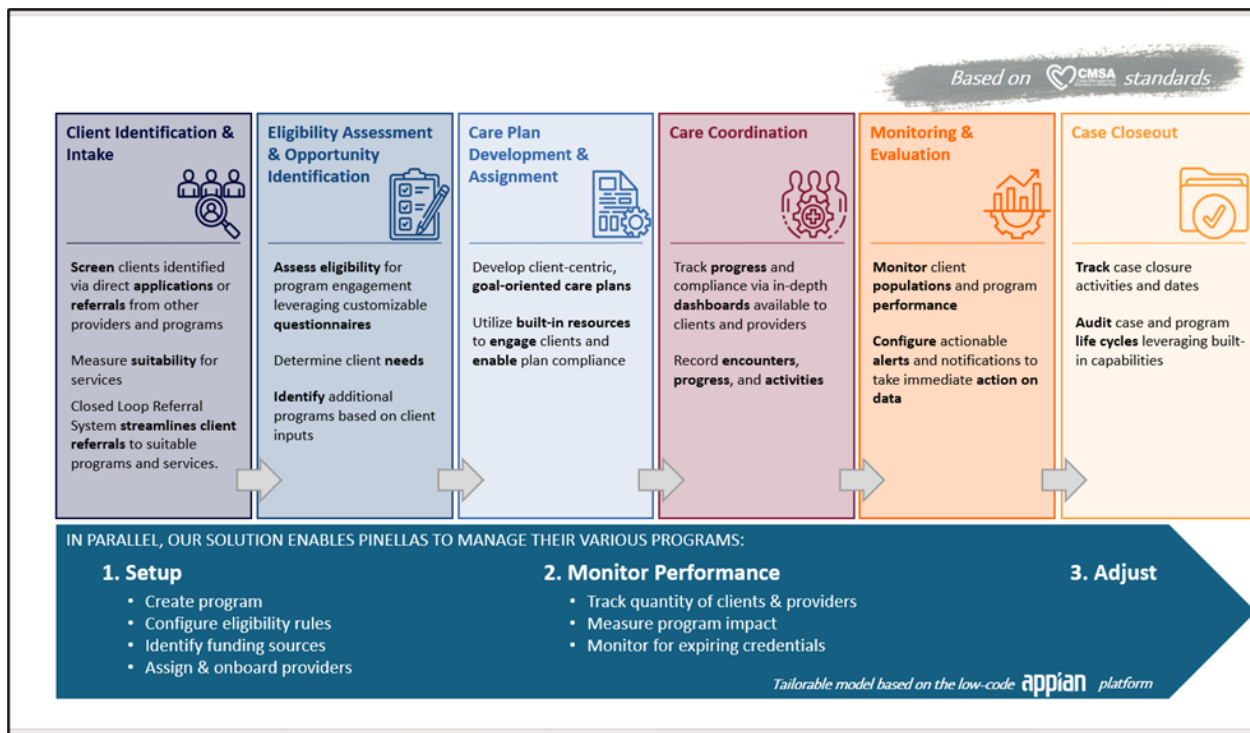


Figure 8: Case Management Workflow Based on CMSA Standards

As detailed in the following sections, Team Ignyte's proposed solution stands out for its user-friendly interface, robust data management capabilities, and comprehensive feature set. By streamlining processes and enhancing coordination, our solution will optimize human services delivery and improve outcomes for PCHS and its clients.

### C.1.1 Solution Overview (SOW 1.3.3.1.1)

Our proposed solution is a comprehensive response to Pinellas County Health Services' vision for a Modern Human Service/Social Service Case Management System, as detailed in **Section 2.2.5.4** of the RFP. Our fully integrated Human Services Operations System is designed to meet the diverse needs of PCHS.

Our proposed Integrated Human Services Operations System is a comprehensive solution designed to meet the diverse needs of PCHS. It includes three primary modules: Case Management, Client Self-Service Portal, and Provider Portal. The solution is extendable and can be integrated with additional systems such as Grants Management, EHR, or Contract Management to add new functionality. Leveraging the robust Appian platform and AWS, our solution ensures seamless integration, security, and scalability, supporting PCHS's vision for a modern and efficient case management system.

**Figure 9** illustrates the different layers of our proposed solution, which we have further described below.

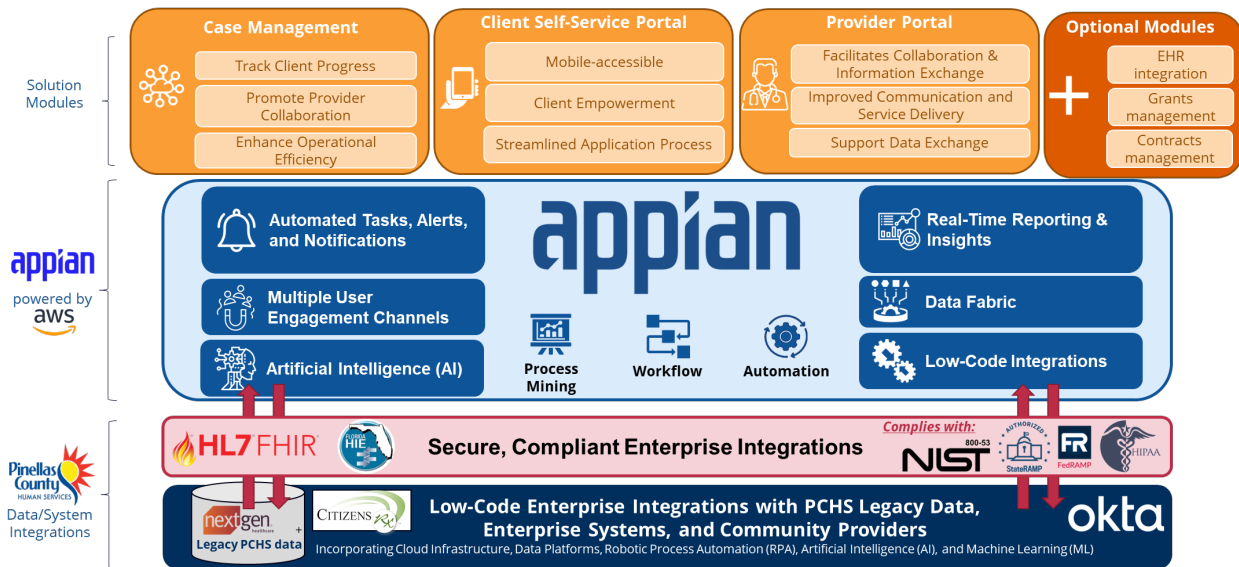


Figure 9: Our Proposed Solution

### C.1.1.1 Primary Solution Modules

Our proposed Integrated Human Services Operations System, is designed to meet the diverse needs of PCHS through its three primary modules:

- **Case Management:** Ensures seamless administration of clients across health service and social service programs. It encompasses tracking client information, program and service progress, outcomes, and facilitates improved coordination among service providers.
- **Client Self-Service Portal:** Enables clients to easily access services, engage with their case management team, and apply for services through a user-friendly interface, promoting empowerment and improving access to care. It supports both in-person and online intake, streamlining the application process for timely service access.
- **Provider Portal:** Facilitates seamless interactions between PCHS and external providers, including invoicing, reconciliation, and data exchange. It enables ongoing collaboration, information exchange, and milestone tracking, ensuring seamless care coordination. The portal allows providers to access client information, submit reports, and receive alerts, improving communication and service delivery.

### C.1.1.2 Optional Solution Expansions

Our extendable solution can also be integrated with additional systems, such as **our proposed solution for PCHS's future-state EHR**, our award-winning Grants Management solution, or a Contract Management system, to add new functionality to the integrated system. Team Ignyte will collaborate closely with PCHS to deeply understand their operations, proposing tailored modules and functionalities to integrate with the solution as needed. Our evergreen system is designed to remain nimble, adapting to PCHS's evolving needs over time. Our proposed solution can be rapidly integrated with Team Ignyte's portfolio of existing solutions, including the following:

- **EHR:** designed to enhance healthcare service delivery and improve patient outcomes. This solution offers modules for care management, practice management, reporting, and client self-services. It includes features like charting, patient scheduling, billing, and

community partner collaboration. With telehealth, mobile health records, and robust analytics, our solution empowers patients and healthcare providers alike. It ensures compliance with HIPAA and offers advanced security measures for patient data protection. Our EHR solution aims to transform healthcare delivery in Pinellas County, making it more connected, efficient, and patient-centric.

- **Grants Management:** Recommended by HHS QSMO, our award-winning Grants Management solution provides a comprehensive platform for efficiently managing the entire grants lifecycle. Built on the Appian platform, it offers intuitive tools for grant application, review, award, and reporting. With automated workflows, real-time tracking, and compliance checks, our solution streamlines the grants process, ensuring transparency and accountability. It includes features for budget tracking, milestone monitoring, and performance reporting, empowering grant managers to make informed decisions and maximize funding impact. Our Grants Management solution is designed to simplify grant administration, enhance collaboration, and optimize grant outcomes for organizations.
- **Contract Management:** Designed to streamline the management of contracts throughout their lifecycle. Built on the Appian platform, our solution offers a user-friendly interface for creating, tracking, and managing contracts. It includes features for contract creation, negotiation, approval, and monitoring, ensuring compliance with regulatory requirements and organizational standards. With automated workflows, real-time notifications, and document management capabilities, our solution enhances efficiency and transparency in contract management. Organizations can easily track contract status, key dates, and deliverables, enabling them to mitigate risks and optimize contract performance. Our Contracts Management solution is designed to improve contract management processes, reduce administrative burden, and enhance overall contract performance.

### **C.1.1.3 Robust Cloud-Based Low-Code Platform**

Our solution leverages the powerful Appian platform, providing a comprehensive approach to managing client information and services. Appian's features include:

- **Unified Data Model:** Centralizes and secures client data for benefits tracking, eligibility determination, case management, and reporting across diverse programs
- **Workflow:** Enhances operational efficiency by automating task management and providing real-time alerts
- **Reporting & Insights:** Enables robust reporting capabilities to gain valuable insights into operations and outcomes
- **Automation:** Streamlines processes and reduces manual effort through automated workflows
- **Role-Based Access Controls:** Ensures data security by providing access based on user roles and responsibilities

In addition to these platform features, our partnership with AWS enables our team to leverage additional capabilities such as Chime Video conferencing to enable telehealth, further enriching our solution's functionality and ensuring it meets the evolving needs of Pinellas County. Together, these features and capabilities of the Appian platform and AWS support our goal of delivering a



flexible, efficient, and secure environment for managing client information and services.

#### **C.1.1.4 Integration and Data Exchange Layer**

Our Integration and Data Exchange layer serves as a central coordination hub, seamlessly integrating with Pinellas County's existing systems and external partners using HL7 FHIR standards. This layer leverages secure, Certified HIPAA compliant integrations reinforced by certifications like FedRAMP and StateRAMP to encrypt data in transit. This means our solution ensures the secure handling of sensitive data, protected health information (PHI), and personally identifiable information (PII). Below are the key features of this layer:

- **Partner Program Systems:** Integrates with external partner systems to streamline collaboration and data exchange.
- **Lab Orders & Specialty Care Referrals:** Manages lab orders and referrals efficiently, ensuring seamless communication between healthcare providers and patients.
- **CitizensRX:** Facilitates the management of prescription information, ensuring accurate and secure handling of medication-related data.
- **Year 2+ Systems:** Prepares for future integrations, ensuring scalability and adaptability to evolving technological landscapes and requirements that will be addressed after the initial releases of core capabilities in year 1.

Team Ignite's proposed solution offers a comprehensive suite of tools to manage clients across health service and social service programs. It promotes efficiency, collaboration, and client engagement, enabling PCHS to deliver high-quality services and improve outcomes for the community.

#### **C.1.2 Desired Functionality (SOW 1.3.3.1.2)**

**Our proposed solution meets 100% (73/73 requirements met) of Pinellas' desired functionality for a Human Services Case Management System.** Leveraging our team's extensive expertise in management consulting and the Appian platform, we are confident in our ability to swiftly configure the solution to precisely align with PCHS's unique needs and requirements. Standard configurations for out-of-the-box functionalities ensure rapid deployment and adherence to best practices, while our knowledgeable team will ensure seamless integration and alignment with Pinellas County's vision for a modern and efficient case management system. With a focus on collaboration and user-centricity, we are dedicated to delivering a solution that not only meets but exceeds PCHS's expectations, empowering them to effectively manage their social service programs and enhance client outcomes.

##### **C.1.2.1 Meeting the County's Desired Functionality**

Our solution meets each of PCHS's stated desired systems or services as detailed in the subsections below.



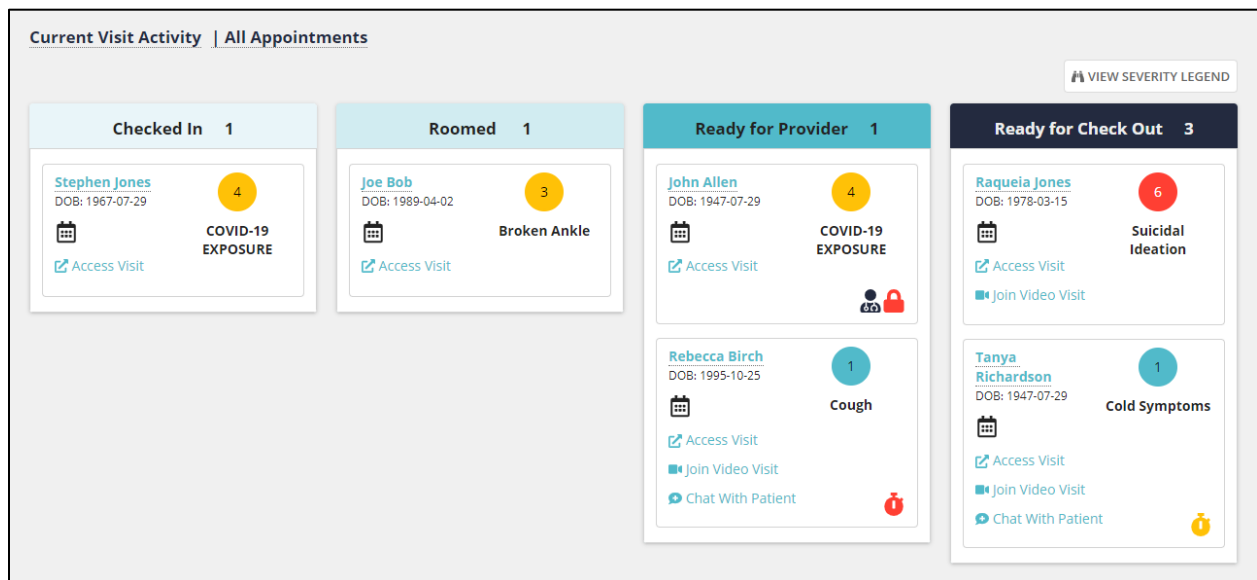
### C.1.2.1.1 Reception (Req. ID 1 & 1.1)

Our proposed solution for Reception includes a comprehensive Social Service Case Management Reception functionality. It simplifies the reception process by offering a reception log for check-ins, allowing receptionists to set reminders for follow-ups. The system also enables automatic case lookup tied to incoming calls, populating the receptionist's screen with relevant client data. These features streamline operations, reduce wait times, and ensure timely and high-quality service delivery.

**Figure 10** illustrates our solution's Kanban-style reporting that allows for receptionists to quickly view and enter details related to new client visits.

### Reception Key Features

- Comprehensive reception functionality** with a reception log for systematic client check-ins
- Receptionists can **set reminders for follow-ups**, enhancing organization and task management
- Automated case lookup** during incoming calls for quick access to relevant client data, reducing handling time
- User-friendly interface** for streamlined check-ins and reminders, ensuring timely and high-quality service delivery



**Figure 10: Kanban-style Reporting of Visit Activities**

Our solution for Reception offers a range of key features and functionalities to streamline client interactions and enhance the reception process, including:

- **Comprehensive Reception Functionality:** Simplifies client check-ins with a reception log
- **Intake Assessment Provision:** Allows clients to fill out assessments via the self-service portal prior to appointments
- **Assessment Tracking:** Reception can see if any required pre-appointment assessments are completed or pending at check-in
- **Flexible Assessment Assignment:** Assign assessments based on enrolled programs, appointment types, or on a case-by-case basis

- **User-friendly Interface:** Enhances receptionist capabilities by providing a more detailed intake assessment form for first-time clients, improving organization and task management

### C.1.2.1.2 Intake and Scheduling (Req. ID 2 & 2.1)

Our proposed solution for Intake and Scheduling provides advanced features to modernize client intake and appointment management processes. The solution includes automated workflows that guide case workers through required steps and documentation, ensuring consistency and efficiency. Intake can be triggered by a client submitting applications via the self-service portal, or via PCHS staff. The system also supports appointment management with automated reminders to reduce no-shows and notifications for missed appointments, enhancing client engagement and service delivery. See **Figure 11** for an example of our guided intake form wizard that takes a client through multiple stages of intake questions.

#### Intake & Scheduling Key Features

- 🔥 **Comprehensive intake forms and assessment tools** for capturing client information and needs
- 🔥 **Automated scheduling and resource allocation** based on availability and program requirements
- 🔥 **Integration with external scheduling systems** for seamless appointment coordination

The screenshot displays a multi-step intake form with the following sections and fields:

- Client Details:** First Name \*, Preferred Name, Middle Name, Last Name \*, Suffix (dropdown), Date of Birth (calendar icon), Age, SSN, Medicaid ID (with link icon), Medicare ID, Private Medical Insurance.
- V/D Information:** Ethnicity (dropdown), Hispanic Identity (radio buttons: Hispanic, Non-Hispanic, Unknown), Primary Language \* (dropdown), Secondary Language (dropdown), Needs Interpreter \* (radio buttons: Yes, No), Gender Identity (dropdown), Preferred Pronouns.
- Contact Information:** Email, Phone, Home Address \* (Address line 1, Address line 2, County dropdown, City, Zip).
- Review & Submit:** (Placeholder for final review and submission buttons).

**Figure 11: Guided Intake/Referral Form**

Case workers can designate when a follow-up needs to occur for an appointment, including the follow-up method (automated reminder, phone call, text, patient portal message), who should follow-up (automated system, case worker, administrative staff), and the time frame for the follow-up. They can also designate appointment types that should have follow-ups configured to trigger automatically upon the case worker completing specific activities in the system. Our solution integrates with external scheduling systems for seamless coordination, empowering social service agencies to optimize their operations and deliver timely support to clients. See **Figure 12** for an example of the Case Worker’s tools for scheduling an appointment on behalf of a client.

**Figure 12: Our Solution's Schedule Management**

Our solution's Intake and Scheduling module provides comprehensive tools to streamline client onboarding and appointment management processes:

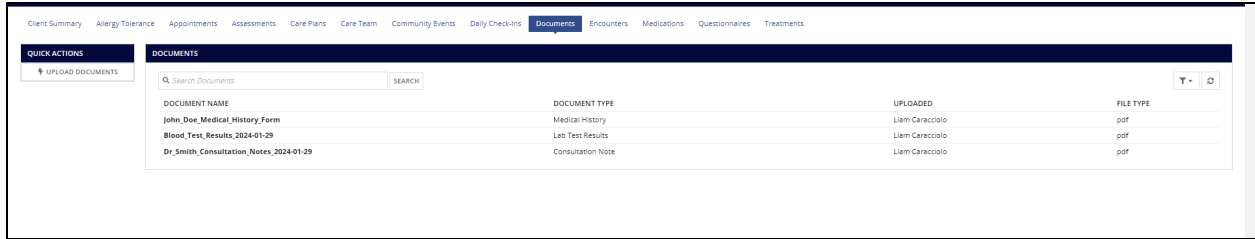
- **Automated Workflows:** Guide caseworkers through intake processes, ensuring consistency and efficiency
- **Appointment Management Features:** Enabling easy scheduling and send automated reminders to reduce no-shows
- **Automated Notifications:** Sent for missed appointments to prompt timely follow-up actions and improve client engagement

### C.1.2.1.3 Document Management (Req. ID 3 – 3.2)

Our proposed solution includes a robust Document Management feature that enables social service agencies to efficiently handle and organize various client-related documents and program documentation. Users can easily scan, upload, link, and store documents within the platform, as illustrated in **Figure 13**, reducing paper-based processes and enhancing overall document processing efficiency. The system also supports integration with third-party document management solutions, allowing users to leverage their preferred tools for creating, capturing, and organizing case-related documents. With support for a wide range of file types and advanced features like optical character recognition (OCR) and Intelligent Document Processing (IDP), our solution streamlines document management processes, leading to more effective service delivery and streamlined case management workflows.

#### Document Management Key Features

- 🔥 **Secure document storage, retrieval, and version control** for efficient management of client records
- 🔥 **Workflow automation** for document routing, review, and approval processes
- 🔥 **Embedded e-signature capabilities and integration with e-signature solutions** to streamline document signing and reduce paper-based processes



**Figure 13: Document Management**

Our solution’s Document Management capabilities provide a robust set of tools to efficiently handle various types of documents, including client records, program documentation, and other critical files, including the following:

- **Efficient Document Storage:** Streamline the storage, organization, and management of client documents and program records, ensuring quick access and secure handling of critical information, ultimately improving operational efficiency for PCHS
- **Third-Party Integration:** Integrate with external document management solutions, enabling PCHS to leverage their existing tools and workflows, promoting collaboration and enhancing productivity
- **Diverse File Support:** Attach a wide range of file formats, including scanned images, audio, and video files, providing flexibility and convenience in managing various types of documents and media within the system
- **Appian’s Intelligent Document Processing (IDP):** Automate the extraction of data and digitization of paper documents, reducing manual data entry efforts and accelerating the integration of paper-based information into digital workflows, saving time and resources for PCHS

#### C.1.2.1.4 Client Self-Service Portal (Req. ID 4 – 4.2)

Our solution's Client Self-Service Portal prioritizes easy access to client registration and documentation processes in a mobile-friendly and ADA compliant environment. Clients can efficiently complete registration and submit documentation from their computers or mobile devices, ensuring a seamless and accessible experience. The portal's detailed eligibility documentation interface guides clients through the collection of specified items, with the flexibility to adjust required items based on the program or service for which the client is applying, or additional circumstances as defined by PCHS’s business rules. Upon completing new user registration, clients will have access to a centralized hub for managing their human services and healthcare needs, tailored to their applications and services. Clients can access real-time information about providers and community partners, empowering them to make informed decisions. Our proven solution’s client portal, illustrated in **Figure 14**, enhances transparency and efficiency in the eligibility verification process, providing clients with a user-friendly platform to manage their information and access relevant resources. It also includes a

### Client Self-Service Portal Key Features

- User-friendly portal** empowering clients to access and update their information, view case details, and communicate with case workers
- Online submission of required documents and forms**, reducing reliance on physical paperwork
- Access to relevant program information, community resources, and self-help tools**

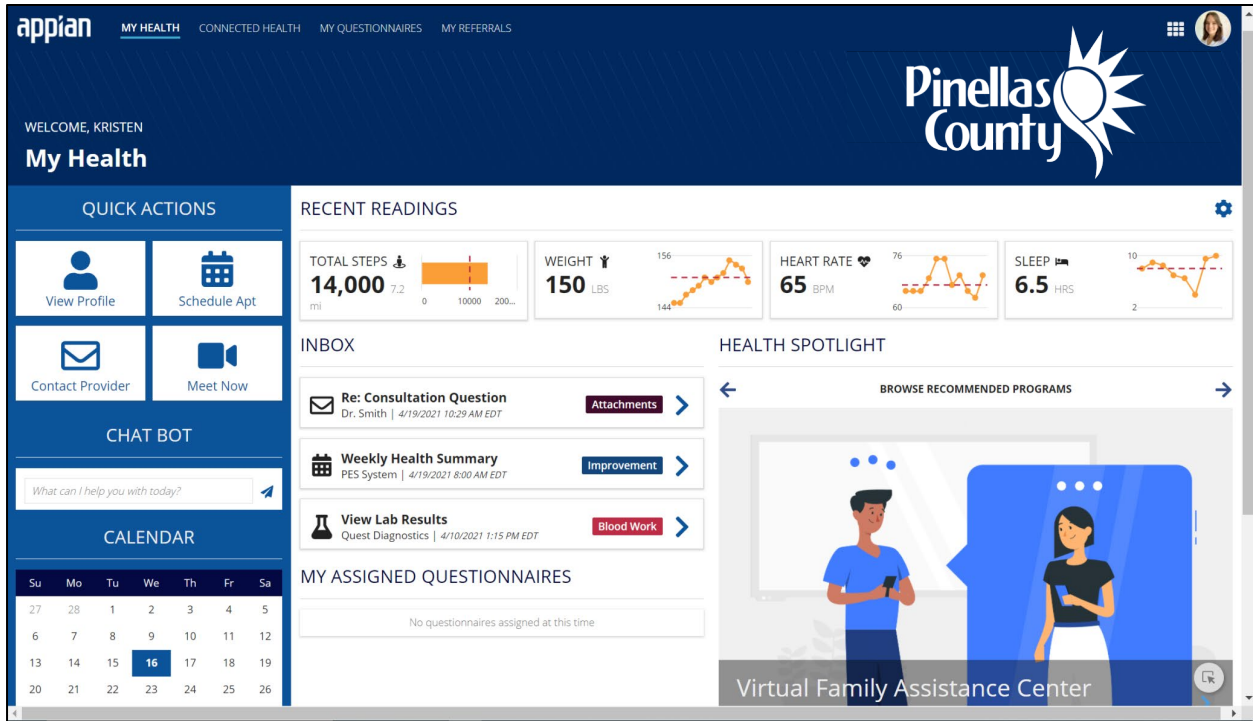


Figure 14: Our Solution's Client-Self Service Portal

built in Mobile View, illustrated in **Figure 15**, which can be accessed automatically via a mobile Web Browser or Pinellas-branded Appian Mobile App without maintaining a separate codebase.

Our Client Self-Service Portal provides a user-centric approach to client interaction, offering the following key features and functionalities:

- Mobile Accessibility:** The portal is accessible from mobile devices, enabling clients to easily access and submit documentation from anywhere, improving convenience and accessibility for clients with limited mobility or access to computers
- ADA Compliance:** The portal is ADA compliant, ensuring that all users, including those with disabilities, can access and interact with the system effectively, aligning with accessibility standards and promoting inclusivity
- Step-by-Step Guidance:** The portal offers step-by-step guidance for clients to complete registration and submit documentation, simplifying complex processes and reducing errors, ensuring accurate and timely submissions
- Real-Time Eligibility Lookup:** Clients can look up eligibility information for providers and community partners in real-time, empowering them to make informed decisions about their healthcare and social service options, enhancing transparency and efficiency in the eligibility verification process

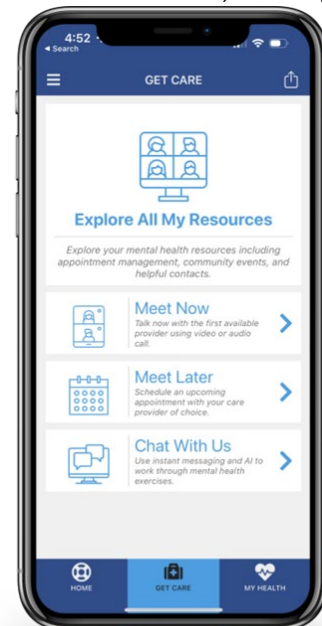


Figure 15: Client Portal Mobile View

### C.1.2.1.5 Case Review (Req. ID 5 – 5.4)

Our proposed solution offers a comprehensive Case Review functionality designed to streamline the assessment of program eligibility, update case statuses, and manage caseloads efficiently. It supports detailed assessments for program eligibility, ensuring clients meet specific criteria. The

**REFERRAL COORDINATOR CHECKLIST**

- 1st Attempt
  - Unsuccessful
  - Successful
- 2nd Attempt
  - Unsuccessful
  - Successful
- Send Ten Day Letter
- Verify Ethnicity, Language, Living Situation
- Diagnosis
- Gather Insurance Info
- Find Appointment for Evaluation
- Send Outlook Invite
- Send Welcome Packet/Teams Link
- Set Up Interpreter
- Notify PA to Send Documents
- Write Eval Scheduled Contact Note
- Send Referral Status Update

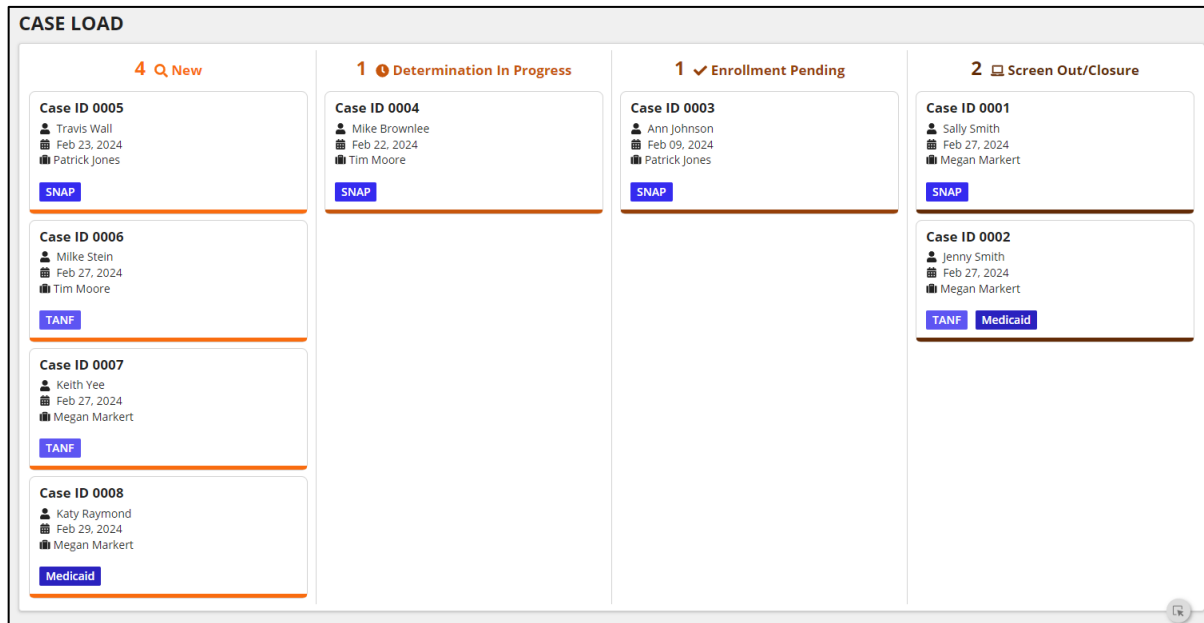
The system facilitates the completion and issuance of federal benefits forms in compliance with federal regulations. Our case management solution enables the auto-population of forms with client demographics and selected items, reducing manual data entry. The solution also tracks claims through various stages, from submission to appeals, with the ability to add case notes for better documentation. It includes configurable checklists, as illustrated in **Figure 16**, as well as an escalation flow for both manual and automatic reviews, ensuring cases receive the appropriate level of attention and are managed effectively.

**Case Review Key Features**

- Workflow-driven case review processes** with configurable task assignments and notifications
- Collaboration tools** for case reviewers to discuss and resolve complex cases
- Integration with external case management systems** for seamless data exchange and case updates

**Figure 16: Case Checklist**

Our solution comes equipped with visual Kanban board tracker, illustrated in **Figure 17**, and other reporting tools to see how many active cases are in each case manager's caseload. This feature provides a clear overview of workload distribution and allows for efficient resource allocation. For case auditing, our proposed system can audit key data points (or all data point changes if desired by PCHS) to maintain an audit history of what data was changed, when, and by whom (e.g., status changes for cases, who was assigned to cases, etc.). This auditing capability ensures transparency and accountability in case management processes.



**Figure 17: Kanban Caseload**






Our Case Review functionality provides a comprehensive solution for assessing program eligibility, managing case statuses, and completing federal benefits forms:

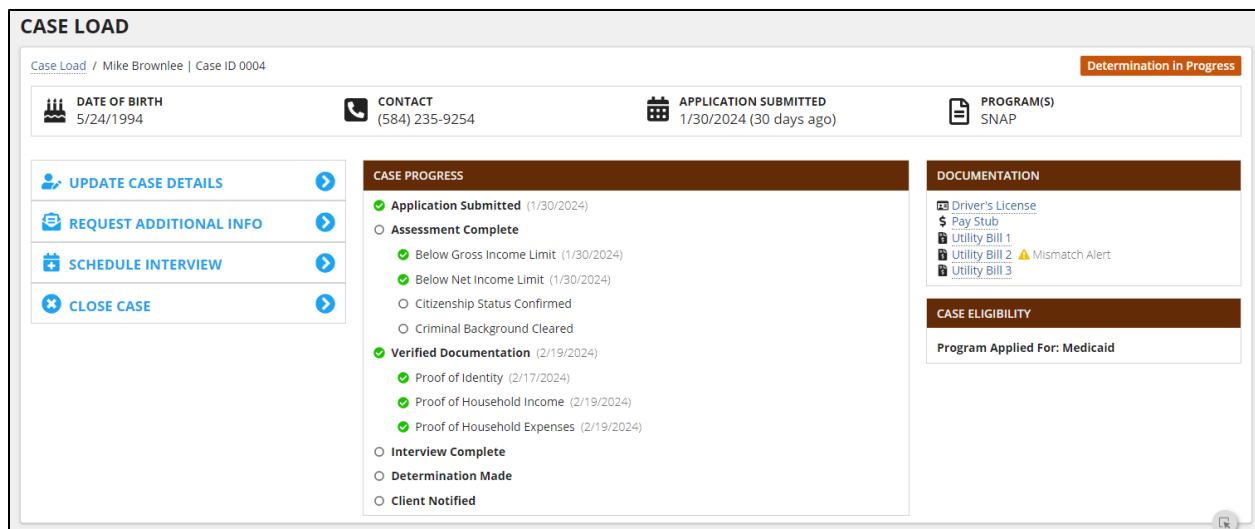
- **Detailed Assessment:** Enables thorough evaluations of client information for accurate eligibility determinations, ensuring clients meet program criteria
- **Federal Benefits Forms:** Supports completion and issuance of claims forms as required by the federal government, streamlining the process and ensuring compliance
- **Auto-Population of Forms:** Automates the population of federal benefits forms with client demographics and selected items, reducing manual data entry and improving accuracy
- **Claims Tracking:** Tracks claims through submission, review, and appeals stages, with the ability to add case notes for efficient case management
- **Escalation Flow:** Supports escalation flow for manual and automatic reviews as defined by the County, ensuring cases receive appropriate attention and are efficiently managed

### C.1.2.1.6 Assignment Tasking and Tracking (Req. ID 6 – 6.4)

Our proposed solution's Assignment Tasking and Tracking feature ensures an efficient workflow for new and existing client submissions and inquiries. It guides clients through a structured process, automatically routing submissions to the appropriate case workers. Supervisors can review and assign/reassign cases through a configurable process, ensuring prompt attention and optimal resource allocation. The solution also supports Quality Assurance (QA) of case records and determinations, ensuring consistency, timeliness, completeness, and accuracy of case files as illustrated in **Figure 18**.

**Assignment Tasking & Tracking  
Key Features**

-  **Automated assignment and tracking of tasks** based on defined workflows and business rules
-  **Real-time task status updates and notifications** for improved coordination and accountability
-  **Performance Management tools and reporting** for efficient task management and prioritization



**Figure 18: Track Case Checklist**

It includes encrypted database features for enhanced data security and detailed audit controls to

monitor access, entries, and changes, promoting accountability and mitigating security risks. Alerts and notifications can also be configured for case workers for their assigned cases, providing reminders for upcoming deadlines and ensuring timely case management.

Our solution's Assignment Tasking and Tracking module provides essential tools to streamline case management processes and ensure efficient task assignment and tracking:




- **Automated Workflow:** Guides clients through structured processes, automatically routing submissions to appropriate case workers
- **Supervisor Review:** Enables supervisors to review, assign, and reassign cases through a configurable process, optimizing resource allocation
- **Quality Assurance (QA):** Supports QA of case records and determinations to ensure consistency, timeliness, completeness, and accuracy of case files
- **Encrypted Database:** Incorporates encrypted database features for secure storage of patient data, ensuring data security both at rest and in transit
- **Audit Controls:** Offers robust audit controls for detailed monitoring of access, entries, and changes, promoting accountability and mitigating security risks

#### C.1.2.1.7 Client Data Management (Req. ID 7 – 7.7)

Our proposed solution for Client Data Management provides a comprehensive suite of features highly aligned to meet the needs of PCHS. It enables efficient tracking and management of unified and comprehensive client records, including detailed assessment for program eligibility, updates on case statuses, and comprehensive service and benefits tracking, in addition to seamless integration to view and track information sourced from external systems.

Our solution integrates with external networks like Aunt Bertha, facilitating access to a wide range of resources and services for clients. With support for customizable program information, grants tracking, and provider management, our solution ensures accurate data tracking and enhanced performance monitoring. Our proposed system offers robust assessment and scoring capabilities for service planning, promoting personalized service delivery. Through a unified client list and customizable demographic fields, PCHS can maintain a comprehensive view of each client's interactions and services, fostering efficient case management and improved service delivery.

Our solution applies the power of Appian Data Fabric unify external records to clients within our system, as illustrated in **Figure 19**. Our solution empowers application administrators with tools to manage client data effectively. Admins can merge duplicate client records and void duplicate or erroneous records, eliminating redundancy and maintaining data integrity.

Client Data Management Key Features	
	<b>Comprehensive data management capabilities</b> , including data collection, storage, and retrieval
	<b>Customizable client profiles and fields</b> to capture and track relevant demographic, financial, and service-related information
	<b>Integration with external data sources</b> for comprehensive client data aggregation and analysis



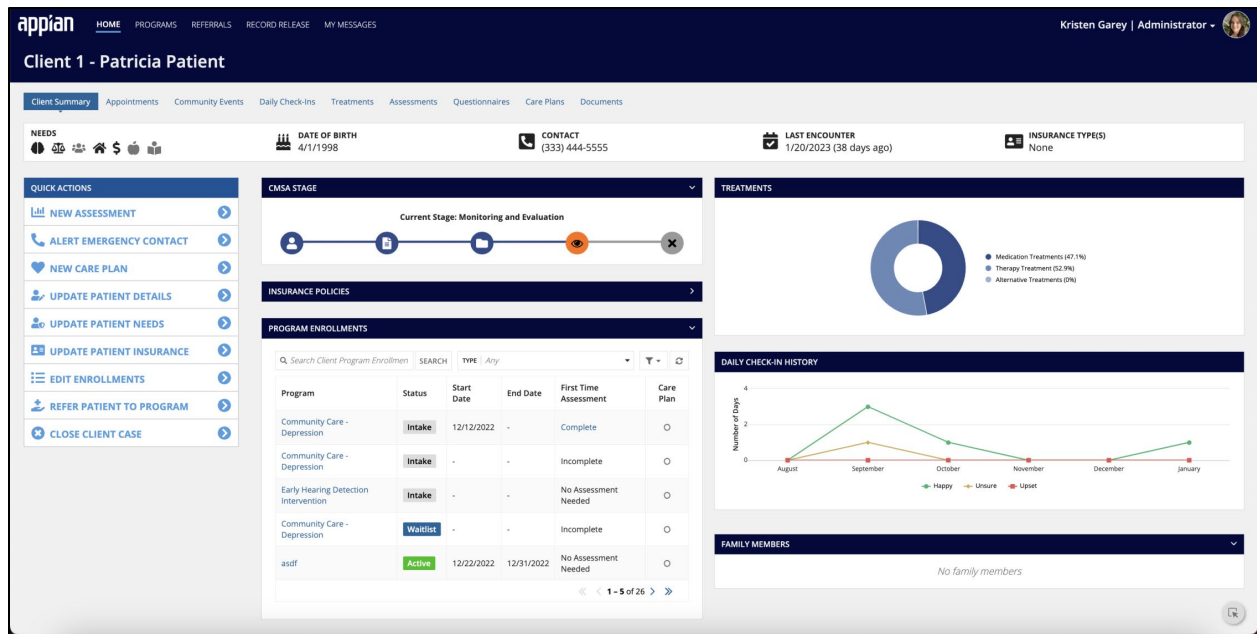


Figure 19: Client Record Summary

Our solution's Client Data Management module offers a robust set of features to streamline the tracking and management of unified client information for PCHS:

- **Unified Client Records:** Provides a comprehensive view of each client's information in on centralized location and tools for maintaining data integrity and preventing duplicate client records
- **Service Tracking:** Tracks all services and internal benefits/assistance provided to clients, ensuring accurate documentation and data integrity
- **Aunt Bertha Integration:** Integrates with the Aunt Bertha network, providing seamless access to external resources and services for clients, enhancing service delivery
- **Customizable Service Types:** Supports service and program level information defined by the County, allowing for customizable service types and program categories
- **Grant and Contract Tracking:** Can integrate with other systems for the tracking of grants, contracts, and providers associated with services and programs, facilitating enhanced performance monitoring
- **Assessment and Scoring:** Supports assessment and scoring for service planning, assisting in the development of personalized service plans tailored to each client's unique circumstances

#### C.1.2.1.8 Benefits Tracking and Management (Req. ID 8 – 8.2)

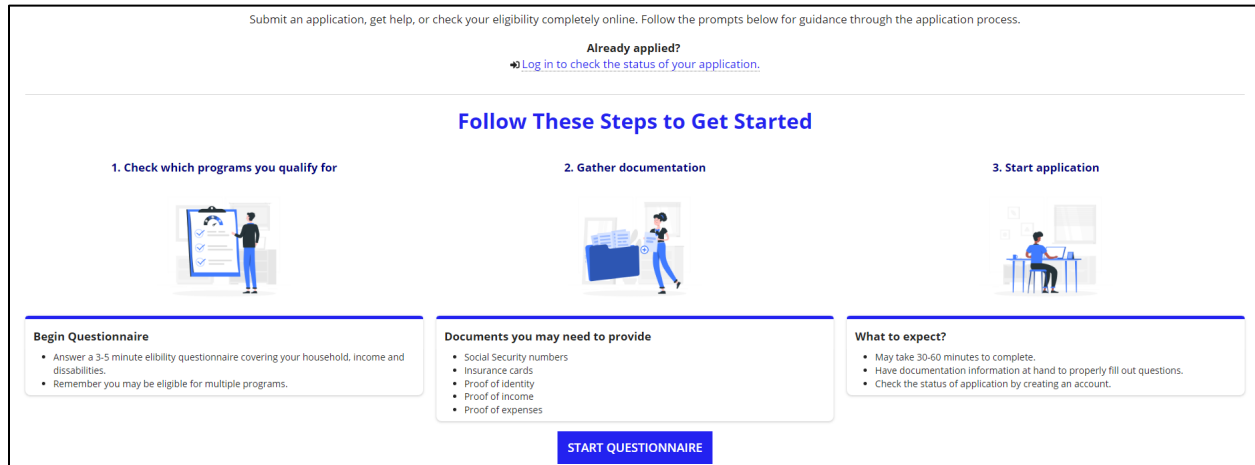
Our solution's Benefits Tracking and Management capabilities will help streamline the management of local, state, and federal benefits cases for PCHS. Our solution offers comprehensive tracking of benefits cases, both internal and external, allowing for detailed recording of client details, case status, and supporting documentation. The

#### Benefits Tracking Key Features

- Tracking and management of client benefits and assistance programs
- Automated eligibility determination support and benefits calculation based on configurable rules

system supports submissions of benefits applications to the Social Security Administration (SSA), simplifying the application process and ensuring timely submissions. It also enables ongoing monitoring of benefits received by clients through various programs, maintaining a centralized repository of client information and benefit statuses for real-time visibility and proactive intervention. The solution also provides automated support for eligibility determination and benefits calculation based on configurable rules, ensuring accurate and efficient processing of benefits applications. See **Section C.1.2.2.4** for more details on how rules may be configured.

Our solution includes an intuitive public facing portal to help patients navigate available benefits (as illustrated in **Figure 20**).



**Figure 20: Benefits Application Guidance**

Our solution's Benefits Tracking and Management features will help PCHS efficiently manage benefits cases and ensure clients receive the support they need by offering the following:

- **Comprehensive Benefits Tracking Tools:** Track local, state, and federal benefits cases, manage client details, monitor case status, and store supporting documentation, ensuring thorough documentation and streamlined access to benefit information
- **Streamlined Submissions for Benefits Applications:** Simplify the application process for benefits from the Social Security Administration (SSA) by guiding clients through the application process with checklists, consolidating information to be used for the submission, and ensuring timely submissions, facilitating efficient benefits processing
- **Ongoing Monitoring of Benefits Received:** Monitor benefits received by clients through various programs, receive real-time updates, and enable proactive intervention to address discrepancies promptly, ensuring clients receive appropriate benefits and optimizing benefits management
- **Automated Eligibility Determination Support:** Automate eligibility determinations and benefits calculations based on configurable rules, facilitating accurate assessments and tailored benefit calculations for each client, improving efficiency and accuracy in benefits management for PCHS

### C.1.2.1.9 Social Service Case Management & Navigation (Req. ID 9 & 9.1)

Our proposed solution for Social Service Case Management & Navigation offers robust support for individual and family case plans. Case managers can collaborate with clients and families to develop holistic plans covering healthcare, housing, education, and social services. The system ensures seamless linkage of clients and families, enhancing coordination among stakeholders and providing a comprehensive view for more effective support. Additionally, our solution supports the development and integration of common assessments and case management tools, allowing for easy customization and scalability. It offers a comprehensive case management plan, illustrated in **Figure 21**, with embedded tools for activities such as case notes and assessments, integration with community resource databases, and collaboration features for seamless communication and coordination with community partners, including community partners illustrated **Figure 22**.

Social Service Case Management & Navigation Key Features

- ❏ **Comprehensive case management tools** for assessment, goal setting, service planning, and progress monitoring
- ❏ **Integration with community resource databases** to facilitate referrals and access to services
- ❏ **Collaboration features** for seamless communication and coordination with community partners

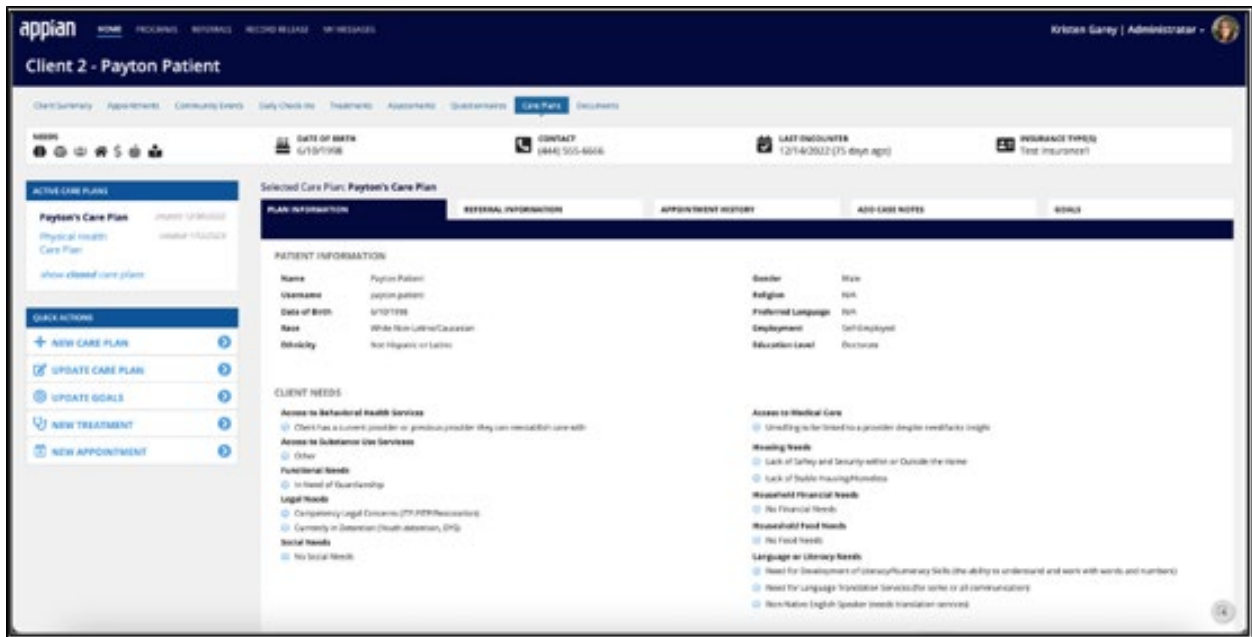
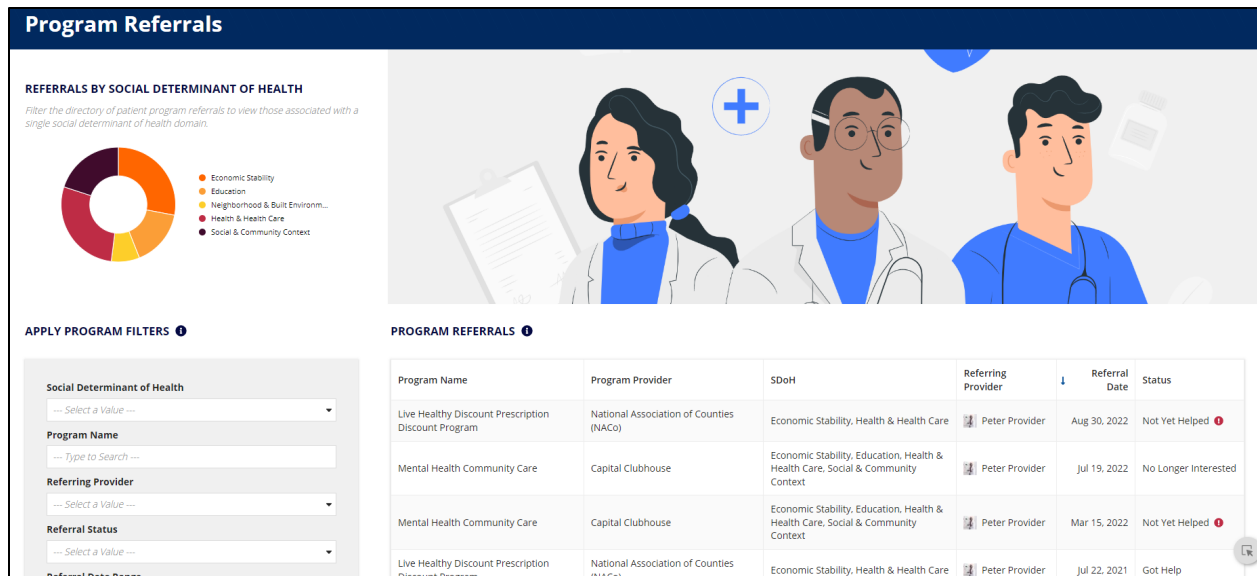


Figure 21: Case Management Plan



**Figure 22: External Program Referrals**

Our solution's Social Service Case Management & Navigation module provides essential tools to streamline case management processes and ensure efficient navigation of social services:

- **Comprehensive Case Planning:** Facilitates the development of individual and family case plans, promoting holistic support and better coordination among stakeholders
- **Custom Assessment and Tool Integration:** Supports the development and integration of common assessments and case management tools, allowing for tailored solutions and improved efficiency
- **Community Resource Integration:** Integrates with community resource databases to facilitate referrals and access to services, enhancing the range of support available to clients
- **Collaboration Features:** Offers collaboration features for seamless communication and coordination with community partners, ensuring effective delivery of services
- **Modularity and Scalability:** Utilizes a modular and scalable architecture, enabling easy customization and scalability to adapt to evolving agency needs

#### C.1.2.1.10 Eligibility Determination (Req. ID 10 – 10.2)

Our solution's Eligibility Determination features help streamline the eligibility process and ensure accuracy. It supports configurable rules, illustrated in **Figure 23**, for each program, enabling agencies to tailor eligibility criteria based on specific requirements. The system monitors eligibility for federal programs like Medicaid, generating prompts for eligibility reviews when client circumstances change. It also provides assessment and scoring tools for program-specific eligibility determination, combining automated eligibility logic and rules with human review for accuracy and fairness. The solution also integrates

#### Eligibility Determination Key Features

- **Configurable eligibility rules engine** to determine client eligibility for social service programs
- **Assessment and scoring tools** to evaluate client eligibility based on program-specific criteria
- **Integration with external data sources** for real-time eligibility verification and information exchange

with external data sources for real-time eligibility verification, ensuring up-to-date information for accurate determinations.

Step 3: Calculation Result - Eligible ✓					
Standalone Rules <small>All criteria must be met for applicant to be eligible.</small>					
Record	Parameter	Operand	Value	Provided Value	Eligible
Personal	dob	Greater Than	1/1/1900	2/15/1957	✓
Required Groups <small>Minimum number of rules within each group must be met.</small>					
<b>Low-no income</b>		<b>Eligibility Settings</b>		<b>Requirements Met</b>	
<ul style="list-style-type: none"> <li>TANF rule 5: Monthly income must be less than \$25,001.00 ✓</li> </ul>		1 of 1 rules must be met.   1 of 1 rules met.		✓	
Group Sets <small>Only one group within a set is required for applicant to be eligible</small>					
Set 1 Passed					
<b>Age 1</b> of 2 rules must be met. <span style="float: right;">2/2</span>			<b>Other age 2</b> of 3 rules must be met. <span style="float: right;">1/3</span>		
<ul style="list-style-type: none"> <li>Personal: Age must be greater than 60   Provided Value: 67 ✓</li> <li>Personal: Date of Birth must be less than or equal to 12/31/2004   Provided Value: 2/15/1957 ✓</li> </ul>			<ul style="list-style-type: none"> <li>Disability: Blind must be equal to true   Provided Value: Missing ❌</li> <li>Personal: Age must be less than 60   Provided Value: 67 ❌</li> <li>Personal: Age must be greater than or equal to 60   Provided Value: 67 ✓</li> </ul>		

Figure 23: Eligibility Rule Results

Our solution's Eligibility Determination module provides a robust set of tools to streamline and automate the process of determining client eligibility for social service programs:

- **Configurable Eligibility Rules:** Tailor eligibility criteria for each program based on specific requirements, ensuring accurate and consistent determinations. See **Section C.1.2.2.4** for more details on how rules may be configured.
- **Automated Monitoring:** Continuously track changes in client circumstances and relevant data points, such as income or household composition, to prompt eligibility reviews for federal programs like Medicaid
- **Assessment and Scoring:** Utilize automated decisions along with human-in-the-loop review to assess eligibility based on program-specific criteria, ensuring fairness and accuracy.
- **Real-time Verification:** Integrate with external data sources for real-time verification, ensuring eligibility determinations are based on the most up-to-date information
- **Compliance with Regulations:** Maintain compliance with changing regulations and program requirements by easily adapting and updating eligibility rules as needed

#### C.1.2.1.11 Internal Program and Process Tracking (Req. ID 11 & 11.1)

Our solution's Internal Program and Process Tracking feature enables effective monitoring of program service delivery through client-level and aggregate data intake (Illustrated in **Figure 24**). Case workers can input and manage client-specific information, while the system aggregates data at the program level for monitoring overall performance. The solution includes bulk upload capabilities for efficient data import, streamlining data entry and improving accuracy. Our solution supports seamless care coordination across

**Internal Program and Process Tracking Key Features**

- Tracking and monitoring** of internal program processes and workflows
- Workflow automation and task management** for streamlined program administration
- Real-time visibility** into program statuses, timelines, and performance metrics

programs, as illustrated in **Figure 25**, by leveraging a unified client list, centralizing client-level data and enabling better collaboration among care providers.

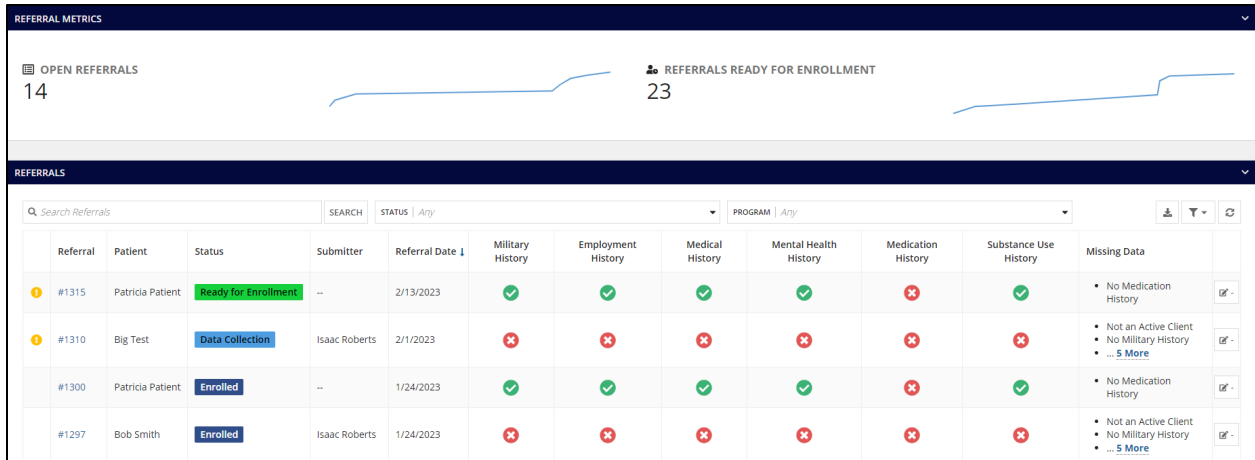


Figure 24: Program Level Monitoring

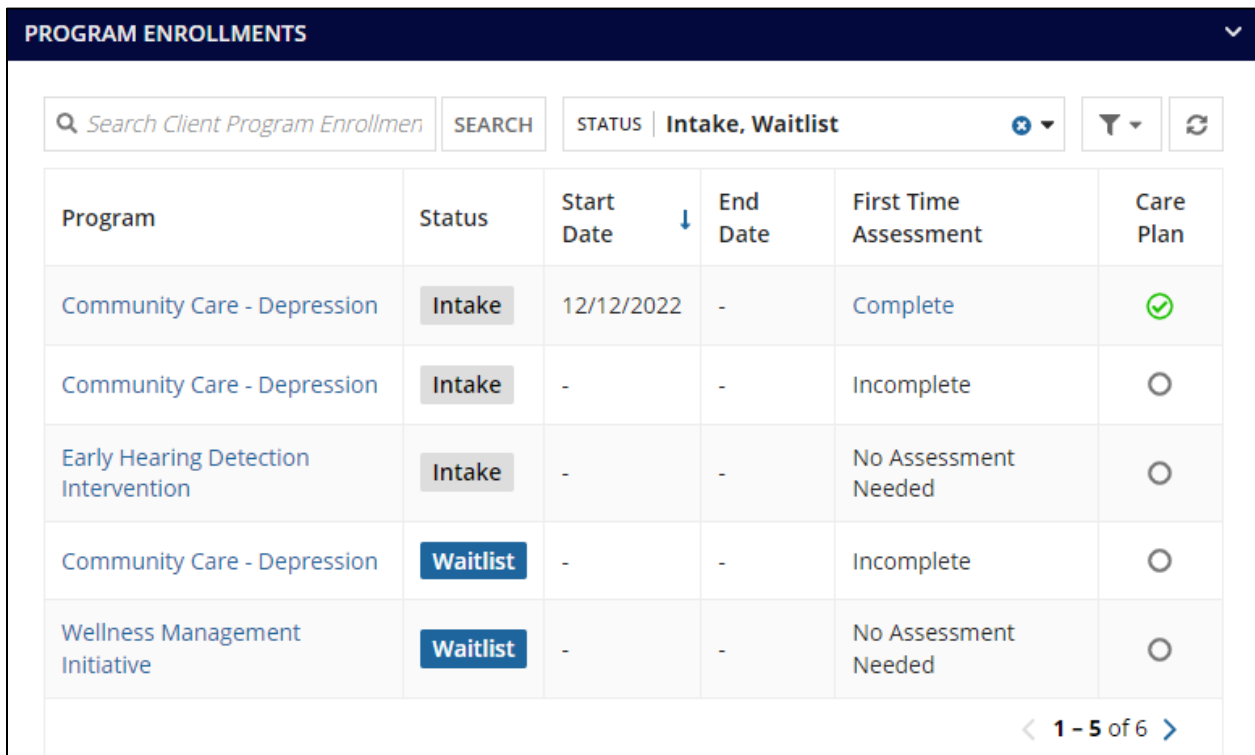


Figure 25: Client Program Enrollments

Our solution will help PCHS monitor and manage program service delivery efficiently by leveraging the following Internal Program and Process Tracking capabilities:

- **Comprehensive Data Intake:** Enables caseworkers to input and manage client-specific information, while also allowing for the collection of program-level data for monitoring overall performance
- **Bulk Upload Capabilities:** Facilitates the efficient import of large datasets into the system, streamlining data entry and improving accuracy



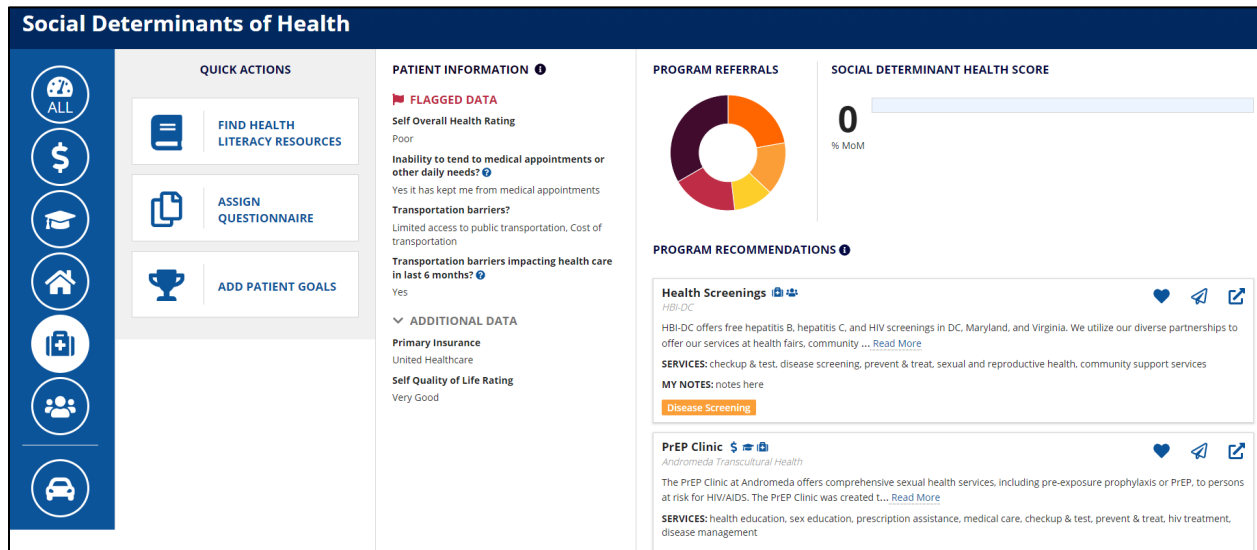
- **Unified Client List:** Centralizes client-level data to support seamless care coordination across programs, enabling better collaboration among care providers

### C.1.2.1.12 External Program Tracking and Management (Req. ID 12 & 12.1)

Our solution for External Program Tracking & Management enables effective monitoring of program service delivery in the community through client-level and aggregate data intake. It captures data at the client level, providing insights into individual interactions with programs and services for personalized interventions. The solution also aggregates data across clients and programs, offering a comprehensive view of program performance and community impact. Our solution also facilitates seamless care coordination across external programs by consolidating client-level data, enabling care coordinators to collaborate effectively and develop personalized care plans as illustrated in **Figure 26**.

**External Program Tracking and Management Key Features**

- 🔥 **Tracking and management of external programs and partnerships**
- 🔥 **Integration with external program databases** for data exchange and collaboration
- 🔥 **Performance tracking and reporting** to evaluate program effectiveness and outcomes



**Figure 26: Social Determinants of Health Program Referrals**

Our solution for External Program Tracking and Management offers comprehensive features to track and manage programs and partnerships outside the organization, including the following:

- **External Program Data Integration:** Integrates with external program databases for seamless data exchange and collaboration
- **Performance Tracking and Reporting:** Tracks program performance and generates reports to evaluate effectiveness and outcomes
- **Community Impact Questionnaires and Assessments:** Gather and capture client-level and aggregate data to assess the impact of programs on the community
- **Partnership Management:** Manages external partnerships and collaborations to enhance program delivery and community engagement

- **Care Coordination Support:** Facilitates care coordination across programs by providing a unified client list for client-level data
- **Aggregate Data Storage and Reporting:** Ingests aggregate-only data from external programs for storage and reporting, enabling the tracking of program performance for those programs

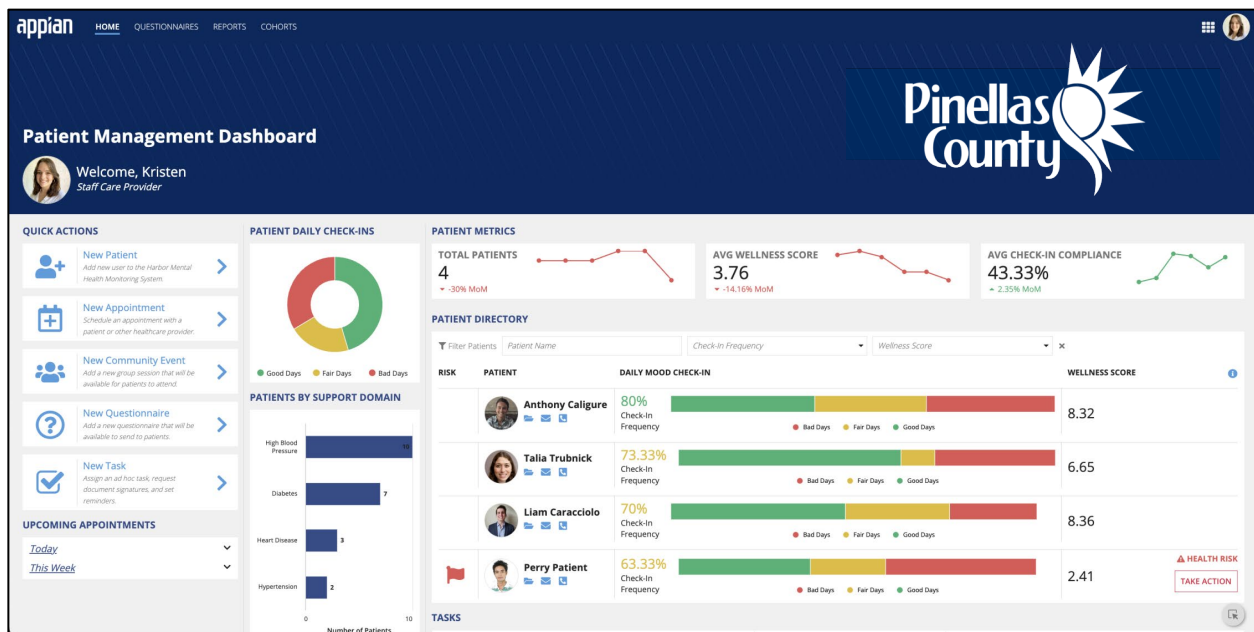
### C.1.2.1.13 Provider Management & Tracking (Req. ID 13 – 14.2)

Our proposed solution’s Provider Management and Tracking capabilities streamline provider interactions and enhances service delivery with its robust features. It includes a user-friendly Provider Portal and workflows for shared document coordination and submission of reports, invoices, and supporting documentation. The system offers dynamic Provider Assignment capabilities, allowing administrators to assign providers to specific programs, contracts, grants, and client services based on various criteria. The solution also integrates with the Oracle system to maintain a unified vendor list, ensuring consistency and accuracy in vendor information across systems.

**Provider Management & Tracking Key Features**

- 🔥 **Comprehensive provider management capabilities**, including provider onboarding, credentialing, and contract management
- 🔥 Tracking and monitoring of **provider performance, services delivered, and compliance with contract terms**
- 🔥 Integration with provider databases for **real-time updates and communication**

**Figure 27** shows the portal’s Provider dashboard, which provides a bird's eye view of client metrics, upcoming appointments, and other key data points that are tailored to each individual provider. This configurable dashboard offers providers a comprehensive overview of their caseload and enables them to efficiently manage their client care responsibilities.



**Figure 27: Provider Management Dashboard**







Our solution offers essential Provider Management and Tracking tools to streamline provider interactions and enhance service delivery, including:

- **Provider Portal and Workflow:** Enables caseload management, shared document coordination, report and invoice submission, and validation of invoiced services and supporting documentation.
- **Secure Messaging:** Built-in messaging functionality allows providers to communicate securely with clients and other healthcare providers, ensuring patient privacy and confidentiality
- **Billing and Invoicing:** Providers can submit invoices and track payments directly through the portal, streamlining the billing process and improving financial management
- **Reporting and Analytics:** Robust reporting tools allow providers to track key metrics, monitor client outcomes, and identify trends, enabling them to continuously improve the quality of care delivered
- **Dynamic Provider Assignment:** Allows administrators to assign providers to specific programs, contracts, grants, and client services based on various criteria.
- **Integration with Oracle:** Maintains a unified vendor list, ensuring consistency and accuracy in vendor information across systems.

#### **C.1.2.1.14 Reporting, Ad Hoc Reporting, and Analytics with Dashboarding**

Our case management solution provides robust reporting functionality highly aligned to meet Pinellas County's needs. It includes integration with the EHR, external systems, and aggregated reporting gathered from aggregate-level data imports. The solution offers pre-built reporting tools, ad hoc reporting capabilities, and the ability to easily export data or integrate with external reporting tools like Power BI. In addition to in depth reporting capabilities, our solution provides real-time dashboards enabling users to monitor key performance indicators (KPIs) across client

populations and programs at a glance, including the Enrollment by Status Report illustrated in **Figure 28**, or the Staff Scheduling Dashboard in **Figure 29**. Our solution also includes end-user-configurable Ad-Hoc Reporting, and Analytics with Dashboarding illustrated in **Figure 30**.

Reporting Key Features	
	<b>Pre-built reports available</b> for program enrollment, case history, and more
	<b>Advanced analytics capabilities</b> for data exploration, visualization, and trend analysis
	<b>Real-time dashboards</b> for monitoring key performance indicators and identifying areas for improvement
	<b>Ad hoc reporting capabilities</b> for on-demand analysis and insights

Selected Report: Enrollment By Status

**FILTERS** Reset Filters

Enrollment Filters

PROGRAM: Children's Clinical Services

DATE: 03/01/2024

**ENROLLMENT BY STATUS**

Client ID	CaseLogic ID	First Name	Last Name	Date of Birth	SSN	County	Zipcode	Enrollment ID	Medicaid ID	Department	Program	Sub Program	Enrollment Status	Previous Enrollment Status	Status Change Date	Status Updated By	Enrollment Created Date	Program Start Date	Program End Date	Pro
00001		Cinnamon	Markert	5/5/2022		Bent	20166	00976	M123456	Developmental & Behavioral Health	Children's Clinical Services		Active		2/28/2024	Carrie Clinician	2/28/2024	2/28/2024		
00400	12345	TEST	875	1/16/1995	123-12-3123	Archuleta	12345	00975		Developmental & Behavioral Health	Children's Clinical Services		Active		2/28/2024	Mark El Mgmt	2/28/2024	2/28/2024		

Figure 28: Enrollment by Status Report

**Staff Scheduling Report**

All employees are shown below with their assigned work. Click the "Send Reminder" to trigger an alert reminding them of any open tasks.

 <b>Jane Joe</b>	<b>Title:</b> Regulatory Project Manager <b>Language(s):</b> English, Spanish <b>Specialty:</b> Quality/CMC <b>Office Location:</b> Reston, VA	<b>Workload Availability</b> 	<b>14</b> Active Cases <b>4</b> Pending Tasks <b>0</b> Patient Satisfaction Score <b>0</b> Appointment Adherence Rate	<a href="#">Expand to see more details</a>
 <b>Ryan Smith</b>	<b>Title:</b> Cross Discipline Team Lead <b>Language(s):</b> English, Vietnamese <b>Specialty:</b> Clinical <b>Office Location:</b> Arlington, VA	<b>Workload Availability</b> 	<b>2</b> Active Cases <b>3</b> Pending Tasks <b>0</b> Patient Satisfaction Score <b>0</b> Appointment Adherence Rate	<a href="#">Expand to see more details</a>
 <b>Kristen Garey</b>	<b>Title:</b> Research-Assistant <b>Language(s):</b> English <b>Specialty:</b> Nonclinical <b>Office Location:</b> Hartford, CT	<b>Workload Availability</b> 	<b>8</b> Active Cases <b>3</b> Pending Tasks <b>9</b> Patient Satisfaction Score <b>9</b> Appointment Adherence Rate	<a href="#">Expand to see more details</a>
 <b>Anthony Caligure</b>	<b>Title:</b> Division Director <b>Language(s):</b> English, Spanish <b>Specialty:</b> Clinical <b>Office Location:</b> Austin, TX	<b>Workload Availability</b> 	<b>12</b> Active Cases <b>2</b> Pending Tasks <b>20</b> Patient Satisfaction Score	<a href="#">Expand to see more details</a>

Figure 29: Aggregated Provider Schedule Reporting

Standard Reporting | Ad-Hoc Reporting

Ad-Hoc Report | Manage Saved Reports

STEP 1 - Select Report Data

Data Type: Clients, Programs, Enrollments, Referrals

Report on Raw Data | Aggregate on Groups of Data

Columns: Enrollment Status, Enrollment Start Date, Enrollment End Date, Client First Name, Client Last Name, Program Name, Program Type

STEP 2 - Filter Data (Optional)

Editing Filter Group 1

Field Name	Operator	Value	Advanced Expression
Enrollment Status	=	Intake	N/A
Enrollment Start Date	>=	01/01/2024	Use Expression

Condition Between Filters: AND / OR

Table | Line Graph

Rows to Display: 5 | 10 | 25 | 50 | 100

Enrollment Status	Enrollment Start Date	Enrollment End Date	Client First Name	Client Last Name	Program Name	Program Type
-------------------	-----------------------	---------------------	-------------------	------------------	--------------	--------------

Figure 30: Ad-hoc Reporting Capabilities

Our solution provides comprehensive reporting functionalities designed to meet Pinellas County's

specific needs. Key features include:

- **Program Enrollment and Aggregated Tracking Report:** Track client enrollment in various programs over time, showing program status changes and current zip codes. This report allows users to see which programs clients were enrolled in at specific points in time, as well as status changes over time. It also aids in state reporting and provides data for regulators.
- **Ad Hoc Reporting and Integration with Microsoft Power BI:** Create custom reports on-demand and integrate with tools like Microsoft Power BI for advanced data visualization and analysis.

Team IgnYTE's proven expertise and portfolio of Appian accelerators offer Pinellas County a solution with stronger scalability and efficiency. We are well-equipped to help Pinellas meet all its objectives on the future development roadmap. Our team of experts will collaborate closely with Pinellas, offering insights on best practices and providing recommendations to drive further efficiencies throughout the County. With our support, Pinellas can achieve its goals efficiently and effectively.

Beyond having the required capabilities described in the table above and our attached Exhibit B, our Human Service/Social Service Case Management System includes the key capabilities described in **Section C.1.2.2**.

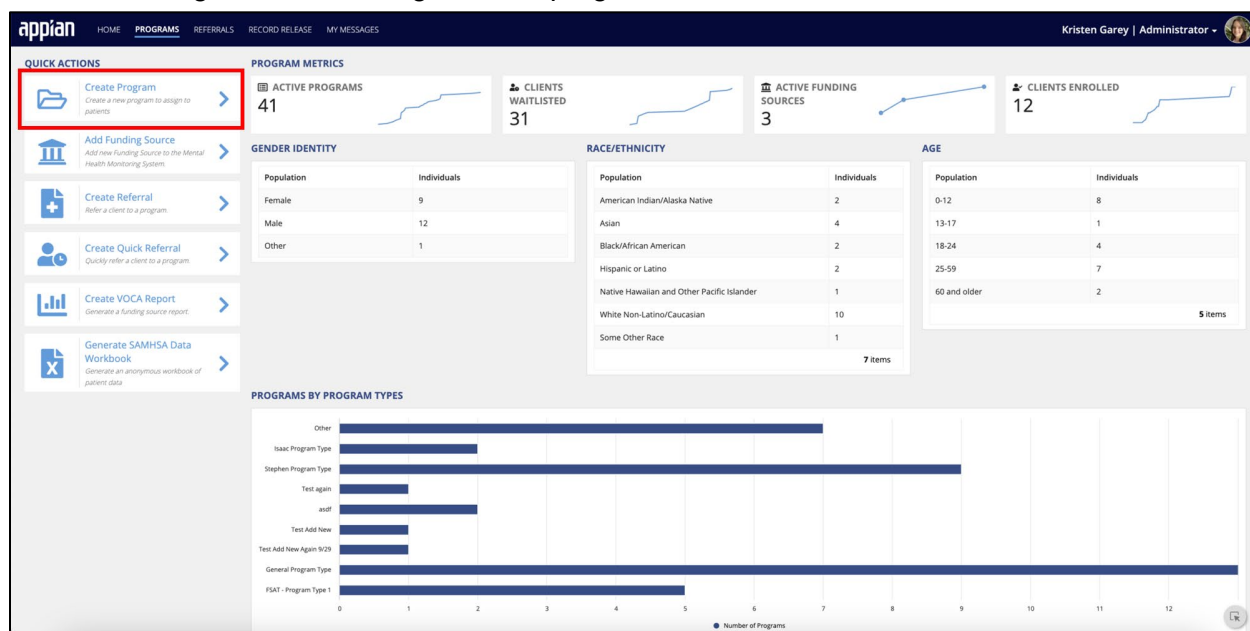
#### **C.1.2.2 Complementary Functionality**

Beyond having the required capabilities described in **Sections C.1.2.1** above and **Section C.1.4**, our Human Service/Social Service Case Management System includes the key capabilities described in the subsections below.

##### **C.1.2.2.1 Program Management**

Our solution provides extensive Program Management capabilities, empowering administrative users to efficiently oversee and modify program details within the system. Administrators can effortlessly establish new programs, update existing program information, and manage program statuses, ensuring programs remain adaptable to evolving needs. Standardized phases such as intake, active, and closed, along with customizable statuses within each phase, offer flexibility to address program-specific requirements while maintaining a consistent user experience. These capabilities enable administrators to effectively organize, monitor, and optimize program operations, enhancing overall efficiency and effectiveness.

Displayed below in **Figure 31** is a snapshot of our solution's program management dashboard, showcasing relevant program metrics and offering quick access to create new programs. This intuitive dashboard provides at-a-glance insights into program performance and allows for seamless navigation and management of programs.



**Figure 31: Create a New Program From the Quick Actions Menu**

Our Program Management module offers several key features tailored to meet Pinellas' needs:

- **Robust Reporting Capabilities:** Generate comprehensive reports on program enrollments, statuses, and outcomes to facilitate data-driven decision-making on configurable KPIs and trends
- **Dynamic Program Creation:** Effortlessly establish new programs and update program details as needed
- **Comprehensive Program Phases:** Our program uses standard program phases based on Case Management Society of America (CMSA) standards such as intake, active, and closed, ensuring consistency and clarity in program management, but can be tailored as necessary
- **Real-time Program Monitoring:** Monitor program enrollments, statuses, and outcomes in real time to track program performance
- **Streamlined Administrative Tasks:** Access a quick actions menu to create new programs and perform other administrative tasks efficiently
- **Flexible Status Configuration:** Customize program statuses to align with the unique requirements of each program

### C.1.2.2.2 Telemedicine

Clients can access telehealth tools directly from the Client Self-Services Portal, allowing them to schedule or join video/audio appointments from their computer or mobile device. This feature is seamlessly integrated into our EHR solution's Telehealth functionality, which enhances accessibility and fosters a convenient healthcare experience. Our native telehealth capabilities enable virtual consultations, remote monitoring, and follow-up care, all within a single platform.

Providers can easily schedule telehealth appointments and access patient records, simplifying the process for clients to join scheduled sessions with a click. Integration with video conferencing platforms ensures secure and HIPAA-compliant telehealth visits, while mobile-friendly solutions enhance patient access and engagement.

As shown in **Figure 32**, our solution's telehealth capabilities allow patients to receive quality care virtually from anywhere. Our case management solution offers comprehensive Telehealth functionality, enabling seamless integration of telehealth services into existing healthcare workflows. Key features include:




Telehealth Key Features	
	<b>Native telehealth capabilities</b> for virtual consultations, remote monitoring, and follow-up care
	<b>Integration with video conferencing platforms</b> for secure and HIPAA-compliant telehealth visits
	<b>Mobile-friendly telehealth solutions</b> for easy patient access and engagement



Figure 32: Our Telehealth Capabilities

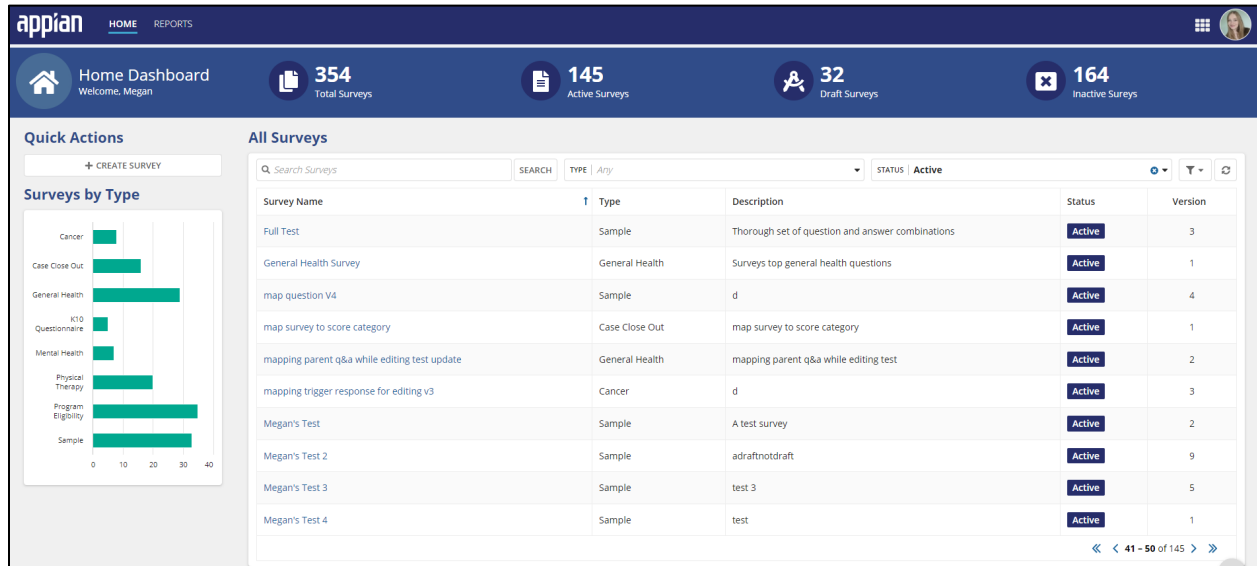
- **Integrated Telehealth Service Delivery:** Our platform seamlessly integrates telehealth functionalities within the existing EHR infrastructure, providing healthcare providers with a comprehensive and unified solution
- **Provider-Initiated Connection:** Providers can initiate connections for scheduled telehealth appointments effortlessly, enabling clients to join sessions with a simple click, fostering better accessibility and connectivity for all stakeholders involved
- **Native Telehealth Capabilities:** Our solution offers native telehealth capabilities for virtual consultations, remote monitoring, and follow-up care, ensuring that telehealth services are seamlessly woven into the overall patient care process
- **Integration with Video Conferencing Platforms:** The platform integrates with video conferencing platforms, such as Amazon Chime, for secure and HIPAA-compliant telehealth visits, enhancing the overall healthcare experience for both providers and patients
- **Mobile-Friendly Telehealth Solutions:** Mobile-friendly telehealth solutions are provided for easy patient access and engagement, improving the overall quality of care and patient satisfaction

### C.1.2.2.3 Surveys and Assessments

Our solution offers a comprehensive suite of features for surveys and assessments, empowering users to efficiently collect and analyze data for informed decision-making. Administrative users can leverage these tools to create, distribute, and analyze surveys and assessments tailored to their specific needs. With our versatile solution, users can rapidly design surveys using our library

of templates or start from a blank canvas, ensuring flexibility and customization. The Survey Management Dashboard provides a centralized hub for managing surveys, offering lists and reports of all surveys administered. This dashboard enables users to track survey progress, view responses, and generate detailed reports for analysis. Additionally, our solution supports dynamic reporting on aggregated responses, providing valuable insights into client feedback and program effectiveness.

Below are two relevant screenshots showcasing our survey and assessment capabilities. **Figure 33** depicts the Survey Management Dashboard, offering a comprehensive view of all surveys administered.



**Figure 33: Survey Management Dashboard**

**Figure 34** demonstrates our solution's tailorable surveys and assessments, highlighting the ease

of designing surveys based on templates or from scratch.

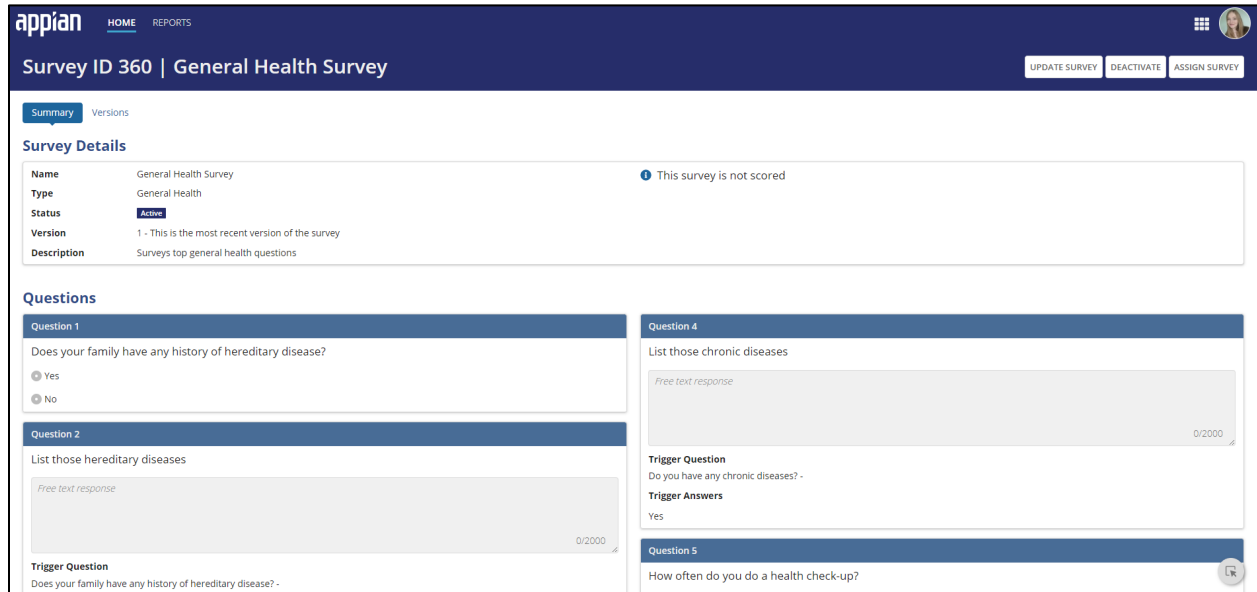


Figure 34: Our Solution's Tailorable Surveys and Assessments

Our solution's key surveys and assessments features include:

- **Versatile Survey Creation:** Rapidly design surveys using templates or start from a blank canvas, ensuring flexibility and customization.
- **Tailored Assessments:** Pre-loaded with assessments for case managers and providers, with the ability to customize further to align with specific needs.
- **Dynamic Reporting:** Generate dynamic reports on aggregated responses, providing valuable insights for informed decision-making.
- **Comprehensive Survey Management:** Centralized dashboard for managing surveys, tracking progress, viewing responses, and generating detailed reports.
- **Efficient Data Collection:** Streamline data collection with user-friendly survey and assessment tools, enhancing client engagement and service delivery.
- **Customizable Templates:** Utilize a library of templates to create surveys and assessments tailored to specific program needs, ensuring consistency and efficiency
- **Skip Logic:** Designate if a question should be triggered by specific answers from a previous question, hiding non-relevant follow-up questions and streamlining the survey process
- **End-User Configurability:** Allow end users to customize surveys and assessments that meet specific requirements to enhance usability and adaptability

#### C.1.2.2.4 Rules Engine

Our solution for Pinellas County integrates a robust and user-configurable Rules Engine, providing a powerful tool for configuring eligibility rules tailored to the specific needs of PCHS. This engine allows users to create and apply rules at key decision points within the system, ensuring that eligibility criteria are met accurately and efficiently. The Rules Engine is leveraged



to power functionality previously described in **Sections C.1.2.1.8 and C.1.2.1.10**.

As shown in **Figure 35**, our solution's configurable rules engine allows administrative users to quickly design and implement rules to run on any a data subset within the system where their access permits.

Name	Record	Parameter	Operand	Value	Group	Active Date	Inactive Date
Max Monthly Income	Finance	monthlyincome	Less Than	\$1,000.00	Financial Reqs	12/01/2023	12/01/2024
Not Employed	Finance	employed	Equal to	<input type="radio"/> Yes <input checked="" type="radio"/> No	Financial Reqs	12/01/2023	12/01/2024
Adult	Personal	age	Greater Than or Equal To	18	--	12/01/2023	12/01/2024

**Eligibility Groups**  
Organize rules into groups to designate if only some rules in a group must be met for the group to pass.

**Financial Reqs**  
Group Name: Financial Reqs  
Required # of Valid Rules: 1

**Selected Rules**

- Max Monthly Income (Finance): Monthly income must be less than \$1,000.00
- Not Employed (Finance): Employed must be equal to false

**Valid Group**  
Applicant must meet at least 1 rule(s) to be eligible.

**Figure 35: Configurable Rules Engine**

Key features of our Rules Engine include:

- **Flexible Rule Configuration:** Users can easily configure rules based on PCHS's data and policy requirements. This flexibility allows for the creation of complex rule sets to address various scenarios and criteria.
- **Historical Rule Maintenance:** The system enables the maintenance of historical rules, ensuring that policy changes over time are captured and reflected in the eligibility criteria.
- **No-Code Rule Updates:** Rules can be updated quickly and without the need for coding, allowing for agile responses to changing requirements or regulations.
- **Future-Date Rule Activation:** Updated rules can be pre-configured to take effect on a future date, ensuring smooth transitions and adherence to planned policy changes.
- **Rule Testing and Verification:** The system includes a Test Eligibility Calculator that allows users to input sample data and verify the results of evaluated rules. This feature provides a streamlined interface for understanding rule outcomes.

These features benefit Pinellas County by providing a flexible and efficient tool for managing eligibility criteria. The Rules Engine ensures that the system remains adaptable to changing requirements, allowing PCHS to maintain compliance with regulations and deliver services effectively to its community.

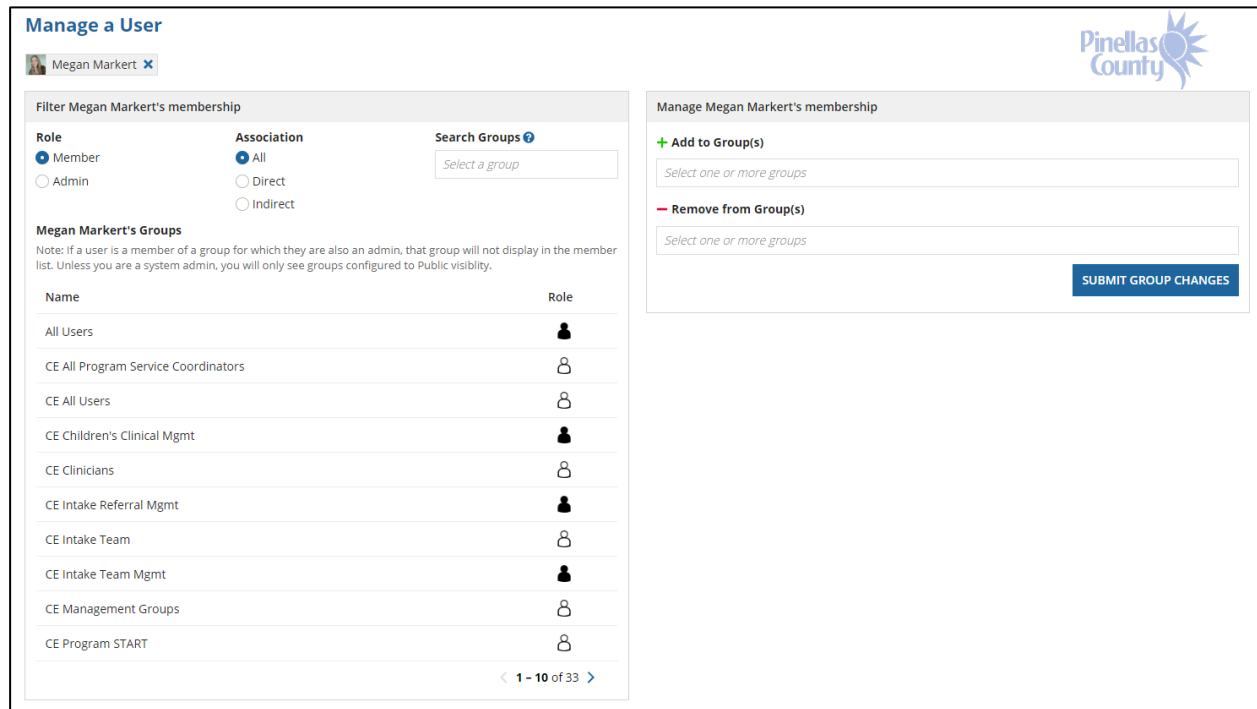
### **C.1.2.2.5 User Management**

Our solution offers robust User Management capabilities, empowering administrators to efficiently manage internal and external users within the case management system. Administrators can easily define user roles, determining security access and permissions based on organizational



requirements. The solution allows for the management of external users, such as clients and providers, and links them to relevant records in the system for streamlined access. Administrators can customize provider profiles by selecting the programs and client services offered by each provider, ensuring accurate and tailored access to functionalities.

As shown in **Figure 36**, our solution allows administrative users to quickly manage a user's associations, add/remove them from different defined groups, or make other necessary changes.



**Figure 36: User Management Capabilities**

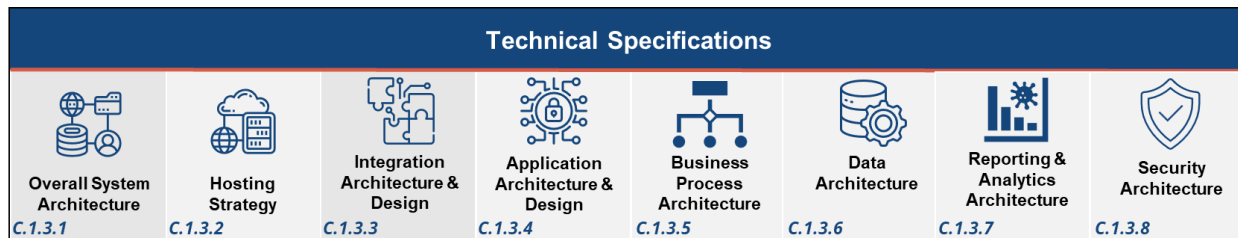
Administrators have the flexibility to manage external users, including clients and providers, and link them to relevant records in the system. For example, administrators can customize provider profiles by selecting the programs and client services offered by each provider, ensuring accurate and streamlined access to relevant information and functionalities tailored to individual roles and responsibilities.

Team IgnYTE is dedicated to partnering with Pinellas County to help them achieve their goals for an improved, efficient, and user-centric system.

### **C.1.3 Technical Specifications (SOW 1.3.3.1.1)**

Our proposed solution for PCHS Case Management encompasses a comprehensive and scalable architecture designed to meet the diverse needs of the County. Leveraging the Appian low-code platform and AWS cloud services, our solution ensures robust integration capabilities, streamlined workflows, secure data management, and enhanced reporting and analytics functionalities. With a focus on HIPAA compliance and stringent security measures, our solution provides a secure and efficient environment for managing client information and services.

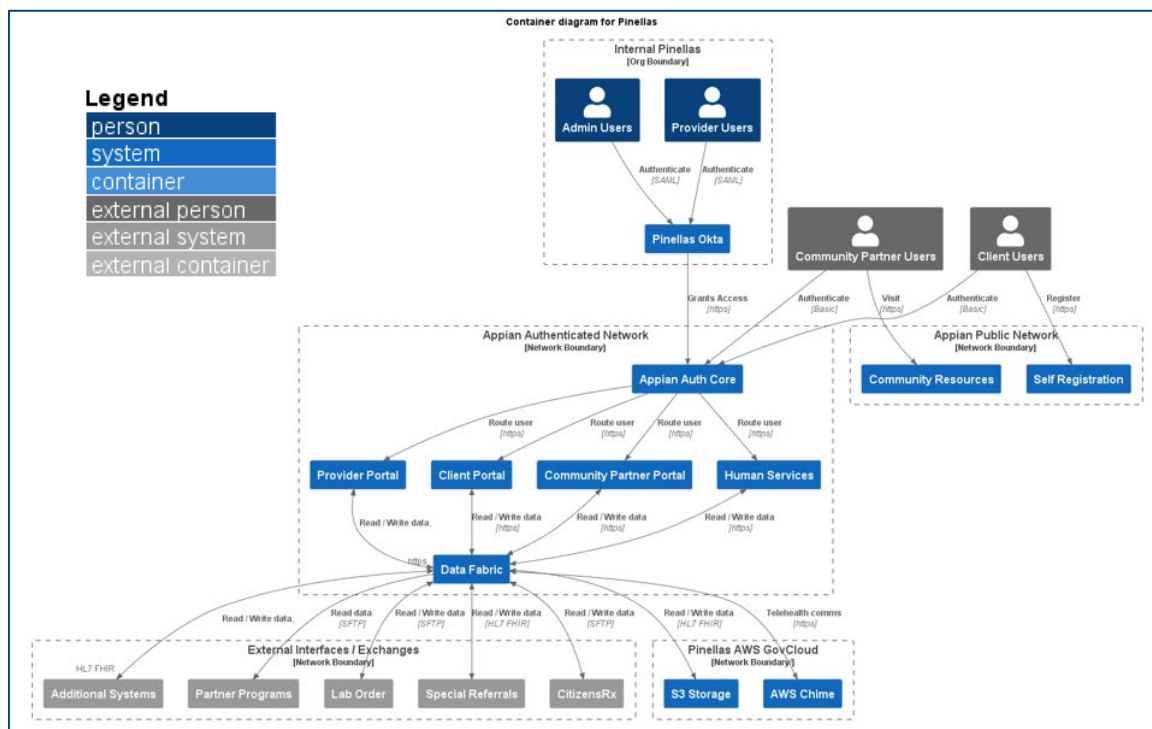
The following technical specifications, as outlined in **Figure 37** are detailed in the subsections below: Overall System Architecture, Hosting Strategy, Integration Architecture and Design, Application Architecture and Design, Business Process Architecture, Data Architecture, Reporting and Analytics Architecture, and Security Architecture.



**Figure 37: Technical Specifications**

### C.1.3.1 Overall System Architecture

Our solution's architecture is built on the Appian low-code platform, providing flexibility and scalability to accommodate various components and modules for comprehensive case management. The architecture includes modules for Case Management, Client Self-Services Portal, Provider Portal, and additional functionality like Grants Management. These modules interact seamlessly through the Appian environment, ensuring efficient data flow and process management. The system's top layer features the primary solution modules, with the flexibility to incorporate additional modules and functionality as PCHS's needs evolve, such as integrating with PCHS's future-state EHR, Grants Management, and Contracts Management.



**Figure 38: Solution C4 Diagram**

The following table provides additional details on the users, components, modules, applications, and middleware outlined in **Table 4**.

<b>Label</b>	<b>Type</b>	<b>Description</b>
<b>Client Users</b>	External Person	Client receiving services a Pinellas County or External Partner program
<b>Community Partner Users</b>	External Person	Individual belonging to a collaborating organization or entity delivering or supporting healthcare services, programs, or initiatives
<b>Provider Users</b>	Internal Person	Healthcare entities in Pinellas County delivering medical services, including primary, specialty, behavioral health, dental, and vision care
<b>Admin Users</b>	Internal Person	Internal Users conducting administrative roles including system configuration and monitoring
<b>Pinellas Okta</b>	Internal System	Internal facing SSO provider
<b>Self-Registration</b>	Internal System	Registration application for new community partners and providers to gain access to the Authenticated Network
<b>Community Resources</b>	Internal System	An online platform offering accessible health resources and information to the public without requiring authentication
<b>Appian Auth Core</b>	Internal System	Receives SAML payload from OKTA and routes user to proper module
<b>Client Portal</b>	Internal System	Interactive interface enabling clients to access health records, appointments, education materials, and communicate with providers
<b>Provider Portal</b>	Internal System	Secure interface for providers to access patient records, referrals, and communicate with other healthcare professionals
<b>Community Partner Portal</b>	Internal System	Secure interface for community partners to access program information, data analyses, and upload required documentation for review
<b>Human Services</b>	Internal System	Single access point for human services staff to manage client records, appointments, billing, reporting, and program data efficiently
<b>Data Fabric</b>	Internal System	Enables bidirectional real-time connections with external interfaces, ensuring seamless data exchange and integration with all entities
<b>S3 Storage</b>	Internal System	Cost-effective and scalable repository for storing extra documents and attachments, providing a convenient solution for managing data overflow. Additionally, it facilitates the migration of old case files and EHR records, ensuring seamless transition and accessibility to historical data
<b>AWS Chime</b>	Internal System	Allows providers and schedulers to easily call clients directly from the Telehealth solution
<b>S3 Storage</b>	Internal System	Cost-effective and scalable repository for storing extra documents and attachments, providing a convenient solution for managing data overflow. Additionally, it facilitates the migration of old case files and EHR records, ensuring seamless transition and accessibility to historical data
<b>AWS Chime</b>	Internal System	Allows providers and schedulers to easily call clients directly from the Telehealth solution
<b>Partner Programs</b>	External System	Allows partner programs to share information with PCHS at a client or aggregate level

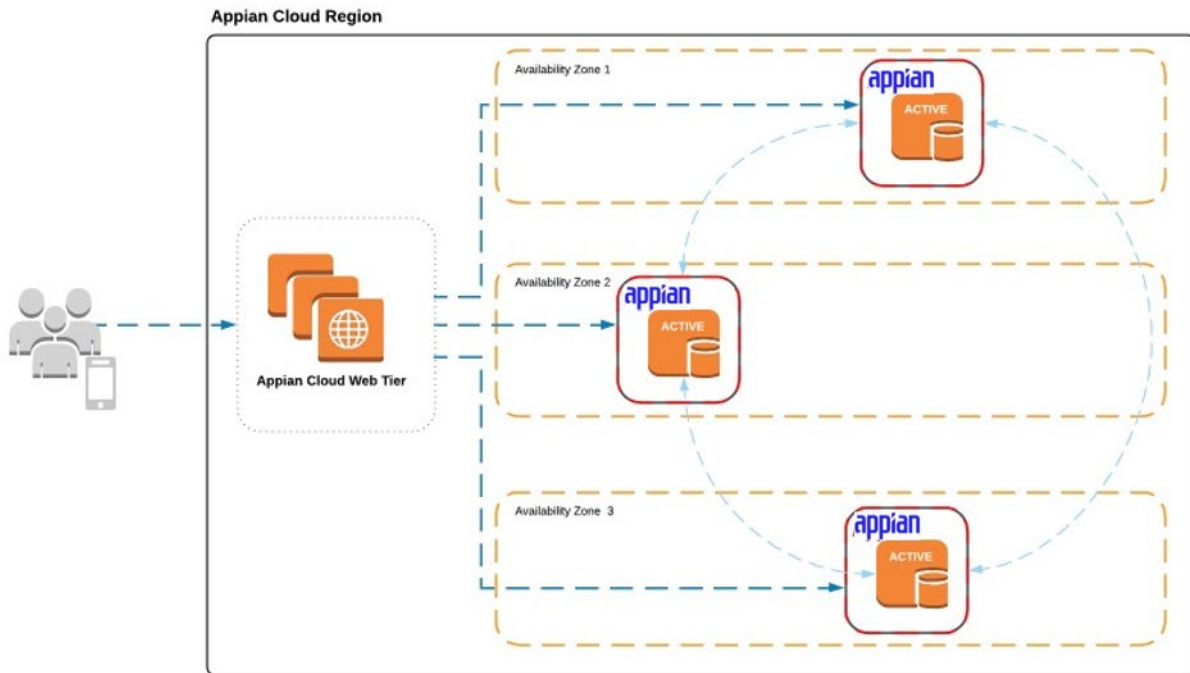
<b>Lab Order</b>	External System	Enables healthcare providers to electronically request diagnostic tests and receive results from laboratories, streamlining the process of ordering and managing lab tests
<b>Special Referrals</b>	External System	Facilitates the electronic transfer of clients from one human services provider to another for specialized programs or services
<b>CitizensRx</b>	External System	Provides eligible client files for pharmacy benefits and receives client-level prescription details
<b>Additional Systems</b>	External System	Additional secure systems including Dental Health, Vision Health, and others

**Table 4: C4 Diagram Key**

**C.1.3.2 Hosting Strategy**

Team IgnYTE's hosting strategy for the Pinellas County project leverages the Appian platform's flexibility to tailor hosting options to meet the county's specific needs. We recommend utilizing the HIPAA-compliant SaaS hosting option, which utilizes a single tenancy model, ensuring dedicated resources for PCHS's data and applications, enhancing security and performance. This model, in our cloud-based architecture, involves hosting every instance of Appian in its AWS Virtual Private Cloud (VPC), providing a secure and dedicated environment.

Our solution does not require additional cloud services to function properly, serving as a self-contained platform for clients and healthcare providers to engage with various programs. For hosting, we recommend Appian's fully hosted, fault-tolerant High Availability (HA) SaaS on AWS GovCloud, which includes enterprise support and expert management of hosting logistics by Appian's IT team. This hosting option ensures high availability with three active nodes running in different availability zones (**Figure 39**), providing rapid restoration in the event of failures and guaranteeing a 99.99% uptime SLA. Appian's global data centers and modular system design ensure scalability and optimal performance, even under increased user loads.



**Figure 39: Our Solution's High Availability**

Team IgnYTE's proposed Case Management, Integration, and Low-Code Platform Solution prioritizes flexibility and security in its hosting strategy, leveraging the robust capabilities of the Appian platform. This solution offers a variety of hosting options, including on-premises, StateRAMP-certified fully hosted SaaS on AWS GovCloud, or hybrid models. Based on our understanding of Pinellas County's current and future-state needs, **we recommend utilizing the HIPAA-compliant SaaS hosting option.**

Our hosting strategy involves leveraging the Appian Cloud environments for development, testing, pre-production, and production. We will also utilize AWS cloud services to enhance scalability, disaster recovery, and business continuity. The architecture is designed to meet FedRAMP and StateRAMP standards, ensuring the highest level of security and compliance.

<p><i>Hosting</i></p> <p><b>Team IgnYTE™ Enablers</b></p>	<ul style="list-style-type: none"> <li>With an uptime score of 99.99%, Appian is fast, reliable, and scalable</li> <li>We employ automated testing tools to enhance the quality and reliability of the solution, ensuring that updates and modifications do not compromise system functionality</li> <li>Complies with strict data regulations like HIPAA, GDPR, and FedRAMP, offering role-based access control, encryption (FIPS 140-2), and vulnerability scanning to protect sensitive information</li> </ul>
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year of implementation, including:

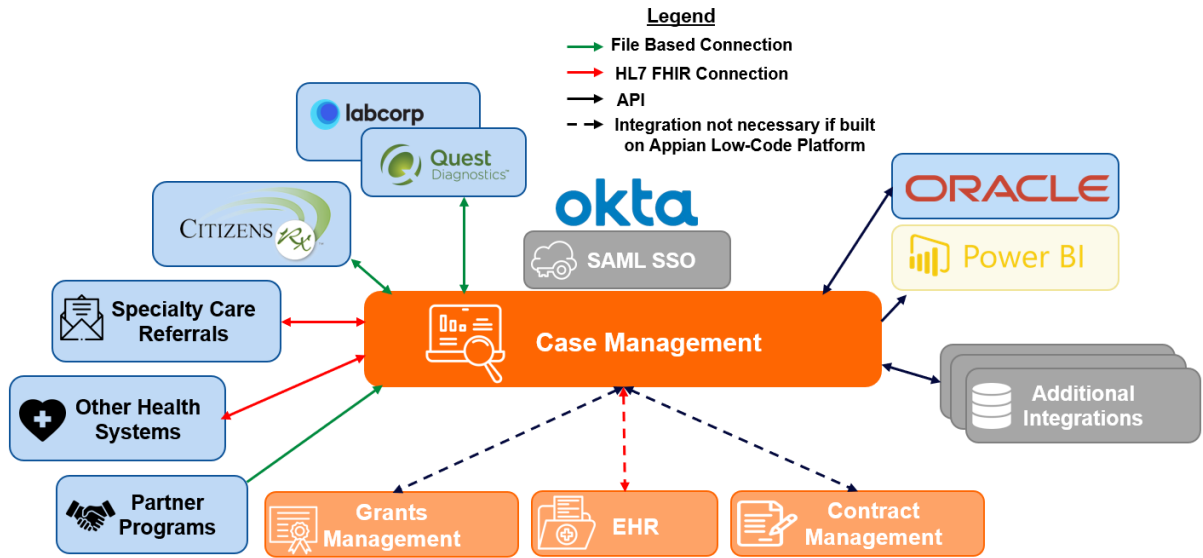


Figure 41: Integration Pathways

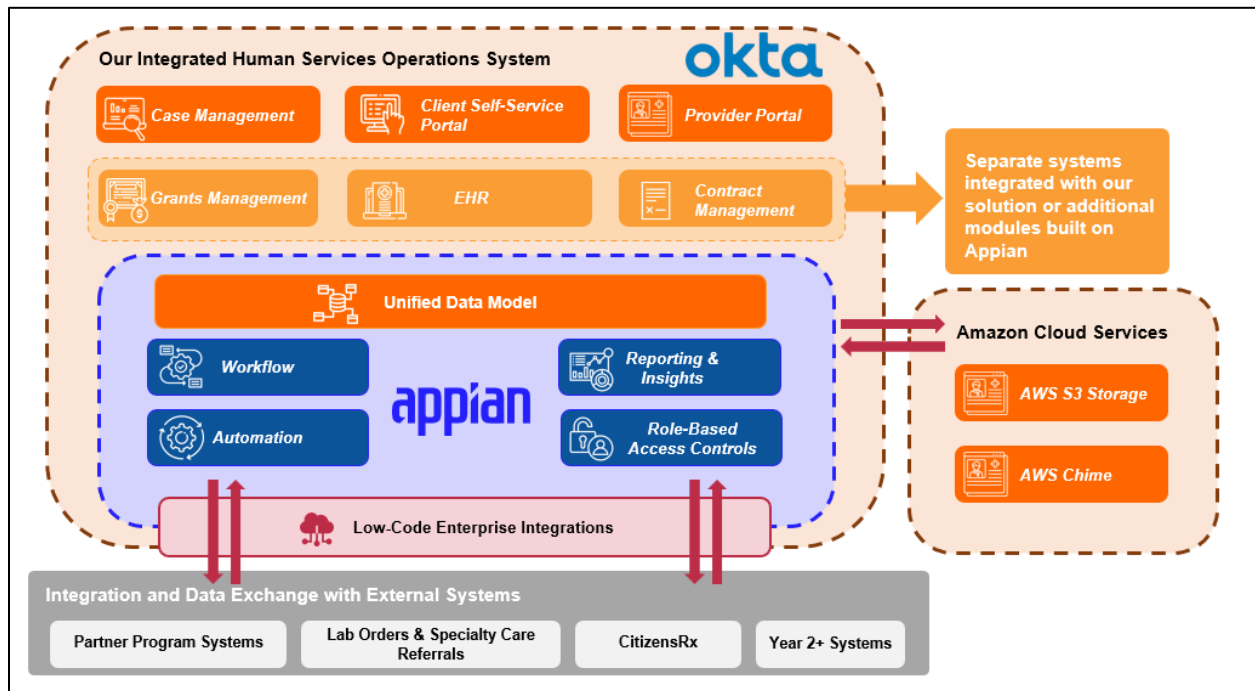
- OKTA single-sign-on for PCHS users to the Case Management system via SAML 2.0.
- Bidirectional API-based integrations to the EHR (HL7 FHIR), Grants Management, and Contract Management systems (if not also built on Appian)
- Bidirectional integrations to CitizensRx, Lab Orders, Specialty Care Referrals, and other health systems for related client information via APIs and file-based integrations
- One way data extracts from Partner Programs or other systems which only need to feed information to the Case Management System
- Bidirectional integration with Oracle via API for vendor creation and invoicing
- Pushing data to Power BI or other data warehousing and reporting tools via API

<p><i>Integration</i></p> <p><b>Team IgnYTE™ Enablers</b></p>	<ul style="list-style-type: none"> <li>• Team IgnYTE provides prebuilt HL7 FHIR APIs, ensuring seamless integration with healthcare systems and enabling efficient data exchange and interoperability</li> <li>• Our solution offers flexible integration options with Appian, allowing for easy integration with existing systems and future scalability, ensuring compatibility with diverse IT environments</li> <li>• We leverage both attended and unattended modes for Appian RPA, enabling automation of repetitive tasks, reducing manual effort, and improving overall operational efficiency</li> </ul>
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### C.1.3.4 Application Architecture and Design

Our application architecture and design for the Pinellas County project is structured around a robust and scalable framework that ensures seamless data flow and efficient operations. The Appian low-code platform serves as the base for our application architecture, providing role-centric portals for users to interact with, rich workflow and processing capabilities, and an integrated data model. This platform allows us to rapidly develop and deploy custom applications

tailored to the specific needs of PCHS. By leveraging low-code development, we can ensure that our solution is agile and adaptable, capable of evolving alongside PCHS's requirements.



**Figure 42: Our Application Architecture**

User-centric portals include Case Management, Client, and Provider portals. These portals are designed to be user-friendly and intuitive, facilitating easy access to services and information for PCHS staff, clients, and providers. Additional portals may be configured for other distinct user roles, such as Grants Management and Contract Management, or those functionalities intertwined with existing portals for users already leveraging the Case Management or other portals.

The Case Management application, built on Appian, will integrate with a multitude of external systems to create a fully centralized experience for users. We leverage Appian’s low-code enterprise-grade integration capabilities to conduct data exchange between Appian’s Cloud database and Partner Program Systems, Lab Order & Specialty Care Referrals, CitizensRx, and many more. More information about our underlying data architecture can be found in **Section 1.3.6**.

Finally, our Appian application integrates with Amazon Cloud Services to further enhance our overall Case Management solution to provide cost-effective document storage and telehealth capabilities. By combining the flexibility of the Appian low-code platform with the robustness of AWS services, our application architecture delivers a comprehensive solution that meets the diverse needs of PCHS and ensures a seamless user experience.

Application Architecture  
Team Ignite™ Enablers

- Our baseline Case Management solution modules, such as pre-defined workflows, user-configurable rules engine, user-configurable surveys, and more, are quickly tailorable to PCHS’s unique requirements
- AWS E3 storage for cost-effective large scale document retention



### C.1.3.5 Business Process Architecture

Our solution's Business Process Architecture consists of workflows based on CMSA standards, designed to be highly configurable and adaptable to meet the unique requirements of PCHS. The business process workflows within our solution are modular, facilitating reuse across different features. Examples of this modularity include:

- User-Configurable Rules Engine, which can be leveraged to apply business rules across workflows.
- Notifications, allowing users to customize the notifications they receive within the application.
- Auditing, for a common design pattern for creating audit trails and exposing audit trails to users.

Leveraging Appian's process modeler, our team can simplify workflows and business processes,

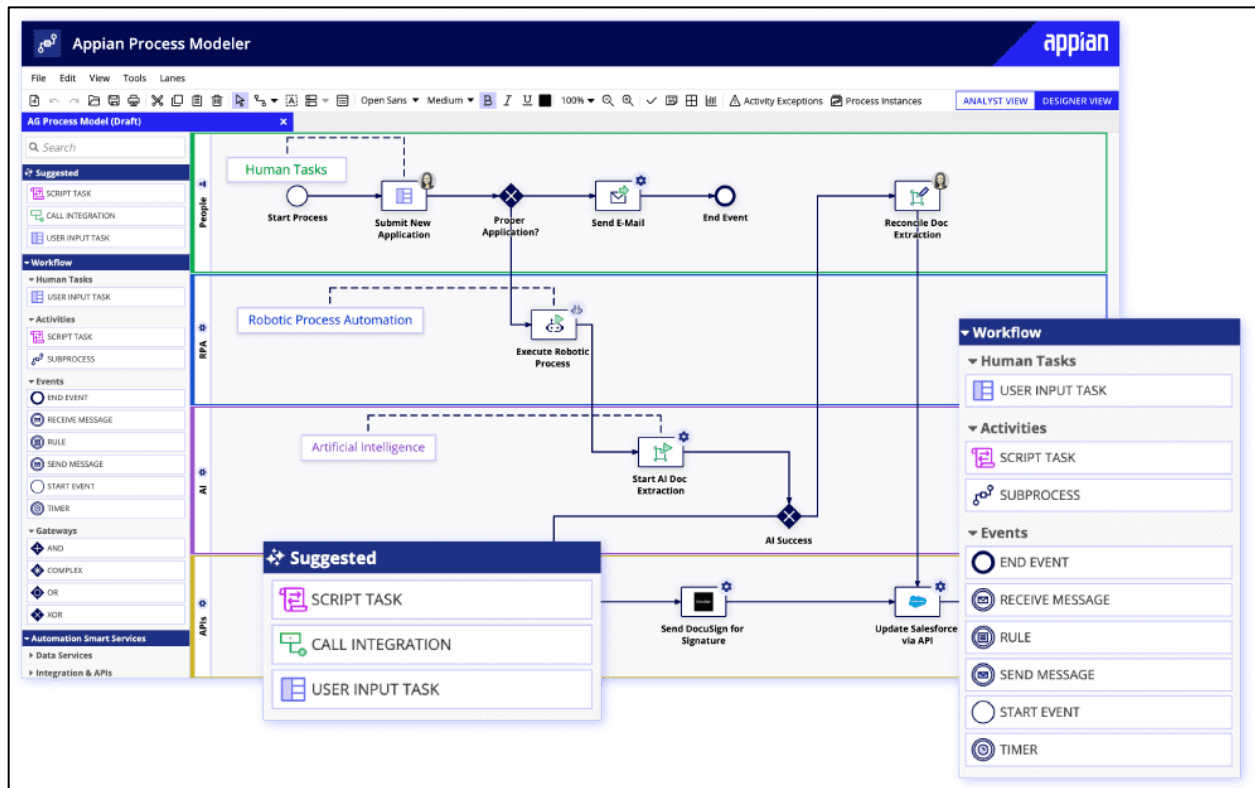


Figure 43: Low-Code Process Modeler

ensuring efficiency and effectiveness in day-to-day operations. As demonstrated in **Figure 43**, Appian's process modeler is a visual representation of business workflows. Each node represents action being taken in the system, such as users entering data in a form, the system saving data to the database or calling integrations, and separating flows based on configured business logic.

As part of our extensive requirement gathering process, we will work closely with PCHS to confirm current and to-be business processes. This collaborative approach ensures that our solution aligns with PCHS's operational needs and strategic goals. By thoroughly understanding existing

processes, we can design a solution that not only meets current requirements but also provides the flexibility to adapt to future changes. Through this approach, our solution will empower PCHS to streamline operations, improve communication, and enhance overall efficiency in delivering services to the community.

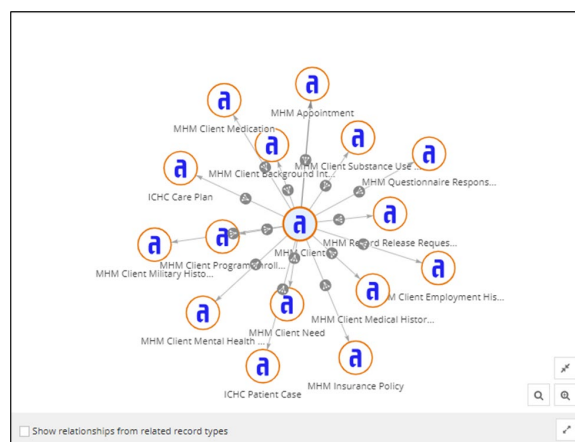
**Business Process**

**Team IgnYTE™ Enablers**

- Extensive experience in diverse industries, ensuring quick understanding and effective solutions.
- Close collaboration with PCHS stakeholders to tailor solutions to specific needs.
- Delivery of innovative, future-proof solutions using the latest technologies

### C.1.3.6 Data Architecture

Our solution's data architecture is designed to ensure data consistency, interoperability, and robust reporting capabilities. At its core, we leverage Appian's unified Data Fabric model (**Figure 44**), which centralizes and secures client data for benefits tracking, eligibility determination, case management, and reporting across diverse programs. This model allows for the addition of additional data specific to the application, ensuring flexibility and scalability as PCHS's needs evolve.



**Figure 44: Appian's Data Fabric**

To ensure interoperability, our data architecture follows HL7 FHIR standards where applicable, allowing for seamless integration with other healthcare systems and data exchange with external partners. This approach not only supports the current needs of PCHS but also future-proofs the system to adapt to evolving standards and requirements.

Our data architecture also emphasizes the linkage of related records within the system. This enables seamless navigation for users, ensuring that they can easily access all relevant information. This linkage also enables robust reporting, as it allows for the aggregation and analysis of data across different records and programs. This approach enhances data visibility and insights, enabling PCHS to make informed decisions and optimize their operations effectively.

**Data Architecture**

**Team IgnYTE™ Enablers**

- Our team has a proven track record in designing and implementing data architectures for government and healthcare clients.
- We are well-versed in HIPAA and HL7 FHIR standards, ensuring our data architecture meets all necessary regulatory requirements.
- Our solution emphasizes interoperability, enabling seamless integration with other healthcare systems and data exchange with external partners

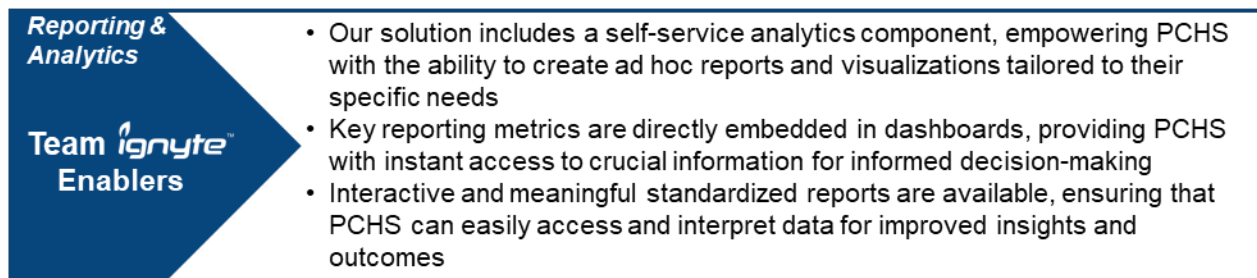
### C.1.3.7 Reporting and Analytics Architecture

Our solution comes out of the box with Data Visualization and Validation capabilities to provide Pinellas staff with the required information to draw informed conclusions on the quality of care

and drive higher quality outcomes. If required, staff can review all uploaded information by the provider - ensuring its accuracy and relevance to the program.

Our solution empowers staff with the capability to generate and review both ad hoc and standardized reports (i.e., Monthly Program Outcome Report) based on the collected data. These reports provide valuable insights into program findings, client status, service needs, and other relevant metrics. By offering customizable ad hoc reports, staff can use the information provided to meet specific requirements and gain deeper insights into program outcomes. Additionally, standardized reports provide a consistent view of the data, enabling efficient tracking, analysis, and decision-making across all providers and programs in the system. Additional details and example reports can be found in **Section C.1.2.1.14**.

With the ability to review uploaded information and access both ad hoc and standardized reports, staff members are equipped with the necessary tools to evaluate the collected data, identify trends, make data-driven decisions, and allocate resources effectively. This streamlined approach enhances data analysis, optimizes program outcomes, and empowers PCHS to deliver high-quality services to the community.



**Reporting & Analytics**

**Team IgnYTE™ Enablers**

- Our solution includes a self-service analytics component, empowering PCHS with the ability to create ad hoc reports and visualizations tailored to their specific needs
- Key reporting metrics are directly embedded in dashboards, providing PCHS with instant access to crucial information for informed decision-making
- Interactive and meaningful standardized reports are available, ensuring that PCHS can easily access and interpret data for improved insights and outcomes

### **C.1.3.8 Security Architecture**

Our solution's Security Architecture is designed to meet the highest standards of security and compliance. It includes robust measures to ensure the confidentiality, integrity, and availability of sensitive data:

- **HIPAA Compliance:** Our solution is designed to comply with the Health Insurance Portability and Accountability Act (HIPAA), maintaining the protection of patients' sensitive health information.
- **Data Encryption:** Appian provides disk-level encryption for the cloud environment, with optional additional database-level encryption for enhanced security, protecting data both at rest and in transit.
- **Access Controls:** Role-based access controls are implemented to manage access to sensitive data and functionalities, ensuring only authorized users have access.
- **Logging and Monitoring:** Our solution includes logging and monitoring mechanisms to track access and changes to sensitive data, providing an audit trail for accountability and compliance.
- **Authentication:** Authentication is managed through OKTA, offering a secure and reliable authentication mechanism for user access.
- **Audit Trail:** Additional logging and auditing are implemented within the case management solution, offering an audit trail on key components in the system, enhancing transparency

and accountability.

<p><i>Security</i></p> <p><b>Team IgnYTE™ Enablers</b></p>	<ul style="list-style-type: none"> <li>• We will implement OKTA SSO to enhance security and user experience by allowing access to multiple applications with a single set of credentials</li> <li>• Comprehensive tool for managing user access for external-to-PCHS users ensures that only authorized individuals can access sensitive information, maintaining data security and compliance</li> <li>• Detailed logging provides a comprehensive record of system activity, aiding in monitoring, auditing, and identifying potential security threats or breaches</li> </ul>
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### C.1.4 Case Management Response Chart

Our solution meets **100% of the core feature requirements (73/73 requirements) out of the box**, ensuring that Pinellas County has access to all essential functionalities without the need for extensive customization or additional development.

Please find below our responses to the Exhibit B spreadsheet, also attached separately.

#### C.1.4.1 Human Service Case Management/Social Service Core Features

Our solution meets **48/48** of the desired core features for Human Service Case Management/Social Service:

Category	Functional Questions	Response	Vendor Comments	
<b>1</b>	<b>Reception</b>	Support a reception log with check in times and reminders.	Out of Box	Team IgnYTE's solution offers a comprehensive Social Service Case Management Reception functionality that simplifies and enhances the reception process. The system includes a reception log that records check-in times, ensuring a systematic approach to managing client interactions. Receptionists can set reminders for follow-ups, helping them stay organized and on top of client appointments and tasks. This feature streamlines the reception process, improving client handling and reducing wait times. By providing receptionists with a user-friendly and efficient interface to manage check-ins and reminders, our solution empowers social service organizations to deliver timely and high-quality services to their clients.
<b>1.1</b>		Solution allows for automatic case lookup tied to incoming call to populate screen.	Out of Box	Our solution provides a simple workflow out of the box for receptionists to search for cases upon receiving an incoming call. Depending on PCHS's calling

Category	Functional Questions	Response	Vendor Comments
			<p>system, which would need to be integrated with the case management system, we may further enhance this functionality to have the system automatically perform case lookup based on the caller's information. The simple case lookup workflow or potential further enhanced automated lookup streamlines the reception process, enabling receptionists to quickly access client information, previous interactions, and case history. This feature enhances efficiency, reduces call handling time, and ensures that receptionists are well-prepared to provide personalized and effective assistance to clients.</p>
2	<p><b>Intake and Scheduling</b></p>	<p>Support automated workflows.</p>	<p>Out of Box</p> <p>Team Ignyte's solution includes a comprehensive Intake and Scheduling functionality as part of our Social Service Case Management core features. The system supports automated workflows, streamlining the intake process for social service agencies. When a new client seeks services, the system automatically initiates predefined workflows, guiding caseworkers through the necessary steps and documentation requirements. This automation reduces manual efforts, enhances consistency, and ensures timely processing of client requests.</p>
2.1		<p>Support appointment management and reminders, missed appointments, follow-up reminders, etc.</p>	<p>Out of Box</p> <p>Our solution includes robust appointment management capabilities. Caseworkers can easily schedule client appointments within the system, and automated reminders are sent to clients to reduce no-shows. In the event of a missed appointment, the system generates notifications to caseworkers for appropriate follow-up actions. Furthermore, our solution provides customizable follow-up reminders, ensuring clients receive timely and relevant</p>

Category	Functional Questions	Response	Vendor Comments
			information, assessments, and assistance. These features help social service agencies optimize their scheduling processes, improve client engagement, and ensure clients receive the support they need in a timely manner.
3	<b>Document Management</b>	Support various, non-health related client documents, program documentation, and other key documents to be scanned, uploaded, linked and stored.	Our system supports the storage, organization, and management of various non-health related client documents, program documentation, and other essential files. Users can easily scan, upload, link, and store documents directly within the platform, streamlining document handling and reducing paper-based processes. With advanced Optical Character Recognition (OCR) and Intelligent Document Processing (IDP) features, our proposed solution automates data extraction, digitizes paper documents, and enhances overall document processing efficiency, ultimately leading to more effective service delivery and streamlined case management workflows.
3.1		Support integration with other 3 <sup>rd</sup> party document management solutions. (mobile dictation software, etc)	Our solution seamlessly integrates with other 3 <sup>rd</sup> party document management solutions through the system's low-code integrations. This allows users to leverage their preferred mobile dictation software and other document management tools to create, capture, and organize case-related documents efficiently. The low-code integration capabilities ensure smooth data exchange and interoperability between our solution and external systems, empowering social service professionals to work seamlessly with their preferred tools while

Category	Functional Questions	Response	Vendor Comments
			maintaining data integrity and enhancing overall productivity.
3.2		Support a range of file types for attachment from scanned images, smart documents, wav files, mov, gifs, and other formats. Please describe.	<p>Our proposed solution supports the upload of all file types. This ensures a seamless and flexible document management process for social service professionals. Users can easily attach a variety of file formats, including scanned images, smart documents, audio files (such as wav), video files (such as mov), image files (such as gifs), and many others. Appian's support for diverse file types empowers users to efficiently manage critical case-related documents in their preferred formats, facilitating collaboration and enhancing decision-making processes.</p>
4	<p><b>Client Self Service Portal (eligibility)</b></p>	<p><b>Support easy access to client registration and documentation processes in mobile, ADA compliant environment. (MANDATORY)</b></p>	<p>Our solution's Client Self-Service Portal (eligibility) core features prioritize easy access to client registration and documentation processes in a mobile-friendly and ADA compliant environment. With a user-centric approach, our portal ensures a seamless and accessible experience for clients, enabling them to complete registration and submit documentation efficiently from their mobile devices. The portal's ADA compliance ensures that all users, regardless of their abilities, can interact with the system effectively and without barriers. This mandatory requirement aligns with our commitment to inclusivity, empowering clients to navigate the registration and documentation processes with ease and confidence.</p>



Category	Functional Questions	Response	Vendor Comments
4.1		Support detailed eligibility documentation interface that walks the client through collection of each specified item and ability to adjust required items.	Our solution offers a comprehensive eligibility documentation interface designed to guide clients through the collection of each specified item with a user-friendly and intuitive approach. The portal provides step-by-step instructions, prompting clients to submit the required documentation efficiently. Additionally, it offers the flexibility to adjust required items based on individual circumstances, ensuring that the process is tailored to each client's unique eligibility requirements. This feature empowers clients to navigate the documentation collection process seamlessly, streamlining the eligibility determination and ensuring accurate and complete submissions.
4.2		Support provider and community partner eligibility lookup for clients.	Our solution includes an eligibility lookup feature that allows clients to access real-time information regarding their providers and community partners. Through the portal, clients can easily search for eligible providers and community partners based on their specific needs and preferences. The lookup functionality provides comprehensive details such as provider profiles, available services, and contact information, empowering clients to make informed decisions about their healthcare and social service options. This feature enhances transparency and enables clients to connect with the most suitable providers and community partners, fostering a seamless and efficient eligibility verification process.

Category	Functional Questions	Response	Vendor Comments
5	Case Review	Support detailed assessment for program eligibility, updates on changes and case statuses/case load reviews.	Our solution's Case Review functionality provides a comprehensive and detailed assessment for program eligibility, ensuring that clients meet the necessary criteria to access specific programs and services. It enables social service workers to conduct thorough evaluations of client information, including demographics, financial status, and other relevant factors, to determine eligibility accurately. The system also allows for seamless updates on changes in client circumstances, ensuring that eligibility status remains up-to-date and reflects any modifications that may impact service eligibility. Case statuses and case load reviews can be easily monitored and managed through the system, providing social service workers with real-time visibility into case progress and workload distribution. This feature streamlines the case review process, enhances accuracy, and improves overall efficiency in managing client eligibility and program access.
5.1		Support completion and issuance of claims forms for benefits in the manner required by the federal government.	The solution supports the seamless completion and issuance of claims forms for benefits in the manner required by the federal government. The system streamlines the process of generating and filling out the necessary forms, ensuring compliance with federal regulations and guidelines. Social service workers can access pre-defined templates and automated workflows to efficiently complete and issue claims forms for various benefits and services. This feature reduces manual paperwork, minimizes errors, and expedites the claims process, resulting in quicker access to benefits for eligible clients while maintaining adherence to federal requirements.

Category	Functional Questions	Response	Vendor Comments
5.2		Support auto-population of federal benefits forms with client demographics and dynamically selected items already in the system to prepare for easy submission.	Our solution supports the auto-population of federal benefits forms with client demographics and dynamically selected items, streamlining the preparation for easy submission. The system collects and stores client demographic information, creating pre-defined templates for federal benefits forms. Through data mapping, the system automatically populates form fields with the relevant client-specific data. It also provides a mechanism for storing and retrieving dynamically selected items, ensuring accurate and up-to-date information. Integration with external systems enables real-time data sync, ensuring that the forms are always current and compliant with federal requirements. This automation reduces manual data entry, increases accuracy, and expedites the benefits application process for clients.
5.3		Support claims tracking for submission, under review, granted, and appeals status with ability to add case notes.	Our solution supports comprehensive claims tracking with status updates, including submission, under review, granted, and appeals. The system provides a user-friendly interface to view and manage the different stages of the claims process. Case notes can be easily added to document any relevant information or updates during the review process. This feature allows case managers and administrators to stay informed about the progress of each claim, facilitating efficient case management and ensuring that clients' needs are met in a timely manner.
5.4		Support escalation flow for manual and automatic reviews as defined by County.	Our solution supports an escalation flow for both manual and automatic reviews, following the predefined rules and guidelines set by the County. Leveraging our low-code development and process

Category	Functional Questions	Response	Vendor Comments
			<p>modeling capabilities, we can easily configure the escalation workflow to trigger based on specific criteria or conditions. When a case requires additional attention or a higher level of review, the system will automatically route it to the appropriate stakeholders or supervisors. Manual escalations can also be initiated by case workers when they identify cases that need special handling or further scrutiny. This flexible and configurable escalation flow ensures that cases receive the appropriate level of attention and are efficiently managed throughout the entire process, promoting effective and timely decision-making.</p>
<p><b>6</b></p>	<p><b>Assignment Tasking and Tracking</b></p>	<p>Support effective workflow of new/existing client submissions and inquiries.</p>	<p>Our solution will support an effective workflow for new and existing client submissions and inquiries through a streamlined and user-friendly interface. When a new client submits their information, the system will guide them through a structured process, collecting all necessary details for eligibility determination. Existing clients can access the Client Self-Service Portal to update their information or make inquiries, further enhancing their engagement. The system will automatically route submissions and inquiries to the appropriate case workers or departments, ensuring quick and efficient handling. Automated notifications and reminders will keep clients informed about the status of their submissions, improving communication and transparency. By providing a well-organized and efficient workflow, our solution enhances the client experience and optimizes the overall service delivery process.</p>
<p><b>6.1</b></p>		<p>Allow for supervisor and review</p>	<p>Out of Box</p> <p>Our solution enables supervisor review and</p>

Category	Functional Questions	Response	Vendor Comments
		assignment/reassignment .	assignment/reassignment through a seamless and configurable process. Supervisors can access a dedicated dashboard to monitor case progress, review important information, and make informed decisions. In cases that require escalation, the system's intelligent rules and automation will trigger alerts and notifications to ensure prompt attention. Using Appian's low-code capabilities, supervisors can easily reassign cases based on workload or expertise, optimizing resource allocation and ensuring timely resolution. The solution's dynamic case management functionality empowers supervisors to efficiently manage and oversee case assignments, leading to enhanced productivity and better client service.
6.2		Support QA of case records and determinations to ensure consistency, timeliness, completeness, and accuracy of case files.	Our solution supports Quality Assurance (QA) of case records and determinations through a systematic and automated approach. Appian's built-in process modeling capabilities allow for the creation of custom QA workflows tailored to Pinellas County's specific requirements. The system will automatically track case progress, deadlines, and milestones, ensuring timely completion of tasks and preventing any bottlenecks. QA checks and validations will be implemented at critical stages of the case review process, flagging any inconsistencies or errors for prompt resolution. Supervisors and designated personnel will have access to detailed dashboards and reports, providing real-time insights into case file quality and accuracy. By streamlining the QA process, our solution ensures consistent, complete, and accurate case files, leading to improved service delivery and client satisfaction.
6.3		Support Encrypted	Out of Box The proposed solution

Category	Functional Questions	Response	Vendor Comments
		database features.	incorporates encrypted database features using MariaDB encrypted database technology. This ensures that patient data remains secure both at rest and in transit, providing an extra layer of protection against data breaches and unauthorized access.
6.4		Allow for detailed audit controls to monitor access, entries, and changes.	Our proposed solution offers robust audit controls, enabling detailed monitoring of access, entries, and changes within the system. Through comprehensive audit logs and monitoring capabilities, administrators can track user activity, identify potential security risks, and investigate any suspicious activities, promoting accountability and mitigating security threats.
7	<b>Client Data Management</b>	Support tracking of services and internal benefits/assistance provided on behalf of client.	Our solution supports comprehensive tracking of services and internal benefits/assistance provided to clients through a robust and integrated system. The system will have the capability to record and monitor all services and assistance offered to clients, ensuring accurate documentation and data integrity. Our solution also integrates with the Aunt Bertha network, a leading platform that connects individuals with social service providers. This integration enables seamless access to a wide range of resources and services available to clients, enhancing the effectiveness of service delivery and providing a holistic view of the support provided on behalf of the client. The integration with Aunt Bertha streamlines the process of connecting clients with external service providers, ensuring they receive the support they need while maximizing the efficiency of internal benefits/assistance tracking.

Category	Functional Questions	Response	Vendor Comments
7.1	Support service and program level information and service types defined by the County.	Out of Box	Our solution provides robust support for service and program level information defined by the County. It allows administrators to define and customize service types and program categories according to the County's specific requirements. These configurable settings enable the system to capture and categorize different types of services and programs accurately. Clients and case workers can easily access and select the appropriate service type during case management processes. This flexibility ensures that the solution is aligned with the County's unique service offerings and allows for seamless data tracking and reporting at both the service and program levels.
7.2	Allow for tracking of grant, contract, and provider associated with service and program to better track performance.	Out of Box	Our solution provides comprehensive tracking capabilities for grants, contracts, and providers associated with services and programs, facilitating enhanced performance monitoring. Through the Patient Provider Attribution feature, the system establishes clear connections between clients and their assigned providers, enabling effective care coordination and tracking of service delivery. The Care Team functionality allows for the formation of care teams involving various providers and stakeholders, ensuring seamless collaboration and efficient service tracking. By maintaining detailed records of grant and contract information and linking them to specific services and programs, our solution empowers administrators to monitor performance, allocate resources, and optimize service delivery across the organization.
7.3	Supports assessment and scoring for service planning.	Out of Box	Our solution supports assessment and scoring for service planning through a user-friendly and customizable



Category	Functional Questions	Response	Vendor Comments
			<p>interface. It allows case workers to conduct comprehensive assessments of clients' needs and determine the appropriate services and interventions. The system incorporates predefined assessment templates and scoring methodologies based on industry standards and best practices. Case workers can easily document clients' strengths, challenges, and preferences, generating a holistic picture to inform service planning. The solution calculates scores based on the assessment results, assisting in the identification of priority areas and guiding the development of personalized service plans tailored to each client's unique circumstances. This approach ensures that clients receive the most relevant and effective services to achieve their desired outcomes.</p>
7.4		<p><b>Solution supports a single, unified client list across all health and social service components. (MANDATORY)</b></p>	<p>Out of Box</p> <p>Our solution supports a single, unified client list across all health and social service components through Appian's Data Anywhere capabilities. Appian's Data Anywhere enables real-time access to a centralized data repository, ensuring that client information is consistently up-to-date and readily available to all relevant stakeholders. This feature facilitates seamless collaboration and data sharing across different departments and service providers, ensuring a comprehensive view of each client's interactions with various programs and services. With Data Anywhere, our solution breaks down data silos, promotes data integrity, and fosters a holistic approach to client care, empowering health and social service teams to work together efficiently and effectively to support clients' needs.</p>

Category	Functional Questions	Response	Vendor Comments
7.5		Support all client transactions and services accessible in one place with flags for specific programs/services engaged in and active/not active designation.	Our solution supports all client transactions and services accessible in one place through a unified and intuitive interface. Within this interface, there are clear flags and designations for specific programs or services that the client is engaged in, as well as indicators for active or inactive status. This comprehensive view allows service providers and case managers to quickly assess a client's current status, history, and ongoing interactions with various programs or services. By consolidating all relevant information in one place, our solution streamlines workflows, enhances coordination among service providers, and improves the overall client experience by ensuring that they receive the appropriate and timely support they need.
7.6		Support additional of user-defined/agency-defined, non-standard client demographic fields such as family size, monthly income, homeless status, etc.	Our solution supports the addition of user-defined or agency-defined, non-standard client demographic fields, empowering agencies to customize and tailor the system to their specific needs. Through our flexible and configurable platform, administrators can easily create and add new data fields, such as family size, monthly income, homeless status, and more, to capture essential client information beyond the standard demographics. This capability enables agencies to adapt the system to match their unique workflows and data requirements, ensuring they can effectively track and manage client information crucial for delivering personalized and effective services.

Category	Functional Questions	Response	Vendor Comments
7.7		Support and enforce unique client identifier across the system and maintain a unified client index.	Out of Box  Our solution supports and enforces a unique client identifier across the system to ensure each client has a distinct and consistent record throughout the platform. This unique identifier serves as a client index, allowing all client-related data to be linked and associated accurately. By maintaining a unified client index, the system avoids duplicate entries and data inconsistencies, promoting data integrity and reliable client information. This functionality streamlines data management, enhances data quality, and enables agencies to have a holistic view of each client's interactions and services, fostering efficient case management and improved service delivery.
8	<b>Benefits Tracking and Management</b>	Support tracking of local, state, and federal benefits cases managed both internally and by external partners including client detail, case status, and supporting documentation.	Out of Box  Our solution's Benefits Tracking and Management core functionality provides comprehensive tracking of local, state, and federal benefits cases, whether managed internally or by external partners. It enables agencies to maintain detailed records of each client's benefit information, case status, and associated documentation in a centralized and easily accessible system. The solution allows for seamless collaboration with external partners, ensuring smooth information exchange and coordination. With a user-friendly interface, agencies can efficiently manage and update benefit cases, monitor progress, and store all relevant supporting documentation. This capability enhances benefits management, streamlines workflows, and ensures clients receive the appropriate support and services they are entitled to.

Category	Functional Questions	Response	Vendor Comments
8.1		Support submissions for benefits to Social Security Administration.	Out of Box  Our solution provides a streamlined process to support the submission of benefits applications to the Social Security Administration (SSA). Clients are provided with checklists guiding them through the steps in the application process, and relevant client information available within the system are consolidated in one place for the client to reference and ensure all information is prepared for submission. If PCHS has access to secure APIs to further automate the submission process, we can configure a workflow to automate the population of client demographics and relevant information into the required SSA forms, reducing manual data entry and minimizing errors.
8.2		Support ongoing tracking of benefits receive by program.	Out of Box  Our solution includes robust benefits tracking features that enable ongoing monitoring of benefits received by clients through various programs. The system maintains a centralized repository of client information and their associated benefits. It automatically updates benefit statuses as they change, providing real-time visibility into the benefits clients are receiving. This tracking capability helps agencies ensure that clients are receiving the appropriate benefits and allows for proactive interventions if there are any discrepancies or changes in eligibility. By maintaining a comprehensive record of benefits received, agencies can assess program effectiveness, identify trends, and make data-driven decisions to improve service delivery and optimize client outcomes.

Category	Functional Questions	Response	Vendor Comments
9	<p><b>Social Service Case Management &amp; Navigation</b></p>	<p>Support individual and family case plans.</p>	<p>Out of Box</p> <p>Our solution's Social Service Case Management and Navigation core functionality provides comprehensive support for individual and family case plans. Case managers can easily collaborate with clients and their families to develop holistic plans that address various aspects of their well-being, such as healthcare, housing, education, and social services. The system allows for seamless linkage of clients and families, ensuring all relevant information is interconnected. This fosters better coordination and communication among stakeholders involved in delivering services and empowers case managers to have a comprehensive view of the entire family's needs, enabling more effective and coordinated support. This feature generates insights into family dynamics, aiding agencies in identifying trends and patterns to further improve service planning and delivery.</p>
9.1		<p>Support development/integration of common assessments and case management tools within the system.</p>	<p>Out of Box</p> <p>Our solution supports the development and integration of common assessments and case management tools within the system by leveraging its modular and reusable architecture. With our low-code development capabilities, we can easily create custom assessments and tools tailored to specific agency needs. These components can be seamlessly integrated into the system, providing a unified platform for case management tasks. The modularity of our solution enables easy customization and scalability, allowing agencies to add or modify assessments and tools as their requirements evolve over time. Moreover, the reusability of components ensures that developed assessments and tools can be utilized across</p>

Category	Functional Questions	Response	Vendor Comments
			<p>various programs and services, promoting efficiency and consistency in case management processes.</p>
<p><b>10</b></p>	<p><b>Eligibility Determination</b></p>	<p>Support configurable eligibility rules associated to each program.</p>	<p>Out of Box</p> <p>Our solution supports configurable eligibility rules associated with each program through its flexible and configurable architecture. We provide a user-friendly interface that allows administrators to define and manage eligibility rules based on the specific requirements of each program. These rules can be customized to consider various factors such as income, family size, residency status, and other relevant criteria. The system then uses these rules to automatically determine a client's eligibility for different programs, streamlining the eligibility determination process and ensuring accurate and consistent results. With our solution, agencies can easily adapt and update eligibility rules as needed, ensuring compliance with changing regulations and program requirements.</p>

Category	Functional Questions	Response	Vendor Comments
10.1		Support monitoring of eligibility for federal programs such as Medicaid as a prompt for eligibility determination.	Our solution supports the monitoring of eligibility for federal programs, such as Medicaid, by implementing automated prompts for eligibility determination using our Rules Engine to track eligibility criteria. The system continuously tracks changes in a client's circumstances and relevant data points, such as income or household composition. When there is a change that may impact eligibility for a federal program, the system generates an automatic prompt for eligibility review. This proactive approach ensures that clients' eligibility is regularly assessed and updated, helping agencies to identify any changes in their eligibility status and respond promptly to any modifications required to maintain their benefits accurately.
10.2		Support assessment and scoring for eligibility determination that is program specific.	Our solution supports assessment and scoring for eligibility determination with program-specific criteria. The system utilizes automated eligibility decisions based on predefined rules and criteria for each program. These automated decisions are then subject to a human-in-the-loop review to verify accuracy and ensure fairness. The process allows caseworkers to access the automated eligibility decisions along with the underlying data and reasoning. They can review and validate the decisions, make any necessary adjustments, and provide final approval before notifying the clients of their eligibility status. This hybrid approach of automated eligibility decisions with human review ensures a robust and reliable eligibility determination process.



Category	Functional Questions	Response	Vendor Comments
11	<p><b>Internal Program and Process Tracking</b></p>	<p>Support client level and aggregate data intake to allow for effective monitoring of program service delivery.</p>	<p>Out of Box</p> <p>Our solution supports client-level and aggregate data intake, enabling effective monitoring of program service delivery. Caseworkers can input and manage client-specific information, while the system aggregates data at the program level to track overall performance. Our solution includes bulk upload capabilities, facilitating the efficient import of large datasets into the system. This feature streamlines data entry, improves accuracy, and enhances the ability to monitor program outcomes and performance across various service delivery areas. With comprehensive data intake and bulk upload capabilities, our solution empowers agencies to make informed decisions and ensure the effective delivery of services to clients.</p>
11.1		<p>Support ability to perform care coordination across programs leveraging a unified client list for client level data.</p>	<p>Out of Box</p> <p>Our solution facilitates seamless care coordination across programs by leveraging a unified client list that centralizes client-level data. The unified client list allows care teams to access comprehensive and up-to-date information about each client, regardless of the program they are enrolled in. This shared client data enables better collaboration and communication among different care providers and programs, leading to more efficient and coordinated service delivery. With a holistic view of each client's needs and history, care teams can work together to develop personalized care plans, identify potential gaps in services, and ensure that clients receive the support and assistance they require across various programs and services.</p>

Category	Functional Questions	Response	Vendor Comments
12	<p><b>External Program Tracking &amp; Management</b></p>	<p>Support client level and aggregate data intake to allow for effective monitoring of program service delivery in the community.</p>	<p>Our solution supports effective monitoring of program service delivery in the community through client-level and aggregate data intake. By capturing data at the client level, we enable a detailed understanding of each individual's interactions with various programs and services. This information helps track their progress and outcomes, allowing for personalized interventions and support. Additionally, our solution aggregates data across clients and programs to provide a broader view of program performance and community impact. This enables administrators and stakeholders to assess the overall effectiveness of programs, identify trends, and make data-driven decisions to improve service delivery and optimize resources for better community outcomes.</p>
12.1		<p>Support ability to perform care coordination across programs leveraging a unified client list for client level data.</p>	<p>Our solution facilitates seamless care coordination across programs by leveraging a unified client list that consolidates client-level data from various programs and services. This unified view of clients allows care coordinators to gain a comprehensive understanding of each individual's needs, services received, and progress across different programs. With all relevant information readily accessible in one place, care coordinators can effectively collaborate with other service providers, share critical data, and develop personalized care plans to address clients' unique requirements. This approach streamlines communication, enhances collaboration, and promotes holistic care coordination, leading to improved client outcomes and a more efficient and effective service delivery ecosystem.</p>

Category	Functional Questions	Response	Vendor Comments
13	<p><b>Invoice Management and Reconciliation</b></p>	<p>Support workflow for receipt of invoices and supporting documentation, flexible task assignment and review, edits to line items on invoice, approvals, notes, and electronic submission to the Clerk's office for final payment processing.</p>	<p>Our solution's Invoice Management and Reconciliation feature streamlines the entire invoice processing workflow. The system allows for the receipt of invoices and supporting documentation electronically, either through file uploads or integration with document management systems. It offers flexible task assignment and review functionalities, enabling invoices to be assigned to specific individuals or teams for efficient processing. Users can edit line items on invoices, and all changes are tracked for auditing purposes.</p> <p>The solution incorporates an approval workflow that allows designated approvers to review and approve invoices, with multiple levels of approval if needed. Approvers can review supporting documentation, add comments or notes, and make informed decisions. Collaboration and communication are facilitated through the system, as users can add notes and comments to invoices during the review process.</p> <p>The system integrates with the Clerk's office or payment processing system, ensuring a seamless electronic submission of approved invoices for final payment processing. It generates the necessary file formats or uses appropriate APIs for smooth data exchange, expediting the payment process and reducing manual efforts. The Invoice Management and Reconciliation feature ensures accuracy, efficiency, and transparency throughout the entire invoicing process, resulting in improved financial management and streamlined payment processing for Pinellas County.</p>

Category	Functional Questions	Response	Vendor Comments
13.1	Support audit and documentation trace of all transactions.	Out of Box	<p>Our solution provides robust audit and documentation trace capabilities to ensure full transparency and accountability for all transactions. Each transaction and interaction within the system is logged and recorded, capturing details such as the user, date, time, and action taken. This audit trail allows administrators to trace the history of any transaction, providing a clear record of who performed what actions and when.</p> <p>Supporting documentation, such as invoices, eligibility documentation, and program-specific information, is securely stored within the system and linked to the respective transactions, facilitating easy retrieval and review. The comprehensive audit trail and documentation trace feature enable Pinellas County to meet compliance requirements, conduct thorough reviews, and maintain accurate records of all activities within the social service case management system.</p>
13.2	Support ability to submit 'split' invoice payment request for part of an invoice while awaiting further documentation with clear notation of paid versus unpaid balance tracked in system and sent with invoice.	Out of Box	<p>Our solution supports the ability to submit 'split' invoice payment requests, allowing users to request payment for part of an invoice while awaiting further documentation. When submitting a split invoice, the system provides a clear notation of the paid versus unpaid balance for each specific line item or portion of the invoice. This information is tracked in the system, ensuring that the status of each payment request is easily accessible and visible to authorized users. The system also generates invoices with detailed payment information, clearly indicating the paid and unpaid balances, which are sent to the relevant parties for review and processing. This functionality streamlines the payment process, reduces delays, and improves financial</p>

Category	Functional Questions	Response	Vendor Comments
			transparency and accuracy in managing invoices.
13.3		Support reconciliation for all providers and vendors participating in County grant and contracted programs and HIPAA compliant document exchange/management for all financial/accounting documents. This includes, but is not limited to, generating account numbers, traceability of invoices, and voucher processes.	Out of Box  Our solution supports reconciliation for all providers and vendors participating in County grant and contracted programs, as well as HIPAA-compliant document exchange and management for financial/accounting documents. It achieves this by implementing functionalities such as provider/vendor registration, generating unique account numbers, and enabling traceability of invoices through unique identifiers. The system facilitates voucher processes for approved invoices, ensuring payment authorization adheres to County policies. It also provides a secure document exchange platform with encryption and access controls for HIPAA compliance. Robust document management features, reconciliation tools, and reporting capabilities further enhance the system's ability to streamline financial transactions and maintain transparency.
13.4		Support clear transaction flow with user defined verifications, authorization, escalation procedures, and auditing enforced programmatically.	Out of Box  Our solution supports a clear and well-defined transaction flow with user-defined verifications, authorization, escalation procedures, and auditing, all enforced programmatically. The system allows administrators to configure specific verification

Category	Functional Questions	Response	Vendor Comments
			<p>steps and authorization levels based on their unique business rules and requirements. Each transaction is guided through the predefined flow, ensuring that all necessary checks and approvals are completed before progressing to the next stage. If a transaction requires additional scrutiny or exceeds certain thresholds, the system automatically triggers escalation procedures to the appropriate personnel or teams. Throughout the entire process, the system maintains a comprehensive audit trail, capturing all actions and decisions taken during the transaction flow, providing a transparent record of activities for compliance and reporting purposes. This functionality ensures robust control and compliance, streamlining workflows while maintaining accuracy and accountability in managing transactions.</p>
<p><b>14</b></p>	<p><b>Provider Management and Tracking</b></p>	<p>Support provider portal and workflow to allow for shared document coordination, submission of reports and invoices, validation of invoiced services, supporting documentation, etc.</p>	<p>Out of Box</p> <p>Our solution supports a comprehensive provider portal and workflow that enables efficient shared document coordination, submission of reports, and invoices. Providers can seamlessly upload and validate invoiced services along with supporting documentation through the portal. The workflow automates the validation process, ensuring accuracy and completeness of submitted information. Additionally, the system facilitates real-time communication between providers and County staff, streamlining the entire document submission and verification process. This centralized platform enhances collaboration, transparency, and accountability while simplifying administrative tasks for both providers and County personnel.</p>

Category	Functional Questions	Response	Vendor Comments
14.1		Support assignment of providers to specific or groups of programs, contracts, grants, and client services.	Out of Box  Our solution provides a flexible and dynamic provider assignment feature, allowing administrators to easily assign providers to specific or groups of programs, contracts, grants, and client services. Through a user-friendly interface, administrators can select and manage provider assignments based on their qualifications, expertise, geographic location, or any other relevant criteria. This functionality ensures that providers are efficiently matched with the appropriate programs and services, optimizing service delivery and ensuring that clients receive the most suitable care and support from qualified providers. The system's configurable assignment capabilities streamline administrative processes and promote effective coordination between providers and the services they offer, enhancing the overall efficiency and effectiveness of the program.
14.2		<b>Support a unified vendor list populated in alignment with Oracle system. (MANDATORY)</b>	Out of Box  Our solution leverages Appian's low-code integration capabilities, including Data Anywhere, to seamlessly integrate with the Oracle system and establish a unified vendor list. By utilizing Data Anywhere, data synchronization is achieved in real-time, ensuring that vendor information remains consistent and up-to-date across both systems. This integration eliminates redundancies and discrepancies, providing a single source of truth for all vendor-related data. The unified vendor list streamlines procurement processes, enhances transparency, and facilitates effective vendor management, meeting the mandatory requirement and enabling smooth collaboration between stakeholders involved in vendor interactions and financial



Category	Functional Questions	Response	Vendor Comments
			transactions.

#### C.1.4.2 *Analytics & Integration Features*

Our solution meets **14/14** of the desired core features for Analytics and Integration:

Category	Functional Questions	Response	Vendor Comments
<b>1</b>	<b>Ad Hoc Reporting, Analytics, and Alerts</b>  Ad hoc reporting by users an option and standard defined reports.	Out of Box	Our solution empowers users with the flexibility of ad hoc reporting, allowing them to generate custom reports tailored to their specific needs and preferences. Through intuitive interfaces and self-service capabilities, users can access a wide range of data points and metrics to create meaningful insights in real-time. Our proposed solution offers a selection of standard defined reports that cater to common reporting requirements, providing users with ready-made analytics that can be easily accessed and utilized. This combination of ad hoc reporting and standard defined reports ensures that users have the tools they need to make informed decisions and gain valuable insights from the wealth of data within the system.

1.1		Support Health Resources and Services Administration (HRSA), Uniform Data System (UDS) reporting and National Committee for Quality Assurance (NCQA), Patient Centered Medical Home (PCMH) reporting.	Out of Box	<p>Our proposed solution will provide comprehensive support for Health Resources and Services Administration (HRSA) reporting and Uniform Data System (UDS) reporting. Through Appian's powerful data integration and analytics capabilities, healthcare organizations can easily collect and submit the required data to meet HRSA's reporting requirements efficiently. Additionally, our solution will streamline the process of National Committee for Quality Assurance (NCQA) reporting for Patient-Centered Medical Home (PCMH) recognition, utilizing Appian's low-code development and process automation to simplify data gathering and submission for PCMH accreditation. By leveraging Appian's user-friendly interface, ad hoc reporting options, and predefined standard reports, healthcare providers will have the tools they need to fulfill reporting obligations while maintaining a focus on delivering exceptional patient care.</p>
1.2		Support 3 <sup>rd</sup> party report writing products.	Out of Box	<p>Our solution seamlessly integrates with a wide range of 3rd party report writing products, including popular platforms such as Tableau, Power BI, Office365, and Oracle. Through low-code integrations, our solution can easily connect with these programs, enabling healthcare organizations to leverage their preferred reporting tools while harnessing the power of Appian's data and workflow capabilities. This seamless integration ensures that users can access and analyze data from various sources, generating comprehensive reports tailored to their specific needs. By working in harmony with these widely used reporting platforms and Pinellas County's existing systems, our solution empowers healthcare providers to make data-driven decisions, drive improved outcomes, and achieve greater efficiency in their operations.</p>

1.3		Support complex analyses across the system data based on defined conditions or condition combinations, events, and thresholds (ie: ER visit over 3 times within 4 months, new event within 3 months of a different defined event, etc.)	Out of Box	Our solution's advanced analytics capabilities enable complex analyses across the system data based on defined conditions or condition combinations, events, and thresholds. Using powerful data processing and machine learning algorithms, our system can identify patterns and correlations in the data to detect events such as ER visits over a specific frequency within a defined timeframe or the occurrence of new events within a certain period of a different predefined event. These dynamic analyses empower healthcare professionals to proactively identify high-risk patients, monitor critical health indicators, and implement timely interventions to improve patient outcomes. Through real-time monitoring and alerting, our solution provides actionable insights, facilitating early detection of potential issues and facilitating more informed decision-making throughout the entire healthcare ecosystem.
1.4		Support monitoring and alerts for defined events, abuse of services, or other reasons that require attention across the data.	Out of Box	Our solution provides monitoring and alerting capabilities to track defined events, detect potential abuse of services, and identify critical situations that require attention across the data. Through configurable thresholds and rules, our system continuously monitors data in real-time, enabling timely detection of anomalies and unusual patterns. When specific conditions or thresholds are met, the system triggers automated alerts to notify relevant stakeholders, ensuring prompt actions are taken. This proactive approach empowers healthcare providers and administrators to address potential issues promptly, prevent service abuse, and ensure the delivery of high-quality care to patients while maintaining data integrity and compliance with regulatory requirements.

1.5		Support ad hoc file extraction in formats compatible with common Microsoft products such as Excel, Word, Power BI, etc. as well as SAS, Tableau, and other standard market packages.	Out of Box	Our solution offers ad hoc file extraction capabilities that allow users to easily export data in formats compatible with common Microsoft products such as Excel and Word, as well as popular data analysis and visualization tools like Power BI, SAS, and Tableau. With seamless integration and compatibility, users can efficiently access and analyze data using their preferred tools, streamlining reporting and analysis processes. This flexibility empowers users to derive valuable insights from the data, create custom reports, and make data-driven decisions in a manner that best suits their needs and expertise, fostering a data-driven culture within the organization.
2	<b>Service Transactions and Outcomes</b>	Support real-time and retrospective trending, analysis, and reporting on clinical, operational, demographic, or other user specified data.	Out of Box	Our solution's Service Transactions and Outcomes functionality enables real-time and retrospective trending, analysis, and reporting of clinical, operational, demographic, and user-specified data. With comprehensive data tracking and analytics capabilities, users can access and interpret data in real-time to gain insights into service transactions, client outcomes, and program effectiveness. This empowers stakeholders to make informed decisions, identify trends, measure performance against predefined metrics, and continuously improve service delivery. The ability to customize reports and dashboards according to specific user needs allows for a deep understanding of key performance indicators and supports data-driven decision-making across the organization.

<p><b>2.1</b></p>		<p>Support dynamic, secure information exchange with external systems.</p>	<p>Out of Box</p>	<p>Our solution supports dynamic, secure information exchange with external systems through robust integration capabilities and adherence to industry-standard security protocols. Using Appian's low-code integrations, we can seamlessly connect with various external systems, such as EHRs, government databases, third-party applications, and other relevant systems mentioned in the RFP, including Tableau, Power BI, and other Pinellas County systems. This enables real-time data synchronization and secure communication, ensuring that sensitive information is transmitted and stored with the highest level of data protection. Our solution's dynamic and flexible approach allows for smooth collaboration and information exchange with external partners, ensuring seamless interoperability and facilitating streamlined workflows across the entire ecosystem.</p>
<p><b>3</b></p>	<p><b>Integration to Internal Systems</b></p>	<p>Support integration to external systems such as Oracle E-Business Suite, Granicus Legistar, Microsoft Power BI, and ESRI ArcGIS Enterprise. (Exhibit A)</p>	<p>Out of Box</p>	<p>Our proposed Appian solution easily supports integration to any system with modern APIs, such as Oracle E-Business Suite, Granicus Legistar, Microsoft Power BI, and ESRI ArcGIS Enterprise, leveraging IgnYTE's experienced team to efficiently establish the connection. With Pinellas County providing their existing credentials, our team will seamlessly configure the integration, ensuring secure data exchange and interoperability between the Appian platform and each integrated system. This streamlined integration will enable each system to work harmoniously, facilitating the seamless flow of data and processes, and empowering users with a unified and comprehensive view of critical information across both platforms.</p>

4	<b>Data Intake, Ingestion, and Exchange</b>	Support critical, client level data integration from various external partner sources. (Exhibit A)	Out of Box	<p>Our proposed solution not only excels in enabling seamless and secure data integration from various external partner sources at the critical client level but also benefits from our experienced team of Appian consultants. Our skilled consultants will work closely with Pinellas users to thoroughly understand their unique needs and requirements, guiding the data intake, ingestion, and exchange process from beginning to end. By leveraging Appian's powerful data intake, ingestion, and exchange capabilities, and with the guidance of our expert team, we can efficiently gather and consolidate relevant client information from diverse external systems, including healthcare providers, social service agencies, and other partner organizations. Through secure APIs, data connectors, and low-code integrations, we establish reliable connections to these external systems, ensuring real-time or scheduled data updates for a comprehensive and up-to-date view of client profiles. This holistic approach, complemented by our skilled team's dedication, empowers Pinellas County to access and analyze critical data from its network of partners, facilitating improved decision-making, enhanced collaboration, and more effective service delivery for the benefit of its clients.</p>
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5	<p><b>Integration of Key External Sources</b></p>	<p>Support critical integrations with external sources for information exchange and direct inquiries: <b>(Exhibit A)</b></p>	<p>Out of Box</p>	<p>Our proposed solution offers robust support for critical integrations with external sources, enabling seamless information exchange and direct inquiries. Through secure APIs, data connectors, and low-code integrations, we establish reliable connections with external systems, such as healthcare providers, social service agencies, and other relevant entities. This enables real-time or scheduled data updates and allows for direct inquiries to access and retrieve critical information from external sources. By facilitating efficient and secure integrations, our solution empowers Pinellas County to have a comprehensive and up-to-date view of client data, fostering better collaboration, informed decision-making, and streamlined service delivery for the benefit of its clients. Our experienced team of Appian consultants will work closely with Pinellas users throughout the process to ensure seamless integration and effective data exchange with external sources to meet the County's specific needs.</p>
6	<p><b>Performance Dashboards</b></p>	<p>Support solution-based analytical dashboards that support management review, performance, status updates, alerts, outcomes, effective workflow, and trends.</p>	<p>Out of Box</p>	<p>Our proposed solution offers comprehensive solution-based analytical dashboards that provide management with a holistic view of operations, performance, and outcomes. These dashboards deliver real-time data insights, including status updates, performance metrics, trends, and alerts, empowering decision-makers to identify areas that require attention and optimize service delivery. Through dynamic data visualizations, key performance indicators, and drill-down capabilities, our analytical dashboards offer a user-friendly interface that facilitates in-depth analysis and fosters effective workflow management. Pinellas County's management team can leverage these dashboards to monitor program effectiveness, track outcomes, and make data-driven decisions, ensuring efficient resource allocation and continuous</p>



				improvement across the organization.
7	<b>Tracking Program Data and Performance</b>	Support tracking of data and services associated with programs, including ability to assign a record to a specific grant, contract, or funding source with dollar values.	Out of Box	Our proposed solution enables seamless service reporting from providers assigned to clients, programs, contracts, and grants, streamlining the process of managing performance. Through a user-friendly interface, providers can easily submit service reports, detailing the services rendered to clients. The system automates data capture, ensuring accuracy and consistency in reporting. Pinellas County can efficiently track service delivery, monitor program performance, and assess outcomes. Customizable performance metrics and reports offer valuable insights, empowering administrators to evaluate provider effectiveness, identify trends, and make informed decisions to optimize service delivery and enhance overall program efficiency.
8	<b>Fiscal Tracking of Programs and Services</b>	Support provider invoices and payment tracking tied to clients, programs, contracts, and grants.	Out of Box	Our proposed solution provides comprehensive support for tracking provider invoices and payments tied to clients, programs, contracts, and grants. Providers can easily submit invoices through the system, linking them to specific clients and associated programs or contracts. The solution automates the invoice validation and approval process, ensuring accuracy and compliance. Administrators can track payment statuses, view outstanding invoices, and monitor payment schedules in real-time using a "pizza tracker" style of reporting displaying information in a user intuitive Kanban board. This visual reporting feature allows stakeholders to have a clear and real-time view of the progress and status of invoices and payments, providing transparency and efficiency in financial management. By integrating with financial systems, our solution streamlines the payment process, facilitating timely and accurate disbursement of funds to providers. The ability to

				correlate invoices with clients, programs, and grants enables Pinellas County to efficiently manage financial transactions, ensure accountability, and maintain a high level of control over provider payment processes.
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**C.1.4.3 Other Technical Features and Functions**

Our solution meets **11/11** of the desired other technical features and functions:

Category	Functional Questions	Response	Vendor Comments	
<b>1</b>	<b>Technical Environment</b>	Provide implementation at fixed site and mobile locations hardware and operating system agnostic. .	Out of Box	Our proposed solution offers a flexible implementation approach, supporting both fixed-site and mobile locations with hardware and operating system agnostic capabilities. Leveraging Appian's low-code architecture, our solution ensures seamless integration with various devices, including desktops, laptops, tablets, and smartphones. Appian's platform-agnostic nature enables the deployment of our solution across different operating systems, such as Windows, macOS, iOS, and Android, facilitating access to critical services and data in real-time, regardless of the user's location or device preference. This architecture empowers users to engage with the system efficiently, promoting productivity and collaboration in diverse settings, while maintaining a consistent user experience and data security across all platforms.

<p>1.1</p>		<p>Provide an API-driven internal system architecture.</p>	<p>Out of Box</p>	<p>Our proposed solution is built on an API-driven internal system architecture, providing a robust and scalable foundation for seamless integration with other systems and applications. By leveraging APIs (Application Programming Interfaces), our solution enables efficient data exchange and communication between different components within the system. This approach fosters flexibility, allowing for easier updates and additions of new functionalities without disrupting existing processes. The API-driven architecture also facilitates integration with third-party systems, enabling a seamless flow of data and information, enhancing interoperability, and supporting a more cohesive and connected ecosystem for our client.</p>
<p>1.2</p>		<p>Maintain core data integration capabilities from standard API availability to adopted standards for HL7, FHIR, etc.</p>	<p>Out of Box</p>	<p>Our solution offers comprehensive data integration capabilities, ranging from standard API availability to support for adopted healthcare data standards such as HL7 and FHIR. The system's robust API framework allows for seamless integration with external systems, facilitating the exchange of data and information in real-time. Appian's support for healthcare data standards ensures that our solution can effectively interact with various healthcare systems and adhere to industry-wide protocols, promoting data consistency and interoperability. This enables our clients to leverage their existing healthcare infrastructure while unlocking the full potential of our advanced Appian platform for streamlined and efficient data integration.</p>
<p>2</p>	<p><b>Infrastructure and Technology</b></p>	<p><b>Ensure all public facing components of the solution meet Section 508/ADA requirements (MANDATORY)</b></p>	<p>Out of Box</p>	<p>Our proposed solution's public-facing components fully comply with Section 508/ADA requirements, ensuring accessibility and usability for all users, including those with disabilities. Our team of experienced Appian consultants</p>

				<p>will diligently design and develop the user interface to meet the highest accessibility standards, incorporating features such as keyboard navigation, text alternatives for non-text content, adjustable font sizes, and color contrast adjustments. Our team will also conduct thorough testing and validation to ensure that our solution meets the necessary criteria for accessibility, providing a seamless and inclusive experience for all users across different devices and platforms. This commitment to accessibility aligns with our goal of delivering an inclusive and user-friendly solution for Pinellas County and its diverse user base.</p>
3	Security and Security Features	<p>Meet or exceed all aspects of the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Health Information Technology for Economic and Clinical Health Act (HITECH), and/or Security requirements as appropriate to stored data. This includes ingestion, exchange, and storage of information in a secure, HIPAA compliant environment. (MANDATORY)</p>	Out of Box	<p>Our solution fully complies with all HIPAA, HITECH, and other security requirements to ensure the utmost protection of sensitive data. Leveraging Appian's HIPAA-compliant and HITRUST-certified cloud infrastructure, we implement robust security measures, including data encryption in transit and at rest, access controls, role-based permissions, and multi-factor authentication. Additionally, our team conducts regular security audits and vulnerability assessments to proactively identify and address potential risks. Appian's cloud platform provides a secure environment for data storage and processing, enabling us to deliver a highly secure and compliant solution that meets the stringent regulatory standards of the healthcare industry, ensuring the confidentiality, integrity, and availability of sensitive information. More information can be found at <a href="https://appian.com/industries/healthcare/governance-risk-and-compliance.html">https://appian.com/industries/healthcare/governance-risk-and-compliance.html</a></p>

<p><b>3.1</b></p>		<p>Provide different levels of security based on User Role, Site, and/or Enterprise settings.</p>	<p>Out of Box</p>	<p>Our proposed solution incorporates a robust security model that allows for different levels of access and privileges based on User Role, Site, and/or Enterprise settings. Using Role-Based Access Control (RBAC), we can define granular permissions, ensuring that users only have access to the functionalities and data that are relevant to their roles and responsibilities. The solution also enables administrators to configure security settings at both the site and enterprise levels, allowing for fine-tuned control over access rights. Through this approach, we ensure that sensitive information is safeguarded, and users are granted appropriate levels of access, maintaining data confidentiality and enhancing overall system security.</p>
<p><b>3.2</b></p>		<p>Provide user based, change based audit process within the product.</p>	<p>Out of Box</p>	<p>Our solution incorporates comprehensive auditing capabilities that enable tracking of all changes made in the system. It maintains a detailed log of user activities, providing visibility into who performed specific actions and when they were executed. This auditing functionality extends to data modifications, configuration changes, user access, and system events. Our solution also supports versioning, allowing us to retain historical snapshots of data and configurations. With these robust auditing features, we ensure accountability, data integrity, and the ability to revert to previous states if necessary, ensuring compliance with regulatory requirements and enhancing overall system reliability.</p>

<p><b>3.3</b></p>		<p>Allow creation of new security rights/roles based on new workflows or enhancements (e.g., customer-developed content such as Psych notes or departmental flowsheets).</p>	<p>Out of Box</p>	<p>Our proposed solution offers a flexible and user-friendly interface that empowers administrators to create new security rights and roles in response to evolving workflows or enhancements. Through our low-code development approach, authorized users can easily customize and extend the system's security model to accommodate specific requirements, such as incorporating customer-developed content like Psych notes or departmental flowsheets. This dynamic capability ensures that security rights and roles can adapt to organizational changes, enabling seamless integration of new workflows and content while maintaining data confidentiality and integrity.</p>
<p><b>3.4</b></p>		<p>Secure patient/client's data at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion).</p>	<p>Out of Box</p>	<p>Our proposed system prioritizes the utmost security of patient data across all modules. It ensures data protection through robust measures, including strong password protection and user authentication protocols to prevent unauthorized access. Additionally, all data is encrypted both at rest and in motion, guaranteeing that sensitive information remains confidential during storage and transmission. These comprehensive security measures are designed to safeguard patient data at all times, ensuring compliance with relevant regulations and maintaining the highest standards of data privacy and integrity.</p>
<p><b>3.5</b></p>		<p>Support encrypted storage</p>	<p>Out of Box</p>	<p>Our proposed solution supports encrypted storage by employing robust encryption algorithms to safeguard data at rest. All sensitive information, including client records, financial data, and personally identifiable information (PII), is encrypted before being stored in the database or file storage systems. This encryption ensures that</p>

				even if unauthorized access occurs, the data remains unreadable and inaccessible. Our solution adheres to industry-standard encryption practices, providing an additional layer of protection against data breaches and ensuring compliance with security regulations and best practices.
3.9		Support authentication through Okta using SAML/OAuth.	Out of Box	Our proposed solution supports authentication through Okta using SAML/OAuth protocols. With Okta's Single Sign-On (SSO) capabilities, users can securely access the system by authenticating through their Okta accounts. SAML ensures seamless and standardized authentication, enabling users to log in once and access multiple applications without the need for repeated login credentials. OAuth provides a secure framework for granting access to the system's resources based on user permissions, ensuring that only authorized users can access specific functionalities and data. This integration with Okta enhances the system's security, user experience, and overall efficiency by simplifying the authentication process and centralizing user access management.

**C.1.4.4 Supplemental Capabilities**

In addition to the core features outlined in **Section C.1.4.1** and above, our solution comes with additional, optional capabilities that improve opportunities for operation and delivery of services and care complementary to the EHR. These capabilities, which are detailed further below help provide providers and clients with resources and tools that can help drive in increased quality of care and ultimately better outcomes.



### C.1.4.4.1 Integration with Wearable Health Devices

Our solution seamlessly integrates with wearable health devices, enabling clients to monitor specific health metrics such as blood pressure, heart rate, and activity levels. Through our opt-in approach to data sharing, clients have granular control over the data they share, specifying exactly which metrics are accessible, thus enhancing privacy and security.

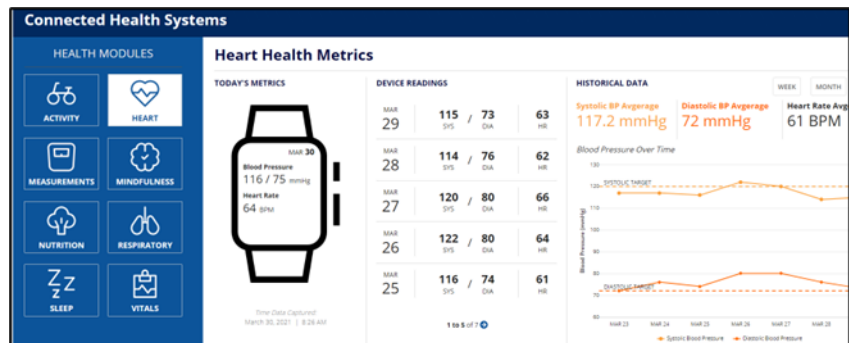


Figure 45: Integrated Heart Monitoring Devices

#### How this capability improves the delivery of services and care:

- Facilitates proactive interventions by providing real-time monitoring of health metrics like heart rate, activity levels, and sleep patterns, enabling timely adjustments to care plans for optimized health outcomes
- Enhances client engagement and adherence to treatment regimens by empowering individuals to actively participate in their health management through wearable device data integration

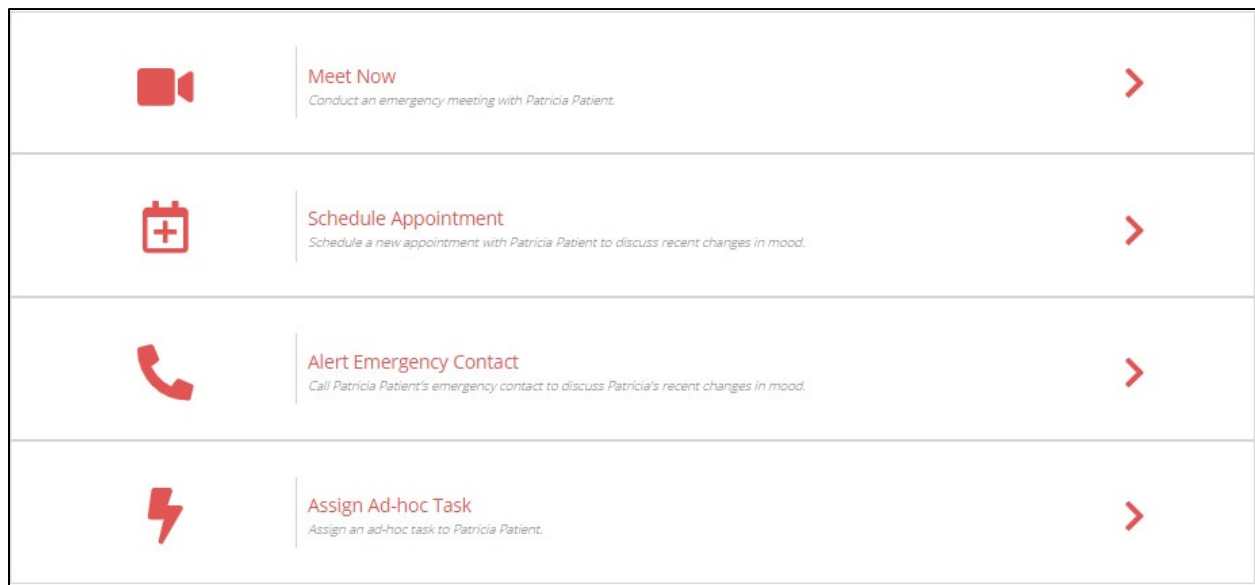


Figure 46: Quick Actions for Intervention

### C.1.4.4.2 Integration with Aunt Bertha (FINDHELP.ORG)

Integration with Aunt Bertha provides clients with a user-friendly platform to search for and connect with a wide range of social service providers, including food banks, shelters, job training programs, and more, based on their specific needs and location.

#### How this capability improves the delivery of services and care:

- Facilitates holistic care by connecting clients with vital social services beyond healthcare, addressing underlying social determinants of health and improving overall well-being
- Enhances client engagement and self-sufficiency by empowering them to easily access and navigate community resources tailored to their individual needs, fostering a proactive approach to managing their health and social needs

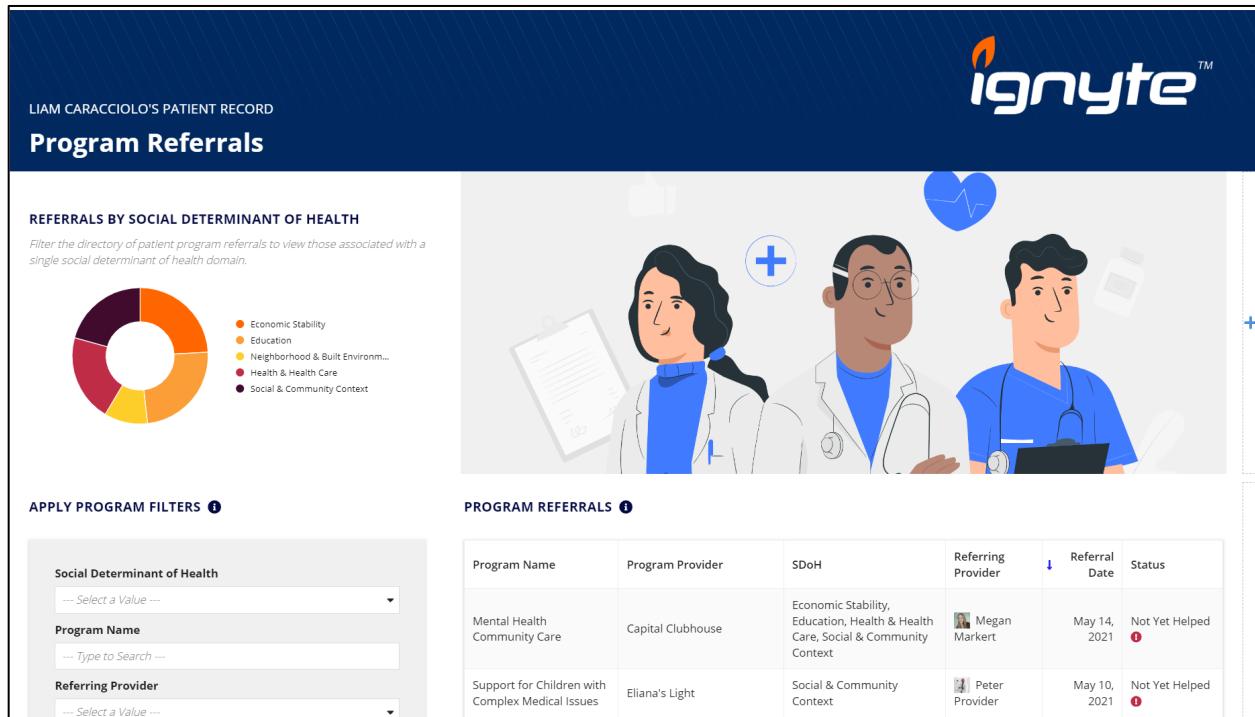


Figure 47: Program Referrals Based on SDOH

#### C.1.4.4.3 SMART on FHIR

Our solution implements SMART on FHIR standards, including SMART App Launch, to ensure secure and streamlined integration of third-party applications. By adhering to these standards, healthcare providers can securely access and exchange patient data, fostering interoperability and enhancing the efficiency of clinical workflows. **Figure 48** below outlines a high level overview of the Smart Launch process and each step is explained in further details below. **Note, although our EHR is the resource server in the below example, we also have the capability to act as the requesting application.**

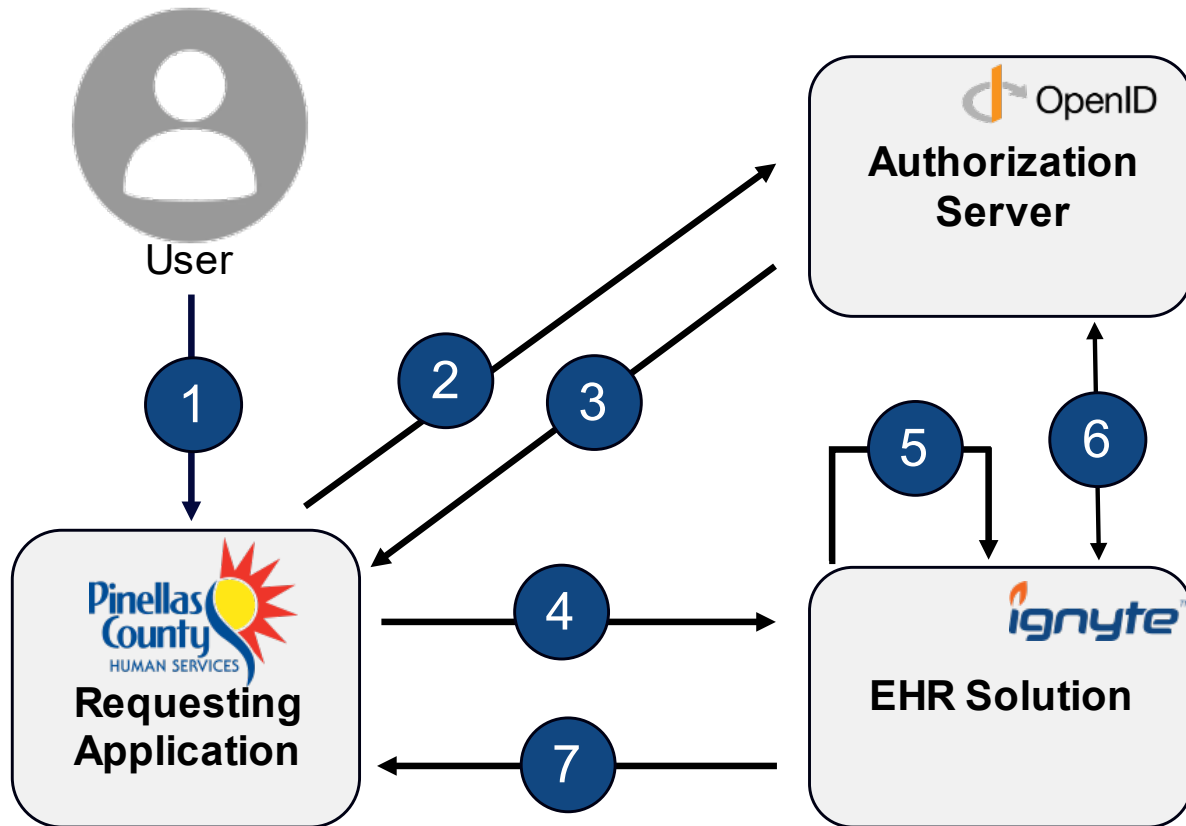


Figure 48: High-Level Smart Launch Process

Below are details on each step of the process outlined in **Figure 48** above.

- 1 **Application Launch** – User presses link in existing Pinellas application containing launch parameters, such as patient context, from within other systems.
- 2 **Request Access** - Users are directed to an OpenID Connect Authorization Server to authenticate without disclosing credentials to the application.
- 3 **Receive Tokens** - Upon successful authentication, users receive an Access Token, an ID Token, and a Refresh Token.
- 4 **Client Request to Access or Modify Clinical Data** - Requesting applications invoke FHIR services by communicating with our EHR, utilizing the Access Token.
- 5 **Validate Token** - Our EHR verifies the legitimacy of Access Tokens by verifying their digital signatures.
- 6 **Introspect Token and Request** – Our EHR requests additional details about issued tokens, such as user information and associated scopes, from the Authorization Server.
- 7 **Server Response to Access or Modify Clinical Data** – Our EHR responds to FHIR queries using verified Access Tokens, granting access to or modifying clinical data as per the user's permissions.

## How this capability improves the delivery of services and care:

- SMART on FHIR design enables seamless integration of third-party apps, allowing healthcare providers to access a comprehensive ecosystem of tools and resources directly within our platform.
- Our solution supports SMART App Launch - simplifying the integration process to additional healthcare apps, allowing them to seamlessly access patient data stored in our FHIR-based systems. This streamlined integration enhances interoperability and enables healthcare providers to deliver more personalized and efficient care to their clients.

### C.1.4.4.3 AWS HealthLake Integration

If desired, our solution can integrate with AWS HealthLake, leveraging its capabilities to securely store and transform health data using FHIR API-based transactions. It utilizes built-in natural language processing (NLP) models to extract meaningful medical information from raw health data.

## How this capability improves the delivery of services and care:

- AWS HealthLake's integration with machine learning and natural language processing enables healthcare organizations to extract valuable insights from raw health data, including medical reports and patient notes. By leveraging these advanced analytics capabilities, healthcare practitioners can gain deeper understanding of patient health trends, identify potential risks, and make more informed clinical decisions.
- With AWS HealthLake, healthcare providers can store, transform, and analyze health data at petabyte scale, facilitating a comprehensive view of individual and population health. By leveraging the interoperability standards and FHIR-based APIs, organizations can build transactional applications, patient 360 views, and interoperability solutions. This empowers healthcare teams to optimize care delivery, enhance care coordination, and ultimately improve patient outcomes.

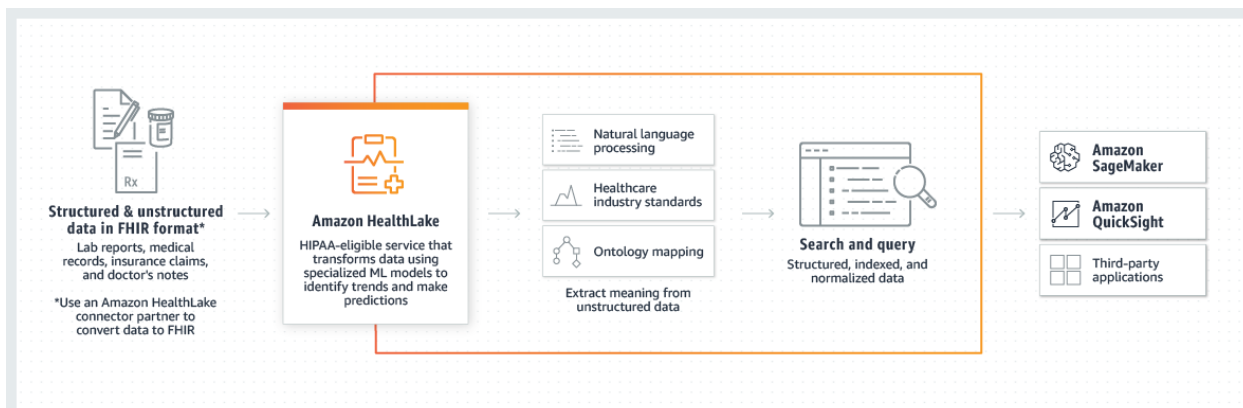


Figure 49: AWS HealthLake Integration

### C.1.4.4.4 Process Mining

If desired, our solution can utilize Appian's built-in process mining capabilities **at no additional cost**, allowing Pinellas County Health Services (PCHS) to efficiently identify and address bottlenecks in their processes. By leveraging process mining, PCHS can optimize workflows,

enhance operational efficiency, and improve patient care delivery.

**How this capability improves the delivery of services and care:**

- Appian's process mining capabilities empower PCHS to gain deep insights into their operational processes, allowing them to identify inefficiencies and streamline workflows effectively. By visualizing process flows and analyzing performance metrics, PCHS can pinpoint areas for improvement and implement targeted interventions to enhance service delivery.
- With Appian's process mining, PCHS can achieve greater transparency and accountability in their operations, leading to improved resource allocation and better decision-making. By continuously monitoring and refining processes, PCHS can adapt to evolving healthcare needs and deliver high-quality care to their community.

## C.2 Human Services-Focused Integration and Low-Code Platform Solution

Our proposed Human Services-Focused Integration and Low-Code Platform Solution is built on the robust foundation of the Appian platform, leveraging the advanced capabilities of the Appian Cloud powered by AWS. The Appian platform offers unparalleled support for complex integrations, perfectly aligned with the multifaceted needs outlined by PCHS. With its low-code architecture, the platform empowers users to rapidly develop and deploy integrations, ensuring seamless communication and data exchange between disparate systems. This capability is crucial for PCHS, as it enables the integration of diverse data sources and systems, including EHR, contract management systems, and grant management systems, into a unified ecosystem.

Appian's automation capabilities streamline workflows and enhance operational efficiency for PCHS. Through intelligent process automation, routine tasks can be automated, freeing up valuable time for staff to focus on high-value activities such as client engagement and service delivery. The platform offers a single unified user experience across all devices, providing internal and external users with consistent access to essential tools and information, regardless of their location or preferred device.

Appian's flexible and extensible architecture ensures that the solution can adapt to meet the evolving needs of PCHS over the coming years. With configurable components, the platform can accommodate changes in rules, regulations, tools, and business processes, ensuring that PCHS remains agile and responsive to emerging challenges and opportunities in the human services landscape. The platform's cloud-based deployment options provide flexibility in how the solution is delivered, allowing it to be offered as a software-as-a-service (SaaS) solution or hosted by vendors in the cloud, depending on PCHS's preferences and requirements. This versatility ensures that PCHS can deploy the solution in a manner that best aligns with its budget, resources, and strategic objectives.

### C.2.1 Solution Overview (SOW 1.3.3.2.1)

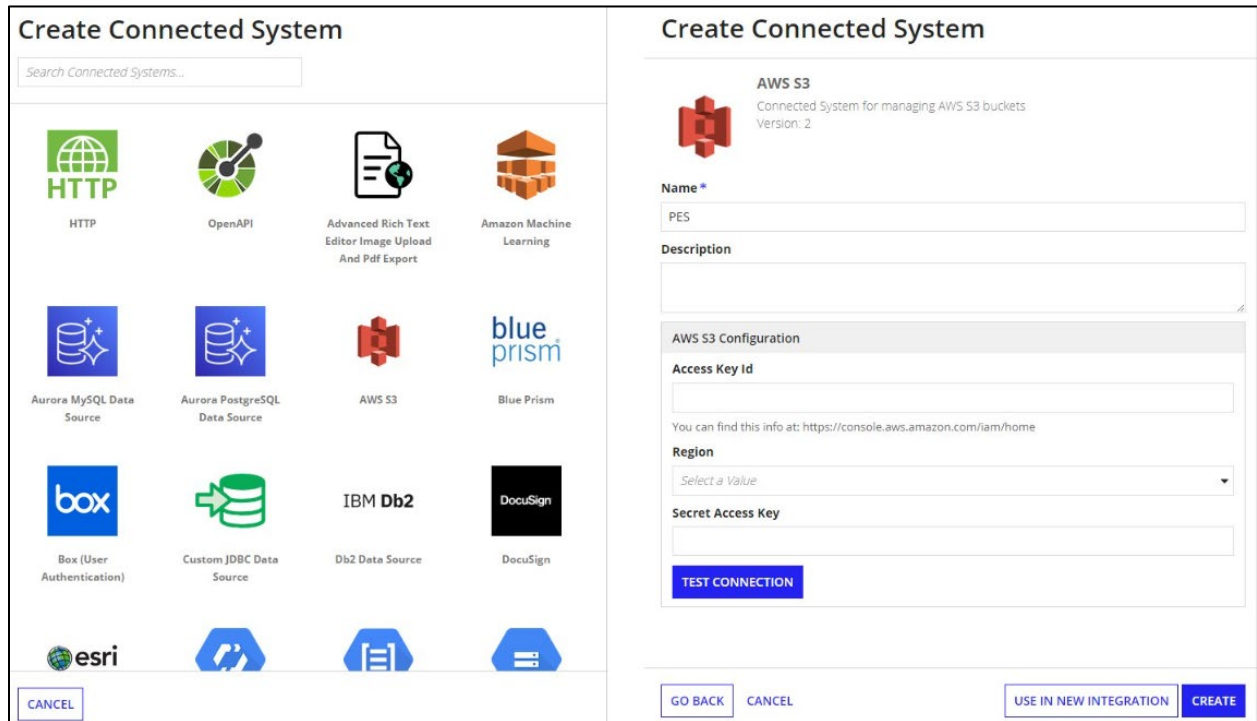
Our proposed Human Services-Focused Integration and Low-Code Platform Solution is built on the robust Appian platform, providing a powerful foundation for modern case management systems. The Appian platform consists of several key components illustrated in **Figure 50** and described below.

#### API Layer:

The API layer of the Appian platform plays a pivotal role in enabling seamless integration with external systems and services, fostering efficient data exchange and interoperability. By adhering to standard API protocols, our solution ensures secure and streamlined



Figure 50: Key Components of Appian's Low-Code Platform



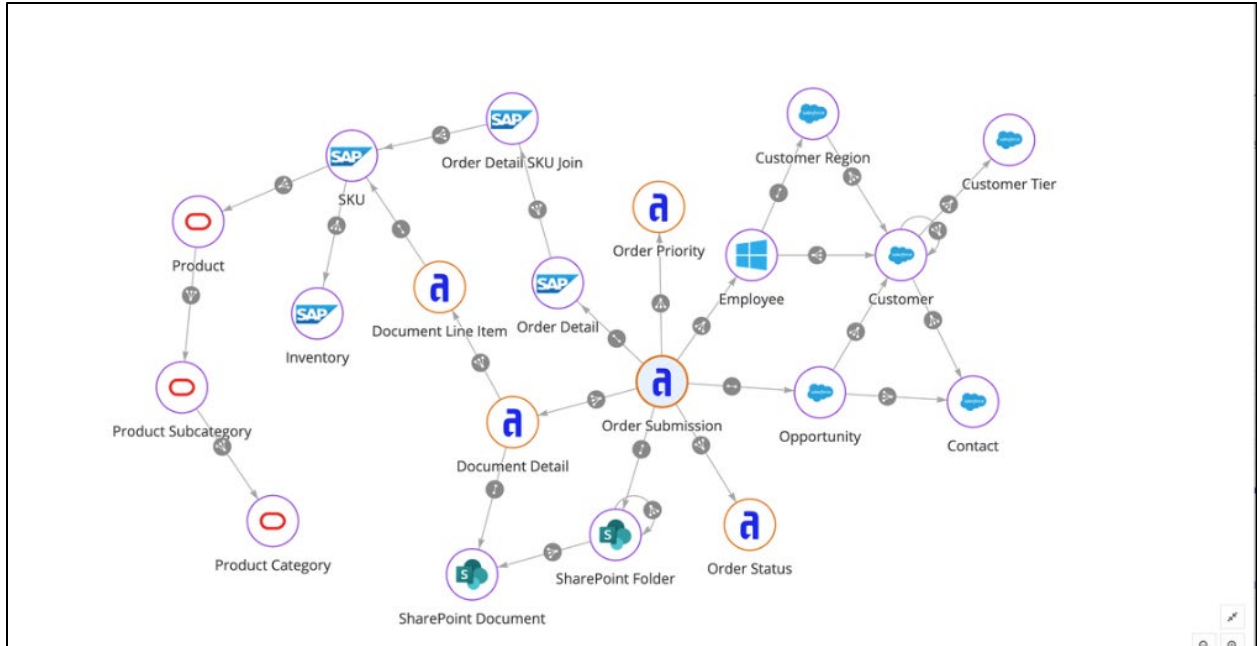
**Figure 51: Appian Connected System Configuration**

communication between various software components. This capability allows PCHS to easily connect with existing systems, such as EMRs or other health data repositories, ensuring that critical patient information is accessible when and where it's needed most. Appian's API layer enables PCHS to extend the functionality of our solution and integrate new features or services as their needs evolve.

### ***Data Integration Layer:***

Our solution's Data Integration Layer serves as a secure clearinghouse for data files received from various external sources, ensuring seamless ingestion by the underlying applications and modules. Built on Appian's Data Fabric, this layer is dynamic and compatible with current industry standard health information exchange specifications such as HL7 and FHIR, as well as potential custom formats used by external providers. As shown in **Figure 52**, the Data Fabric provides a unified approach to data management, allowing for the integration of disparate data sources into a single, coherent view. This enables PCHS to access and utilize data from multiple sources in a consistent and efficient manner.





**Figure 52: Appian's Integrated Data Fabric**

The Data Integration Layer includes robust data transformation capabilities, allowing for the conversion of data from different formats into a standard format that can be easily consumed by the underlying applications. This ensures that data is accurately and efficiently processed, regardless of its original format. This layer includes mechanisms for data validation and error handling, ensuring that only valid data is ingested into the system.

Our solution's Data Integration Layer also includes features for data governance and security, ensuring that sensitive data is protected throughout the ingestion process. This includes encryption of data both at rest and in transit, as well as access controls to ensure that only authorized users have access to sensitive data. Logs and audit trails are maintained to track data access and modifications, providing transparency and accountability.

***Unified Data Model:***

Our solution features a unified data model that serves as a single source of truth for information related to clients and providers, ensuring data consistency and eliminating duplication across all components. This unified data model is built on Appian's Data Fabric, providing a flexible and scalable foundation for managing and sharing data across the entire solution. The Data Fabric enables seamless integration with external systems, including the County's ERP system (Oracle EBS), for reconciling common provider data with the Clerk's approved vendor list.

By leveraging the Data Fabric, our solution facilitates workflow reconciliation and analytics, allowing for efficient data sharing and analysis. The unified data model ensures that data is standardized and structured in a consistent manner, making it easier to integrate with other systems and perform cross-system analytics. The underlying Data Fabric provides built-in data governance features, such as data quality checks and validation rules, to maintain data integrity and accuracy.

Integration with the County's ERP system is achieved through standardized interfaces and connectors, ensuring seamless data exchange between systems. This integration allows for the

reconciliation of common provider data with the Clerk's approved vendor list, enabling PCHS to effectively manage its provider network and ensure compliance with County regulations. Our solution's unified data model, built on the Appian Data Fabric, provides a solid foundation for efficient data management, sharing, and reconciliation across the entire solution.

Figure 53 illustrates our solution's low-code data modeler.

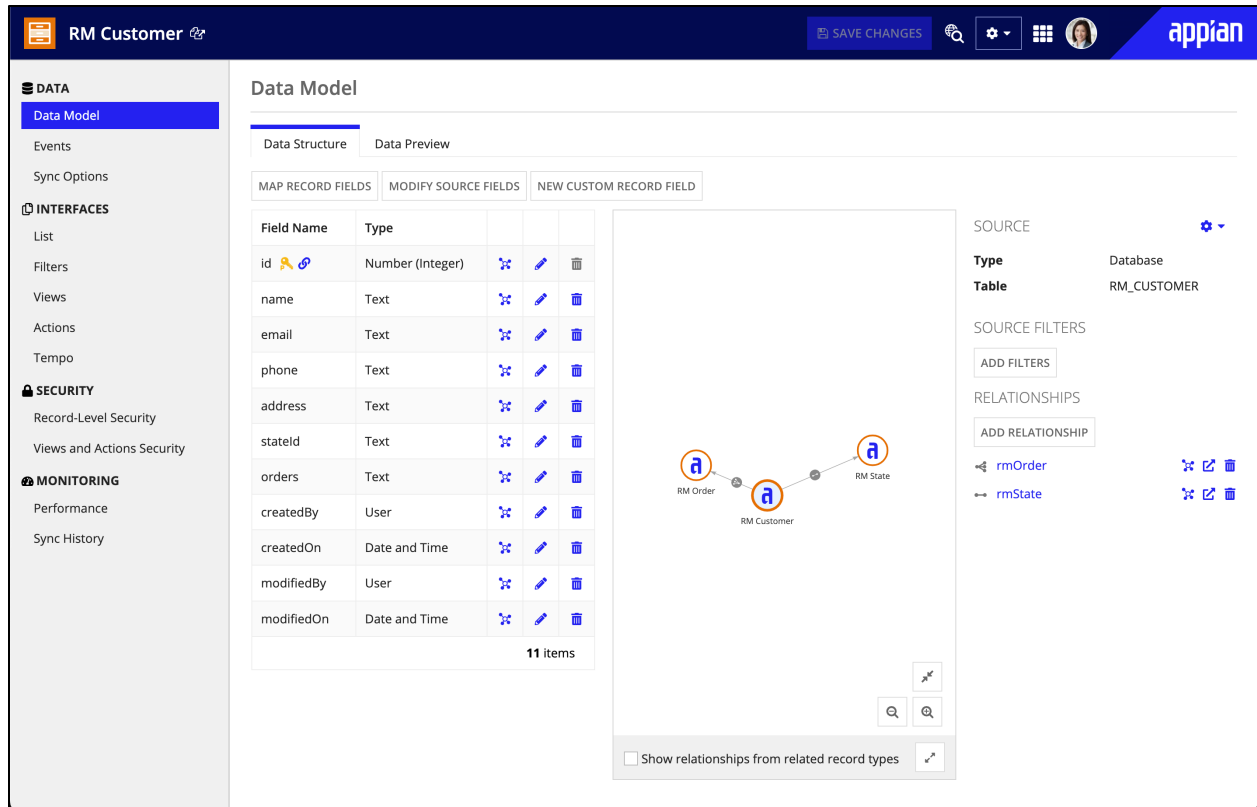


Figure 53: Our Solution's Low-code Data Modeler

### Workflow, Scheduling, and Alerts:

Our solution includes a robust workflow module that supports end-to-end business process automation across all components of the system. These workflows are configurable by end-users, allowing for flexibility and customization to meet specific business requirements. The module provides tracking and escalation features to ensure that processes are completed in a timely manner and can integrate with external systems for processes such as prescription enrollment/fulfillment or financial invoice reconciliation.

Our solution's workflow module also supports configurable alerts that can be set up based on simple or complex multi-variable events. These alerts can be triggered for both internal and external users, providing timely notifications for important events or actions. The module's flexibility allows for the creation of alerts across all components of the system, ensuring that users are informed of critical information and can take appropriate action as needed. Our solution's workflow, scheduling, and alerts capabilities provide a powerful tool for automating business processes and keeping users informed and engaged throughout the process.

**Adhoc Reporting and Analytics:**

Our solution leverages the Appian platform's robust ad-hoc reporting and analytics capabilities, enabling real-time tracking and data-driven decision-making around services, gaps, and potential improvements. Users can generate ad-hoc reports from the platform's built-in templates and export data to external tools, such as Amazon Web Services-hosted data warehousing and Microsoft Power BI for visualizations. Self-service analytics capabilities empower users to derive actionable insights from their data, supporting informed decision-making.

<u>Notification Type</u>	<u>Email</u>	<u>Push</u>
New Admission:		
Admission Auth Issue:		
Updated Admission:		
Discharged:		
Admission Escalated to Field Team:		
Census Escalation Notification:		
Census Reminder Notification:		
Missing VECA Notification:		
Authorization Escalation:		
Outstanding Action on Admission:		

**Figure 54: Configurable Alerts**



**Figure 55: Appian's Out of the Box Customizable Reporting**

As shown in **Figure 55**, Appian Reports simplifies enterprise reporting by providing timely and effective visualization of key business trends, processes, and operations. The platform's scalable reporting architecture delivers analytical views and information across enterprise data sources to users on web and mobile devices. Using Appian's SAIL (Self-Assembling Interface Layer) framework, users can design dynamic dashboard definitions that source data across the enterprise into reporting dashboards, ensuring a comprehensive view of the organization's performance. Furthermore, Appian can leverage any data architecture to source data for reports, including its native real-time process analytics engine, external RDBMS sources, Business Intelligence systems, or external service APIs, providing flexibility and adaptability to changing data needs.

**Consolidated User Interface:**

Appian provides a consolidated user interface, offering a single pane of glass for accessing all relevant information and functionalities. This intuitive interface enhances user experience and efficiency, promoting seamless navigation and interaction within the application. With our

proposed solution, PCHS users can spend more time analyzing and taking the necessary actions on the information relevant to them and their cases as opposed to spending time searching an unorganized system looking for the required information to do their job.

### **Comprehensive Client/Patient Portal:**

The client/patient portal within our solution offers multi-language support, mobile accessibility, and ADA compliance, ensuring inclusivity and accessibility for all users. Integrated with the core case management application, the portal provides a centralized hub for client/patient information and interactions.

### **Provider Portal:**

Similar to the client/patient portal, the provider portal seamlessly integrates with the core case management application, empowering providers with access to relevant information and functionalities. All data within these portals is integrated to ensure consistency and accuracy across the system.

For more details on our provider portal, please refer to **Section C.1.2.1.13**.

### **Security:**

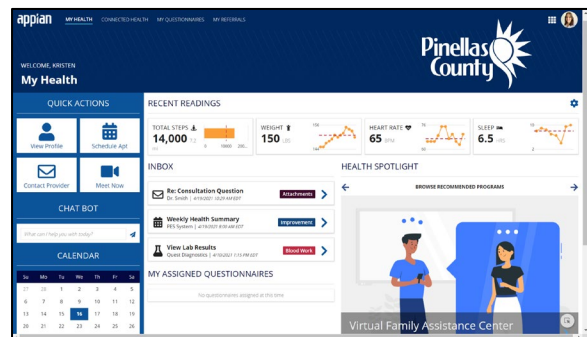
Appian ensures robust security measures to protect data both at rest and in transit. Disk-level encryption safeguards data at rest, with the option for additional database-level encryption. Secure APIs are leveraged for data in transit, ensuring confidentiality and integrity during integrations.

For details on our Security Architecture, please refer to **Section C.2.3.8**.

## **C.2.2 Solution Leadership**

Team Ignyte embraces a proactive leadership role in crafting a unified and comprehensive case management system that effectively addresses the diverse needs outlined by Pinellas County. As a forward-thinking partner, we take ownership of envisioning the complete solution architecture, emphasizing seamless interoperability, optimizing user experience, and building robust portals for the public and providers. Our proposal underscores a commitment to coordinate efforts among various stakeholders, including other vendors, county partners, and external systems.

Team Ignyte has a proven track record of implementing diverse solutions on the Appian platform, spanning healthcare, grant management, and more. Our proposed enterprise Appian solution is strategically designed to comprehensively meet Pinellas County's evolving needs, showcasing our capabilities to address all facets of their requirements both now and in the future. Our approach also encompasses comprehensive training and change management support to ensure a successful and transformative transition to the new solution. We recognize the significance of



**Figure 56: Our Solution's Client Portal Homepage**



**Figure 57: Provider Portal**

effective communication and alignment in achieving a cohesive, county-wide solution.

To ensure effective communication and alignment with Pinellas County, Team IgnYTE has outlined specific steps:

- **Agile Process:** We will implement an Agile methodology, including daily standups, regular demos, and user acceptance testing (UAT) sessions to incorporate feedback and ensure that all members of various teams are in sync.
- **Sprint 0 Planning:** We will involve all project teams in Sprint 0 planning to identify the Minimum Viable Product (MVP), coordinate the high-level roadmap, and establish deadlines for key deliverables.
- **Weekly Status and Risks Meeting:** We will conduct weekly meetings involving key stakeholders to provide status updates on overall progress, identify risks, and create mitigation plans.

Appian provides quarterly upgrades to the Appian low-code platform, introducing new cutting edge functionality (such as AI capabilities), continuous performance enhancements, and new low-code functionality. Team IgnYTE digests each platform upgrade and incorporates the latest features in upcoming builds to ensure the solution is leveraging the Appian platform to its maximum capabilities. Team IgnYTE will provide brief summaries and/or presentations of each Appian platform upgrade to educate PCHS about new features that can be included to enhance the solution.

### C.2.3 Technical Solution

Our proposed solution is built on the Appian platform, which provides a robust foundation for creating and delivering enterprise-grade applications. The technical specifications of our proposed solution components are as follows:

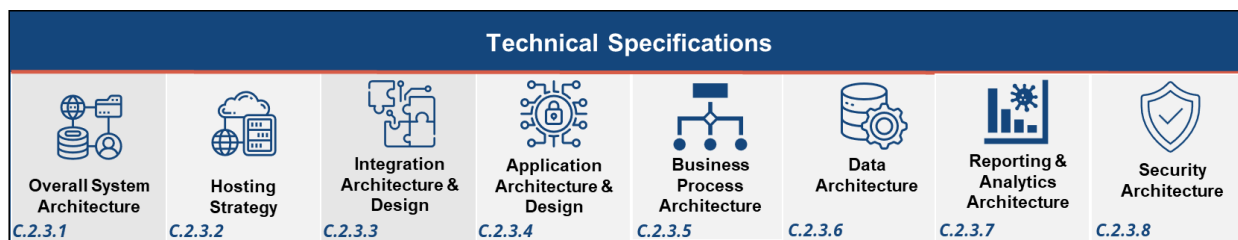
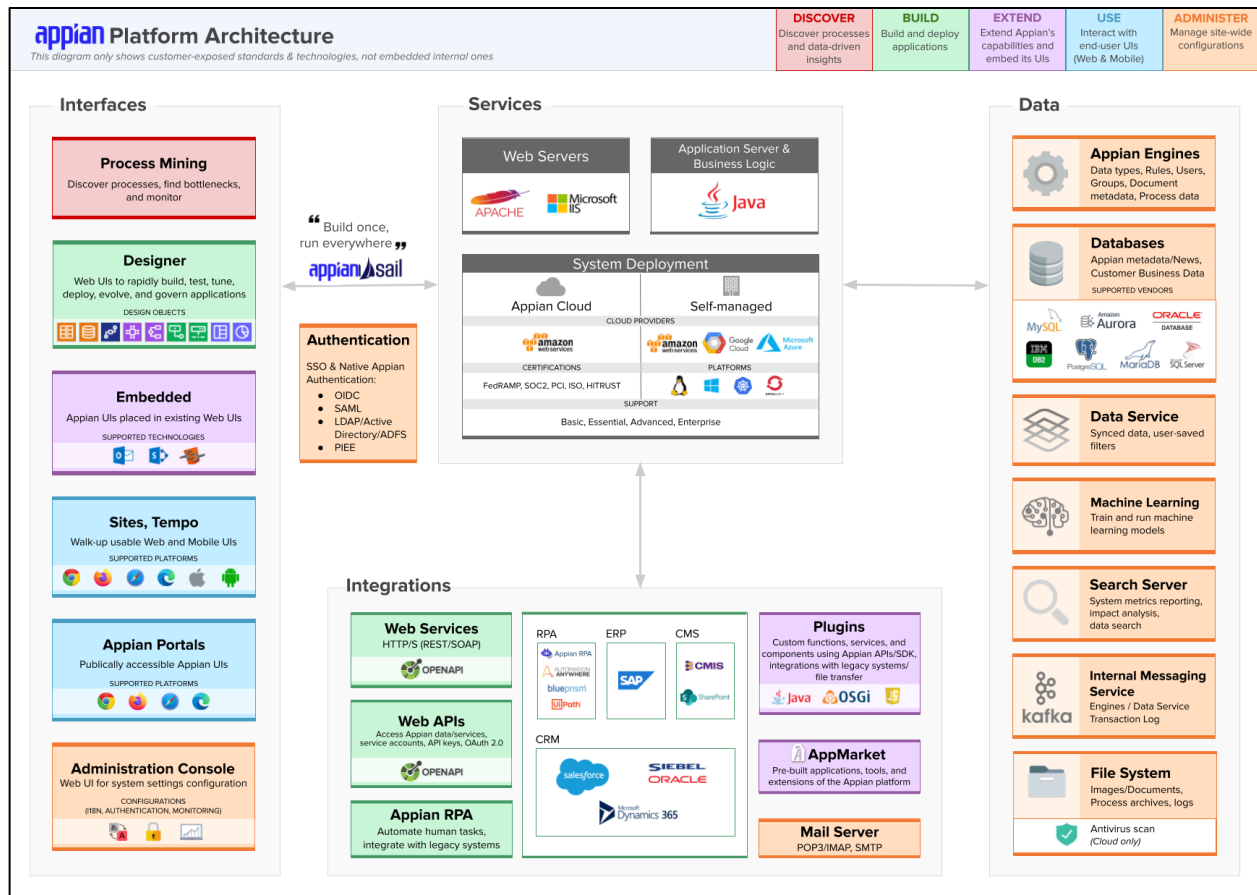


Figure 58: Technical Specifications

#### C.2.3.1 Overall System Architecture

The Appian platform's system architecture is a well-integrated framework that harmonizes various components for end users, developers, and administrators. Key components include the front-end server hosting the web application, in-memory database engines for metadata and runtime data, search servers for performance tracking, relational databases for internal and business data, a data service for improved data handling, and an internal messaging service for seamless component communication. The Appian platform includes core components that work with other systems (database server, mail server) to provide capabilities and services to users. **Figure 59** illustrates the components of a typical Appian installation in greater detail.



**Figure 59: Overall System Architecture**

This architecture ensures a responsive and intuitive user interface, fast data storage and retrieval, insightful performance tracking, and reliable communication between components. It supports high-volume usable Web operations, such as security checks and data updates, enabling Appian to deliver a robust and scalable solution for enterprise applications.

### System Architecture

Based on the County's user counts and processing intensive business cases, we propose that we implement the Case Management system on Appian's 4XL environment size – providing 400% more compute (16 vCPUs) and 400% more RAM (120 GB). This, in addition to the 500 GB of additional storage that comes with the Enterprise Support will provide the county with a powerful enough platform to support their current and future needs.

Additionally, our solution seamlessly integrates with Amazon Simple Storage Service (S3) storage, **providing an optional and cost-effective solution for the County's large and continually growing data needs.** With its scalable architecture, S3 offers a cost-effective and reliable option for long-term storage, ensuring compliance with data retention requirements. This feature empowers the County to securely store and manage their data while accommodating future growth and regulatory needs.

### Production and Non-Production Environments

By default, our solution comes with 3 different environments: DEV, TEST, and PROD. If desired by the County, additional environments (e.g. QA, STAGING, etc.) can be added for an additional



cost. As a part of the included Enterprise Cloud Support proposed, the DEV and Test environments are upgraded to XL environments (30 GB Ram, 4 vCPU) at no additional cost.

*System Architecture*

**Team IgnYTE™ Enablers**

- Appian's Data Fabric enables interoperability and unified data view
- Our solution's flexible architecture offers scalability and adaptability to accommodate the evolving needs and growth of healthcare organizations
- Device-agnostic framework fosters accessibility and usability across all devices

### C.2.3.2 Hosting Strategy

Team IgnYTE's proposed Case Management solution for Pinellas County prioritizes flexibility and security in its hosting strategy, leveraging the robust capabilities of the Appian platform. This solution offers a variety of hosting options, including on-premises, StateRAMP-certified fully hosted SaaS on AWS GovCloud, or hybrid models. Based on our understanding of Pinellas County's current and future-state needs, **we recommend utilizing the HIPAA-compliant SaaS hosting option.** Hosting options along with disaster recovery, scalability, and performance considerations are addressed in further detail below.

#### Tenancy Model

Team IgnYTE's proposed Case Management solution for Pinellas County leverages the Appian platform, offering a flexible hosting strategy tailored to the county's needs. The platform provides a variety of hosting options, including on-premises, StateRAMP-certified, HIPAA-compliant Software as a Service (SaaS), or a hybrid model combining both on-premises and secure cloud offerings - we recommend utilizing the HIPAA-compliant SaaS hosting option. This model **utilizes a single tenancy model.** As outlined in **Figure 60** below, every instance of Appian is hosted in its own AWS VPC - ensuring dedicated resources for PCHS's data and applications, enhancing security and performance.

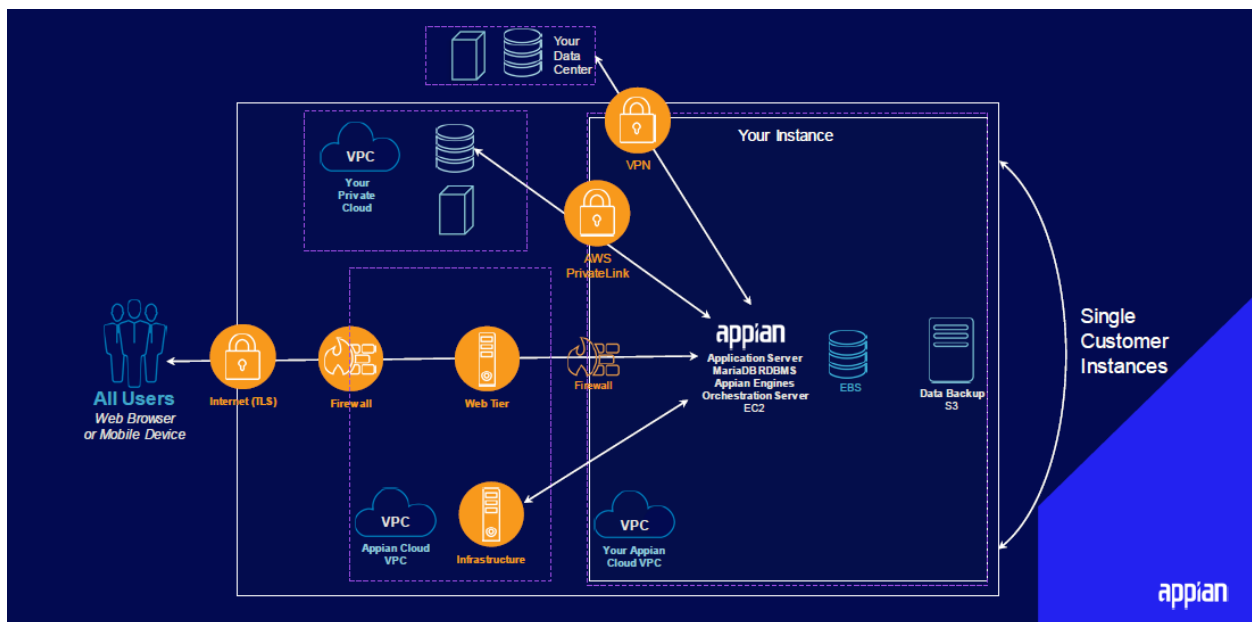


Figure 60: Our Cloud-Based Architecture



### Required Cloud Services

Our Case Management solution includes integration with two additional cloud services:

- **Amazon Simple Storage Service (S3) storage:** Recommended as a cost-effective solution for long-term growing document storage. Our solution offers near real-time retrieval of documents from S3 storage for streamlined user experience.
- **Amazon Chime:** Leveraged in our solution's telehealth capabilities. For more details, please refer to **Section C.1.2.2.2**.

### Cloud Infrastructure Requirements

It is our recommendation that Pinellas County pursues Appian's fully hosted, fault-tolerant High Availability (HA) SaaS on AWS GovCloud option, especially considering the enterprise support that we are recommending as a part of our bid comes with HA support at no extra cost. Through this option, all cloud hosting logistics, including the fault-tolerant architecture and continuous data replication inherent in Appian's high availability features, are expertly managed by Appian's IT team. **Figure 61** below shows how an Appian Cloud HA environment is composed of three active nodes running in different availability zones ensuring that the failure of one availability node will not limit user access to the platform.

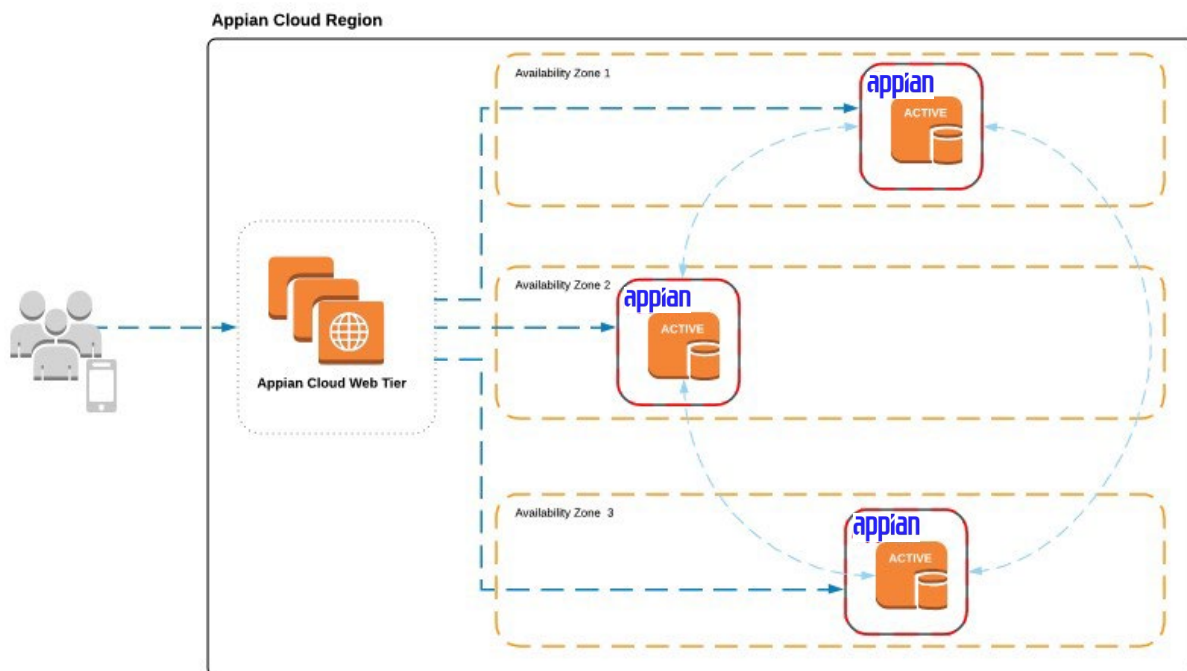
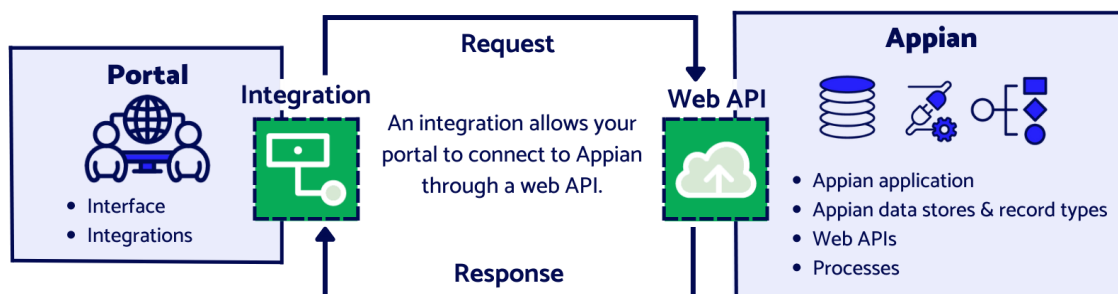


Figure 61: Our Solution's High Availability

In addition to the robust infrastructure provided by Appian's HA SaaS, the utilization of Appian portals further enhances Pinellas County's capabilities in community engagement and resource accessibility. Appian Portals serve as auxiliary tools to the main Appian application, primarily serving as a streamlined way to handle program registration for community providers and new user account creation for clients. Additionally, the public portal offers resources and information accessible to citizens of Pinellas County without requiring an account registration.



**Figure 62: Appian Portals**

These portals, built using low-code tools, enable the rapid development, deployment, and management of public websites that seamlessly integrate with Pinellas County's Appian applications. With Appian Portals, public users can conveniently submit forms, file claims, view documents, and access other services without requiring authentication, fostering greater accessibility and participation. **Figure 62** outlines the relationship between Appian Portals and the main Appian application. The security features inherent in Appian Portals, such as encryption and SOC 2 compliance, ensure the protection of sensitive data and compliance with regulatory requirements. By leveraging Appian Portals in this limited scope, Pinellas County can effectively bridge the gap between internal workflows and external stakeholders, facilitating efficient information sharing and engagement.

### ***Disaster Recovery and Business Continuity***

The Appian platform provides unparalleled disaster recovery and business continuity capabilities, including enhanced backups stored in secondary geographical regions within the US. With a Recovery Point Objective (RPO) of just 1 minute and a Recovery Time Objective (RTO) of 4 minutes, Appian ensures rapid restoration in the event of region-wide failures. Additionally, Appian guarantees a 99.99% uptime Service Level Agreement (SLA).

### ***Scalability and Performance Considerations***

Appian's global data centers ensure fast, reliable, and scalable performance, providing Pinellas County Health Services (PCHS) with a robust infrastructure to support their operations. In addition, PCHS can opt for their AWS GovCloud availability zone, ensuring geographical proximity to minimize latency and optimize system responsiveness. The platform's track record of supporting clients managing millions of transactions and thousands of users underscores its scalability and performance capabilities, offering PCHS confidence in its ability to meet their growing demands. Additionally, Appian includes, at no additional cost, process mining capabilities, empowering PCHS to identify and address bottlenecks in their processes efficiently. By leveraging process mining, PCHS can optimize workflows, enhance operational efficiency, and improve patient care delivery. **As part of our delivery, the Case Management**

implementation will undergo thorough performance testing under expected and increased user loads, ensuring optimal performance for users both now and in the future.

<p>Hosting</p> <p><b>Team IgnYTE™</b> Enablers</p>	<ul style="list-style-type: none"> <li>• Single Tenancy ensures complete isolation of PCHS data and applications</li> <li>• High Availability Architecture ensures operational continuity with replicated data and infrastructure across three availability zones within the same geographic region</li> <li>• RTO of 21 minutes and an RPO of 1 minute</li> <li>• Fully managed IT infrastructure to ensure a secure, performant, and scalable system on AWS GovCloud</li> </ul>
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### C.2.3.3 Integration Architecture and Design

Team IgnYTE's proposed Case Management solution for Pinellas County prioritizes seamless integration with third-party systems and existing PCHS technologies through real-time, synchronized API integrations and efficient data exchange mechanisms. **Leveraging Appian's Data Fabric, our solution offers a comprehensive data integration framework that enables data virtualization and automatic performance optimization through caching, preventing chatty applications.** Figure 63 below shows an implementation of Appian's Data Fabric – highlighting a central client table and all related tables – indicating that each of those records could be viewed on a single page together (e.g. a client record), regardless of what system they originate from.

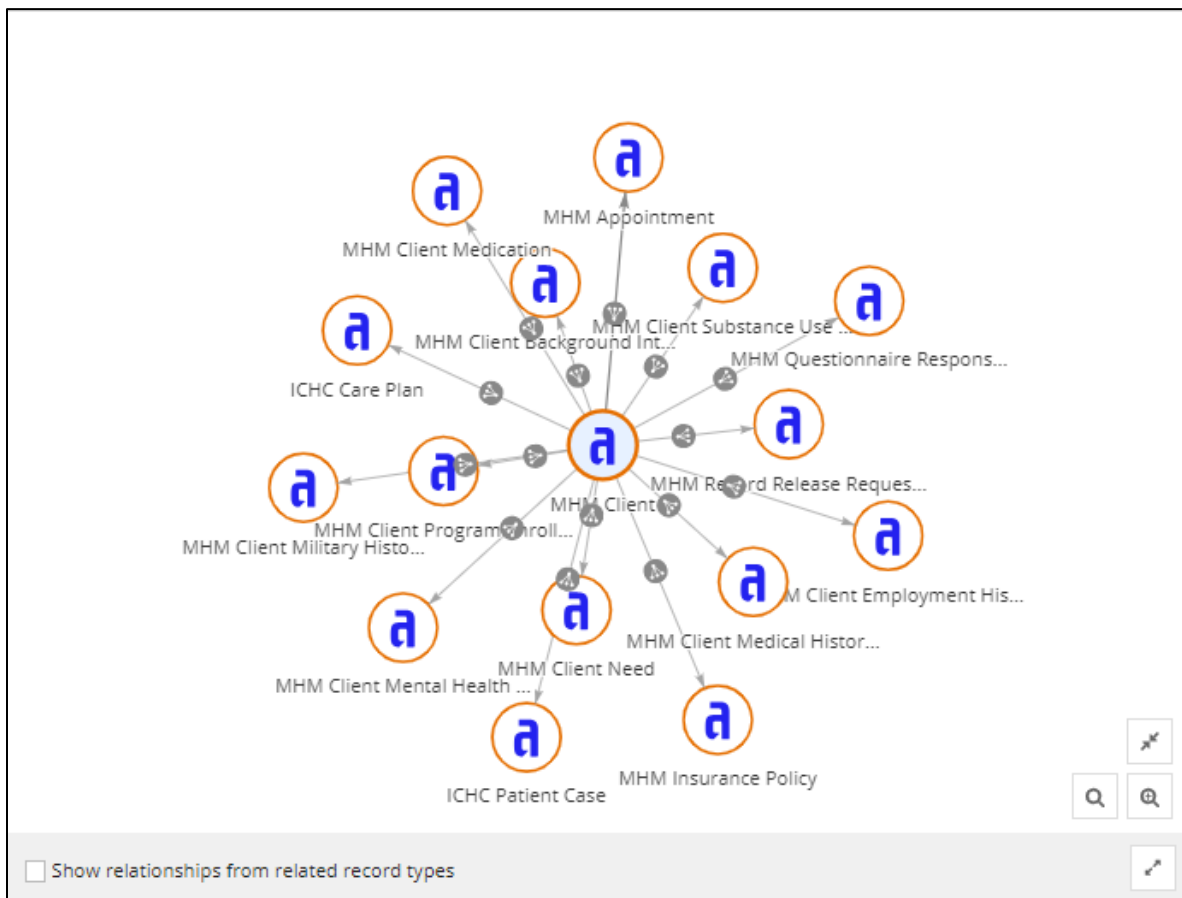


Figure 63: Appian's Data Fabric

This architecture enhances interoperability and data accessibility across disparate systems, ensuring unified views and streamlined processes. Additionally, utilizing Appian's low-code integration suite, our solution provides secure RESTful APIs without extensive coding, ensuring compatibility with industry-standard protocols and authentication types. Furthermore, our solution supports various forms of data integration, including direct database connectivity, Robotic Process Automation (RPA) – **of which Appian includes at no additional cost**, and pre-built connectors to popular commercial systems and healthcare standards like SMART on FHIR.

### API Integrations

Real-time, synchronized API Integrations can be established between the Case Management system and any desired third-party system regardless of whether they reside on the County's private network or not. These integrations allow for real-time, secure bidirectional flow of information between the Case Management system and other systems. These integrations are built on top of Appian's low-code integration suite which allows for the creation of secure, RESTful APIs without the need to write any code **and at no additional cost**.

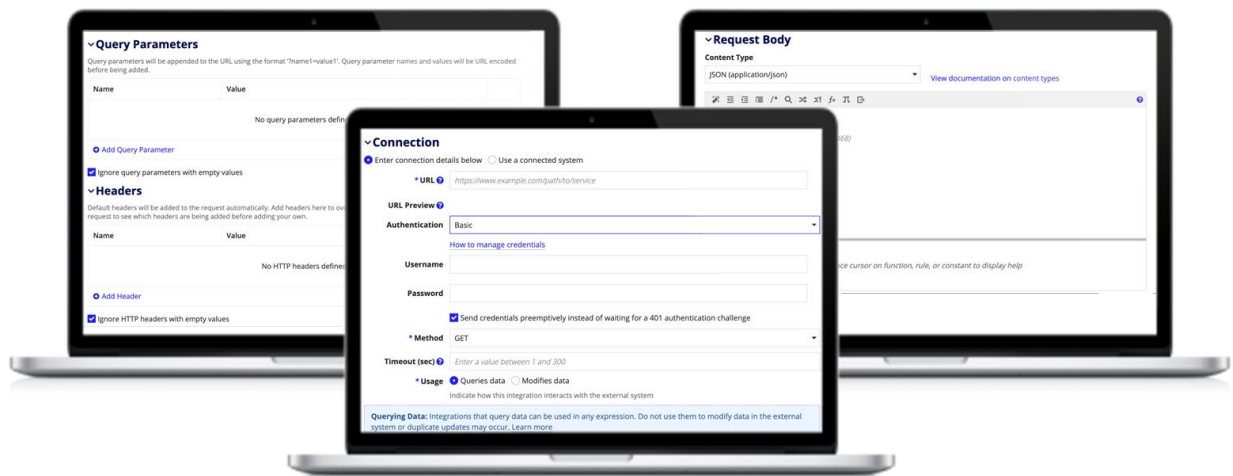


Figure 64: Our Solution's Configurable API Integrations

Our solution includes support for all industry-standard integration protocols including WSDL/SOAP, HTTP, SMTP, and JMS. Through these protocols, we can send Fast Healthcare Interoperability Resources (FHIR) and Health Level Seven (HL7) among other relevant standards (e.g. NCPDP SCRIPT). Our solution supports major integration authentication types including API Key, Basic, OAuth 2.0 (Authorization Code Grant, Client Credentials Grant, and SAML Bearer Assertion as Authorization Grant), and Client / Trusted Server Certificates.

## Data Integrations

Data integrations play a key role in Appian's Data Fabric and facilitate the seamless exchange of data between the Case Management system and various internal and external data sources, enabling efficient management and utilization of information. These integrations enable the Case Management system to interact with databases, data warehouses, and other data repositories, both within the County's private network and externally. Through data integrations, relevant data such as patient records, demographics, and clinical information can be securely synchronized and accessed across different systems.

Figure 65: Simplified Data Configurations

Our solution includes support for numerous forms of data integration including direct database connectivity (both Java Database Connectivity (JDBC) and Open Database Connectivity (ODBC) for modern systems and Robotic Process Automation (RPA) for older systems that lack direct database connectivity capabilities. Additionally, Appian provides Extract, Transform, and Load (ETL) capabilities to facilitate the process of combining data from multiple sources; however, if desired, our solution is also compatible with best-in-breed ETL tools (e.g., Alteryx).

## Pre-Built Connectors

Our solution leverages Appian's extensive library of pre-built connectors, enabling seamless integration with a variety of commercial systems such as AWS, DocuSign, Google Cloud, and PostgreSQL, among others. These connectors facilitate bidirectional data exchange between our solution and these systems, eliminating the need for manual coding.

Ignyte has developed pre-built FHIR connectors, enhancing our solution's interoperability capabilities at **no additional cost to Pinellas County**. Our solution is also well-equipped to handle EDI x12 HIPAA 5010 standards, drawing on our experience with claims processing. Furthermore, our solution adheres to SMART on FHIR standards and supports SMART Launch, ensuring compatibility with other modern healthcare systems for effortless interoperability.

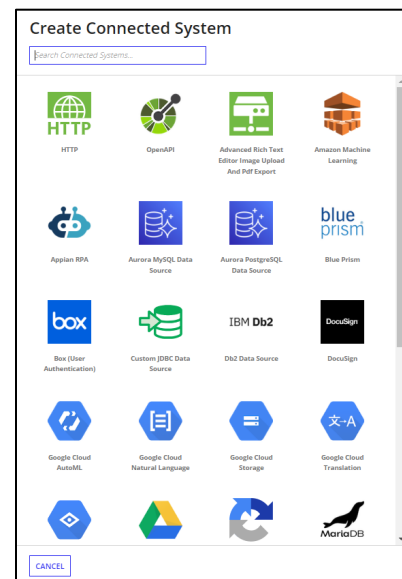


Figure 66: List of Pre-Built Connectors

Integration  
Architecture

Team **ignyte**  
Enablers

- Appian's Data Fabric promotes interoperability with desired systems, ensuring that data is synchronized and up-to-date across platforms
- Pre-built FHIR connectors speed up time to delivery, allowing for seamless integration with healthcare systems that meet HL7's FHIR standard
- Although migration is not required, ETL tools facilitate data migration, simplifying the process of loading data into the system
- Integration tools included at no extra cost and no extra charge per integration

### C.2.3.4 Application Architecture and Design

The application architecture leverages both commercial application components (AWS, Oracle, other external systems) and components built using the Appian low-code application platform (Case Management). This hybrid approach combines the flexibility of off-the-shelf solutions with the rapid development and customization capabilities of the Appian platform, ensuring agility and adaptability in meeting the County's evolving needs. By utilizing the power of low-code development, our solution enables quick iterations and enhancements, accelerating time-to-market for new features and functionalities. This architecture is also designed to ensure high performance and scalability, capable of supporting PCHS's growing user base and data requirements while maintaining optimal system responsiveness and reliability.

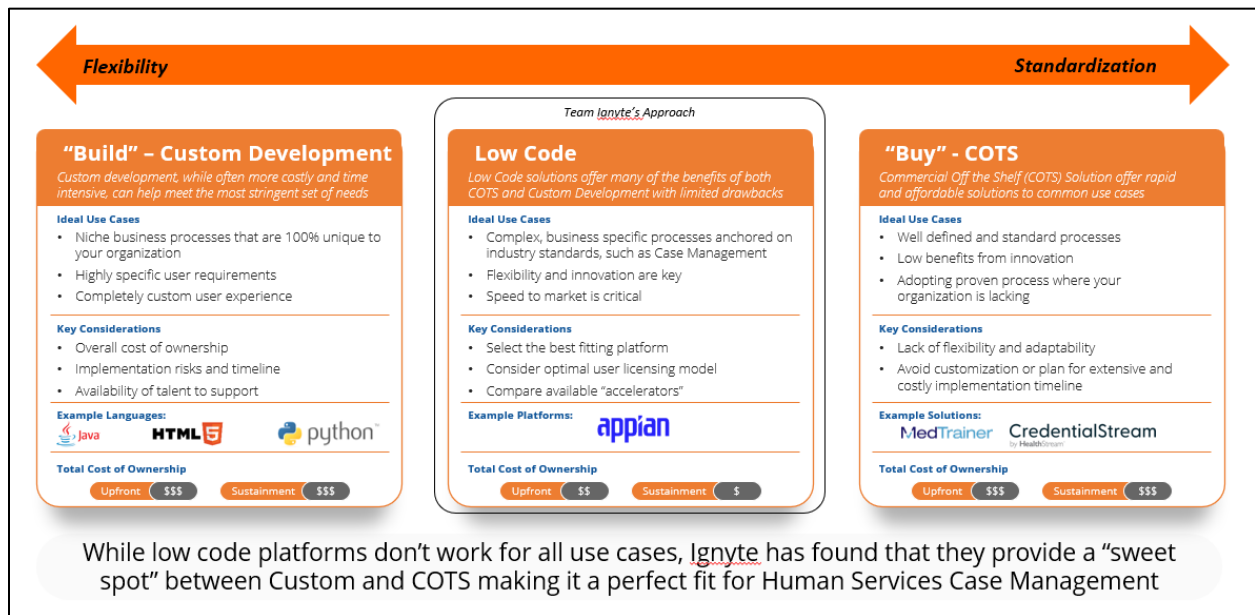


Figure 67: Team Ignyte's Low-Code Approach

### C.2.3.5 Business Process Architecture

Our solution's business process architecture is built using Appian's advanced workflow capabilities, empowering the county with the ability to design and automate complex workflows tailored to their unique requirements. By leveraging Appian's intuitive drag and drop interface designer and robust workflow engine, our solution enables PCHS to streamline operations, automate routine tasks, and enforce consistent processes across the organization. This includes the ability to configure intricate approval hierarchies, automated decision points, and conditional routing logic to ensure that tasks are efficiently managed and executed.

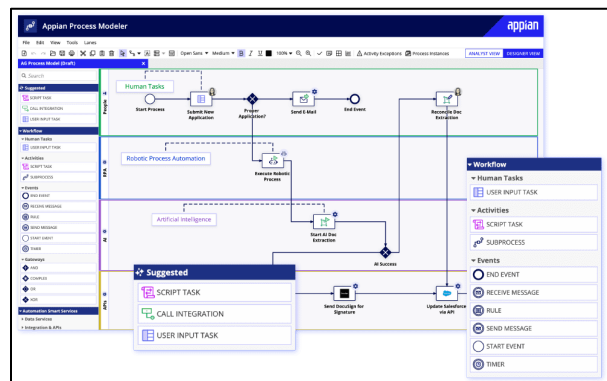


Figure 68: Low-Code Process Modeler

Appian's low-code platform allows for rapid prototyping and iterative development, facilitating



continuous process improvement and adaptation to evolving business needs. The solution also incorporates role-based access controls and audit trails to maintain data integrity and compliance with regulatory standards.

Additionally, the platform's built-in alerting mechanisms ensure timely notifications and escalations, keeping stakeholders informed and facilitating proactive decision-making. These alerts can be customized by end users based on predefined triggers, such as task completion, deadline expiration, or exceptional circumstances, ensuring that critical events are promptly addressed.

Overall, this strategic alignment of business processes with technology capabilities not only enhances operational efficiency but also fosters agility and responsiveness to changing business needs, positioning PCHS for sustained success and growth in the dynamic healthcare landscape.

### C.2.3.6 Data Architecture

Team Ignyte's Case Management solution prioritizes robust data architecture, including data management and governance for Pinellas County, ensuring complete ownership and control over their data. With seamless access, backup and restore capabilities, and data scrubbing features, our solution guarantees data integrity and continuity while empowering users to maintain accuracy and transparency. These capabilities serve as the backbone for the common data model that the Case Management system will support, explored in further detail below.

#### Data Ownership

Pinellas County maintains complete ownership and control over their data within our system, ensuring autonomy and control over its management and usage. Our solution facilitates seamless data access and action without necessitating migration, although we support the County's intention to migrate past data into our relational database, as shown in **Figure 69**. Importantly, all migrated data remains accessible and exportable by Pinellas County at any time, ensuring transparency and data sovereignty.

The screenshot shows a database management interface with a table of appointment data. The table has the following columns: appointmentId, patientId, providerId, name, details, startDateTime, endDateTime, addressLineOne, addressLineTwo, city, state, zip, isVirtual, createdBy, createdDateTime, updatedDateTime, isActive, and up. The data is displayed in a grid format with 8 rows visible. Each row includes a set of actions (edit, copy, delete) and a status indicator.

appointmentId	patientId	providerId	name	details	startDateTime	endDateTime	addressLineOne	addressLineTwo	city	state	zip	isVirtual	createdBy	createdDateTime	updatedDateTime	isActive	up
1	1	1	Prescription Refill Consultation		2021-04-26 14:30:00	2021-04-26 15:00:00	1990 K St NW		Washington	DC	22203	1	peter.provider	2021-04-22 11:33:45		1	NULL
2	2	1	Initial Consultation	Initial Consultation for John with Dr. Provider	2021-05-19 13:30:00	2021-05-19 14:30:00	2315 18th St NW		Washington	DC	20003	0	Anthony.Calgire	2021-04-22 13:25:49	2021-04-22 13:25:49	1	Anti
3	3	1	Lab Result Follow Up	Follow Up on the Lab Results	2021-10-07 13:30:00	2021-10-07 14:30:00	2315 18th St NW		Washington	DC	20003	0	Anthony.Calgire	2021-04-22 13:25:49	2021-04-22 13:25:49	1	Anti
4	4	1	Blood Work Appointment	Conduct Blood Tests	2021-05-13 13:30:00	2021-05-13 14:30:00	2315 18th St NW		Washington	DC	20003	0	Anthony.Calgire	2021-04-22 13:25:49	2021-04-22 13:25:49	1	Anti
5	5	1	Prescription Refill Consultation		2021-06-30 14:30:00	2021-06-30 15:00:00	1990 K St NW		Washington	DC	22203	1	peter.provider	2021-06-29 11:33:45		1	NULL
6	6	1	Lab Result Follow Up	Follow Up on the Lab Results	2021-07-21 13:30:00	2021-07-21 14:30:00	2315 18th St NW		Washington	DC	20003	0	Anthony.Calgire	2021-04-22 13:25:49	2021-04-22 13:25:49	1	Anti
7	7	1	Lab Result Follow Up	Follow Up on the Lab Results	2021-07-27 13:30:00	2021-07-27 14:30:00	2315 18th St NW		Washington	DC	20003	0	Anthony.Calgire	2021-04-22 13:25:49	2021-04-22 13:25:49	1	Anti
8	8	1	Prescription Update	Evaluate and update patient's prescription	2021-07-22 14:30:00	2021-07-22 16:30:00	2315 18th St NW		Washington	DC	20003	0	bentidwell	2021-07-21 16:07:51	2021-07-21 16:07:51	1	NULL

Figure 69: Relational Database Migration

The combination of Appian's Data Fabric tools, which allow data access and action to take place



in the Case Management system without the source data living directly within Appian's relational database, and the internal relational database that the system will leverage for data that PCHS does wish to migrate and manage within the Case Management system, will form the interconnected common data model for reference in Case Management and PCHS's integrated systems.

### ***Data Backup / Restore***

Appian Cloud provides data integrity and continuity through a robust backup and restore strategy. Regular full and incremental backups are conducted to minimize recovery point objectives, with data encrypted and stored in geographically dispersed facilities. This ensures that customer application data, including documents and archived processes, remains protected and accessible in the event of a disaster. Periodic testing of backup procedures also ensures the readiness and effectiveness of the data recovery process, guaranteeing seamless operations and minimal disruptions for customers. The backup strategy encompasses two primary types: Full System Backups, capturing the entire server hosting Appian, and Live Data Backups, focusing on application data for rapid restoration in case of failure.

### ***Data Scrubbing***

Our solution integrates advanced data scrubbing capabilities, leveraging ETL tools such as AWS Glue alongside Appian's data fabric, to meticulously validate and cleanse incoming data, safeguarding its accuracy and integrity. Through customizable data cleansing rules and automated workflows, users gain granular control over the cleansing process, identifying and rectifying inconsistencies, errors, and redundancies within imported data. This process is detailed below in **Figure 70**. This ensures that data processed within the system is of the highest quality, supporting reliable decision-making and enhancing overall data integrity.

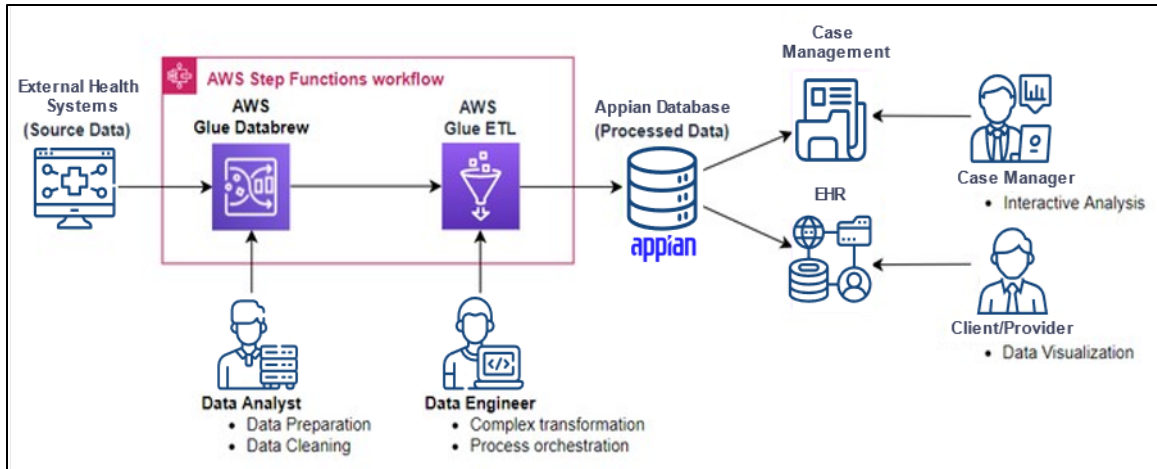


Figure 70: Data Scrubbing Workflow

### Direct Data Access

The Appian solution offers direct data access for external county reporting and offsite county backups through its Enhanced Data Pipeline feature. This functionality provides customers with a JDBC accessible RDBMS instance, allowing them to connect directly to their business data source. This integration enhances flexibility, enabling seamless access to data through familiar MySQL or MariaDB compatible database clients, and facilitates integration with data analysis tools such as Tableau and PowerBI. The Enhanced Data Pipeline simplifies ETL processes, enabling users to export, transform, and move data to existing organizational data marts and data warehouses on corporate infrastructure.

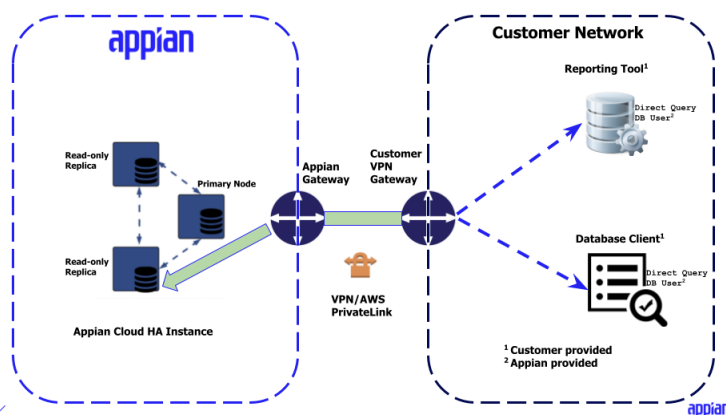


Figure 71: Our Solution's Advanced Data Pipeline

### Team IgnYTE Enablers

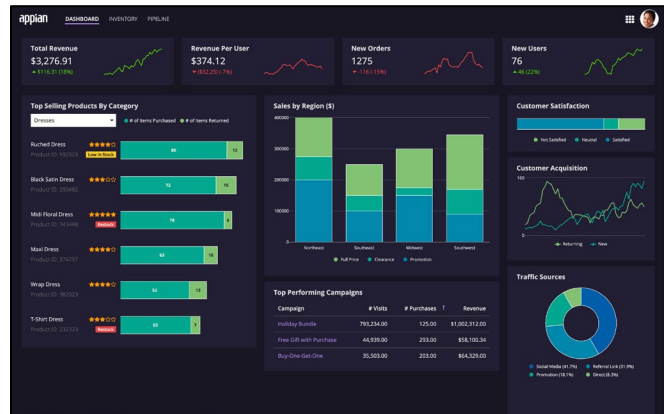
- County maintains data ownership, preventing vendor lock-in and ensuring long-term control over data
- Direct Data Access exposes collected data to additional county tools, facilitating additional reporting and process orchestration
- Built-in data governance tools ensure compliance with regulations and policies, enhancing data quality and security

### C.2.3.7 Reporting and Analytics Architecture

Our proposed solution incorporates a comprehensive Reporting and Analytics Architecture designed to empower the county with actionable insights and data-driven decision-making capabilities. Leveraging the advanced capabilities of the Appian platform, our solution offers a unified and intuitive approach to data analysis, enabling PCHS to extract valuable insights from their vast troves of data spanning all components of the healthcare ecosystem.

Our reporting architecture contains customizable dashboards, designed to provide PCHS stakeholders with intuitive and real-time visibility into key performance indicators (KPIs), metrics, and trends. These dashboards are tailored to the unique needs of each user role within the organization, ensuring that relevant information is readily accessible to support informed decision-making at all levels.

In addition to dashboards, our solution contains advanced reporting capabilities that enable PCHS to generate ad-hoc reports and drill-down analyses. These tools empower users to perform complex analyses without requiring specialized technical expertise, democratizing access to data-driven insights across the organization.



**Figure 72: Sample Customizable Dashboard**

The architecture includes seamless optional integration capabilities with external reporting systems, allowing PCHS to aggregate data from disparate sources and leverage third-party analytics tools to augment their analytical capabilities. This interoperability ensures that PCHS can harness the full potential of their data ecosystem, leveraging the best-in-class tools and technologies available in the market along with existing technology investments.

Additionally, the Reporting and Analytics Architecture is designed to support scalability and extensibility, enabling PCHS to adapt to evolving reporting requirements and data volumes over time. The architecture follows best practices for data governance, security, and compliance, ensuring that sensitive information is protected and regulatory requirements are met.

Overall, our solution empowers PCHS with the insights they need to optimize operations, improve patient outcomes, and drive strategic initiatives forward. By leveraging data as a strategic asset, PCHS can unlock new opportunities for innovation and growth – ultimately driving an increased quality of care and better outcomes for clients.

### **C.2.3.8 Security Architecture**

Our solution provides robust security measures and strict adherence to privacy standards including HIPAA. Client data is encrypted both in transit and at rest, ensuring confidentiality throughout transmission and storage. Access controls are implemented to restrict data access to authorized personnel only, with role-based permissions ensuring that users can only view or modify information relevant to their roles. Audit trails are maintained to track access and changes to client records, providing accountability and transparency. Regular security assessments and audits are conducted to identify and address any vulnerabilities, ensuring continuous compliance with HIPAA regulations. Overall, our solution prioritizes client privacy and data security, providing a secure environment for healthcare and human services information exchange.

### **HIPAA Compliance**

Appian is compliant with the HIPAA security requirements. Appian Cloud’s HIPAA compliance program follows the National Institute of Standards and Technology (NIST) 800-53 risk management framework, which directly aligns to the HIPAA security rules. Appian Cloud

implements the following NIST 800-53 controls:

- **Access Controls and Authentication** – RBAC and SAML integrations prevent unauthorized access.
- **Audit and Accountability** - Comprehensive audit logs ensure accountability and traceability for all system activities.
- **Contingency Planning** – Protocols ensure swift response and recovery in the event of system disruptions or emergencies.
- **Incident Response** – Mechanisms enable prompt identification, containment, and resolution of security incidents.
- **Personnel and Physical Security** – Stringent personnel and physical security measures safeguard sensitive data and infrastructure from unauthorized access.
- **Risk Assessment** – Regular procedures identify potential vulnerabilities and threats, allowing for proactive mitigation and risk management.
- **System Acquisition and Integrity** – Checks ensure the procurement and maintenance of secure and reliable IT assets.
- **Systems Communication Protection** – Appian safeguards data transmission and exchange, preventing interception or tampering by unauthorized entities.

### Data Encryption / Key Management

Appian Cloud employs robust encryption and key management practices to ensure the security and integrity of customer data. Full disk encryption using industry-standard algorithms such as AES protects data at rest, preventing unauthorized access even if disks are compromised. Additionally, the Bring Your Own Key (BYOK) feature allows system administrators to manage their own encryption keys, offering enhanced control and compliance. BYOK options include leveraging hardware security modules (HSM) or utilizing key management services, enabling customers to maintain control over their encryption keys and ensuring data security within their Appian Cloud environments.

### Access Controls

Our solution implements comprehensive physical, logical, and procedural access controls to safeguard user PHI and other data. As Appian is hosted on AWS GovCloud, physical access to data centers is strictly regulated, with restricted entry and surveillance measures in place. Logical access controls include role-based access control (RBAC) and multifactor authentication, ensuring that only authorized personnel can access sensitive systems and data. Procedural controls dictate strict protocols for user authentication (SSO), data handling, and incident response, ensuring compliance with industry standards and regulations while maintaining the confidentiality, integrity, and availability of customer data.

### Logging / Alerting

Our solution places significant emphasis on logging and monitoring to ensure the security and

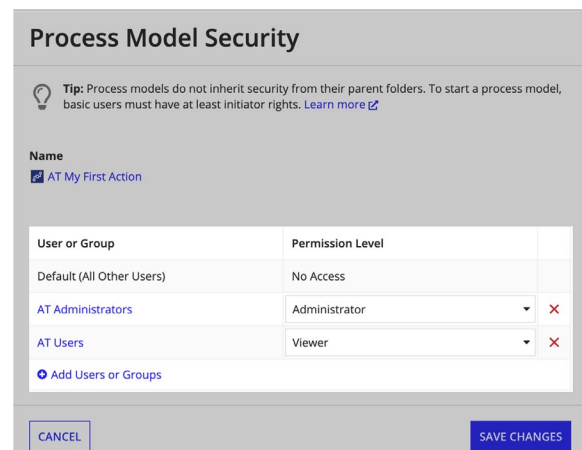


Figure 73: Built-in Role-Based Access Controls

integrity of healthcare and human services data. Robust logging mechanisms capture and retain detailed records of all system activities, including user interactions, system events, and improper access requests. These logs are used to detect anomalies or suspicious behavior and can be retained for any duration of time required by the county to meet relevant compliance standards. Real-time monitoring tools continuously track system performance and security metrics, promptly alerting administrators to any potential issues or breaches through various channels including email, SMS, and in-app alerts. Proactive measures, such as automated alerts and notifications, enable swift response to security incidents, helping to mitigate risks and maintain the confidentiality, integrity, and availability of customer data.

### Authorization / Authentication

Our solution prioritizes robust authorization and authentication measures to guarantee secure access to customer data. Through the implementation of industry-standard authentication protocols and integration with the County's existing Okta via SAML (Security Assertion Markup Language), we fortify identity verification processes. This integration seamlessly streamlines user access management, enabling centralized control and synchronization of permissions between Appian and the County's Okta systems. Additionally, our solution incorporates role-based access controls, ensuring that users are granted appropriate levels of access based on their roles and responsibilities. **Figure 74** showcases our solution's SAML configuration screen.

**Figure 74: Configurable SAML Settings**

Figure 74 showcases our solution's SAML configuration screen.

# C.3 Success Criteria and Use Cases

In this section, Team IgnYTE has provided detailed responses addressing PCHS’s request for use cases outlined in the RFP. Our proposed solution not only meets but exceeds these criteria by establishing a robust common data model and repository, prioritizing critical cross-functional workflows, providing comprehensive training and mentoring, developing key dashboards and reports, implementing a thorough integration strategy, and offering optional functionality for grant and contract management. Our team is dedicated to delivering a solution that not only meets but exceeds PCHS's expectations, ensuring the success of this project and the long-term satisfaction of Pinellas County.

## Use Case 1: Improved Client Engagement

Our proposed solution for improving client engagement involves creating a unified, single-pane-of-glass client portal to streamline access to Pinellas County Health Services (PCHS) programs. The goal is to make it as easy as possible for clients to access resources, reducing potential confusion and barriers to services. The public portal will provide comprehensive information about all HS programs, offering clear navigation and an entry point for applying for services and creating an account.

After creating an account, clients will have access to a secure portal that will enable secure communication and document exchange, appointment scheduling, and tracking of currently enrolled services and eligibility for new services. It will bring information from several different source systems under the hood to display to the client in one place. The portal will be browser-based and mobile-enabled, ensuring accessibility across devices for all clients.

Our overall approach to this use case involves working closely with Pinellas County to outline the current processes and perform a gap analysis to tailor our solution to meet your specific needs and processes. We will collaborate with PCHS to prioritize all features in the backlog according to their impact, ensuring that the most critical functionalities are addressed first.

### Success Criteria Key Highlights

- **Common Data Model and Repository:** The Case Management system and Client Portal leverage a common database in the Appian low-code platform. Data and documentation provided by users in either system/portal live in one centralized hub.
- **Cross-Functional Workflows and Data Triggers:** Clients and PCHS Staff communicate throughout key client-centric workflows, such as when a client is applying for services. Tasks and alerts are automatically assigned by the system as users complete each step in the process.
- **Mentoring and Training:** The system prioritizes simple, user-friendly interfaces and rich embedded guidance for clients to access at any time.

Key Success Criteria	
✓	Common Data Model & Repository
✓	Cross-Functional Workflows & Data Triggers
✓	Mentoring and Training
✓	Key Dashboards, Metrics, and Reports
✓	Integration Strategy

Figure 75: Key Success Criteria



- **Key Dashboards, Metrics, and Reports:** The client dashboard features key information and metrics from several integrated systems all in one place, eliminating the burden on clients of juggling multiple platforms.
- **Integration Strategy:** The system integrates with other key PCHS systems to enable a single-pane-of-glass view for clients in their dedicated Client Portal.

### UC 1.1 Workflow

Prospective and current clients will be able to follow a defined workflow to view Pinellas County and partner resources, submit applications, track application progress, and gain access to the interconnected system with full capabilities for messaging, tracking enrollment, and scheduling various services across the care spectrum.

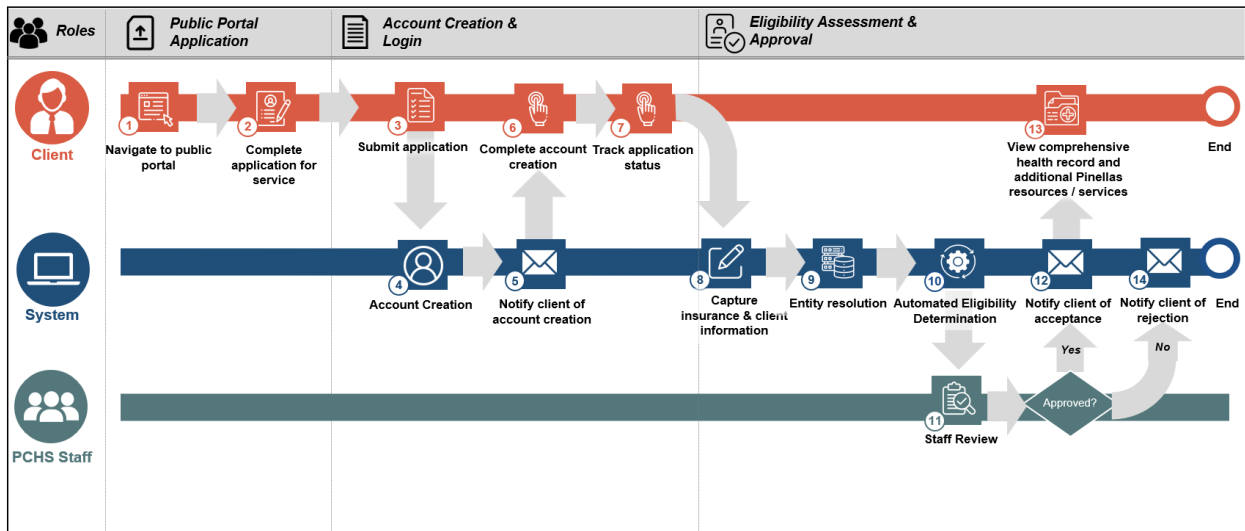


Figure 76: Use Case 1.1 Workflow

This workflow, as outlined in **Figure 76**, will involve the following activities:

- Prospective client accesses public portal to view Pinellas County resources and move through a guided wizard to submit an application for services (**activities 1-2**)
- Prospective client submits an application and the system creates a user account, allowing the client to configure login details, track their application status, and receive automated notifications about status updates (**activities 3-7**)
- System automatically captures associated user data and performs light eligibility checks to prevent non-eligible individuals from applying based on configurable rules (**activities 8-10**)
- System prompts PCHS staff to review the application (**activity 11**)
- Based on acceptance or rejection, system sends out an automated notification to client on their status (**activities 12-14**)

Once an account is created, clients can take action across a variety of functions through a single pane of glass. Quick actions for secure messaging, viewing services, and requesting appointments will be readily available from a single location, offering a simple and intuitive user experience to users who may be less technically savvy.



This workflow will be aligned to current business rules at Pinellas County to route and manage applications, allowing automated system triggers and notifications to be built in and reduce manual communication pathways. As part of our gap-analysis assessment, we will work with the appropriate stakeholders to gather requirements and outline the current business process. From there, we'll prioritize features based on Must-Have, Should-Have, and Could-Have designations, ensuring that the first release contains all vital features to meet PCHS's success criteria.

During our requirements gathering phase, we'll define the applicable user personas, so that sensitive information is hidden based on role-based access controls. The public portal will be accessible to prospective clients. Once the account is created, current clients will have access to the secure portal tailored to their specific data, enrolled programs, and recommended programs.

### UC 1.2 Dashboards & Reporting

Our secure portal will allow for a single view of all pertinent client information, tailored specifically for each user. Clients will be able to view dashboards for their specific situations, only seeing information that is relevant to them. Our role-based access controls will ensure that all information and available actions are unique to a client's needs and available reports cater to their data.

Clients will have a simplified view to easily track the status of their applications, keeping them engaged throughout the full application lifecycle and informing them when their application has moved to the next step. Additional reports may be based on information from other integrated systems, like the EHR, allowing clients to easily view their own health metrics and trends over time in the portal.

Dashboards and reports can be quickly and easily configured as necessary, allowing for simple adjustments of data based on changing metrics. Dashboards will allow for filtering, so clients can configure their own view based on different data points, such as periods of time. From this view, certain key actions will be available, such as scheduling appointments and communicating with case managers about any questions or concerns.

### UC 1.3 Data Model

Our client portal will pull data directly from the case management system, ensuring that the data is specific to the client logged in at that time. Additional role-based access controls can be configured to ensure certain sensitive data points are hidden when needed. As new clients are creating accounts from the public portal, our system will attempt to connect these accounts to existing client record information from other systems, associating the new account with any existing data the client might have provided. Our system will prompt PCHS staff members to perform a final reconciliation to validate any potential mismatches or duplications prior to account creation.

As shown in **Figure 77**, the Client record is the central piece of our data model for this use

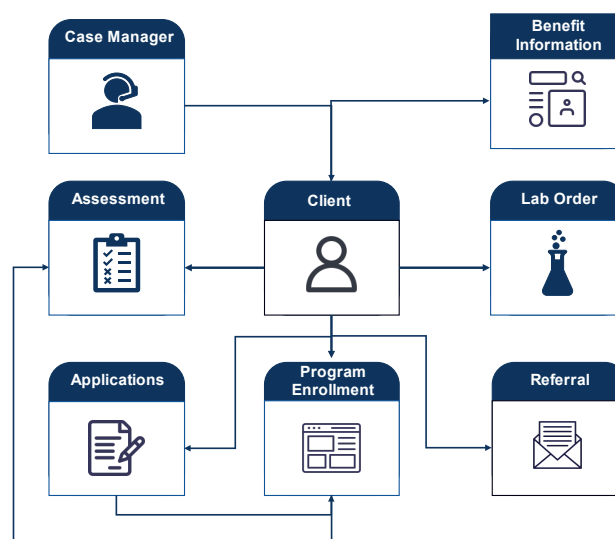


Figure 77: Use Case 1.3 Data Model

case. We envision additional relationships between Applications, Program Enrollments, and Assessments, where a Client may submit multiple Applications, which may result in multiple Program Enrollments. Assessments may be logged throughout the application/intake process and throughout the course of an active enrollment. Data submitted by the client will be formatted to follow HL7 FHIR standards wherever applicable, following industry standards and best practices.





For any documents submitted by the client, we can configure these to either live directly within the Appian environment or integrated with a separate document management system that is preferred by Pinellas County. If a separate document management system is used, the case management system will be able to pull these documents easily through low-code enabled integrations.

### **UC 1.4 Integrations**

As both the client portal and the case management system will be built on the Appian platform, no additional integration is needed to facilitate data flow. Data can be shared automatically between both systems with no need for manual human intervention.

Additional integrations will be configured to pull data from other applicable systems to display to clients directly in their portal as needed, such as integrations to the **EHR, Behavioral Health**

**Providers**, and other external provider systems. Our solution can also rapidly integrate with **Twilio** and **PostGrid** to provide a secure, reliable way to reach clients and patients via SMS text or regular mail. Enablement of these integrations will follow Pinellas County's guidelines and leverage standard integration technologies, such as APIs, SFTP, and webhooks.

Key Integrations for UC 1	
	Future Pinellas EHR
	Behavioral Health Providers
	Twilio
	PostGrid

### **UC 1.5 Training & Enablement**

Our enablement plan includes several layers of training materials and embedded guidance within the application to ensure external client users understand how to use the platform.

#### **Enablement**

- Using Appian's low-code capabilities, our system will be designed to be intuitive and easy to use for all user types. In addition to simple user interfaces, **embedded guidance and tool tips** will be available across different fields and workflows, providing further context and direction for users as they move through the platform.
- All client-facing capabilities will be thoroughly tested to ensure **Section 508 accessibility compliance**.
- All client-facing capabilities will provide **multi-language support** for the languages that PCHS identifies should be supported, with English and Spanish at a minimum.

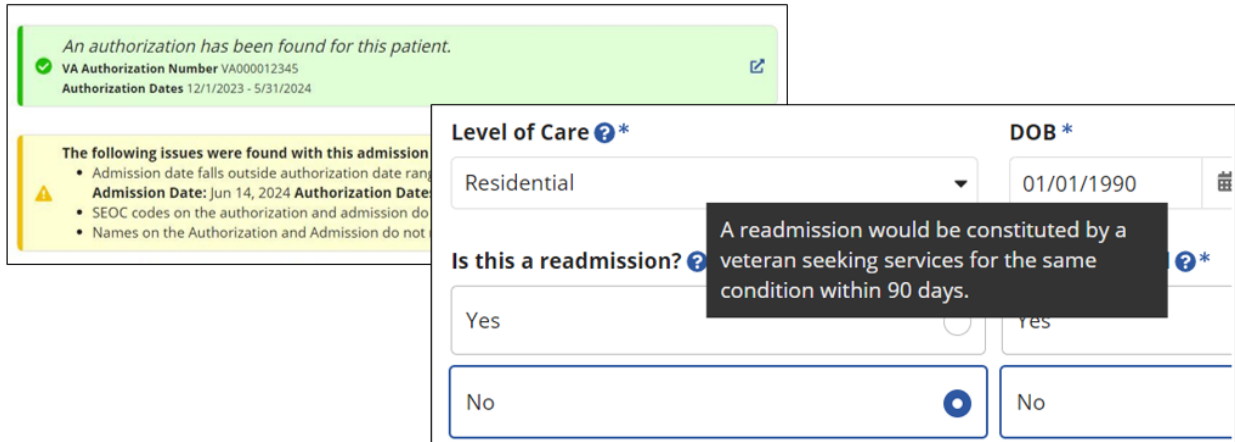


Figure 78: Embedded Guidance & Tooltips

### Training

- Our platform includes a dedicated **FAQ / How To** section that may be continually enhanced to cover common questions reported by end users.
- We will work with PCHS for each release to refine updated **user guides** and **help videos** that will be embedded within the solution to provide streamlined guidance for working through common actions and workflows.

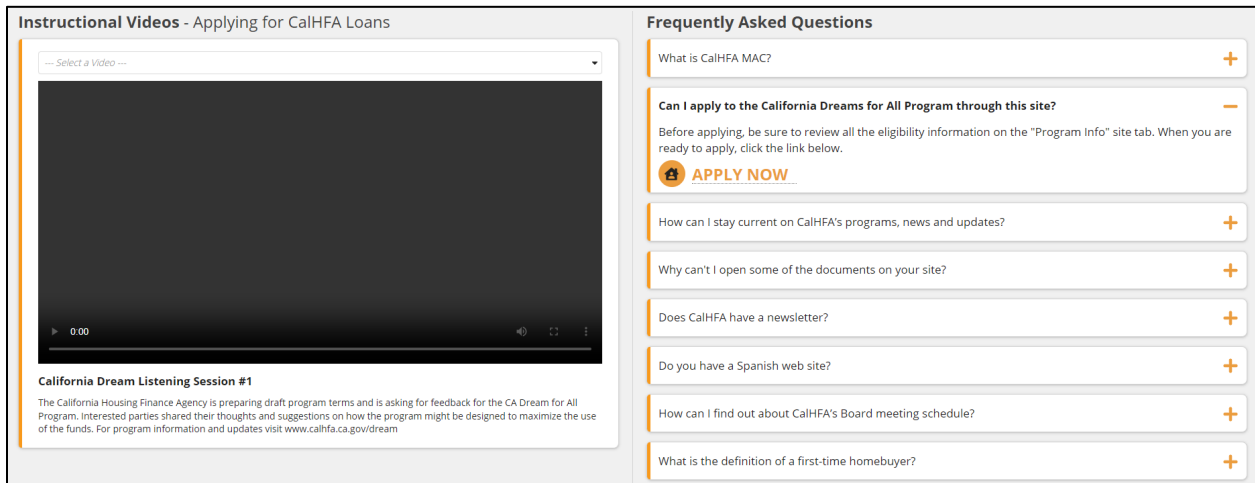


Figure 79: Embedded FAQ and Help Videos

## Use Case 2: Provider Management and Data Intake Exchange

Our proposed solution for streamlining the management of external partner providers involves creating a unified single-pane-of-glass portal where external providers can provide information to PCHS. The goal of the solution is to reduce the complexity for both PCHS staff and external providers in managing provider records, receiving notifications, conducting secure communication and document exchanges, and milestone tracking, reducing overall administrative overhead. PCHS administrators will be able to easily control and limit access to the provider portal and available information and action within it.

Our overall approach to this use case involves working closely with Pinellas County to outline the current processes and perform a gap analysis to tailor our solution to meet your specific needs and processes. We will collaborate with PCHS to prioritize all features in the backlog according to their impact, ensuring that the most critical functionalities are addressed first.

### Success Criteria Key Highlights

- **Common Data Model and Repository:** The Case Management system and Provider Portal leverage a common database in the Appian low-code platform. Data and documentation provided by users in either system/portal live in one centralized hub.
- **Cross-Functional Workflows and Data Triggers:** Providers and PCHS Staff communicate throughout key provider-centric workflows, such as when a provider is submitting an invoice or uploading data for intake into the case management system. Tasks and alerts are automatically assigned by the system as users complete each step in the process.
- **Mentoring and Training:** The system prioritizes simple, user-friendly interfaces and rich embedded guidance for clients to access at any time. Team IgnYTE will facilitate train the trainer sessions for PCHS staff.
- **Key Dashboards, Metrics, and Reports:** The provider dashboard features key information and metrics for all activities that the provider is coordinating with PCHS all in one place. Dashboards surface alerts for activities requiring attention and detailed reports enable providers and PCHS staff to track deliverables.
- **Integration Strategy:** The system integrates with other key PCHS systems to enable a single-pane-of-glass view for providers in their dedicated Provider Portal.



Figure 80: Key Success Criteria

### UC 2.1 Workflow

PCHS Staff and Providers will be able to follow a defined workflow for communication and

collaboration, streamlining the data intake and exchange process.

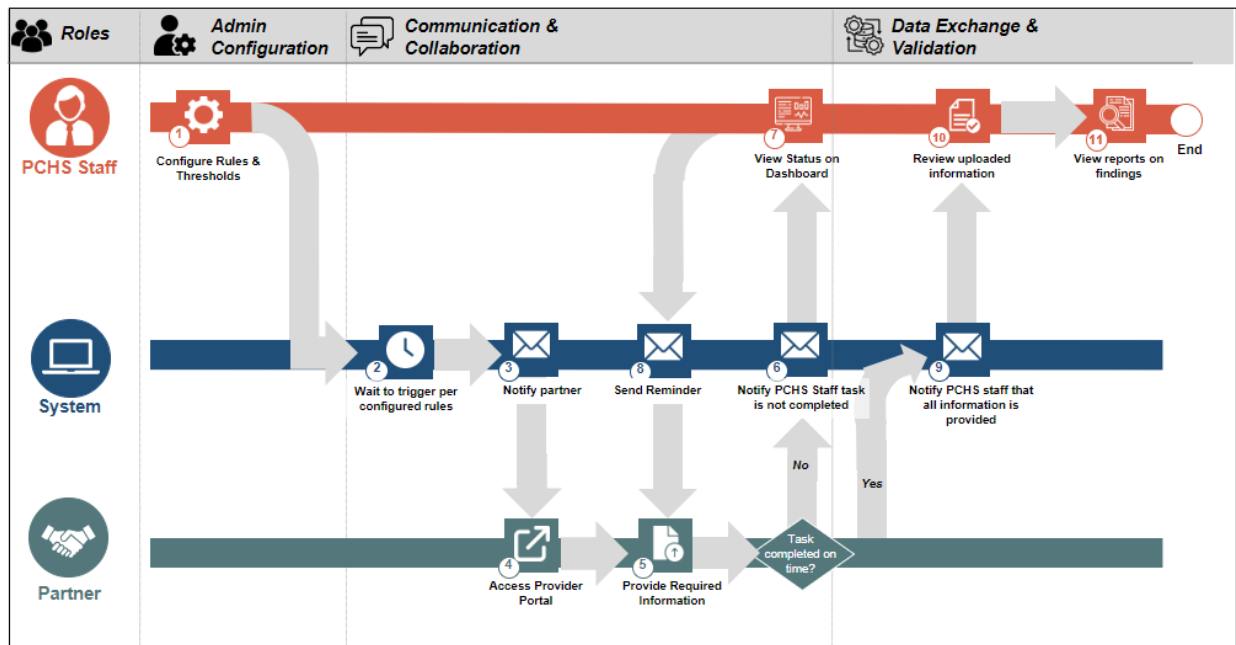


Figure 81: Use Case 2.1 Workflow

This workflow, as outlined in **Figure 81**, will involve the following activities:

1. PCHS Staff configure system access for partner providers and configure deliverables and timelines for programs and providers (**activities 1-2**)
2. Providers are notified of assigned deliverables and upcoming due dates and can login to provide the required information and documentation needed for each deliverable. Providers may configure their preferences to receive notifications across multiple channels (**activities 3-5**)
3. The system sends notifications of deliverables that are past due to PCHS staff (**activity 6**)
4. PCHS Staff can view status updates on milestone and deliverable status for each program and provider. System configured reminders will automatically trigger for upcoming deliverables (**activities 7-8**)
5. The system notifies PCHS staff when a deliverable or milestone is reached, prompting them to review the submitted information (**activities 9-11**)
  - a. Intelligent Document Processing (IDP) may be leveraged to pull information out of standard Word/PDF forms or images that are uploaded by the provider to streamline the review process

PCHS administrative staff will be able to manage which external providers have access to the application via a simple, user-friendly interface. Administrators will be able to create new user accounts, configure which program and/or services the provider is associated with, and grant additional role-based access to each user. The system will send automated notification emails to newly onboarded providers with instructions on how to access the Provider Portal.

PCHS staff will be able to view all providers with access to the system in a single dashboard. From that dashboard, staff will be able to configure the programs a provider is associated with, the personal details of that provider, deliverables the provider is responsible for, and the timeline

for all milestones and deliverables. As providers upload their data PCHS staff will be prompted to review and validate each deliverable. Communication between PCHS staff and providers will be linked to each deliverable throughout the review process, ensuring all information and communication is in one centralized location.

Once providers are granted access to the system, they will be able to see the personal information related to themselves and their provider agency, assigned timelines and deliverables, communications with PCHS staff, and any system-generated notifications. We will work with PCHS to configure standardized options for deliverables (such as templated Excel formats) that we expect providers will need to leverage for providing information to PCHS.

## UC 2.2 Dashboards & Reporting

Our provider dashboard will allow for a single view of all pertinent information to that provider, including but not limited to:

- Assigned milestone and deliverables, including alerts for upcoming due deliverables
- Invoicing workflow and reporting
- Secure communication channels to PCHS staff
- Personalized reporting and KPIs

PCHS staff dashboards will be tailored to workflows for each team. Our solution provides standard modules for secure communication, notifications and alerts, and reporting across the entire system. Additional modules based on user access may include, but is not limited to:

- Viewing and managing provider access
- Configuring programs and services within the system
- Detailed reporting for provider milestones and deliverables
- Detailed reporting for provider invoicing

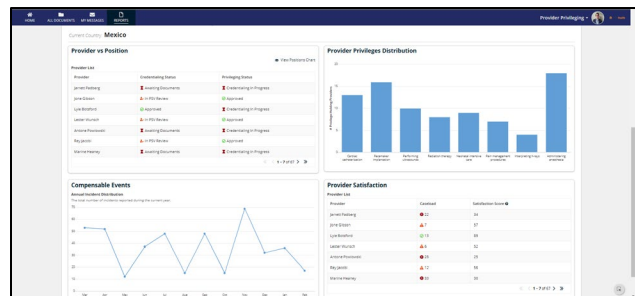


Figure 82: Provider Reporting Dashboard

Dashboards and reports can be quickly and easily configured as necessary, allowing for simple adjustments of data based on changing metrics. Dashboards will allow for filtering, so providers and PCHS staff can configure their own view based on different data points, such as periods of time.

## UC 2.3 Data Model

Our provider portal will pull data directly from the case management system, ensuring that the

data is specific to the provider logged in at that time. As shown in **Figure 83**, the Program and Provider records are the central pieces of our data model for this use case. Programs will consist of enrolled Clients, associated Providers, Deliverables, and Documents. Providers will also have the capability to directly have Deliverables and Documents, as well as Invoices.

For any documents submitted by the provider, we can configure these to either live directly within the Appian environment or integrated with a separate document management system that is preferred by Pinellas County. If a separate document management system is used, the case management system will be able to pull these documents easily through low-code enabled integrations.

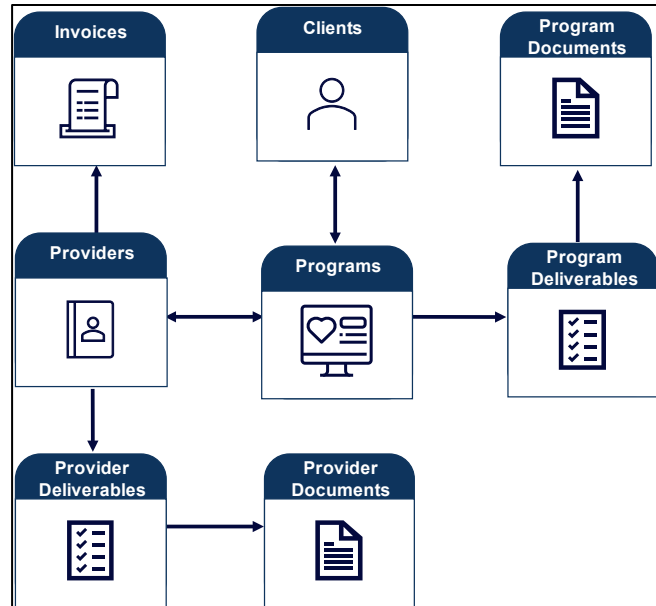






Figure 83: Use Case 2.3 Data Model

### UC 2.4 Integrations

As both the provider portal and the case management system will be built on the Appian platform, no additional integration is needed to facilitate data flow. Data can be shared automatically between both systems with no need for manual human intervention.

Additional integrations will be configured between the case management system and external systems to facilitate data sharing, including with the **EHR, Partner Program systems, and Oracle EBS**.

Key Integrations for UC 2	
	Pinellas EHR
	Partner Programs
	Oracle EBS
	Microsoft Power BI

Integration with Power BI or other external reporting tools will further enhance our solutions out of the box reporting and analytics capabilities. Enablement of these integrations will follow Pinellas County’s guidelines and leverage standard integration technologies, such as APIs, SFTP, and webhooks.

### UC 2.5 Training & Enablement

Our enablement plan includes several layers of training materials and embedded guidance within the application to ensure PCHS staff and external provider users understand how to use the platform.

#### Enablement

- Using Appian’s low-code capabilities, our system will be designed to be intuitive and easy to use for all user types. In addition to simple user interfaces, **embedded guidance and tool tips** will be available across different fields and workflows, providing further context and direction for users as they move through the platform.



- See **Figure 78** in **Section UC 1.5** for sample embedded guidance & tooltips.

### Training

- Our platform includes a dedicated **FAQ / How To** section that may be continually enhanced to cover common questions reported by end users.
- We will work with PCHS for each release to refine updated **user guides** and **help videos** that will be embedded within the solution to provide streamlined guidance for working through common actions and workflows.
- For PCHS staff, we will facilitate tailored **train the trainer sessions** to ensure each internal role is well prepared to complete their responsibilities in the new system.
- See **Figure 79** in **Section UC 1.5** for sample embedded FAQ & help videos.

## Use Case 3: Business Services – Payable Invoice Management and Reconciliation

Our proposed solution for improving business services for invoicing involves creating a streamlined workflow for providers submitting invoices and PCHS staff reviewing invoices to collaborate in one centralized location, decreasing the overall processing time for invoices. This workflow will involve several handoffs and integration points between the Case Management system, EHR, external providers, and Pinellas County’s ERP system.

Our overall approach to this use case involves working closely with Pinellas County to outline the current processes and perform a gap analysis to tailor our solution to meet your specific needs and processes. We will collaborate with PCHS to prioritize all features in the backlog according to their impact, ensuring that the most critical functionalities are addressed first.

### Success Criteria Key Highlights

- **Common Data Model and Repository:** The Case Management system and Provider Portal leverage a common database in the Appian low-code platform. Data and documentation provided by users in either system/portal live in one centralized hub.
- **Cross-Functional Workflows and Data Triggers:** Providers and PCHS Staff communicate throughout key provider-centric workflows, such as invoice submission and processing. Tasks and alerts are automatically assigned by the system as users complete each step in the process.
- **Mentoring and Training:** The system prioritizes simple, user-friendly interfaces and rich embedded guidance for clients to access at any time. Team IgnYTE will facilitate train the trainer sessions for PCHS staff.
- **Key Dashboards, Metrics, and Reports:** The provider dashboard features key information and metrics for all activities that the provider is coordinating with PCHS all in



**Figure 84: Key Success Criteria**

one place. Dashboards surface alerts for activities requiring attention and detailed reports enable providers and PCHS staff to track deliverables.

- **Integration Strategy:** The system integrates with other key PCHS systems to enable a single-pane-of-glass view for providers in their dedicated Provider Portal.

### UC 3.1 Workflow

Providers and PCHS staff will be able to follow a defined workflow for submitting, reviewing, and processing invoices, which will streamline the invoicing process by utilizing automatic validation, automatic notifications, and efficient reporting.

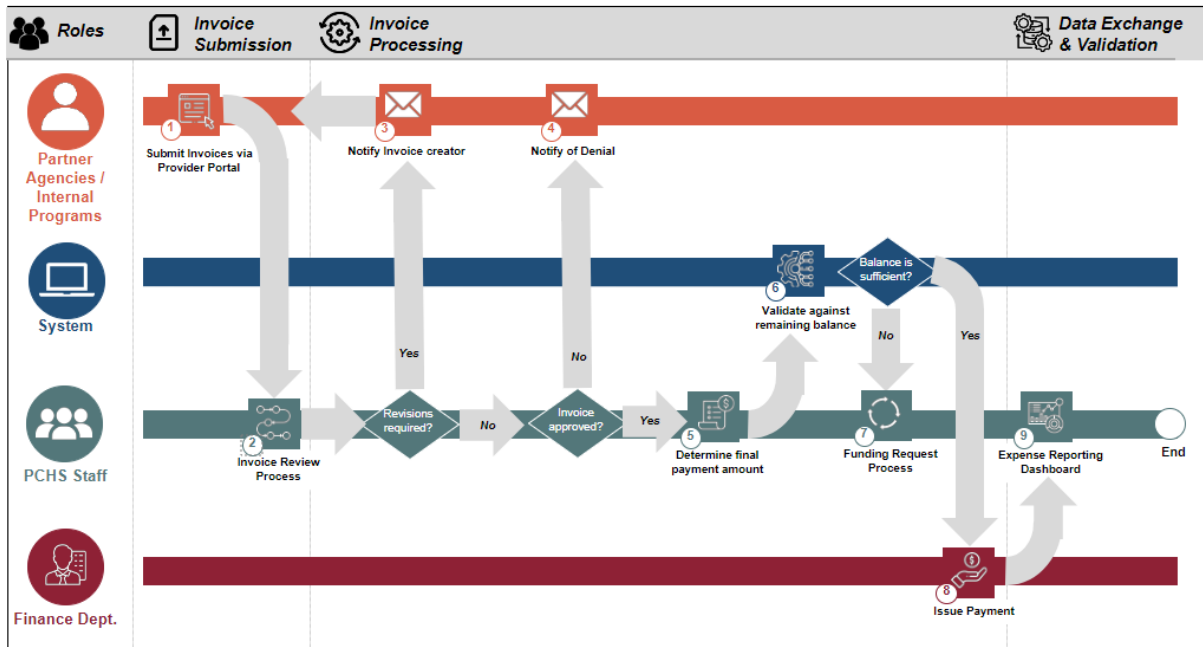


Figure 85: Use Case 3.1 Workflow

This workflow, as outlined in **Figure 85**, will involve the following activities:

1. Provider submits invoice information from the Provider Portal. The guided wizard will walk the provider through the submission process, validate that all required information is provided, and validate on logical discrepancies defined by business rules in the system (**activity 1**)
2. The invoice is routed through a review process with PCHS staff. If revisions are required, the system will route the invoice back to the provider with comments from the reviewer on what changes are needed. This review process is tailorable to PCHS's needs and can include multiple review steps (**activities 2-7**)
3. The system verifies if the vendor for the invoice exists in Oracle, PCHS's ERP system. If it doesn't exist, it initiates the creation of the new vendor ID, otherwise it pulls the existing vendor ID to associate with the invoice, and then sends the invoice to Finance for payment (**activity 8**)
4. PCHS Staff can view detailed reporting for invoices, including a burndown on program budgets and balances on contracts (**activity 9**)

PCHS administrative staff will be able to manage which external providers have access to the application via a simple, user-friendly interface. Administrators will be able to create new user accounts, configure which program and/or services the provider is associated with, and grant additional role-based access to each user. The system will send automated notification emails to newly onboarded providers with instructions on how to access the Provider Portal.

PCHS staff will be able to view all providers with access to the system in a single dashboard. From that dashboard, staff will be able to configure the programs a provider is associated with and if they can submit invoices. PCHS staff will receive tasks to review provider-submitted invoices. The review workflow will include a detailed audit trail that includes tracking who reviewed an invoice, status changes, and any communication that took place during the review process.

Once providers are granted access to the system, they will be able to see the personal information related to themselves and their provider agency, submit invoices, and view submitted invoice status and actions from their dashboard. We will work with PCHS to configure the invoicing process to align precisely with PCHS's unique activities.

### ***UC 3.2 Dashboards & Reporting***

Our provider dashboard will allow for a single view of all pertinent information to that provider, including but not limited to:

- Invoice submission, status, and reporting
- Secure communication channels to PCHS staff
- Personalized reporting and KPIs

PCHS staff dashboards will be tailored to workflows for each team. Depending on PCHS's desired user roles, each group will receive different tasks during the review process. As such, each group will have dashboards tailored to their unique role within the invoicing process. Our solution provides standard modules for secure communication, notifications and alerts, and reporting across the entire system. Additional modules based on user access may include, but is not limited to:

- Viewing and managing provider access
- Configuring programs and services within the system
- Assigned tasks for reviewing submitted invoices
- Detailed reporting for provider invoicing

Dashboards and reports can be quickly and easily configured as necessary, allowing for simple adjustments of data based on changing metrics. Dashboards will allow for filtering, so providers and PCHS staff can configure their own view based on different data points, such as periods of time.

### UC 3.3 Data Model

Our provider portal will pull data directly from the case management system, ensuring that the data is specific to the provider logged in at that time. As shown in **Figure 86**, the Program and Provider records are the central pieces of our data model for this use case. Programs will be linked to enrolled Clients and associated Providers. Providers will be linked to Oracle’s integrated vendor list, and be associated with every Invoice and Invoice Documents they submit.

For any documents submitted by the provider, we can configure these to either live directly within the Appian environment or integrated with a separate document management system that is preferred by Pinellas County. If a separate document management system is used, the case management system will be able to pull these documents easily through low-code enabled integrations.

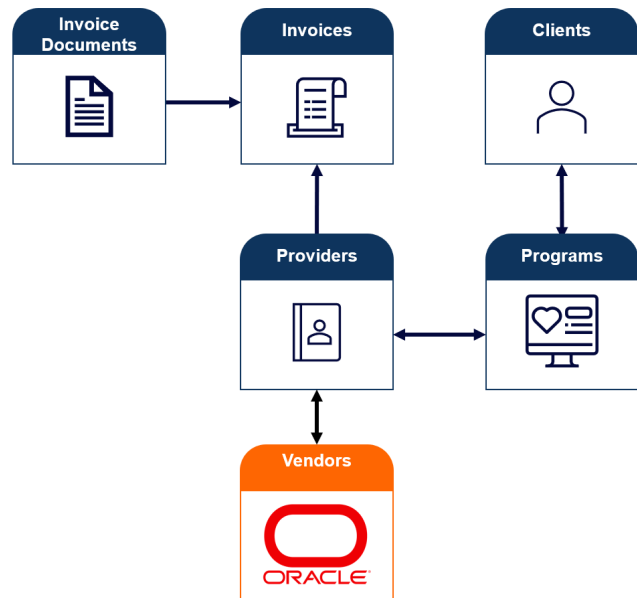
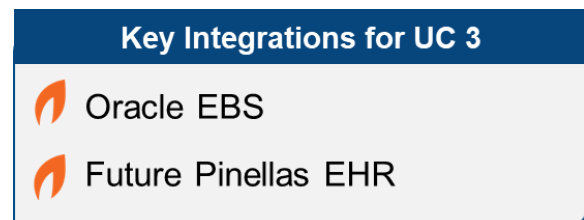


Figure 86: Use Case 3.3 Data Model

### UC 3.4 Integrations

As both the provider portal and the case management system will be built on the Appian platform, no additional integration is needed to facilitate data flow. Data can be shared automatically between both systems with no need for manual human intervention.



Additional integrations will be configured, including sending and fetching invoice, vendor, and payment information to **Oracle EBS** and fetching healthcare services provided and tracked in the **EHR**. Enablement of these integrations will follow Pinellas County’s guidelines and leverage standard integration technologies, such as APIs, SFTP, and webhooks.

### UC 3.5 Training & Enablement

Our enablement plan includes several layers of training materials and embedded guidance within the application to ensure PCHS staff and external provider users understand how to use the platform.

#### Enablement

- Using Appian’s low-code capabilities, our system will be designed to be intuitive and easy to use for all user types. In addition to simple user interfaces, **embedded guidance and tool tips** will be available across different fields and workflows, providing further context and direction for users as they move through the platform.
- See **Figure 78** in **Section UC 1.5** for sample embedded guidance & tooltips.

## Training

- Our platform includes a dedicated **FAQ / How To** section that may be continually enhanced to cover common questions reported by end users.
- We will work with PCHS for each release to refine updated **user guides** and **help videos** that will be embedded within the solution to provide streamlined guidance for working through common actions and workflows.
- For PCHS staff, we will facilitate tailored **train the trainer sessions** to ensure each internal role is well prepared to complete their responsibilities in the new system.
- See **Figure 79** in **Section UC 1.5** for sample embedded FAQ & help videos.

## Use Case 4: Integrated Client Record

Our goal is to provide PCHS staff with a unified, single pane of glass to assess the overall state of a client's health and wellbeing. Our case management system will serve as the central hub for a unified client record, with data tracked internally and linked from external integrated systems.

Our overall approach to this use case involves working closely with Pinellas County to outline the current processes and perform a gap analysis to tailor our solution to meet your specific needs and processes. We will collaborate with PCHS to prioritize all features in the backlog according to their impact, ensuring that the most critical functionalities are addressed first.

### Success Criteria Key Highlights

- **Common Data Model and Repository:** The Case Management system serves as the central hub for consolidating client data into unified records.
- **Cross-Functional Workflows and Data Triggers:** PCHS Staff are involved in human-in-the-loop workflows to support the system's automated matching logic for client data. Tasks and alerts are automatically assigned by the system as users complete each step in the process.
- **Mentoring and Training:** The system prioritizes simple, user-friendly interfaces and rich embedded guidance for clients to access at any time. Team Ignyte will facilitate train the trainer sessions for PCHS staff.
- **Key Dashboards, Metrics, and Reports:** The client record consolidates all information across the integrated systems all in one place, eliminating the burden on users of juggling multiple platforms or hunting information down in multiple places.
- **Integration Strategy:** The system integrates with other key PCHS systems to enable a single-pane-of-glass view of client records within the case management system and provides data push capabilities to ensure external systems also have up-to-date information.

Key Success Criteria	
✓	Common Data Model & Repository
✓	Cross-Functional Workflows & Data Triggers
✓	Mentoring and Training
✓	Key Dashboards, Metrics, and Reports
✓	Integration Strategy

Figure 87: Key Success Criteria

## UC 4.1 Workflow

Our case management system follows a cyclical workflow to continuously ensure new data ingested into the system is correctly linked to existing client records, as illustrated in **Figure 88** below. The activities of this workflow include:

1. **New client data ingested into system:** Data is ingested either via actions internal to the case management system, or by receiving data via integrated external systems.
  - a. Internally ingested data includes users creating new client records in the system. In this case, the system provides tools for searching the client against existing records and surfaces them to the user to verify that the client they are trying to create does not already exist. This helps to prevent users in the system from duplicating client records.
  - b. Externally ingested data includes integrated systems and data extracts that are uploaded into the case management system. Our system uses a set of data points from both systems or the extract that are confidently unique enough, such as name, date of birth, and Medicaid ID, to automatically match client records in both systems. The set of unique data points to be leveraged is configurable and can be different for each integrated system. In the cases where there is a partial match or multiple potential matches, our system initiates a human-in-the-loop workflow to validate if the records in the two systems should be linked.
2. **Store data in unified client record:** All client data stored within the case management system and linked from external integrated systems will be available to users with appropriate access to view from a single client record. Users will be able to see a detailed view of all aspects of a single client's care, as well as run broader analysis and reporting of client populations, leveraging the unified client record.
3. **Maintain Links to External Systems:** For integrated systems, once a client record match is found, the system stores the external ID of the client record in the external system to speed up matching in future data ingestion efforts.

4. **Role Based Access Controls:** While all data will be stored in a unified client record, users who access it within the system will be limited to see only what their role grants them access to see or act on.

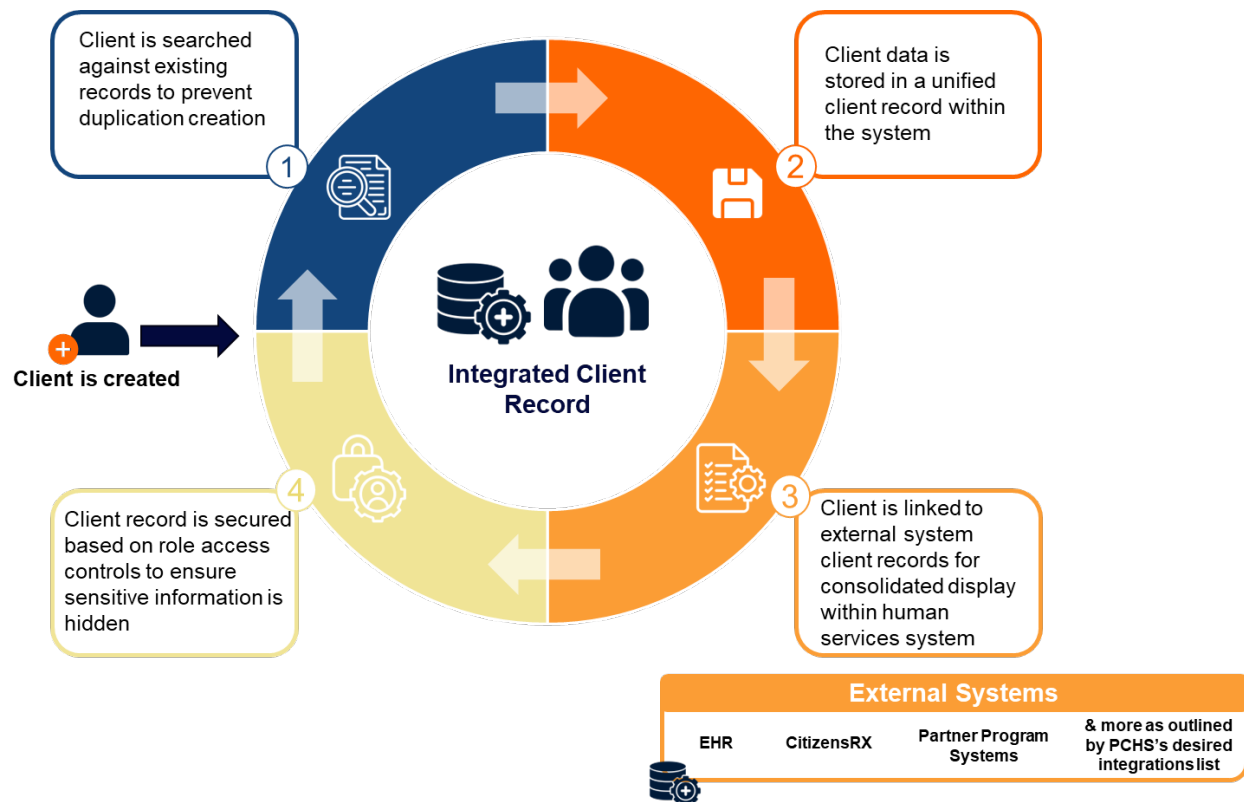


Figure 88: Integrated Client Record

In the same way that data is ingested into the case management system, our system can expose APIs or interact with other systems to ensure users in other systems have up-to-date data mirroring the case management system. Additionally, while our system provides robust reporting tools directly within the case management system, all client data is available to be pushed to external reporting tools such as Power BI and AWS.

### UC 4.2 Dashboards & Reporting

A unified client record will contain all information linked to that client provided directly from the client themselves, PCHS documentation, and all other integrated sources. Information that users will be able to access from a unified client record based on their access controls may include, but is not limited to:

- Client Demographics
- Appointments
- Referrals
- Internal & External Program Applications & Enrollments
- Communication Logs
- Social Services Plans, Notes, & Assessments
- Benefits Information
- Linked EHR Information



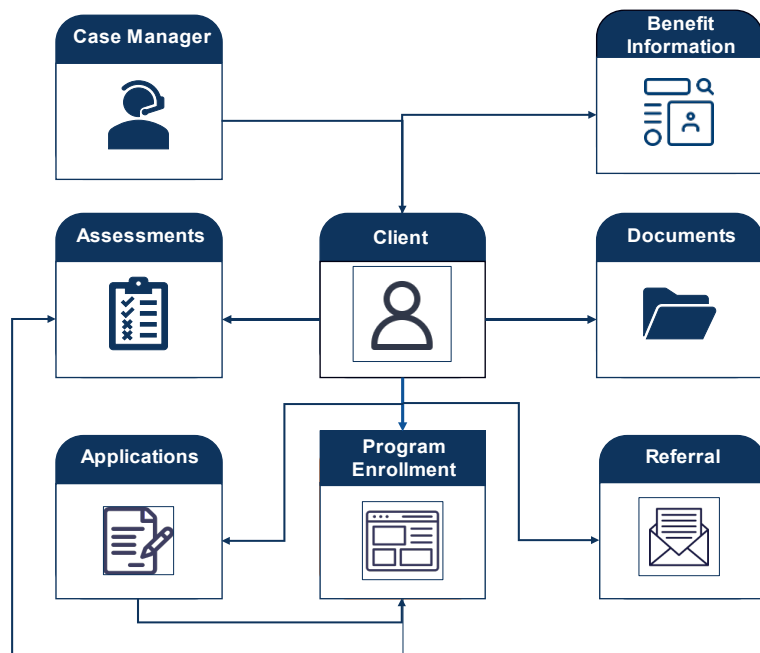
Our solution offers robust reporting capabilities across client populations, including but not limited to:

- Program Enrollment
- Client Demographics
- Assigned Case Loads
- Assessments

Dashboards and reports can be quickly and easily configured as necessary, allowing for simple adjustments of data based on changing metrics. Dashboards will allow for filtering, so users can configure their own view based on different data points, such as periods of time.

### UC 4.3 Data Model

As shown in **Figure 89**, the Client record is the central piece of our data model for this use case. We envision additional relationships between Applications, Program Enrollments, and Assessments, where a Client may submit multiple Applications, which may result in multiple Program Enrollments. Assessments may be logged throughout the application/intake process and throughout the course of an active enrollment. Data submitted by the client will be formatted to follow HL7 FHIR standards wherever applicable, following industry standards and best practices.



**Figure 89: Use Case 4.3 Data Model**

For any documents submitted by the client, we can configure these to either live directly within the Appian environment or integrated with a separate document management system that is preferred by Pinellas County. If a separate document management system is used, the case management system will be able to pull these documents easily through low-code enabled integrations.

## UC 4.4 Integrations

The solution will utilize several integrations to maintain up to date client data from outside systems, as well as provide client data to external reporting tools.

- The solution will leverage integrations outlined by PCHS requirements to pull and push data from/to other systems and sync to client records in the case management solution, including **Partner Program data extracts**, **CitizensRX** prescription information, **Lab Orders**, and many more.
- If the Case Management system and **EHR** are both built in Appian, no additional integration will be required, as they will leverage a common data model. If the EHR is integrated via a separate system, we will integrate via HL7 FHIR based APIs to pull and push information between the two systems.
- Client data will be made available to external reporting tools such as **Power BI** and **AWS**. The solution will support live updates or batched updates to the data warehouse according to PCHS needs.

### Key Integrations for UC 4

-  Pinellas EHR
-  CitizensRX
-  Lab Orders
-  Partner Programs
-  Microsoft Power BI

## UC 4.5 Training & Enablement

Our enablement plan includes several layers of training materials and embedded guidance within the application to ensure PCHS staff understand how to use the platform.

### Enablement

- Using Appian's low-code capabilities, our system will be designed to be intuitive and easy to use for all user types. In addition to simple user interfaces, **embedded guidance and tool tips** will be available across different fields and workflows, providing further context and direction for users as they move through the platform.
- See **Figure 78** in **Section UC 1.5** for sample embedded guidance & tooltips.

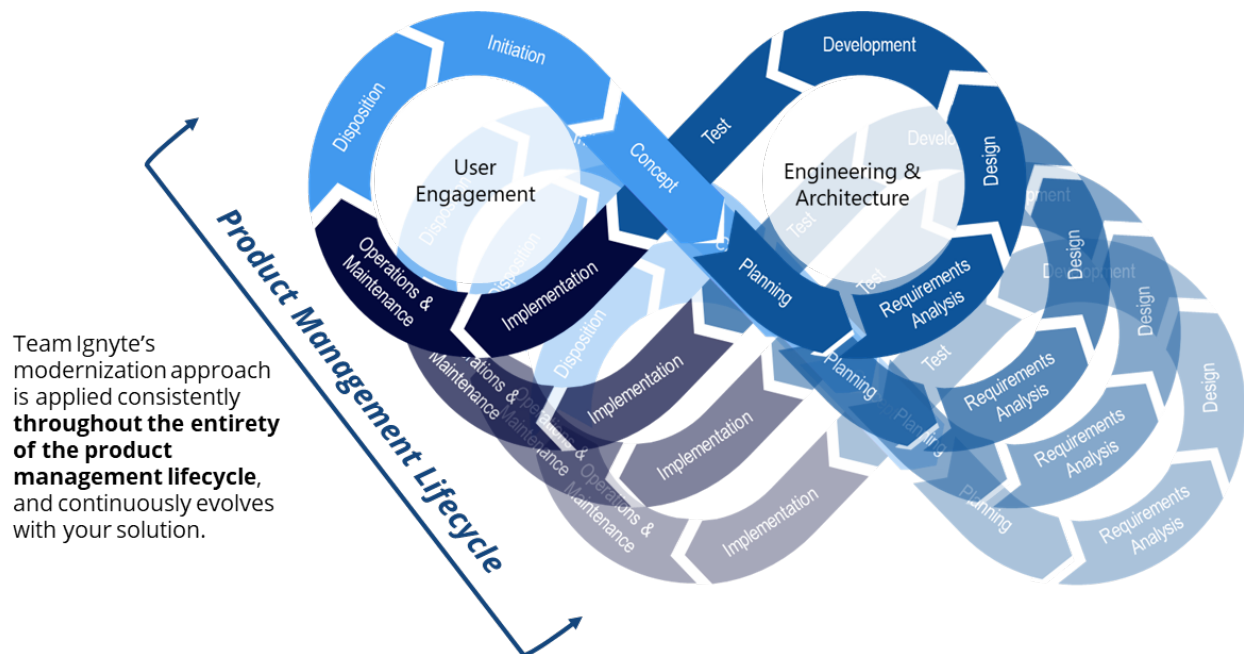
### Training

- Our platform includes a dedicated **FAQ / How To** section that may be continually enhanced to cover common questions reported by end users.
- We will work with PCHS for each release to refine updated **user guides** and **help videos** that will be embedded within the solution to provide streamlined guidance for working through common actions and workflows.
- For PCHS staff, we will facilitate tailored **train the trainer sessions** to ensure each internal role is well prepared to complete their responsibilities in the new system.
- See **Figure 79** in **Section UC 1.5** for sample embedded FAQ & help videos.

# **TAB D: Proposed Approach**

## D.1 Proposed Approach and Project Management

Team Ignyte follows an Agile development methodology (**Figure 90**) that emphasizes iterative development and collaboration between cross-functional teams. Agile allows us to adapt to changing requirements and deliver working software in short, iterative cycles called sprints. We plan to have both Major Releases, which will be the larger updates delivered in Year 1, and Minor Releases, which will be the smaller updates delivered more frequently in subsequent years. Each sprint typically lasts 2 to 3 weeks and ends with a demo to showcase the developed features to the PCHS project team, key stakeholders, and end users. This approach allows us to gather feedback early and often, ensuring that the final product is delivered on the scheduled timeline and meets the needs and expectations of PCHS.



**Figure 90: Ignyte's Agile, Iterative Approach**

Our approach is tailored to each client's unique needs, fostering collaboration and adaptability throughout the process. We believe in breaking down the implementation into distinct phases to ensure clarity, efficiency, and success.

Team Ignyte will deliver an Minimum Viable Product (MVP), or Initial Operating Capability (IOC), release within the first 4 months of this engagement, and be followed by subsequent releases detailed in our Release plan in **Section D.1.2 – Timeline and Milestones**.

Our Implementation Approach for each release, illustrated in **Figure 91**, details the phases and activities needed for successful results. We will apply the same approach for each subsequent release and estimate **12** months to achieve Full Operating Capacity (FOC) following the MVP/OIC release. Each phase of our approach is outlined in the section below.

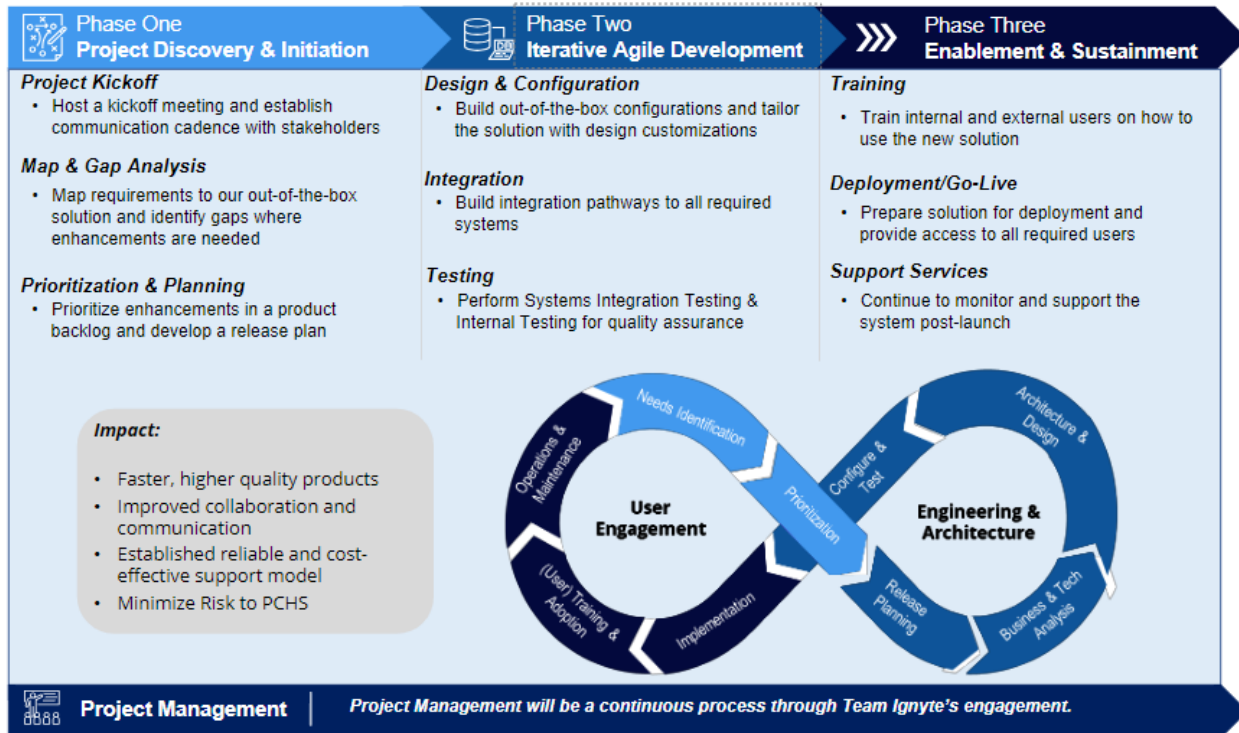


Figure 91: MVP/IOC Implementation Approach

## Phase 1: Project Discovery and Initiation

In this phase, we will work closely with the PCHS key stakeholders to thoroughly understand and map their requirements, goals, and existing processes. Through workshops and interviews, we gather the project requirements, objectives, and success criteria. We outline the roles and responsibilities of each stakeholder and establish clear communication channels. This phase provides the foundation for the entire project.

### Project Kickoff

Our team will begin the project by hosting a kickoff meeting and establishing a communication cadence with stakeholders. The kickoff meeting will bring together PCHS key stakeholders and Ignyte team members to establish a shared understanding of the project's objectives, scope, and expectations.

### Map & Gap Analysis

In this phase, our team will work closely with key PCHS stakeholders to perform a comprehensive Map and Gap Analysis that will allow us to map requirements to our out-of-the-box solution and identify gaps that require adapting existing processes to leverage our solution's capabilities or tailoring our solution to meet the unique needs of PCHS. During these sessions, our team will showcase a product demonstration to gather valuable high-level feedback. Our initial assessment will also include a thorough examination of the existing business and technical documentation. Our team uses various requirement-gathering methods, such as Joint Application Design (JAD) sessions and live updates, to help us identify and prioritize the program's needs effectively.

For more information on our approach to Requirements Gathering, please refer to **Section D.1.3**.

## **Prioritization & Planning**

Utilizing Map and Gap analysis, we will construct a detailed product backlog for the program. Employing the Agile MoSCoW method (Must Have, Should Have, Could Have, and Won't Have), we will classify each requirement by its value level, fostering alignment with PCHS stakeholders on prioritization and needs. We will close out this phase by developing a release plan that provides a clear outline of how the different components of the product backlog will be delivered.

## **Phase 2: Iterative Agile Development**

After gaining a deeper understanding of PCHS's needs in Phase 1, we will move on to configuration. Our team will tailor the solution to match the program's specific workflows and requirements. We employ rapid iterative development, configuring our solution's modules and features to ensure they align seamlessly with PCHS's existing processes. Throughout this phase, rigorous testing is conducted to identify and address any issues promptly.

## **Design & Configuration**

Team Ignyte will rapidly configure and tailor our solution to meet the approved and prioritized list of requirements by applying our Rapid Technical Design and Configuration Process to ensure our solution is optimized for PCHS's needs. While our solution meets many core workflows directly out of the box, we will uniquely tailor our solution to meet the specific needs of the program identified in Phase 1. Through an iterative and agile development process, Team Ignyte will ensure the solution is tailored to streamline workflows, optimize efficiency, enhance data accuracy, and standardize case management within PCHS.

For more information on our Configuration/Development support, please refer to **Section D.1.10**.

## **Integration**

During the configuration of prioritized requirements and features, our parallel focus will be on integrating with other PCHS systems and existing technologies to comprehensively address those needs. Utilizing REST-ful APIs for real-time updates, we'll employ Appian's low-code integration wizards, coordinating with system owners for efficient connectivity testing and debugging. Our team can also leverage RPA to integrate with legacy systems lacking APIs and designate key batch upload formats for pre-existing PCHS data ingestion workflows, enhancing data migration and reconciliation across multiple systems for improved data quality. These capabilities ensure seamless integration and scalability to meet PCHS's evolving business requirements.

## **Testing**

Team Ignyte will create a comprehensive Test Strategy Plan for PCHS that encompasses unit, QA, performance, and regression testing aspects for each step. We will efficiently manage testing activities in coordination with PCHS system administrators and end users. The plan will involve maintaining testing documentation, ensuring PCHS stakeholders' approval of test cases, and reviewing results. Leveraging tools approved by Pinellas County, we'll monitor and run tests, while user acceptance testing (UAT) will provide PCHS users with hands-on access to developed functionality, including structured and unstructured testing. This will ensure all required functionality is addressed in the system while accommodating various scenarios.

## **Phase 3: Enablement & Sustainment**

As we move into deployment, our team ensures that the solution is ready for go-live. We facilitate a structured rollout, providing training to end-users, administrators, and stakeholders. We support

the transition to the new solution and closely monitor its performance. Our team remains engaged to provide post-deployment support and address any immediate concerns.

## **Training**

Our primary goal is to empower PCHS stakeholders not only with system proficiency but also with the ability to excel in their job roles. Team Ignyte's training approach combines comprehensive coverage, active user engagement, personalized content, and flexible delivery methods. This involves providing role-specific training resources, convenient materials like FAQs and video tutorials, interactive virtual sessions via platforms like Zoom or Teams, and a holistic perspective that links system comprehension to Pinellas County Health Service's mission and operational workflows.

For details on our Training Plan and approach to supporting Change Management, please refer to **Section D.1.9**.

## **Deployment/Go-Live**

Our testing approach throughout our Agile development process will ensure the solution fully meets all PCHS requirements and intended functionality. Prior to deployment, we will create comprehensive documentation for all tests performed and prepare a Pre-Launch Readiness Report to review with PCHS. Team Ignyte will utilize our Go-Live Management Checklist to deploy our solution and minimize risk while prioritizing critical users appropriately. Our team utilizes DevOps practices for sustainment, enabling us to improve the reliability, scalability, and maintainability of the solution after deployment.

## **Support Services**

With the support of Ignyte and Appian, PCHS will receive ongoing assistance encompassing solution updates, change management, and system maintenance. Our commitment to facilitating a seamless user experience ensures that PCHS has the necessary resources for successful application utilization. Beyond deployment, our dedicated team will continuously maintain and optimize the solution, promptly addressing potential issues through proactive monitoring and necessary adjustments. PCHS will have direct access to a dedicated Ignyte resource during local business hours for support and maintenance, complemented by Appian's 24x7x365 Enterprise Support, enabling continuous monitoring, prioritized technical assistance, and platform-level help desk support. Through active engagement with PCHS stakeholders, we will align the solution with evolving needs and desired outcomes, ensuring sustained excellence.

## **Project Management Support**

Our team's comprehensive project management support services cover critical project management aspects such as communication and status reporting, schedule and scope management, quality assurance and risk management. With our support, potential risks will be identified, and effective mitigation strategies will be developed to guarantee a smooth transition to the new solution. Below is an overview of our proposed Project Management approach, which is further detailed in **Section D.1.5**.

## **Schedule & Scope Management**

Our team will collaborate with PCHS to develop a project schedule and implementation plan that remains flexible as your needs evolve, while also effectively managing changes that might affect project completion and providing regular updates to ensure consistent alignment between the



project schedule and scope.

### **Communication Management & Status Reporting**

Our team will provide consistent & proactive communication to PCHS over the course of this project, utilizing both formal and informal channels to provide any pertinent updates as the project progresses.

### **Risk & Issue Management**

Throughout the execution of this project, our team will proactively identify project risks, determine the probability of occurrence and severity, define clear mitigation steps with a set due date to prevent risk impacts, and develop any required contingency plans. For details on our approach to Risk Management, please refer to **Section D.1.6**.

### **Quality Management & Assurance**

Our team will implement our established quality management processes, procedures, and controls for all PCHS deliverables, and will further enhance these efforts through a continuous process improvement strategy aimed at identifying and addressing areas in need of enhancement.

## ***D.1.1 Best Practices and Key Considerations***

To ensure the success of the project and maximize collaboration, Team Ignite proposes the following Agile development best practices for this project:

1. **2-3 Week Sprints:** Short sprints allow for frequent feedback and course corrections, ensuring that the project stays on track and delivers value early and consistently.
2. **Demos at the End of Each Sprint:** Regular demos promote transparency and collaboration, allowing PCHS to provide feedback that can be incorporated into the application quickly.
3. **UAT Sessions Throughout Each Release:** User Acceptance Testing (UAT) sessions during each release ensure that the application meets PCHS's requirements and expectations, reducing the risk of costly rework.
4. **Establish Recurring Cadence for Status Updates:** Regular meetings with other project teams ensure that everyone is aligned and on track for mutual milestones, fostering collaboration and reducing the risk of integration issues.

In selecting a partner for this critical project, PCHS should consider several key factors to ensure a successful partnership and implementation:

- **Unified Case Management + EHR Solution on Appian Platform:** Team Ignite offers a unified concept of providing Case Management and Electronic Health Records (EHR) solutions, all integrated and built on the Appian platform, ensuring seamless data flow and comprehensive care management for Pinellas County Health Services.
- **Develop Requirements in Coordination with PCHS:** Team Ignite believes in co-developing requirements with PCHS to ensure that the proposed solution addresses their current pain points and future needs. We will challenge PCHS's desired solution, critically think about implementation options, and provide pros and cons for different approaches.

- **Choose a Platform that Can Grow with PCHS:** It is important to select a platform that can scale with PCHS's needs and can be managed internally if desired in the future.
- **Data Accessibility:** PCHS should choose a platform that allows them to easily extract their data if needed, ensuring that they retain control and ownership of their data.
- **Choose a Platform that is Flexible:** Selecting a flexible platform that can support a variety of use cases (such as Human Services Case Management, EHR, Contracts Management, and Grants Management) allows PCHS to find savings on total license costs.

Below we have provided additional information on our team's developed solutions for Grants Management and Contract Management, which we can configure to the County's specifications and integrate with our proposed solution to meet PCHS's requirements as they evolve.

### D.1.1.1 Grants Management Solution

Grants management is an increasingly complex process, especially in government agencies like Pinellas County, where regulations and compliance requirements are stringent. Ignyte's award-winning Grants Management Solution, recipient of Appian's coveted Execution Excellence award, is designed to streamline this process, providing end-to-end support from pre-award through post-award. Recognized for its excellence in empowering federal agencies to efficiently fund and manage socially beneficial programs, our solution improves collaboration between grant managers and recipients, automates manual tasks, integrates with other enterprise systems, and ensures compliance with regulatory standards. Additionally, our solution has been recommended by the HHS Quality Service Management Office (QSMO), affirming its ability to meet the IT needs of Federal Awarding Agencies based on rigorous market research criteria.

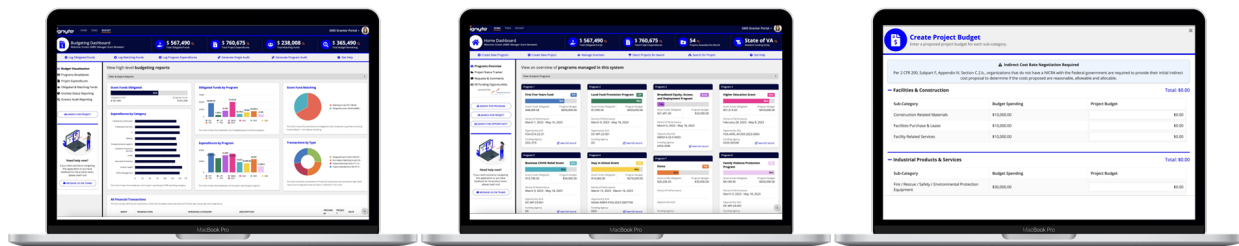


Figure 92: Ignyte's Award-Winning Grants Management Solution

#### Key Features of Ignyte's Appian Grants Management Software:

1. **Adaptability Across Verticals:** Our solution caters to various domains such as education, housing, health and human services, critical infrastructure, and transportation, among others, ensuring that it meets the specific needs of Pinellas County's diverse grant programs.
2. **Intelligent Document Processing (IDP):** Leveraging AI/ML technology, our software can extract relevant information from uploaded documents, including hand-written notes, enhancing productivity and efficiency for grant administrators.
3. **Detailed Budgeting:** Ignyte's solution can automatically generate budgets based on award letters or assist in budget planning through the cloud using simple templates and step-by-step wizards, making budget management more efficient and accurate.

4. **Comprehensive Auditing Capacity:** Our software provides robust reporting and monitoring capabilities, ensuring compliance with regulatory requirements and driving accountability for results.

#### **Benefits of Ignyte's Grants Tracking Software:**

- **Time Efficiency:** By automating rote tasks, our software frees up staff for higher-value activities, improving overall operational efficiency.
- **Consolidated Data:** Cloud-based dashboards provide a centralized view of grant status across multiple programs, enabling better decision-making.
- **Comprehensive Audit Trails:** Our solution generates detailed audit trails, improving compliance and transparency.
- **End Manual Reconciliations:** Automation tools reduce the need for manual intervention, improving accuracy and efficiency.
- **Superior Funds Management:** Ignyte's software helps organizations use grant money more efficiently, ensuring it is allocated where it can have the most impact.

#### **How Our Grant Lifecycle Management Software Works:**

Our software utilizes intelligent workflow technology to reduce the burden of grant-related tasks, freeing up resources and enabling organizational flexibility. It guides grant administrators through every step of the process, automates manual tasks, and provides end-to-end support for the grant lifecycle.

Ignyte's Grants Management Solution is highly aligned to meet the specific needs of Pinellas County, providing a comprehensive, adaptable, and efficient solution for managing grant programs across various domains.

#### **D.1.1.2 Contract Management Solution**

Our team's Contract Management Solution is highly aligned to meet Pinellas County's needs for modernized workflow and contract management. Leveraging the capabilities of Appian's low-code automation platform, our solution will create an intuitive, user-friendly system that streamlines the creation, modification, and storage of contracts and related documents. Built on Appian's secure, ISO-certified cloud, which meets all nationally and internationally accepted security standards, our solution ensures the highest level of security for Pinellas County's sensitive contract data.

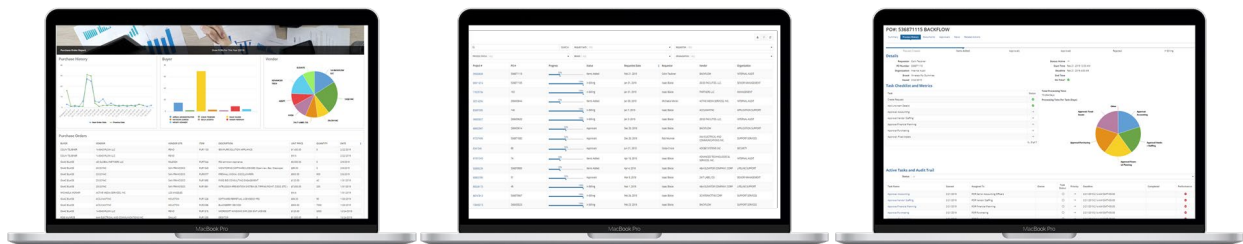


Figure 93: Team Ignyte's Contract Management Solution

#### **Key Features of Ignyte's Contract Management Software:**

1. **Automated Alerts and Notifications:** Our system can automate alerts for upcoming contract needs and expirations, ensuring that the County never misses a deadline or

renewal.

2. **Customizable Document Version Control:** The system provides customizable document version control and secure storage, with the ability to apply electronic signatures and automatically route contracts for review and finalization.
3. **End-User Permissions and Role-Based Security:** Our solution features end-user permissions, graphical approval workflows, and role-based security, ensuring that the right people have access to the right documents at the right time.
4. **Integration with OKTA Single Sign-On:** For access control, our solution integrates with the County's OKTA Single Sign-On solution, ensuring secure and easy access for all County employees.

#### ***Benefits of Ignyte's Contract Management Software:***

- **Time Efficiency:** By automating rote tasks, our software frees up staff for higher-value activities, improving overall operational efficiency.
- **Consolidated Data:** Cloud-based dashboards provide a centralized view of contract status, enabling better decision-making.
- **Comprehensive Audit Trails:** Our solution generates detailed audit trails, improving compliance and transparency.
- **End Manual Reconciliations:** Automation tools reduce the need for manual intervention, improving accuracy and efficiency.
- **Superior Contract Management:** Ignyte's software helps organizations manage contracts more efficiently, ensuring compliance and reducing costs.

#### ***How Ignyte's Contract Management Software Works:***

Our software relies on intelligent workflow technology to reduce the burden of contract-related tasks, freeing up resources and enabling organizational flexibility. It guides contract administrators through every step of the process, automates manual tasks, and provides end-to-end support for the contract lifecycle.

Ignyte's Contract Management Solution is designed to meet Pinellas County's specific needs, providing a comprehensive, adaptable, and efficient solution for managing contracts and related documents.

### ***D.1.2 Timeline and Milestones***

Team Ignyte's proposed timeline for configuring and deploying functionality for Year One is illustrated in the figure below, where the year is broken into five key phases. Note the focus areas in each phase can be adjusted by the County during the initial road mapping and requirement gathering:

1. **Road Mapping & Initial Requirements Gathering:** Initial discovery and requirements analysis for the four releases identified for year one. Team Ignyte will work with PCHS to build and prioritize a full backlog of features. Ongoing refinement will continue in each release to support evolving requirements. See **Section D.1.3** for full details on Team Ignyte's Requirements Gathering process.

2. **Release 1:** Key focus of Core Case Management Capabilities, including Client Data Management, Document Management, Assignment Tasking & Tracking, Social Service Case Management & Navigation, Internal Program & Process Tracking, and Case Review.
3. **Release 2:** Key focus on Intake and Eligibility, including Reception, Intake & Scheduling, and Eligibility Determination.
4. **Release 3:** Key focus on Provider Portal, including Provider Management & Tracking and Benefits Tracking & Management.
5. **Release 4:** Key focus on Client Self-Service Portal, including Client Self-Service Portal and External Program Tracking & Management.

Throughout each Release, Team Ignyte will facilitate functional, integration, and performance testing for each module within the application. Our team will also facilitate ongoing user acceptance testing sessions with designated user groups to collect feedback to prioritize in the backlog.

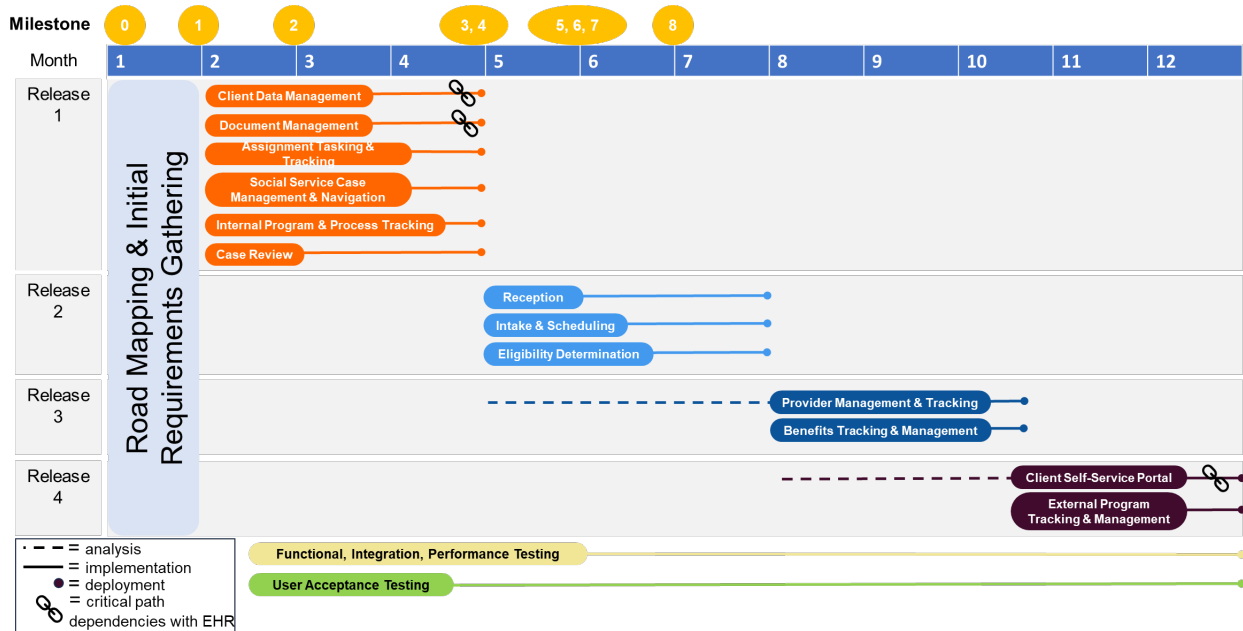


Figure 94: Our Proposed Timeline for Year 1

Team Ignyte’s proposed schedule enables us to deliver all solution core features defined in Exhibit B of the solicitation document within the required timeline. We will hold in-depth reviews with key stakeholders of all planned outputs at each phase, and collectively determine if we are ready to proceed to the next phase of analysis and implementation. If unforeseen events result in changes to our overall timeline, we will proactively identify a plan of action to get back on track to meet the impacted commitment dates. We will work closely with PCHS to approve any changes to the approved schedule. In the event that Team Ignyte is not awarded both implementations for Case Management and EHR, please note that our milestones will need to be resynchronized with the EHR vendor. Additional details about our approach can be found in **Section D.1**.

ID #	Milestone	Description	Associated Deliverables
0	Project Kick-Off	<p>Conduct <b>project kick-off</b> to set expectations, review goals and objectives, identify key stakeholders, KPIs, risks, key deliverables, and provide an overview of the project resources</p> <p><b><i>Delivered within 5 business days of Project Start</i></b></p>	Project Kick-Off Materials
1	Key Requirements Baselined	<p>Confirm <b>project road map</b>; facilitate Agile ceremonies for <b>backlog refinement</b>, business line prioritization, and <b>daily stand-up meetings</b>; refine and prioritize the <b>System Backlog</b></p> <p><b><i>Delivered within 30 days of Project Start</i></b></p>	System Backlog
2	System Architecture and Design Complete	<p>Deliver a <b>System Design Document</b> to dictate the functionality, look, and feel of the new system; map out system integrations; deliver <b>Legacy Data Migration plan</b> for all legacy documents and data</p> <p><b><i>Delivered within 60 days of Project Start</i></b></p>	System Design Document and Legacy Data Migration Plan
3	Configuration Ready for UAT <i>(once per release)</i>	<p>Develop Unit, System, and Integration <b>Test Plans</b>; perform <b>Unit, System, and Integration testing</b>; provide <b>UAT instructions</b> to Pinellas staff to <b>verify and validate</b> functionality</p> <p><b><i>Delivered within 120 days of Project Start for Release 1, approx. 3 month cadence for following releases</i></b></p>	Unit, System, and Integration Test Results; UAT Test Instructions
4	UAT Complete / Ready for Launch <i>(once per release)</i>	<p>Conduct <b>User Acceptance Testing</b> to provide Pinellas users with direct access to developed functionality for hands-on testing; <b>continuously develop system functionality</b> through numerous iterative sprints; prepare for system deployment</p> <p><b><i>Delivered within 120 days of Project Start for Release 1, approx. 3 month cadence for following releases</i></b></p>	Software Delivery in UAT environment; UAT Support; updates for small enhancements and defects
5	Training Enablement & <i>(once per release)</i>	<p>Schedule and conduct <b>train the trainer sessions</b>; provide <b>user guides and other embedded training materials</b> for PCHS review &amp; acceptance</p> <p><b><i>Delivered within 150 days of Project Start for Release 1, approx. 3 month</i></b></p>	Training Sessions; User Guides



ID #	Milestone	Description	Associated Deliverables
		<i>cadence for following releases</i>	
6	Data Migration Complete (once per release)	Collaborate with PCHS to iteratively develop conversion and migration scripts for legacy system data <b>Delivered within 150 days of Project Start for Release 1, approx. 3 month cadence for following releases</b>	Data Migration Scripts & Plan
7	Production Go-Live (once per release)	Following <b>sign-off</b> by PCHS for all Testing Plans, Test Cases, and Completed Scripts for Migration, <b>begin rollout</b> of the new system; <b>provide ad-hoc support</b> during Go-Live period <b>Delivered within 150 days of Project Start for Release 1, approx. 3 month cadence for following releases</b>	Testing Plan and Test Cases; Completed Test Scripts for Migration; Go-Live Production; and Signoff Document
8	Maintenance and Support SLA Check-Point (monthly after first release)	Provide <b>post-implementation support</b> to Pinellas users; coordinate on-site visits as needed; conduct regularly scheduled updates; <b>provide SLA Monthly Reports</b> <b>Delivered within 365 days of Project Start, and monthly following that</b>	SLA Monthly Report; ongoing system updates and maintenance as necessary

Table 5: Project Milestones and Deliverables

Additional details on Team IgnYTE’s Agile Project Management Approach can be found in **Section D.1.5**.

**D.1.3 Requirements Gathering**

Team IgnYTE’s approach to Requirements Gathering begins with an initial discovery phase, which then transitions into ongoing refinement.

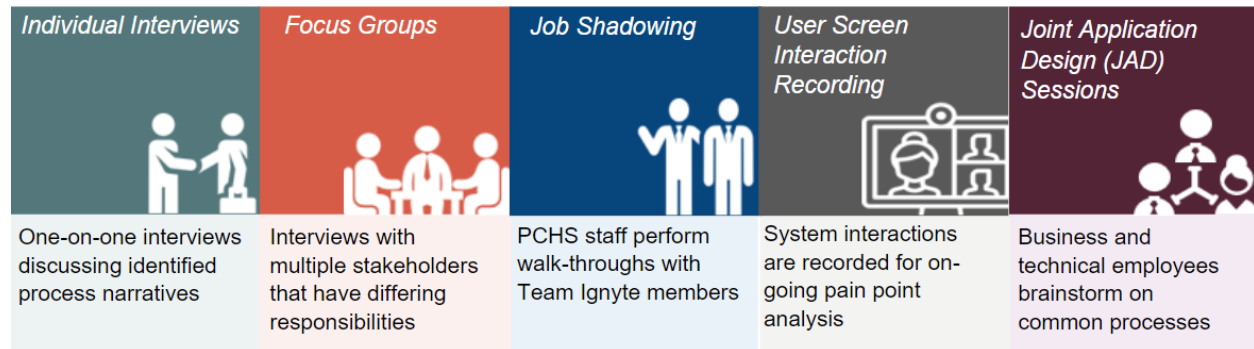
1. **Initial Discovery:** Work closely with PCHS stakeholders to form a full high-level product backlog and roadmap through structured requirement gathering, estimation, and prioritization exercises. Critical dependencies and integrations will be identified and aligned to project milestones. Artifacts generated during this phase will set up the agile development teams for success and provide PCHS with a clear understanding of the project timeline and goals.
2. **Ongoing Refinement:** Iteratively refine previously gathered requirements and incorporate new information and requirements throughout the build. Leveraging our agile process, continuous refinement and reprioritization ensures our team is focused on the highest impact functionality for PCHS.

The following sections detail our diverse activities and nuanced approach to requirements gathering.



### D.1.3.1 Requirements Discovery & Refinement

As illustrated in **Figure 95**, our team will undertake various forms of requirements gathering to ensure a comprehensive and accurate understanding of the project's needs and stakeholders' requirements. Our team will first review any existing documentation, process flows, existing forms, and other information provided by PCHS.



**Figure 95: Ignite Requirements Gathering Methods**

Our team will then facilitate stakeholder interview sessions with PCHS identified resources to further refine the user stories in the backlog. We will leverage our out-of-the-box solution in map & gap analysis, robust templates of wireframes, journey maps, and other visual aids to guide discussions and gather insights.

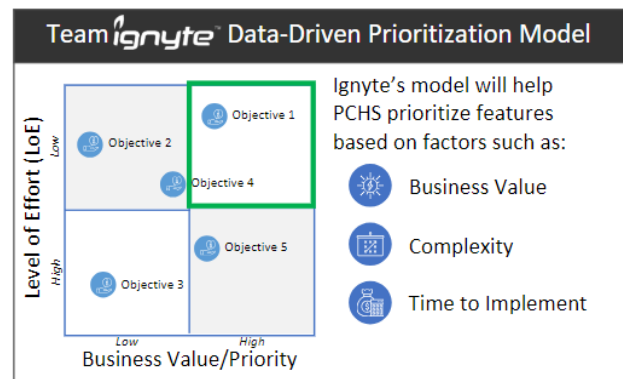
We will take the outputs from these working sessions to enrich the user stories with clear, testable, and end-user-focused acceptance criteria. These will be stored in the Product Backlog, housed in PCHS's backlog tracking tool of choice.

### D.1.3.2 Estimation & Prioritization

Based on the information captured and business process narratives refined during the initial discovery and during ongoing refinement, Team Ignite will employ a systematic approach to estimate and prioritize key processes and requirements for the project.

To prioritize the backlog effectively, we will leverage the MoSCoW method, a well-established agile technique. This method categorizes requirements into four groups: "Must have," "Should have," "Could have," and "Won't have." By collecting stakeholder feedback, we will develop measurable rankings for the requirements, ensuring that we focus on the most crucial functions that have a significant impact on users while minimizing risk, effort, and cost.

Our method of estimation will involve either story point estimation or t-shirt sizing, allowing us to gain a clear understanding of the effort and complexity required for each task. Our extremely experienced team of Appian developers have estimated thousands of user stories in their career, allowing us to provide a consistent and accurate estimate for the level of effort for any requested story. However, our team leverages the agile ceremony of sprint retrospectives to take a step back after each development sprint to see how accurate our estimates were so we can continually improve our estimation techniques.



**Figure 96: Strategic Prioritization Model**

We will use these priorities and estimations to weigh the anticipated business value against the complexity of implementation, as shown **Figure 96**. Our aim is to emphasize stories in the 'top right' quadrant of the model, where we achieve the highest business value with the lowest effort – allowing us to drive the most meaningful change in the shortest period of time. This collaborative exercise, performed with an audience of PCHS stakeholders, will give the team the confidence to accurately plan for upcoming releases.

### D.1.4 Staffing

The following subsections provide a comprehensive overview of our approach to staffing this project. Our team brings a deep bench of highly skilled and certified consultants, project managers, developers, testers, and trainers with extensive experience in Appian. This cross-functional team has a proven track record of successfully delivering similar projects and is well-equipped to meet the specific needs and challenges of Pinellas County.

#### D.1.4.1 Our Approach to Staffing

With an emphasis on flexibility and collaboration, our “right-sized” staffing approach enables effective transformation throughout the product lifecycle to deliver new capabilities, maintain and improve existing solutions, and rationalize technology investments over time. Ignite supports the full delivery lifecycle, and our staffing approach is not one-sized fits all, but rather is flexible to meet the County’s unique needs. Our cross-functional team members are the foundation of this adaptable approach, which includes flexible team size, cadence, and sequencing to align to the County’s priorities and key milestones.

To concurrently support and maintain existing applications with new capability development, we will apply a scalable “delivery pod” approach that will facilitate continuous improvement. Delivery pods will be assigned to each project workstream to address segments of the overall program backlog across release cycles. To meet the varying needs of each workstream, we have proposed cross-functional team members that have the collective skillsets to design, develop, test, and deploy each release, ensuring self-sufficiency. While each project workstream has an assigned workstream lead, resources can support other workstreams during surge development timelines to expedite the needs of any given release and address inter-workstream bottlenecks.

Delivery pods have access to shared knowledge and best practices, included in our demonstrated methodology. This toolbox includes skills, best practices, and templates to accelerate delivery,

such as Appian Feature & Integration Library, Interface & Design Template Library, Architectural Oversight, Technical Instructions, Best Practice & Configuration Review, and Innovation Lab.

Providing oversight during the delivery cycle, functional and technical leads will ensure each delivery pod stay focused on achieving its goals, is continuously adapting to meet business objectives, and enabling reusability and consistency across project workstreams. Each lead will work under the guidance of the Project Manager and Product Owner to meet deadlines, confirm deliverables, and remain under budget. Our Project Manager, Megan Markert, will work with Pinellas County leadership to manage resources across the workstreams to meet the scope and timelines laid out in the release plan. This pod structure, with oversight from leadership, will effectively reduce bottlenecks while simultaneously progressing multiple separate releases.

Our proposed staff for this project is detailed in the next section.

#### ***D.1.4.2 Our Proposed Team***

Our proposed team recognizes the critical importance of assembling a comprehensive group to support enterprise-wide modernization initiatives for PCHS. Team IgnYTE is proposing a skilled Project Delivery team that will be dedicated to tailoring the solution to PCHS's exact specifications within the agreed-upon timeline. This collaborative approach brings together seasoned management consultants, adept software engineers, and accomplished technology leaders, all with a proven track record in supporting diverse public sector and non-governmental agencies. IgnYTE's CTO, Mr. Jason Stanis, will also serve as a Strategic Advisor for this project to provide strategic oversight and issue resolution. Our team's collective expertise in human services case management processes, coupled with successful Appian project deliveries, ensures meticulous analysis of system requirements, well-managed development cycles, and continuous stakeholder feedback solicitation.

Our team will be further supported by a Lead Business Analyst (BA)/Organizational Change Management Consultant, who will be responsible for conducting in-depth analysis of current business processes, identifying areas for improvement, and facilitating organizational change to ensure successful adoption of the new system. The Technical Lead will oversee the technical implementation of the solution, ensuring that it meets all technical requirements and aligns with best practices. The Test Lead will be responsible for developing and executing comprehensive test plans to ensure the quality and reliability of the solution. Our team also includes 3 Appian-certified consultants and a Data Migration Lead, who will work together to ensure a smooth transition of data to the new system. Finally, a member will be assigned for Production Support after the first release for ongoing support and maintenance, ensuring the long-term success of the solution. Note that several critical members of our proposed team, including the Project Manager, Lead Architect, and the BA / OCM lead, could serve as shared resources with the Electronic Health Record Project if executed concurrently. This is because these roles would require extensive collaboration and coordination with their counterparts on the corresponding project, and by managing both projects they can avoid spending the excess time needed to align releases, requirements, access to Business and Technical SMEs.



**Figure 97: Our Proposed Project Delivery Team**

Brief resumes for each of our proposed team members are included below for our proposed key team members denoted in **Figure 97** with orange keys. Full resumes for our proposed key team members can be found in **Sections D.1.4.3.1 and D.1.4.3.2**.

Ms. Megan Markert will serve as the key project manager for Team Ignyte. She will act as the main point of contact for Pinellas County, overseeing both the implementation and O&M phases of the project. Megan’s responsibilities will include project planning, managing the project schedule and budget, and ensuring the successful delivery of the case management, integration, and low-code platform solution. She will provide regular project status updates to County stakeholders, addressing any issues, risks, or delays that may impact the project timeline or budget. Ms. Markert will collaborate with PCHS stakeholders and the County to make decisions and allocate resources as needed. She will also coordinate user training sessions and handle stakeholder communications. Megan will be available full-time throughout the entire engagement, ensuring effective and efficient use of resources.

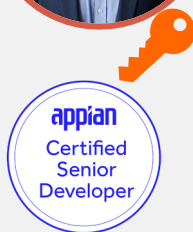
## Megan Markert – *Project Manager*

Megan Markert brings over six years of experience delivering high-quality Appian solutions, including over two years for Human Services clients, making her an ideal Project Manager for this project. She is an Appian Certified Lead Developer with extensive knowledge of the Appian platform, including integrations, records, interfaces, and process models. Megan has a proven track record of successfully leading teams using Agile methodologies and has experience working in both the private and public sectors. Megan serves as a Product Manager at Ignyte Group and has delivered enterprise-grade Appian applications for Mountain Lake Associates, CC Industries, and Rocky Mountain Human Services. Megan's experience includes leading visioning sessions, delivering robust data mapping and migration support, integrating Appian applications with key systems via Rest APIs and RPA, and mentoring junior team members on Agile processes and complex design patterns within Appian. Her strong leadership skills, combined with her technical expertise and experience in the human services sector, make her well-equipped to lead this project to success.



Mr. Liam Caracciolo will serve as the Lead Architect for Team Ignyte on this project. He will play a crucial role in designing the architecture of the case management, integration, and low-code platform solution for Pinellas County. Liam's responsibilities will include creating the solution architecture documentation, designing database schemas, and defining deployment standard operating procedures. He will collaborate closely with the project manager and other team members to ensure the technical aspects of the project align with the overall vision and requirements. Liam will also oversee the development of the solution, ensuring adherence to best practices and the delivery of high-quality code. Liam's expertise in Appian development and his deep healthcare experience make him well-suited to lead the technical aspects of this project.

## Liam Caracciolo – *Lead Architect*



Liam Caracciolo brings over five years of hands-on leadership experience in process automation, RPA, and Appian development, and integration with HL7 FHIR and SMART on FHIR making him an ideal Lead Architect for this project. He is an Appian Certified Senior Developer with extensive knowledge of the Appian platform, including integrations, records, interfaces, and process models. Liam has a proven track record of delivering high-quality Appian solutions for healthcare clients, both in the private and public sectors. His experience includes designing and overseeing the development of various applications, such as Clinical Risk Management applications for the US Peace Corps and a Contract Management application and an EHR for Rocky Mountain Human Services. Liam's expertise in low-code frameworks, combined with his experience in healthcare software development, make him well-suited to lead the architectural aspects of this project.

Mr. Jason Stanis will serve as a Strategic Advisor at no additional cost to the government, providing valuable guidance and expertise to ensure the success of the case management, integration, and low-code platform solution for Pinellas County. Jason will be responsible for the overall quality of Team Ignyte delivery, and work closely with the PCHS project sponsors, our project manager, Ms. Markert, and the rest of our team to ensure that the technical solution aligns with the project goals and meets the needs of PCHS. His responsibilities will include providing

strategic direction, reviewing architectural designs, and advising on best practices for implementation. Jason will also assist in identifying and mitigating risks, ensuring that the solution is scalable, secure, and sustainable. His extensive experience and deep knowledge of enterprise architecture and healthcare IT will be instrumental in guiding the project to successful completion.

Jason Stanis – *Strategic Advisor*

*TOGAF*<sup>®</sup> certified

**CHP** Certified HIPAA Professional



Mr. Jason Stanis brings over 16 years of experience driving enterprise-wide digital transformation initiatives for major government agencies, making him a valuable non-billable Strategic Advisor for this project. As IgnYTE's CTO, he is responsible for monitoring the quality control of developed solutions and will provide his expertise as a **TOGAF-certified Enterprise Architect** and **Certified HIPAA Professional (CHP)** to ensure the solution meets the business needs of PCHS. Jason has a strong background in system integration, analytics, enterprise architecture, business and systems analysis, and Agile delivery processes. He has a proven track record of success in the healthcare industry and other sectors, making him well-equipped to provide strategic guidance and insights for this project.

#### **D.1.4.3 Key Team Member Resumes**

The success of any project depends largely on the expertise and experience of the team members leading the effort. In this section, we present the resumes of our key team members who will be instrumental in the implementation of our proposed solution for Pinellas County. Our Project Manager, Ms. Megan Markert, brings a wealth of experience in delivering high-quality Appian solutions, including those for Human Services clients. Our Lead Architect, Liam Caracciolo, will complement Megan's skills and expertise, ensuring the successful delivery of a robust and innovative solution tailored to meet Pinellas County's specific needs.



### D.1.4.3.1 Megan Markert- Project Manager

Ms. Markert brings more than 6 years of hands-on technology and management consulting experience in business transformation, low-code implementation and architecture design in both the public and private sector. Ms. Markert has extensive experience leveraging the Appian platform to transform business processes for Human Services clients.

As a Lead Certified Appian developer, Ms. Markert leverages her knowledge of the platform to transform the most complex of business processes into elegant, scalable, and performant solutions that emphasize user experience.

#### Highlighted Professional Experience

#### Megan Markert

##### KEY HIGHLIGHTS:

- ✓ 6+ years of experience delivering high quality Appian solutions including 2+ years for Human Services clients
- ✓ Appian Certified Lead Developer
- ✓ Extensive knowledge of the Appian platform including integrations, records, interfaces, and process models
- ✓ Private and Public Sector Implementation experience
- ✓ 2021 Appian World Live Build Challenge Winner

#### **Ignyte Group**

**2021 – Present**

##### *Product Manager, Mountain Lake Associates*

- Serve as a trusted advisor and partner to the CEO to drive overall vision of the project roadmap.
- Lead visioning sessions to generate next-phase roadmap to incorporate Artificial Intelligence (AI) and Machine Learning (ML) capabilities into the solution.
- Deliver enterprise-grade Appian application to automate MLA staff and clinician activities, verify daily census information, and automate the claims process.
- Integrate Appian application with key MLA systems via Rest APIs and Robotic Process Automation (RPA).

##### *Product Manager, CC Industries*

- Delivered enterprise-grade Appian application to enable CCI staff to track daily tasks and workflows that were previously managed via emails and spreadsheets.
- Mentored junior team members on Agile process, requirements gathering, and complex design patterns within Appian.
- Worked with client-side security team to successfully resolve identified security risks within the application prior to go-live.

##### *Product Manager, Rocky Mountain Human Services*

- Served as a trusted advisor to the CIO and Director of Business Process Improvement.
- Collaborated with C-level executives to develop program roadmaps and budgetary estimates.
- Lead development of enterprise-grade Electronic Health Record (EHR) and Case Management Appian application.
- Delivered a public Referrals Portal to enable Providers and the Denver Community to submit referrals directly to RMHS for ingestion within the Appian application and streamline the referral and intake process to RMHS programs, significantly reducing processing times and manual error.
- Integrated Appian application with legacy EHR to provide care givers with comprehensive medical histories of their patients in a single system.



- Collaborated with IT and Cloud Security teams to integrate Appian with existing Single Sign-On Identity Provider to streamline end user experience and strengthen security.
- Performed extensive data-mapping to bring all required historical data into the new application to ensure ease of transition to the new application.
- Triaged incoming support requests from RMHS staff and coordinated bug resolution, feature requests, and enhancements in a timely manner.
- Served as Agile Scrum Master for daily standups and managed the Agile sprint process for the project.

## **Macedon Technologies**

**2017 – 2020**

### *Project Leader, Allegis Group*

- Led production support and new enhancement features for a staffing & onboarding application.
- Coordinated work amongst 10+ developers in on-shore and off-shore teams.
- Analyzed performance and scalability issues across Appian, databases, and integrations to support future roll outs to support an additional 10,000 users.

### *Senior Consultant, The Howard Hughes Corporation*

- Overhauled and unified the User Interfaces across several applications to deliver a unique and consistent user experience.
- Provided leadership and mentoring to ensure technical and design best practices were maintained throughout the application.

### *Senior Consultant, U.S. Department of Health and Human Services*

- Delivered a budgeting solution to increase accuracy and standardize data, process, and reporting on large data sets with attention to performance, scaling, and data integrity.
- Presented bi-weekly demonstrations directly to customers to facilitate feedback throughout the development cycle.

## Education

- B.S. in Computer Science, University of Rochester
- B.A. in Japanese, University of Rochester

## Relevant Training & Skills

**Software and Tools:** Appian, Appian RPA, Microsoft Office (PowerPoint, Word, Excel), HTML, MySQL, SQL Server, REST APIs, Atlassian (Jira, Confluence), Scaled Agile Framework, SharePoint, Google Workspace, Collaboration Tools (Microsoft Teams, WebEx, Zoom), Lucidchart, UiPath, Alteryx.

**Project Skills:** Low-Code Development, Enterprise Integration, User-Centered Design, Training & Adoption Support, Technical Demos, Stakeholder Engagement, Business Process Modeling, Current State & Stakeholder Analysis, Requirements Gathering, Risk Management.

#### D.1.4.3.2 **Liam Caracciolo - Lead Architect**

Mr. Caracciolo brings 5 years of hands-on leadership experience with process automation, RPA, and Appian development. He has professional experience with low code frameworks as well as more traditional development stacks. Liam has deep experience across the full lifecycle of healthcare software development from project initiation to project go-live with numerous clients – both in the private and public sectors.

#### Highlighted Professional Experience

#### Liam Caracciolo

##### **KEY HIGHLIGHTS:**

- ✓ 5 years' experience architecting and delivering high quality Appian solutions, including 2+ years for healthcare clients
- ✓ Appian Certified Senior Developer
- ✓ Extensive knowledge of the Appian platform including integrations, records, interfaces, and process models
- ✓ 2020 Appian Public Sector winner and 2021 Appian Live Build Challenge participant

#### **Ignyte Group, Solutions Architect**

**2020 - Present**

##### *Solutions Architect, US Peace Corps*

- Designed 7 new Clinical Risk Management applications including solution architecture documentation, database schema, and deployment standard operating procedures
- Oversaw the development of the different applications – ensuring adherence to best practices and the development of high quality code
- Planned and lead the migration of data from legacy Peace Corps systems to our Appian environment through automated processes
- Performed extensive data-mapping to bring legacy data into the new application to ensure ease of transition to the new application
- Triaged incoming support requests from Peace Corps staff and coordinated bug resolution, feature requests, and enhancements in accordance with relevant SLAs
- Served as Agile Scrum Master for daily standups and managed the Agile sprint process for the project

##### *Technical Lead, Rocky Mountain Human Services*

- Served as the technical lead on the development of a Contract Management application and an EHR
- Lead various agile ceremonies including Scrum, Backlog Refinement, Sprint Demos, Sprint Retrospectives, and various Sprint 0 activities
- Delivered a public Referrals Portal to enable Providers and the Denver Community to submit referrals directly to RMHS for ingestion within the Appian application and streamline the referral and intake process to RMHS programs, significantly reducing processing times and manual error
- Integrated Appian application with legacy EHR to provide care givers with comprehensive medical histories of their patients in a single system

##### *Solutions Architect, Internet Corporation for Assigned Names and Numbers (ICANN)*

- Lead development of 3 enterprise-grade Appian applications relating to the management of Global Top Level Domains (gTLDs).
- Designed and lead the implementation between 3 external services and our application through RESTful APIs
- Developed a comprehensive CI / CD pipeline using Jenkins, Spinnaker, and GitHub to ensure that all deployments are tested, auditable, and reversible
- Performed extensive performance testing on all applications developed via JMeter and Locust ensuring that the systems can operate under expected and strained user loads

## Macedon Technologies, Software Consultant

2019 – 2020

*Consultant, Bank of the West*

- Coordinated directly with client stakeholders at a regional financial services company to identify business needs and develop and deploy technical solutions (including a robust Deposit Account Opening application and an RV/Marine Loan application that integrated with the client's existing cloud-based architecture)
- Developed 2 Appian applications on a team that fulfilled client's request for PPP Submission and Processing applications in under 72 hours in response to the COVID-19 pandemic

### Education

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- B.A. in Computer Science, Colgate University

### Relevant Training & Skills

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**Software and Tools:** Appian, Appian RPA, JavaScript (Node.js / React), PHP, Ansible, Jenkins, Spinnaker, Microsoft Office (PowerPoint, Word, Excel), HTML, MySQL, SQL Server, REST APIs, Atlassian (Jira, Confluence), Scaled Agile Framework, SharePoint, Lucidchart, Alteryx.

**Project Skills:** Low-Code Development, Enterprise Integration, User-Centered Design, Training & Adoption Support, Technical Demos, Stakeholder Engagement, Business Process Modeling, Current State & Stakeholder Analysis, Requirements Gathering, Risk Management.

## D.1.5 Project Management

Team Ignyte's Integrated Management Model represents our comprehensive approach to project delivery, ensuring the successful achievement of Pinellas County's objectives. Our methodology combines best practices from Agile and Waterfall methodologies, tailored to meet the unique needs of the project. This approach allows us to adapt to changing requirements and priorities while maintaining a structured framework for delivery.

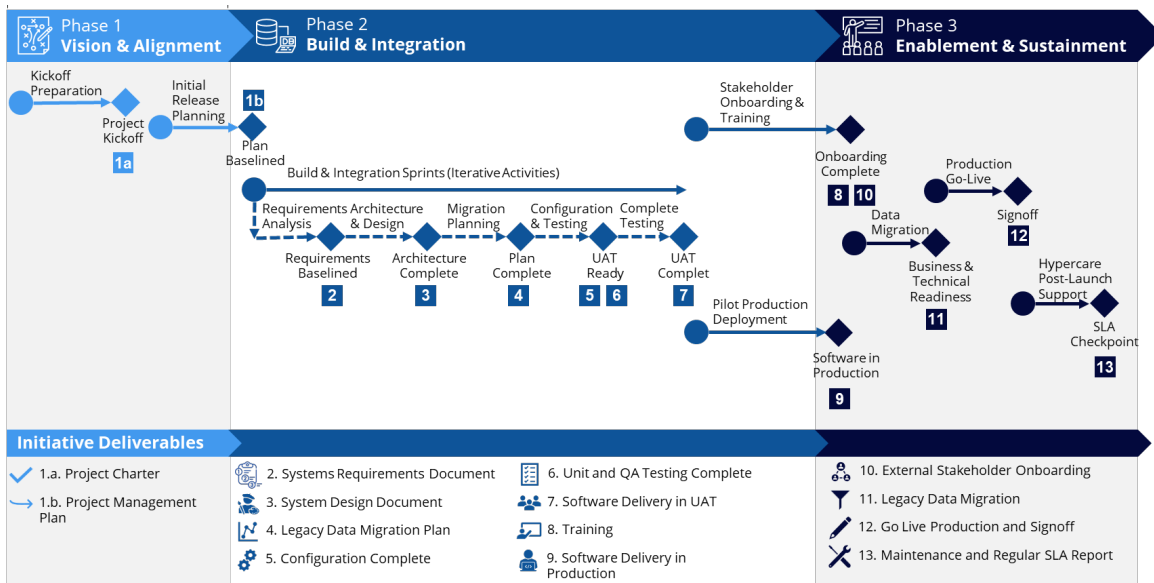
Central to our approach is the establishment of clear communication channels and a governance structure that defines roles and responsibilities. This ensures that key business needs are met while managing cost, schedule, and scope constraints. Our project management practices emphasize stakeholder collaboration, risk management, and continuous improvement.

Through regular status updates, milestone reviews, and transparent reporting, we keep PCHS informed and engaged throughout the project lifecycle. Additionally, our approach includes mechanisms for managing change requests and ensuring that project deliverables align with PCHS's strategic goals and objectives.

The following subsections detail the specific components of our approach to Project Management.

### D.1.5.1 Schedule Tracking

**Figure 98** below illustrates a sample schedule that Team Ignyte will develop, initially outlining key milestones, activities, deliverables, and overall timeline. This schedule will be refined collaboratively with PCHS during the early stages of road mapping and requirements gathering in Sprint 0, ensuring granularity down to the sprint level.



**Figure 98: Sample Schedule**

Our team will diligently track the delivery of functionality in each sprint against our initial capacity planning from requirements gathering. This approach enables us to closely monitor progress, ensuring alignment with PCHS's project milestones. By leveraging agile methodologies like Scrum, we deliver incremental updates regularly, providing transparency into our progress and enabling us to address any deviations from the initial plan promptly.

Should we encounter scenarios where specific functionality is significantly larger than estimated, or prioritized enhancements require more effort than anticipated, we will promptly alert PCHS. Our team will provide detailed assessments and impact analyses, empowering PCHS to make informed decisions about potential adjustments to the project timeline or feature prioritization. This proactive approach to schedule tracking and communication ensures that we can effectively manage risks, maintain project timelines, and deliver a solution that meets or exceeds PCHS's expectations.

### **D.1.5.2 Resource Planning Process**

Our team's Resource Planning Process involved a detailed analysis of project requirements, timelines, and skill requirements to determine the optimal staffing plan. We carefully considered the expertise needed for each phase of the project, including development, testing, deployment, and ongoing support. By aligning our team's skill sets with the project's demands, we ensured that we have the right resources in place to deliver a successful outcome.

To leverage PCHS's desired backlog tracking tool, we recommend using Jira. Jira offers a robust set of features that align well with agile project management practices, making it an ideal choice for tracking project progress, managing tasks, and collaborating with stakeholders. While Jira's free plan is limited to 10 users, we recommend opting for a paid plan to accommodate our team's size and the project's complexity. This investment will enable us to utilize Jira's full suite of capabilities, including advanced reporting, customization options, and integration with other tools, ensuring efficient project management and delivery.

### **D.1.5.3 Development**

Our team follows the Agile methodology for our development process. We plan capacity for each sprint by conducting thorough backlog refinement sessions, where we review and prioritize features based on their importance and complexity. This allows us to estimate the effort required for each feature and allocate resources accordingly. Our team holds sprint planning meetings to define the scope of work for each sprint, ensuring that we have a clear understanding of what needs to be accomplished.

Each sprint, our experienced team of Appian developers will configure the platform according to the specifications laid out in the Product Backlog in alignment with Appian, Ignyte, and project best practices. Using the power of Appian's low code engine, we will focus on getting working software into the hands of PCHS stakeholders early and often to rapidly validate our development. Our team of developers will diligently follow any PCHS established development guidelines alongside our thorough Appian development approach that we apply to every engagement, outlined in **Table 6** below:

<b>Team <i>Ignyte</i> Appian Development Approach</b>	
<b>Checkpoint</b>	<b>Description</b>
<b>Functionality Design Review</b>	<ul style="list-style-type: none"> <li>Analyze existing code-base pertaining to the user story before beginning configuration</li> <li>Create a design document detailing technical approach to the user story</li> <li>Include in-depth test scripts to ensure acceptance criteria are met</li> <li>Vet the design document with the Senior Developer and/or Architect to align with existing standards</li> </ul>
<b>Functionality</b>	<ul style="list-style-type: none"> <li>Begin configuring the Appian objects required for the user story once the design has been approved</li> </ul>

<b>Configuration</b>	<ul style="list-style-type: none"> <li>• Work closely with stakeholders to tailor the platform and workflows to meet specific needs</li> <li>• Utilize reusable pre-built processes and application components from the team's library to configure the platform where applicable</li> <li>• Demonstrate progress to stakeholders for validation of requirements understanding and configuration</li> <li>• Perform a common order of operations, including data table development, Appian data objects development, expression/business rule development, integration development, interface development, and process model development</li> </ul>
<b>Code Review</b>	<ul style="list-style-type: none"> <li>• After the developer completes development and testing, the Technical Lead/Architect will review all developed code against Team IgnYTE's Best Practices Checklist, designed based on Appian's Project Playbook for scalability</li> <li>• Relay any modifications needed to adhere to best practices to the developer and iterate until signed off by the Technical Lead/Architect</li> </ul>
<b>Testing</b>	<ul style="list-style-type: none"> <li>• Facilitate multiple stages of testing for each user story and functional groups</li> <li>• See <b>Section D.1.10.1</b> for additional details</li> </ul>

**Table 6: Our Appian Development Approach**

This process will be diligently tracked at the User Story level via PCHS’s Product Backlog tool of choice. By adhering to these checkpoints, Team IgnYTE ensures that all developed functionality aligns with our best practices, supporting a successful and efficient development process.

**D.1.5.4 Deployment**

Team IgnYTE has a defined Standard Operating Procedure (SOP) for all deployments that occur as a part of our CI / CD pipeline. The procedures ensure that all deployments to all environments are tested, reversible, controlled, and auditable. These capabilities are explored in further detail below:

- **Tested:** In addition to the unit testing that occurs as a part of the standard development cycle for a new feature, all deployment candidates must pass each Appian test associated with each of their objects before the deployment can begin. These tests are automatically kicked off through Appian’s Web API. If desired, our solution can also integrate with automated testing tools (e.g. Testim, Selenium, etc.) to add another set of tests that need to be validated before the deployment can begin. These tests can also automatically be kicked off through API invocation.
- **Reversible:** All deployed packages can be saved to a repository tool of the County’s choice (i.e. GitHub, BitBucket, etc.). This ensures that if a rollback of the entire application needs to occur, there is a comprehensive version history of each deployment – facilitating an efficient rollback to an earlier version. Additionally, all SQL scripts that are run as a part of each deployment are saved to the repository to facilitate the rollback process. If desired, our solution can integrate with database migration tools (e.g. Flyway). These migration tools can generate reversal scripts for each SQL script run – automatically generating a SQL script to undo every script passed into it. Through migration tools like this, rollbacks of database can be made even more efficient.
- **Controllable:** Appian allows for the definition of a group of users that serve as Governance over all deployments that occur. When a deployment request is kicked off, users who are a part of the Governance group are sent a notification alerting them to the deploy and requiring them to accept or reject the request. Through this, administrative



users are kept informed on when deployments occur and have the final say over what is promoted to higher environments.

- **Auditable:** When packages and SQL scripts are uploaded to the repository during the deployment process – metadata is captured on who uploaded the file and when. Through this, an audit log is captured for all deployments made. In addition, Appian’s OOTB logging capabilities also capture metadata on every deployment made. Through these two capabilities, administrators can easily see a full audit log of all deployments made.

## **D.1.6 Risk Management**

### **D.1.6.1 Potential Program Risks**

Team IgnYTE has identified the following potential risks to the implementation of this solution:

- **System Integration Delays:** Coordinating with multiple systems and ensuring compatibility, particularly with discrepancies between HL7 FHIR standards (e.g., v2 vs v4), may lead to integration delays. To mitigate this risk, Team IgnYTE will adopt a proactive approach by communicating with external teams early and often. We will establish large analysis windows prior to development to ensure all issues and discrepancies are identified and addressed before they impact the integration timeline. Team IgnYTE will closely monitor the progress of integration activities, regularly engaging with external teams to address any emerging issues promptly. Our goal is to maintain open lines of communication and collaboration to mitigate potential delays and ensure smooth integration between systems.
- **Additional Required Enhancements:** The extensive list of features desired for year one could result in additional enhancements or feedback rounds that may push the project schedule. To manage this risk, Team IgnYTE will maintain an active backlog that includes all desired features and enhancements. We will actively engage stakeholders to ensure their participation in prioritizing backlog items based on business value and project goals. By prioritizing high-priority items and ensuring alignment with the overall vision for the project, we will continue to develop key features while effectively managing scope and schedule. Our iterative approach allows us to adapt to changing requirements and stakeholder feedback, ensuring that the project remains on track to deliver value in a timely manner.
- **Tailoring for Program Needs:** Each program may have specific requirements, necessitating time to align competing interests between programs and various PCHS stakeholders. To address this risk, Team IgnYTE recommends establishing a clear decision-making framework to resolve conflicts between different groups or programs. This framework should include identifying a designated decision-maker who can arbitrate disputes and ensure that decisions are made in the best interest of the project as a whole. Our team will focus on gaining buy-in among the entire stakeholder team on best practices and procedures to streamline decision-making processes and ensure alignment with project goals. Regular communication and collaboration with stakeholders will be essential to maintaining this alignment and addressing any conflicts or competing interests that may arise.
- **Regulatory Changes:** Changes in regulations or compliance requirements could alter



project requirements, potentially leading to scope changes and schedule impacts. To mitigate this risk, Team IgnYTE will maintain a nimble approach to project management, allowing us to adapt quickly to any regulatory changes. We will stay informed about upcoming regulations and compliance requirements through regular monitoring and engagement with industry resources. Our consultants will provide guidance on navigating new changes and identifying potential impacts on the project. Team IgnYTE will touch on these items during our weekly status updates, discussing any changes on the horizon that we can proactively incorporate into our project plan. This proactive approach will help us minimize the impact of regulatory changes on the project schedule and ensure that we remain compliant with all relevant regulations throughout the project lifecycle.

To mitigate these risks, Team IgnYTE has developed a comprehensive risk management plan. This plan includes proactive monitoring and mitigation strategies for each identified risk. Additionally, regular communication and collaboration with PCHS stakeholders will be maintained to address any emerging risks and ensure alignment with project goals and objectives.

**D.1.6.2 Risk Management Plan**

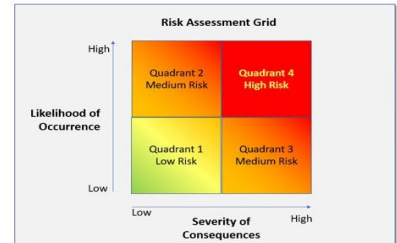
Throughout the execution of this project, Team IgnYTE will proactively identify project risks, determine the probability of occurrence and severity, define clear mitigation steps with a set due date to minimize risk impacts, and develop any required contingency plans. These risks will be maintained in a centralized Risk Register (developed and maintained in the County’s preferred tool) and will be discussed during status meetings to determine their level of impact. Team IgnYTE’s **risk management approach** encompasses the following activities in **Table 7**.

Risk Management Activities	
Task	Description
<b>Risk Identification</b>	As new tasks are initiated, Team IgnYTE will develop a risk baseline and discuss the upcoming work activities with County stakeholders. We will review these tasks to identify potential risks to the County or project operations and report risk status through formal and informal meetings.
<b>Risk Analysis</b>	We will analyze risks and convert data into decision-making information. This involves defining the risk severity criteria as High, Medium, or Low based on the possible impact to project performance, schedule, and cost.
<b>Risk Response Planning</b>	Team IgnYTE will identify the sources of risks, develop effective action plans and strategies, and establish mitigation plans to minimize impact should the risk occur.
<b>Risk Status Tracking</b>	Our team will provide risk updates in our Weekly and Monthly Status Reports. We will continue to track risks to determine if the mitigation steps are sufficient.
<b>Risk Response and Control</b>	To continuously monitor the risk and mitigation plan, Team IgnYTE will work closely with the County to decide how high-priority risks should be managed and assign responsibility for risk management and issue resolution.

**Table 7: Risk Management Activities**

Team IgnYTE will meticulously analyze all potential risks to the project, employing a comprehensive risk management plan to identify, assess, and mitigate risks effectively. Our

approach includes regular risk assessment meetings to review and update our risk register, ensuring that all risks are appropriately documented and tracked. We will utilize a risk assessment grid, as illustrated in **Figure 99**, to categorize risks based on their impact and likelihood, enabling us to prioritize mitigation efforts. By proactively identifying and addressing risks, we will minimize their impact on the project timeline and budget, ensuring successful project delivery.



**Figure 99: Risk Assessment Grid**

### ***D.1.7 Communication and Project Status Updates***

Our team is committed to providing Pinellas County with ongoing communication and project status updates to ensure transparency and alignment throughout the project. Regular frequent communications include:

- **Daily standup meetings** to quickly address any issues or blockers and ensure that everyone is aligned on the day's priorities.
- **Weekly status and risk update meetings** to review progress, discuss any potential risks, and keep stakeholders informed.

For more detailed discussions, we schedule ad hoc meetings to review milestone deliverables and address any specific concerns or questions. We will communicate via Pinellas County Health Services' preferred methods, including email, Teams, and Slack, to ensure that information reaches stakeholders in a timely and effective manner. We will also leverage Pinellas County Health Services' SharePoint for shared communication and documentation management, ensuring that all project-related information is easily accessible and well-organized.

At various milestones, such as when preparing for a production go live, we ensure that stakeholders receive detailed updates through emails and regular calls. Virtual discussions are also held to address any emerging issues or updates. For more critical milestones, we are prepared to conduct onsite presentations to provide in-depth insights and gather feedback from key stakeholders. This multifaceted approach to communication ensures that PCHS is consistently informed and engaged throughout the project lifecycle.

### ***D.1.8 Budget Management***

Team IgnYTE is committed to proactive and transparent budget management for the Pinellas project. As part of the road mapping and initial requirements gathering phase of the project, we will work with PCHS to refine our proposed timeline and deliverables and align them to a tracker for budget burndown. Updates on the burndown of the budget will be included as part of our weekly status update meetings. We will provide reporting on the overall budget forecast, and any variances to projections as part of our regular weekly and monthly status reporting.

We will establish checkpoints with PCHS throughout the project to re-evaluate original estimates and ensure progress aligns with the planned timeline. We will alert PCHS if the projected burndown of the budget exceeds 10% of the planned budget at any point during the implementation. Any necessary remediation steps will be promptly identified and implemented, which may include reassigning staff, adjusting work hours, reprioritizing functionality, or a change order. We will also proactively notify Pinellas' County's appointed contact(s) at key thresholds of:

50% spent, 75% spent, and 90% spent. In addition, we will provide current budget variable numbers on an ad-hoc basis as requested by PCHS.

Our team will work closely with the County to verify and validate the cost baseline, monitoring project progress and cost performance throughout the execution phase. A customized budget dashboard will be utilized to provide transparency and facilitate ongoing monitoring and maintenance of the project budget. Regular reviews with Pinellas County will be conducted to review costs and manage the financial aspects of the project, ensuring alignment with the established budget. We will manage hours and labor costs per the agreed-upon Project Management Plan and use the report variances to adjust as needed to remain on budget. If travel is required, budgets will be managed in accordance with applicable Federal Travel Regulations and all costs will be submitted for approval to PCHS prior to commencement. While we do not currently anticipate incurring any Open Market Costs / Other Direct Costs, we will closely monitor any potential needs as the engagement proceeds and obtain necessary approvals from PCHS.

## ***D.1.9 Training Plan and Change Management***

### ***D.1.9.1 Training Plan***

Team IgnYTE will provide comprehensive education and training materials to assist PCHS, external provider, and client users in using the new solution. Using our expertise and past successes on similar projects, we will deliver a training plan along with hands-on, customized training & documentation.

Our approach views training as ongoing education rather than a “one-time activity.” With this in mind, our training plan will incorporate the following activities to develop current and relevant trainings based on the audience in mind:

- **Assess Case Management System Audience:** Identify and assess user personas, skills, and knowledge levels to tailor training for the level of fidelity needed by each respective training.
- **Develop Training Strategy:** Curate the appropriate strategy for each individual audience type and whether their preferred training is in-person, web-based, digital, or print.
- **Customize Training:** Focus on clarity, incorporate visuals, create engaging hands-on exercises, and innovate with searchable, online, and video-based multimedia. Iterate on training materials based on PCHS feedback.
- **Deliver Training:** Provide multiple in-person and virtual training opportunities to immerse system and support users with content that will educate and engage the intended audiences.

This training and documentation will be customized to the needs of the user’s specific workflow processes and will be available for all users. Additional examples of training formats include in-person interactive training sessions with hands-on exercises, module-based training videos, an online searchable Knowledge Center with self-help user quick reference guides, and print user

training guides, as seen in **Figure 100** below.

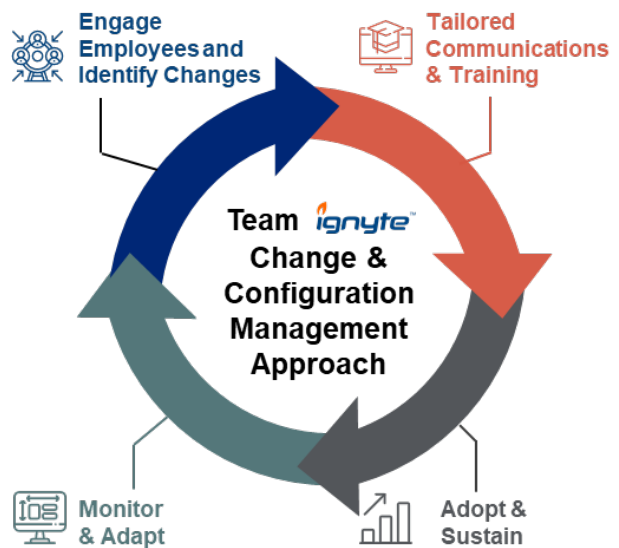


**Figure 100: Team IgnYTE Training Materials**

Ignyte will provide multiple training opportunities to provide training for staff members. Ignyte understands that all training manuals, materials, and documentation created for this project are the property of PCHS and will supply master copies of all training materials and copy and distribution rights to all training materials.

### **D.1.9.2 Change Management**

We consider all changes and their impact, which is why we tailor our configuration and change management approach each time a change is identified. The process for rolling out new configuration changes follows a straightforward and repeatable process. First, we engage with PCHS to identify necessary changes, using methods such as hands-on user support, surveys, and monitoring help desk requests. Once changes are identified, we assess their impact on users and prioritize them for implementation based on criticality. We then create a tailored communication plan and training materials for each change within a release, with the extent of these materials depending on the scope of the change. When multiple user roles are affected, communications and trainings are customized for each role. As changes are deployed, on-demand trainings help users understand new functionality and its alignment to business objectives. Team IgnYTE continually monitors changes to evaluate adoption and improve the user experience. This iterative approach ensures that change management and training are ongoing activities embedded in our process, not one-time events.



**Figure 101: Change & Configuration Management Approach**

### **D.1.10 Configuration/Development**

Team IgnYTE will follow an Agile development methodology to ensure a successful project for Pinellas County. Our approach to configuration and development aligns with these requirements, focusing on rapid deployment, prototyping, testing, and feedback loops.

Our plan for managing the development and configuration of the solution involves leveraging our Rapid Technical Design and Configuration Process. This process allows us to tailor the solution specifically to meet the unique needs of Pinellas County. We will closely collaborate with County stakeholders to gather and validate requirements, ensuring that the solution aligns with their expectations. During the configuration phase, our team will thoroughly review the out-of-the-box Logical Data Model (**Figure 102**) to identify any entities or attributes that require adjustments. We will make necessary modifications to the model, aligning it with County-specific terminology and integration requirements.

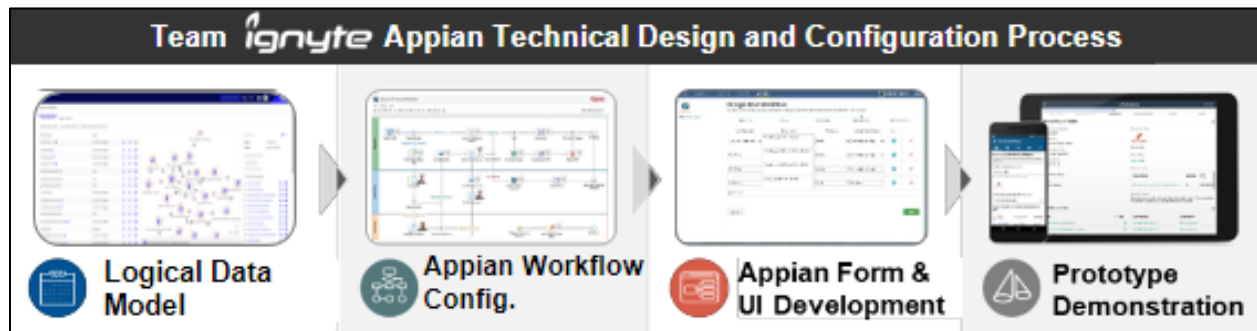


Figure 102: Rapid Technical Design and Configuration Process

To confirm the requirements, we have implemented a robust process for testing and validation. This includes both functional and non-functional testing, ensuring that the solution meets Pinellas County's expectations in terms of performance, usability, and reliability. We will conduct thorough testing at various stages of the development process to identify and address any issues or discrepancies promptly.

#### ***D.1.10.1 Testing and Quality Assurance Process***

Team Ignite's approach to testing and quality assurance ensures that the application meets all requirements, functions as expected, and is intuitive for end users. We start with unit testing to verify each individual software component, identifying defects early to minimize future risks. Integration testing follows, where we test different system components together to ensure they work correctly and meet functional requirements. Each integration test scenario addresses specific business scenarios to validate real-life situations.








Team <i>Ignyte</i> ™ Testing and Quality Assurance Process	
 <b>Unit Testing</b>	Tests individual components of software to validate basic functionality and enable rapid development
 <b>Integration Testing</b>	Grouped testing of units for a real-life scenario to observe interactions between integrated units and expose defects
 <b>User Acceptance Testing</b>	PCHS end users validate system functionality with structured and unstructured testing.
 <b>Security &amp; Vulnerability Testing</b>	All software components are tested to identify and mitigate potential security threats and vulnerabilities in the environment
 <b>Accessibility &amp; Usability Testing (508 Compliance)</b>	Measures the ease in which users can complete common tasks in the system, including users with disabilities
 <b>Release Dry Run</b>	A pilot test performed by a select group of users that confirms the major components of the system are functioning properly
 <b>Post Release Validation</b>	Verifies that functionality is working properly in the production environment. Any bugs are documented and resolved.

Figure 103: Team Ignyte's Testing and Quality Assurance Process

User Acceptance Testing (UAT) allows PCHS end-users to test developed functionality hands-on. It consists of structured testing with traditional test scripts and unstructured testing where users utilize the system without scripts. This approach covers both core business scenarios and fringe cases. We then conduct security and vulnerability testing to identify and mitigate potential threats.

Accessibility and usability testing measure how easily users can complete tasks, including those with disabilities. We ensure compliance with 508 Accessibility standards. Regression testing, both automated and manual, confirms that existing functionality is not impacted by new changes. Before deployment, we perform a release dry run in a staging environment to verify that the system is functioning correctly. Post-deployment, we perform a series of tests to validate the production environment. This comprehensive testing approach ensures a high-quality solution for PCHS.

### D.1.11 Data Conversion and Migration Planning

Our team will work with Pinellas to migrate data and content gradually and securely over to the Appian integrated case management system. These activities will be performed **in iterative sprints throughout the project lifecycle** to prepare for the production deployments.

#### Cleanup

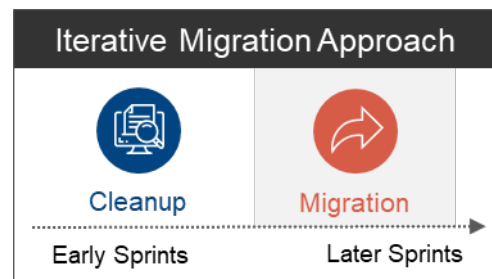


Figure 104: Iterative Migration Approach

As depicted in **Figure 104**, our team will utilize early project sprints to identify and begin an extensive data cleanup and cleansing process. During this time, we will work with Pinellas to help identify duplicate user information, such as patient information and addresses, stored in your current systems. When our analysis identifies records that may be duplicated, our team will collaborate and confirm with Pinellas resources that redundant records can be merged. During



this period, our team will also evaluate your archival rules to ensure that records are only being kept as long as required by your policies. These activities will provide us with a clean set of data moving forward to the new integrated healthcare system powered by Appian.



## Migration

Our data and document migration plan will include steps and activities customized to PCHS's operating environment as we become aware of your system details. This plan will include how to extract data from CareScope and NextGen, the transformation that is needed for this data, how the data will be loaded into the new system, mapping and validation rules for the conversion, and an overall migration timeline.

Our team will utilize Pinellas' data migration and ETL tools of choice as part of this migration (if requested). Data will be loaded into target databases and transformed using Appian (or the County's preferred technology) so that it is loaded into the proper corresponding fields in the new system. With all data in the system, Team Ignyte will develop Data Integrity Queries and perform System and User Acceptance Testing to assess the quality of the data migration. Our team will perform migration testing several times and share results with Pinellas leadership for approval to promote a seamless migration during go live. All data will be encrypted in transit and at rest according to Pinellas' standards after it has been migrated to the new system.

### ***D.1.12 Data Integration Planning***

Our solution will leverage Appian's Data Anywhere architecture and low-code integration capabilities to seamlessly integrate with any existing Pinellas systems and databases. This includes the ability to configure integrations via direct database connection (ODBC/JDBC) or through APIs. Our solution will adhere to HL7 FHIR standards where applicable, ensuring interoperability and data consistency across systems.

For data extracts from external providers, our solution will support the ingestion of Excel files, for example, by configuring the Extract, Transform, Load (ETL) process to map the uploaded data to internal data structures. We will also validate the structure of the uploaded file to ensure it conforms to the expected format, providing warnings for any discrepancies.

Our solution incorporates role-based access control to manage user permissions, ensuring that access is configured at a granular level based on PCHS's security standards. This includes limiting access to application functionality, screens, assigned patients/cases, data records, data elements, and data values as appropriate.

Appian provides a range of zero-code workflow integrations and pre-built connectors for systems such as Microsoft Power BI, Oracle E-Business Suite, ArcGis Enterprise, and DocuSign. These connectors enable seamless integration with external systems, enhancing the functionality and interoperability of the overall solution. Appian also offers wizards for establishing connections with standard REST or SOAP Web Services or APIs, providing flexibility and ease of integration. Our team of certified and experienced Appian developers, supported by Appian's Premium Support and Architect Services partnership, ensures that any technical challenges associated with integration are promptly addressed.

Additional details on Appian's available external integration connectors can be found in the link below:



### D.1.13 Maintenance Plan and Service Level Agreement

Our team will continually check in with users and make necessary adjustments to ensure that the solution continues to functionally optimally and delivers Pinellas County’s desired outcomes. Our support activities, outlined in **Table 8**, ensure that the County has the resources it needs to successfully utilize the application and provide a seamless user experience.

Team Ignyte Support Services	
<b>Maintenance &amp; Support</b>	<ul style="list-style-type: none"> <li>• Our team will leverage change management best practices to minimize disruption and maximize benefits.</li> <li>• <b>Our team will ensure the solution is not down for more than 48 hours in a month unless approved in advance by the County for scheduled system updates.</b></li> <li>• Patching and updates will occur between 6 P.M. to 7 A.M. or on weekends or holidays, with notifications sent to the County including the ability to adjust the upgrade schedule.</li> <li>• Appian offers continuous 24x7x365 platform-level support.</li> </ul>
<b>Availability &amp; Continuity of Operations</b>	<ul style="list-style-type: none"> <li>• Our team is committed to meeting all availability service level agreements (SLAs) and maintaining the solution's continuity of operations, even in the event of critical failures.</li> <li>• We have in place a formal Network Security policy, a Business Continuity policy, a Disaster Recovery Plan, and a Data Security policy, all of which are updated at least once annually.</li> </ul>
<b>Incident Management</b>	<p>Our team will provide a <b>3-tier, ITIL-based Service Desk</b> to manage incidents and services requests from 7 A.M. to 6 P.M., excluding weekends and Federal holidays. This support will also be available during implementation and data migration phases.</p> <ul style="list-style-type: none"> <li>• Tier 1* - Supports incoming incidents and service requests from email and telephone.</li> <li>• Tier 2 - Assesses incidents and service requests, clarifies data with end users, and is responsible for complex incidents and service request resolution.</li> <li>• Tier 3 - Responsible for advanced troubleshooting, coordinating root cause analysis of incidents, reporting product and data defects, coordinating required code changes, and resolving any incident or service request.</li> </ul> <p><i>*Tier 1 support is available, but has not been included in our proposed pricing. We assume PCHS will provide Tier 1 help desk support, however this will be discussed further during the initial discovery period.</i></p>
<b>DevOps Tools</b>	<ul style="list-style-type: none"> <li>• Our solution offers enterprise grade tools for DevOps allowing multiple teams to work seamlessly together to streamline the development-to-production pipeline.</li> <li>• Our tools provide version control and rollback capabilities, enabling us to manage and track changes to the solution, providing greater visibility and control.</li> <li>• Communication features allow users to collaborate and address any issues during deployment. These tools enable us to quickly deploy our solution with confidence, ensuring all requirements and functionality are met.</li> <li>• Automated regression testing enables us to verify existing system functionality</li> </ul>

Team Ignyte Support Services	
	remains unaffected by system changes.

**Table 8: Team Ignyte Support Services**

In addition, Team Ignyte’s priority levels and associated SLAs for availability and response time are outlined in **Table 9** below.

Service Level Agreements			
Case Severity	Description	Availability	Response Time
<b>Priority 1</b>	Users are unable to access the site on a production instance of the Cloud Offering	24x7x365	<15 minutes
<b>Priority 2</b>	User is unable to operate the Core Functionality on a production instance of the Cloud Offering using the User’s then current username and password	24x7x365	<1 hour
<b>Priority 3</b>	A functional feature of the Cloud Offering is impacted, but it is feasible to continue production/development, as the issue is not critical, or a workaround is feasible	Local Business Hours	<3 business hours
<b>Priority 4</b>	All other issues which are not Priority 1, 2 or 3	Local Business Hours	<6 business hours

**Table 9: Service Level Agreements**

Our **issue resolution process** follows a standard lifecycle of identifying a system bug or issue, conducting appropriate triage procedures, assigned dedicated resource ownership, resolving the issue, and monitoring the deployed fix. Our approach includes three phases:

1. **Phase 1:** Identify, Analyze, and Prioritize
2. **Phase 2:** Configure and Test
3. **Phase 3:** Deploy and Support

To effectively track identified issues, Team Ignyte will provide issue tracking functionality directly in the County’s Appian environment or in the County’s ticketing platform of choice. Issues will be prioritized based on impact and urgency to appropriately allocate resources. The issue will be investigated to determine its root cause and a resolution plan will be put in place involving temporary workarounds, bug fixes, or providing customer support. The resolution strategy will be tested and validated before the fix is deployed. County stakeholders will have the ability to track and report the lifecycle of an incident, obtain real-time information on its actions and outcomes, and trend previous issues to proactively address future concerns.

With the support of Ignyte and Appian, the County will receive continuous support through solution and platform updates, change management, and system maintenance. We are committed to ensuring that the County has the resources it needs to successfully utilize the application and to provide a seamless user experience.

## D.1.14 Vendor Guarantees

Team Ignyte is committed to providing specific product, pricing, and implementation guarantees to ensure a successful partnership with Pinellas County. The guarantees we offer are designed to provide transparency, accountability, and confidence in our solution and services.

- **Product Guarantee:** Team Ignyte guarantees that the proposed solution will meet all the functional requirements outlined in the RFP and will be tailored to address the unique needs of Pinellas County's healthcare and social services ecosystem. Our solution will be developed using robust and reliable technologies, adhering to industry best practices and security standards to ensure data integrity and protection. We commit to delivering a high-quality and user-friendly system that supports seamless integration, scalability, and adaptability to future needs.
- **Pricing Guarantee:** Our pricing model is transparent, and we will provide a detailed breakdown of all costs associated with the implementation, training, support, and any additional services. We guarantee that there will be no hidden fees or unexpected charges. Team Ignyte is committed to delivering cost-effective solutions that align with Pinellas County's budget and financial requirements. In case of any unforeseen circumstances or scope changes, we will work collaboratively with the County to address these issues and provide transparent pricing adjustments.
- **Implementation Guarantee:** We guarantee a well-defined implementation plan that includes clear milestones, timelines, and deliverables. Our experienced project management team will oversee the implementation process to ensure that it stays on track and aligns with the agreed-upon schedule. We are committed to providing regular progress updates and conducting open communication with Pinellas County throughout the implementation journey. If any deviations occur, we will proactively address them, offering effective mitigation strategies to minimize any impact on the project timeline.
- **Training Guarantee:** Team Ignyte is committed to empowering Pinellas County's users with the knowledge and skills needed to maximize the potential of the new solution. We will provide comprehensive training programs tailored to different user groups, including end-users, administrators, and system stakeholders. Our training will cover system functionalities, best practices, and key workflows, ensuring users can efficiently utilize the solution to perform their roles effectively. We guarantee ongoing training support and the availability of training resources to accommodate the County's future needs and ensure continuous learning and skill enhancement.
- **Support Guarantee:** Our commitment to Pinellas County extends beyond the implementation phase. We offer ongoing support and maintenance services to ensure the long-term success of the solution. Our support team will be readily available to address any technical issues, provide system enhancements, and offer prompt assistance to ensure the solution's uninterrupted operation. We will establish Service Level Agreements (SLAs) to clearly define response times and issue resolution protocols, ensuring that the County receives the highest level of support.

Our proposal is backed by our commitment to deliver a tailored and innovative solution that addresses Pinellas County's unique requirements, supported by transparent pricing, robust implementation, comprehensive training, and ongoing support. Our guarantees are a testament

to our dedication to forging a strong and successful partnership with Pinellas County to achieve the desired outcomes and exceed expectations.

### **D.1.15 Pinellas County's Responsibilities**

To help ensure the success of this project, PCHS will play key roles and provide resources to support Team Ignyte throughout the development and implementation process. The roles and responsibilities of PCHS are as follows:



**Product Owner:** PCHS will appoint a Product Owner who will act as the primary decision-maker for the project, making final calls on releases and prioritization. The Product Owner will commit approximately 2-4 hours per week to the project and may choose to participate in daily standups.



**Business Leads:** PCHS will provide Business Leads who are empowered to make decisions and finalize requirements. It is recommended to have one Business Lead per organization involved in the project. Business Leads will commit approximately 1-2 hours per week to the project.



**Subject Matter Experts (SMEs):** PCHS will designate Subject Matter Experts who are authorities on the processes within PCHS. SMEs will participate in User Acceptance Testing (UAT) sessions and demos to provide feedback. It is recommended to have one SME per organization involved in the project, committing approximately 2-4 hours per week.



**IT Leads:** PCHS will assign IT Leads who are IT leaders within the organization. IT Leads will confirm interface designs, assist in navigating internal systems, and set timelines. They will also provide any additional development support required for integrations. IT Leads will commit approximately 1-2 hours per week, plus additional time for integration support.

In addition to these roles, PCHS will be responsible for providing timely feedback, participating in key project meetings, and ensuring that necessary resources are allocated to the project. Open and transparent communication between PCHS and Team Ignyte will be critical to the success of the project, and PCHS will be expected to actively engage in this communication throughout the project lifecycle.

## Exhibit F: Proposed Products and 10-Year Service Cost of Ownership

Product and Support Costs												
Deliverable	Description	One Time Costs										Cumulative Costs
Roadmap & Release Plan	Based on outputs of the initial discovery period / Sprint 0.	\$96,800.00										\$96,800.00
Release 1	Core Case Management Capabilities	\$424,527.27										\$424,527.27
Release 2	Enhanced Intake & Eligibility	\$424,527.27										\$424,527.27
Release 3	Enhanced Provider Management	\$424,527.27										\$424,527.27
Release 4	Client Self Service Portal	\$283,018.18										\$283,018.18
Installation	ONE Time Appian Cloud Setup	\$5,000.00										\$5,000.00
UAT	~344 Hours of Test Lead	\$36,120.00										\$36,120.00
System Testing	~1376 Hours of Test Lead	\$144,480.00										\$144,480.00
User Training	~430 Hours of BA/OCM Lead	\$60,200.00										\$60,200.00
Other		\$0.00										\$0.00
Other		\$0.00										\$0.00
Deliverable	Description	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Licensing	Ignyte Human Services Case Management Solution AND Appian Platform as a Service (Hosted on AWS)  <i>*NOTE, updated from 100 to 120 Platform Users</i>	\$403,081.54	\$415,173.99	\$427,629.21	\$440,458.08	\$453,671.82	\$467,281.98	\$481,300.44	\$495,739.45	\$510,611.64	\$525,929.98	\$4,620,878.13
Support	Appian Enterprise Platform Support  <i>*NOTE, this is slightly larger because the total users is higher, and this is based on 25% of license fees.</i>	\$80,520.39	\$82,936.00	\$85,424.08	\$87,986.80	\$90,626.40	\$93,345.19	\$96,145.55	\$99,029.92	\$102,000.81	\$105,060.84	\$923,075.98

Maintenance Cost	Ignyte Application Support & Maintenance <i>(Note Yellow Cells are OPTIONAL, AND that in Year 3 the support team drops from 2.5 FTE to 2 FTE)</i>	\$142,600.00	\$576,079.00	\$444,771.72	\$458,114.87	\$471,858.31	\$486,014.06	\$500,594.48	\$515,612.32	\$0.00	\$0.00	\$3,595,644.76
ODF / Contingency	OPTIONAL	\$345,342.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$345,342.23
Other		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Cumulative 10-year cost</b>												\$11,384,141.10
<b>Additional Costs</b>												
Estimated Level of Effort for Data Migration*	480 Hours of support from Data Migration Lead.											\$67,200.00
Estimated Level of Effort per integration*	We assume the key integrations required in year 1 are included in our release costs.  One MEDIUM complexity integration would take approximately 40 hours across our Business Analyst, Solution Architect, Configuration Consultant,a and Tester.											\$5,200.00
Standard Cost Per Day for Additional Support	Assume an average blended rate of \$130 per hour for one resource for 8 hours.											\$1,040.00

Note: Data migration and conversion costs and integration costs will be discussed during contract negotiation

\*Level of Effort to be detailed in Statement of Work and Approach.

## E.1 Proposed Pricing

In this section and detailed further in our attached **Exhibit C**, Team IgnYTE has provided details on our proposed pricing for Human Services Case Management, Integration, and Low-Code Platform (HSCM+I+LCP). A cost summary for the ten-year Service Cost of Ownership can be found below in **Section E.1.0.1**. Additional details on one-time implementation costs, annual costs for software and support, as well as additional estimated costs and potential challenges are provided in the remainder of this section.

### E.1.0 Executive Summary

Team IgnYTE has proposed a comprehensive approach with a lean and effective delivery team to rapidly tailor, integrate, and deploy our Human Services Case Management solution for PCHS. Our solution is based on the powerful and value-laden Appian Cloud platform that will result in a low overall total cost of ownership over. The 10-year projected cost of ownership for this bid is **\$11,384,141.00** and is detailed in **Section E.1.0.1**.

#### E.1.0.1 Summary 10-Year Cost of Ownership

Please see **Table 10** for a year over year breakdown of the 10-Year Total Cost of Ownership.

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
\$2,870,744	\$1,074,189	\$957,825	\$986,560	\$1,016,157	\$1,046,641	\$1,078,040	\$1,110,382	\$612,612	\$630,991
<b>10-year Project Total:</b>							<b>\$11,384,141.00</b>		

**Table 10: Summary 10-Year Cost of Ownership**

### E.1.1 One Time Costs for Implementation

A summary of pricing for one-time costs to be incurred during Year 1 of this engagement are provided in **Table 13**.

Price Summary for Year 1		
Deliverable	Description	One Time Costs:
Roadmap & Release Plan (1 Month)	This will be the cost for completing the initial discovery and requirements analysis that will refine and detail the release plan (and currently) four (4) releases identified for year one. Team IgnYTE will work with PCHS to build and prioritize a full backlog of features and accompanying delivery roadmap. See below for <b>Additional Details on Roadmap &amp; Release Plan LoE and Costs</b> .	<b>\$96,800.00</b>
Release 1 (3 months)	Current key focus on delivering Core Case Management Capabilities to enable the fielding of a Minimum Viable Product (MVP) as rapidly as possible. See below for <b>Additional Details on Implementation Services</b> . Note that priorities and sequence for each release will be updated as part of the initial discovery period.	<b>\$424,527.27</b>



Release 2 (3 Months)	Current key focus on delivering enhanced Intake and Eligibility Capabilities to expand on the MVP delivered in Release 1. See below for <b>Additional Details on Implementation Services</b> . <i>Note that priorities and sequence for each release will be updated as part of the initial discovery period.</i>	<b>\$424,527.27</b>
Release 3 (3 Months)	Current key focus on delivering a Provider Portal and enhanced Provider Management Capabilities. See below for <b>Additional Details on Implementation Services</b> . <i>Note that priorities and sequence for each release will be updated as part of the initial discovery period.</i>	<b>\$424,527.27</b>
Release 4 (2 Months)	Current key focus on delivering a Client Self-Service Portal. See below for <b>Additional Details on Implementation Services</b> . <i>Note that priorities and sequence for each release will be updated as part of the initial discovery period.</i>	<b>\$283,018.18</b>
Installation	This is the one-time flat charge for Appian Cloud Setup to provision PCHS Appian Environment on AWS GovCloud.	<b>\$5,000.00</b>
UAT	Accounts for approximately 20% (344 hours) of our dedicated Test lead's time to support UAT, including planning, developing user test scenarios, supporting users, capturing feedback, and re-validating. See below for <b>Additional Details on Implementation Services</b> .	<b>\$36,120.00</b>
System Testing	Accounts for approximately 80% (1376 hours) of our dedicated Test lead's time to support System Testing, including planning, developing test cases, automating regression tests, tracking bugs, and re-validating when fixed. See below for <b>Additional Details on Implementation Services</b> .	<b>\$144,480.00</b>
User Training	Accounts for approximately 25% (430 hours) of our Business Analyst / Organizational Change Management (OCM) Lead's time to support User Training, including planning, developing tailored training guides, and hosting/facilitating training sessions. See below for <b>Additional Details on Implementation Services</b> .	<b>\$60,200.00</b>
<b>Total for Year 1:</b>		<b>\$1,899,200.00</b>

Table 11: Price Summary for Year 1

### **Additional Details on Roadmap & Release Plan LoE and Costs**

The cost estimate for the Roadmap & Release Plan Deliverable is based on the labor categories, rates, and level of effort detailed in **Table 14**.

Labor Category	Rate	Total Hours	Total Cost
Project Manager	\$ 155	160	\$ 24,800
Architect	\$ 170	160	\$ 27,200
Appian Sr. Consultant	\$ 140	160	\$ 22,400
Business Analyst / OCM	\$ 140	160	\$ 22,400
<b>Implementation Services TOTAL</b>			<b>\$ 96,800</b>

Table 12: Roadmap and Release Plan Deliverable Pricing

### **Additional Details on Implementation Services**

The cost estimate for the Remaining Implementation Services Deliverables for year 1 (11 months total), including Releases 1-4, UAT, System Testing, and User Training, is based on the labor categories, rates, and level of effort detailed in **Table 15**.

Labor Category	Rate	Total Hours	Total Cost
Project Manager	\$ 155	1720	\$ 266,600
Architect	\$ 170	1720	\$ 292,400
Appian Sr. Consultant	\$ 140	1720	\$ 240,800
Business Analyst / OCM	\$ 140	1720	\$ 240,800
Appian Consultant	\$ 115	1720	\$ 197,800
Appian Consultant	\$ 115	1720	\$ 197,800
Appian Specialist	\$ 105	1720	\$ 180,600
Testing Lead	\$ 105	1720	\$ 180,600
<b>Implementation Services TOTAL</b>			<b>\$ 1,797,400</b>

**Table 13: Remaining Implementation Services Deliverables Pricing**

NOTE that this does not include labor hours and costs for Data Migration, which are estimated in E.1.3.1.

### E.1.2 Annual Costs

A summary of pricing for Annual costs to be incurred during Year 1 of this engagement are provided in **Table 16**.

Price Summary for Year 1		
Deliverable	Description	Annual Cost:
<b>Licensing</b>	This is the total represents the combination of the Appian Cloud Platform and Ignyte Human Services Case Management Solution Licensing that includes all hosting, quarterly feature updates, and patches, and updates. <i>Details below.</i>	<b>\$403,081.54</b>
<i>Appian Cloud Platform Licensing</i>	<i>This includes internal and external users, necessary environment upgrades, and additional bundled features and capabilities provided to PCHS at no additional cost. See <b>Appian Platform as a Service Licensing Details.</b></i>	<i>\$322,081.54</i>
<i>Ignyte Human Services Case Management Solution License</i>	<i>This is a flat rate for the Ignyte Human Services Case Management Solution based on the Appian Platform.</i>	<i>\$81,000.00</i>
Support	Appian Enterprise Cloud Platform Support offers 99.99% Uptime, High Availability Architecture, and 500 GB of extra storage (on top of base 200GB).	<b>\$80,520.39</b>
Maintenance Cost	Ignyte Application and support for PCHS's tailored implementation of the Ignyte Solution for Year 1 following first release (1240 hours of support) with a single dedicated consultant to supplement our existing implementation team.	<b>\$142,600.00</b>
Contingency / ODF	Optional Contingency Fund representing 15% of Year 1 implementation and licensing costs.	<b>\$345,342.23</b>
<b>Total for Year 1:</b>		<b>\$971,544.16</b>

**Table 14: Price Summary for Year 1**

#### **Appian Platform as a Service Licensing Details**

Details on the specific product component, unit prices, and total costs of the Appian Platform for year 1 are provided in **Table 17**. Note that the Platform Licenses included in this bid entitle PCHS to develop as many applications as required for these named users without paying an additional user license fee.

Line	Alignment to Pinellas Rqmts	SKU	Item	Unit Price	Units	Months	Term	Line Item Total
1	100 internal users across Pinellas Human Services and the Florida Department of Health. <b>Additional user licenses can be added any time as needed.</b>	403-31000-2	Platform Users - Cloud (minimum 100)	\$ 126.85	120	12	Annual	\$ 182,664.00
1.1	Included at no additional cost with the Appian Platform User License.	403-35000-2	Appian Unauthenticated Portals	\$ -	1	12	Annual	\$ -
1.2		403-27006-2	Appian RPA - One Appian RPA Bot	\$ -	5	12	Annual	\$ -
1.3		403-41201-2	Appian Process Mining		1	12	Annual	\$ -
2	Covers the 200+ external partners accessing the system and working on behalf of PCHS clients.	403-33000-2	Authenticated Portals Institutional User (up to 1,000)	\$ 4,662.17	1	12	Annual	\$ 55,946.03
3	Enables up to 10,000 PCHS Clients to access and interact with their Case files and Caseworkers via web or mobile log-in. <b>Additional user licenses can be added any time as needed.</b>	403-34002-2	Authenticated Portals Individual User (up to 10,000)	\$ 4,662.17	1	12	Annual	\$ 55,946.03
4	Recommened Infrastructure sizing based on projected case and user load. <b>Additional Capacity can be added at any time as needed (a-la-carte)</b>	403-57203-2	Cloud Instance Upgrade - XL to 4XL	\$ 191.15	12	12	Annual	\$ 27,525.48
								<b>\$ 322,081.54</b>

**Table 15: Appian PaaS License Pricing**

**E.1.2.1 Summary of Pricing for Year 2 - 10**

The Annual Costs in years 2 through ten will vary from Year 1 as detailed in this subsection.

**Application Maintenance (Year 2)**

Beginning in Year 2 following the initial Implementation, Ignyte proposes to keep a smaller overall team engaged to support ongoing approved enhancement requests, additional integrations (see E.1.3.2 below), troubleshooting and fixes of technical issues, as well as level 2 and 3 help-desk support (**NOTE, Team Ignyte assumes PCHS will provide Tier 1 Help Desk Support, see pricing Assumptions in E2 for details**).The cost for this support is based on the labor categories, rates, and level of effort in Year 2 are detailed in **Table 18**.

Labor Category	Rate	Total Hours	Total Cost
Project Manager	\$ 160	940	\$ 150,071
Appian Consultant	\$ 118	1880	\$ 222,686
Appian Specialist	\$ 108	1880	\$ 203,322
<b>Implementation Services TOTAL</b>			<b>\$ 576,079</b>

**Table 16: Pricing for Year 2 Maintenance**

**OPTIONAL Application Maintenance (Year 3-8)**

Beginning in Year 3 , through Year 8, Ignyte proposes an OPTIONAL support team to assist PCHS address ongoing approved enhancement requests, additional integrations (see E.1.3.2 below), troubleshooting and fixes of technical issues, as well as level 2 and 3 help-desk support (**NOTE, Team Ignyte assumes PCHS will provide Tier 1 Help Desk Support, see pricing Assumptions in E2 for details**).The cost for this support is based on the labor categories, rates,

and level of effort in Year 2 are detailed in **Table 18.1**.

Labor Category	Rate	Total Hours	Total Cost
Appian Consultant	\$ 122	1880	\$ 229,367
Appian Specialist	\$ 115	1880	\$ 215,405
<b>Support Services TOTAL</b>			<b>\$ 444,772</b>

**Table 17.1: Pricing for Year 3 Maintenance**

***Year over Year Costs for Software Licensing and Cloud Platform Support (Year 2-10)***

The costs for Software Licensing and Platform Support will increase by **3%** Annually.

***Year over Year Costs for Ignyte Application Support and Maintenance (Year 2-10)***

The costs for Ignyte’s Professional Services to deliver Application Support and Maintenance will increase by 3% Annually.

***E.1.3 Additional Costs***

Our estimates of additional costs can be found below in **Table 19**, and detailed in the subsections below.

<b>Additional Estimated Costs</b>			
Deliverable	Description	Estimated LoE (Hours):	Estimated Costs:
Data Migration	Assume a total of 480 hours by senior Migration consultant to analyze, perform minimal data cleansing, mapping, and ETL from legacy systems to new system. <b>See E.1.3.1 for details.</b>	<b>480</b>	<b>\$67,200.00</b>
Integration	Assume Year 1 Integrations already included in our Year 1 LoE in <b>section E.1.1</b> . A range is provided to expand on the estimate for a Medium complexity integration provided in Exhibit C. <b>See E.1.3.2 for details.</b>	<b>20 (Small) 40 (Medium) 60 (Large) 80 (XL)</b>	<b>\$2,600.00 (S) \$5,200.00 (M) \$7,800 (L) \$10,400 (XL)</b>
Additional Support (1 day)	Assume an average blended rate of \$130 per hour for one resource for 8 hours.	<b>8</b>	<b>\$1,040.00</b>

**Table 18: Additional Estimated Costs**

***E.1.3.1 Data Migration***

Our current estimate for the Data Migration Level of Effort is based on the information provided in the RFP and supplemental addendums. The key drivers of this level of effort are based on the following factors:

- Total Client Records (Active, Inactive, and Pending): ~150K
- Total Program Data: Over 400K Records
- Total User Tables: 541 (potentially unique data tables)

- The large Volume of data (~700GB) to be migrated

The key contributing activities to our **480-hour** estimate include the following:

1. **Initial Assessment (80 hours)** - We estimate that this Migration effort will include at least a 2-week period of initial assessment to develop a complete inventory of required data mappings, as well as analyze the quality and complexity of underlying data.
2. **Program Data Cleanup (60 hours)** - We estimate that it could take greater than one week to clean-up program data that could have varying degrees of quality over the last 7 years.
3. **Program Data Mapping (60 hours)** - We estimate that it could take greater than one week to map the CareScope program data structure to the Ignyte Solution (and verify it with PCHS).
4. **Client Data Cleanup (120 hours)** - We estimate that while the client data structure is likely less complex and more standardized than Programs, the actual variability in the quality of individual records could be much greater than on programs.
5. **Client Data Mapping (40 hours)** - We estimate that it could take one week to map the CareScope Client data structure to the Ignyte Solution (and verify it with PCHS).
6. **User Data Cleanup (60 hours)** - We estimate that it could greater than one week to clean-up legacy user data that could have varying degrees of quality over the last 7 years.
7. **User Data Mapping (20 hours)** - We estimate that it could take less than one week to map the CareScope user profile data structure to the Ignyte Solution (and verify it with PCHS).
8. **Executing Automated Migration and Verifying Results (40 hours)** - We estimate that it could take approximately one week run our automated data mappings using ETL tools, inspect any errors or issues, and validate that all errors have been addressed.

The estimated cost for Data Migration services is based on a \$140 per hour labor rate for an Ignyte Data Migration Lead.

#### **E.1.3.2 Additional Integrations**

Our current estimate for the Level of Effort for additional Integrations is based on our extensive experience integrating Appian Based solutions with other enterprise systems using the included low-code connectors. The key drivers of this level of effort include the time required to:

- Analyze the business needs for each integration.
- Assess any technical considerations from the source system (such as the availability of an API, quality of underlying data, frequency of required updates, etc.).
- Analysis and design of any required data mappings
- Configuring the connection with the Appian Data Fabric (via API, ODBC connection, or flat files). **Note this is the least time-consuming aspect of the integration effort.**
- Testing and verification of the connection and accurate results
- Management time to oversee the integration work

Our estimate above shows a range of LoE depending on the complexity of the integration based on a t-shirt size scale from “small” to “extra-large”. Examples of each level of complexity are as follows:

- **Small (S)** – A simple integration such as a Rest API call to a single service for a standardized data structure (e.g. HL7 FHIR), for example “get client / patient demographics”.
- **Medium (M)** – A slightly more complex API call that may include more or non-standard data elements such as a transaction on an Accounting System.
- **Large (L)** – A more complex integration with files or APIs that may involve processing of multiple results, such as conditional rules for medication eligibility.
- **Extra Large (XL)** – The most complex integrations where existing APIS or data structures are unknown or undocumented and may even require Robotic Process Automation to interact with a user interface (such as cases requiring integration with a legacy mainframe or AS/400).

*All estimates assume that Ignyte would have access to technical Subject Matter Experts and authorized System and Business Owners of the connected systems to design and verify integrations.*

#### **E.1.3.3 Cost Model for Additional Support**

The average blended rate across all Ignyte Labor Categories in Year 1 is ~\$130 per hour. Therefore, one day of additional support for one consultant would be \$1,040 on average.

#### **E.1.4 Unknowns / Potential Challenges**

Team Ignyte has identified the following potential unknown factors or challenges that could impact our provided cost estimates and/or the success of this program:

- **Lack of Cooperation and Support from Integration Partners** – This could greatly hinder the speed and accuracy of the analysis necessary to design future system integrations, as well as reliably test and verify them. Additionally, Bugs or Defects could be introduced by changes made in those systems, and require open communication and collaboration to address them or risk impacting overall system cost and quality.
- **Additional Computing Capacity or Storage Needs** – Team Ignyte’s estimated capacity recommendations are based on similarly scoped implementations, however details of the PCHS environment uncovered during the discovery period, or future increases in demand due to external factors or a resoundingly successful adoption rate with delighted users could result in higher than anticipated user and data volumes that require additional licenses, cloud computing capacity, or storage to be purchased.
- **Additional Costs Per Integration with Optional Third-Party systems and APIs** – Appian does not charge licensing fees for connecting with any external systems, however it is not uncommon for some system vendors to charge fees for integrating with their product (e.g. leading Cloud based CRM Platforms), or metered use for a service (e.g., Twilio SMS messaging)
- **Legacy Data Quality Issues** – Our estimates for Data Migration and Integration assume PCHS’s current data is of good to moderately good quality. If PCHS or Ignyte determines that additional data cleansing is needed, it could impact these cost estimates.
- **User Adoption in Unionized Environments** -If any of the stakeholders using this system are members of a labor union, additional time should be allotted to actively engage their representatives in the requirements gathering process, user acceptance testing, as well



as to validate and accept any training and adoption materials. It may also be necessary to update current job descriptions based on changes implemented with the new system.

## E.2. Overall Pricing Assumptions

Team Ignyte has prepared the following pricing assumptions as part of our response, demonstrated in **Table 20** below.

<b>Team <i>Ignyte</i> Key Pricing Assumptions</b>
Team Ignyte assumes that any additional required effort to support the configuration of workflows, rules, and reports, or further customization or delivery outside of scope as defined in our response is available as a change order to this proposal.
Team Ignyte assumes travel is excluded, as we expect to deliver this engagement remotely.
Team Ignyte assumes that besides the cost of Appian software licensing and AWS cloud capacity, no Other Direct Costs (ODCs) or Materials costs will be incurred by Ignyte.
Team Ignyte assumes Pinellas County will provide access to the necessary security officer(s), documentation, and agency-specific procedures needed on a timely basis for Ignyte to obtain any county-required Authority to Operate (ATO).
Team Ignyte assumes Pinellas County will review any required security documentation in a timely manner to facilitate the ATO.
Team Ignyte assumes there are no additional system integrations outside of those listed in Attachment A of the RFP.
Team Ignyte assumes for any necessary integrations (outside of .csv/flat file imports), the County will either allow web service calls over HTTPS, allow a VPN, provide us a secure tunnel to leverage, or allow us to provide an Amazon Virtual Private Cloud (VPC).
Team Ignyte assumes no additional capabilities outside of those listed in the RFP will be required.
Team Ignyte assumes that PCHS will provide Tier 1 help desk services (Team Ignyte will provide Tier 2 and 3) once the solution is live in production, however this service is available upon request and can be quoted at that time.

**Table 19: Team Ignyte Key Pricing Assumptions**



# **EXHIBIT G**

## **HIPAA BUSINESS ASSOCIATE AGREEMENT**

This Agreement (hereinafter referred to as AGREEMENT) is entered into by and between Pinellas County, a political subdivision of the State of Florida (hereinafter referred to as COVERED ENTITY) and the business associate named on the signature page hereof (hereinafter referred to as BUSINESS ASSOCIATE) (each hereinafter referred to as PARTY and collectively hereinafter referred to as the PARTIES) on this \_\_\_\_ day of \_\_\_\_\_, 2024.

**WHEREAS**, BUSINESS ASSOCIATE performs functions, activities, or services for, or on behalf of COVERED ENTITY, and BUSINESS ASSOCIATE receives, has access to or creates Health Information in order to perform such functions, activities or services; and

**WHEREAS**, COVERED ENTITY is subject to the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated there under (hereinafter referred to as HIPAA), including but not limited to, the Standards for Privacy of Individually Identifiable Health Information and the Security Standards for the Protection of Electronic Protected Health Information found at 45 Code of Federal Regulations Parts 160, 162 and 164; and

**WHEREAS**, HIPAA requires COVERED ENTITY to enter into a contract with BUSINESS ASSOCIATE to provide for the protection of the privacy and security of Health Information, and HIPAA prohibits the disclosure to or use of Health Information by BUSINESS ASSOCIATE if such a contract is not in place; and

**WHEREAS**, as a result of the requirements of the Health Information Technology for Economic and Clinical Health Act (hereinafter referred to as HITECH ACT), as incorporated in the American Recovery and Reinvestment Act of 2009, and its implementing regulations and guidance issued by the Secretary of the U.S. Department of Health and Human Services (hereinafter referred to as SECRETARY), all as amended from time to time, the PARTIES agree to this AGREEMENT in order to document the PARTIES' obligations under the HITECH ACT.

**NOW, THEREFORE**, in consideration of the foregoing, and for other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the PARTIES agree as follows:

### **ARTICLE I DEFINITIONS**

1.1 "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean

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1.2 "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean Pinellas County by and through its Department of Human Services.

1.3 “Disclose” and “Disclosure” shall mean, with respect to Health Information, the release, transfer, provision of access to, or divulging in any other manner of Health Information outside BUSINESS ASSOCIATE’s internal operations or to other than its employees.

1.4 “Health Information” shall mean information that: (a) relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual; (b) identifies the individual (or for which there is a reasonable basis for believing that the information can be used to identify the individual); and (c) is received by BUSINESS ASSOCIATE from or on behalf of COVERED ENTITY, or is created by BUSINESS ASSOCIATE, or is made accessible to BUSINESS ASSOCIATE by COVERED ENTITY.

1.5 “HIPAA Rules”. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

1.6 “Privacy Regulations” shall mean the Standards for Privacy of Covered Individually Identifiable Health Information, 45 Code of Federal Regulations Parts 160 and 164, promulgated under HIPAA.

1.7 “Services” shall mean the services provided by BUSINESS ASSOCIATE pursuant to the Underlying Agreement, or if no such agreement is in effect, the services BUSINESS ASSOCIATE performs with respect to the COVERED ENTITY.

1.8 “Underlying Agreement” shall mean the services agreement executed by the COVERED ENTITY and BUSINESS ASSOCIATE, if any.

1.9 “Use” or “Uses” shall mean, with respect to Health Information, the sharing, employment, application, utilization, examination or analysis of such Health Information within BUSINESS ASSOCIATE’s internal operations.

1.10 Catch-all definition: The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use, unless otherwise specifically defined or referred under this Agreement.

## **ARTICLE II OBLIGATIONS OF BUSINESS ASSOCIATE**

2.1 Initial Effective Date of Performance. The obligations created under this AGREEMENT shall become effective immediately upon execution of this AGREEMENT or the agreement to which it is appended.

2.2 Obligations and Activities of Business Associate. Business Associate agrees to:

- a. Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law.
- b. Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement.
- c. Report to covered entity any unauthorized acquisition, access, use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware.
- d. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.
- e. Make available protected health information in a designated record set to the COVERED ENTITY as necessary to satisfy covered entity's obligations under 45 CFR 164.524.
- f. Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR 164.526.
- g. Maintain and make available the information required to provide an accounting of disclosures to the "covered entity" as necessary to satisfy covered entity's obligations under 45 CFR 164.528.
- h. To the extent the business associate is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s).
- i. Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

2.3 Permitted Uses and Disclosures of Health Information. BUSINESS ASSOCIATE is authorized to:

- a. Use and Disclose Health Information as necessary to perform Services for, or on behalf of COVERED ENTITY.

b. Use Health Information to create aggregated or de-identified information consistent with the requirements of the Privacy Regulations.

c. Use or Disclose Health Information (including aggregated or de-identified information) as otherwise directed by COVERED ENTITY provided that COVERED ENTITY shall not request BUSINESS ASSOCIATE to use or disclose Health Information in a manner that would not be permissible if done by COVERED ENTITY.

d. To the extent required by the HITECH ACT, BUSINESS ASSOCIATE shall limit its use, disclosure or request of PHI to the Limited Data Set or, if needed, to the minimum necessary to accomplish the intended use, disclosure or request, respectively. Effective on the date the SECRETARY issues guidance on what constitutes “minimum necessary” for purposes of HIPAA, BUSINESS ASSOCIATE shall limit its use, disclosure or request of PHI to only the minimum necessary as set forth in such guidance.

e. BUSINESS ASSOCIATE shall not use Health Information for any other purpose that would violate Subpart E of 45 CFR Part 164, except that if necessary, BUSINESS ASSOCIATE may use Health Information for the proper management and administration of BUSINESS ASSOCIATE or to carry out its legal responsibilities; provided that any use or disclosure described herein will not violate the Privacy Regulations or Florida law if done by COVERED ENTITY. Except as otherwise limited in this Agreement, BUSINESS ASSOCIATE may disclose Health Information for the proper management and administration of the BUSINESS ASSOCIATE, provided that with respect to any such disclosure either: (a) the disclosure is required by law (within the meaning of the Privacy Regulations) or (b) the disclosure would not otherwise violate Florida law and BUSINESS ASSOCIATE obtains reasonable written assurances from the person to whom the information is to be disclosed that such person will hold the information in confidence and will not use or further disclose such information except as required by law or for the purpose(s) for which it was disclosed by BUSINESS ASSOCIATE to such person, and that such person will notify BUSINESS ASSOCIATE of any instances of which it is aware in which the confidentiality of the information has been breached.

#### 2.4 Compliance with Security Provisions. BUSINESS ASSOCIATE shall:

a. Implement and maintain administrative safeguards as required by 45 CFR § 164.308, physical safeguards as required by 45 CFR § 164.310 and technical safeguards as required by 45 CFR § 164.312.

b. Implement and document reasonable and appropriate policies and procedures as required by 45 CFR § 164.316.

c. Be in compliance with all requirements of the HITECH ACT related to security and applicable as if BUSINESS ASSOCIATE were a covered entity, as such term is defined in HIPAA.

d. BUSINESS ASSOCIATE shall use its best efforts to implement and maintain technologies and methodologies that render PHI unusable, unreadable or indecipherable to unauthorized individuals as specified in the HITECH ACT.

2.5 Compliance with Privacy Provisions. BUSINESS ASSOCIATE shall only use and disclose PHI in compliance with each applicable requirement of 45 CFR § 164.504(e). BUSINESS ASSOCIATE shall comply with all requirements of the HITECH ACT related to privacy and applicable as if BUSINESS ASSOCIATE were a covered entity, as such term is defined in HIPAA.

2.6 Mitigation. BUSINESS ASSOCIATE agrees to mitigate, to the extent practicable, any harmful effect that is known to BUSINESS ASSOCIATE of a use or disclosure of Health Information by BUSINESS ASSOCIATE in violation of the requirements of this AGREEMENT.

2.7 Breach of Unsecured PHI. The provisions of this Section are effective with respect to the discovery of a breach of unsecured PHI occurring on or after September 23, 2009.

a. With respect to any unauthorized acquisition, access, use or disclosure of COVERED ENTITY's PHI by BUSINESS ASSOCIATE, its agents or subcontractors, BUSINESS ASSOCIATE shall:

- 1) Investigate such unauthorized acquisition, access, use or disclosure;
- 2) Determine whether such unauthorized acquisition, access, use or disclosure constitutes a reportable breach under the HITECH ACT; and
- 3) Document and retain its findings under clauses 1) and 2) of this Section.

b. BUSINESS ASSOCIATE shall notify COVERED ENTITY of all suspected breaches within five (5) business days of discovery. If the BUSINESS ASSOCIATE discovers that a reportable breach has occurred, BUSINESS ASSOCIATE shall notify COVERED ENTITY of such reportable breach in writing within three (3) days of the date BUSINESS ASSOCIATE discovers and determines that such breach is reportable. BUSINESS ASSOCIATE shall notify COVERED ENTITY immediately upon discovering a reportable breach of more than 500 individuals.

c. BUSINESS ASSOCIATE shall be deemed to have discovered a breach as of the first day that breach is either known to BUSINESS ASSOCIATE or any of its employees, officers or agents, other than the person who committed the breach, or by

through exercise of reasonable diligence, should have been known to BUSINESS ASSOCIATE or any of its employees, officers or agents, other than the person who committed the breach.

d. To the extent the information is available to BUSINESS ASSOCIATE, it's written notice shall include the information required by 45 CFR §164.410.

e. BUSINESS ASSOCIATE shall promptly supplement the written report with additional information regarding the breach as it obtains such information.

f. BUSINESS ASSOCIATE shall cooperate with COVERED ENTITY in meeting the COVERED ENTITY's obligations under the HITECH ACT with respect to such breach. COVERED ENTITY shall have sole control over the timing and method of providing notification of such breach to the affected individual(s), the SECRETARY and, if applicable, the media, as required by the HITECH ACT.

g. BUSINESS ASSOCIATE shall reimburse COVERED ENTITY for its reasonable costs and expenses in providing the notification, including, but not limited to, any administrative costs associated with providing notice, printing and mailing costs, and costs of mitigating the harm for affected individuals whose PHI has or may have been compromised as a result of the breach. In order to be reimbursed by BUSINESS ASSOCIATE, COVERED ENTITY must provide to BUSINESS ASSOCIATE a written accounting of COVERED ENTITY's actual costs and to the extent applicable, copies of receipts or bills with respect thereto.

2.8 Availability of Internal Practices, Books and Records. BUSINESS ASSOCIATE agrees to make its internal practices, books and records relating to the use and disclosure of Health Information available to the SECRETARY, for purposes of determining COVERED ENTITY's compliance with the Privacy Regulations.

2.9 Agreement to Restriction on Disclosure. If COVERED ENTITY is required to comply with a restriction on the disclosure of PHI pursuant to Section 13405 of the HITECH ACT, then COVERED ENTITY shall, to the extent needed to comply with such restriction, provide written notice to BUSINESS ASSOCIATE of the name of the individual requesting the restriction and the PHI affected thereby. BUSINESS ASSOCIATE shall, upon receipt of such notification, not disclose the identified PHI to any health plan for the purposes of carrying out payment or health care operations, except as otherwise required by law.

2.10 Accounting of Disclosures. Upon COVERED ENTITY's request, BUSINESS ASSOCIATE shall:

a. Provide to COVERED ENTITY an accounting of each disclosure of Health Information made by BUSINESS ASSOCIATE or its employees, agents, representatives or subcontractors as required by the Privacy Regulations. For each Disclosure that requires an accounting under this Section 2.10, BUSINESS ASSOCIATE

shall track the information required by the Privacy Regulations, and shall securely maintain the information for six (6) years from the date of the Disclosure.

b. If BUSINESS ASSOCIATE is deemed to use or maintain an Electronic Health Record on behalf of COVERED ENTITY, then BUSINESS ASSOCIATE shall maintain an accounting of any disclosures made through an Electronic Health Record for treatment, payment and health care operations, as applicable. Such accounting shall comply with the requirements of the HITECH ACT.

c. Upon request by COVERED ENTITY, BUSINESS ASSOCIATE shall provide such accounting to COVERED ENTITY in the time and manner specified by the HITECH ACT.

d. Where COVERED ENTITY responds to an individual's request for an accounting of disclosures made through an Electronic Health Record by providing the requesting individual with a list of all business associates acting on behalf of COVERED ENTITY; BUSINESS ASSOCIATE shall provide such accounting directly to the requesting individual in the time and manner specified by the HITECH ACT.

2.11 Use of Subcontractors and Agents. BUSINESS ASSOCIATE shall require each of its agents and subcontractors that receive Health Information from BUSINESS ASSOCIATE to execute a written agreement obligating the agent or subcontractor to comply with all the terms of this AGREEMENT with respect to such Health Information.

2.12 Access to Electronic Health Records.

a. If BUSINESS ASSOCIATE is deemed to use or maintain an Electronic Health Record on behalf of COVERED ENTITY with respect to PHI, BUSINESS ASSOCIATE shall provide an individual with a copy of the information contained in such Electronic Health Record in an electronic format and, if the individual so chooses, transmit such copy directly to an entity or person designated by the individual upon request, to the extent an individual has the right to request a copy of the PHI maintained in such Electronic Health Record pursuant to 45 CFR § 164.524 and makes such a request to BUSINESS ASSOCIATE.

b. BUSINESS ASSOCIATE may charge a fee to the individual for providing a copy of such information, but such fee may not exceed BUSINESS ASSOCIATE's labor costs in responding to the request for the copy.

c. The provisions of 45 CFR § 164.524, including the exceptions to the requirement to provide a copy of PHI shall otherwise apply and BUSINESS ASSOCIATE shall comply therewith as if BUSINESS ASSOCIATE were the COVERED ENTITY.

d. At COVERED ENTITY's request, BUSINESS ASSOCIATE shall provide COVERED ENTITY with a copy of an individual's PHI maintained in an



Electronic Health Record in an electronic format in a time and manner designated by COVERED ENTITY in order for COVERED ENTITY to comply with 45 CFR § 164.524, as amended by the HITECH ACT.

2.13 Limitations on Use of PHI for Marketing Purposes.

a. BUSINESS ASSOCIATE shall not use or disclose PHI for the purpose of making a communication about a product or service that encourages recipients of the communication to purchase or use the product or service, unless such communication:

- 1) Complies with the requirements the definition of marketing contained in 45 CFR § 164.501; and
- 2) Complies with the requirements of Subparagraphs a, b or c of Section 13406(a)(2) of the HITECH ACT.

b. COVERED ENTITY shall cooperate with BUSINESS ASSOCIATE to determine if the foregoing requirements are met with respect to any such marketing communication.

**ARTICLE III  
TERM AND TERMINATION**

3.1 Term. Subject to the provisions of Sections 3.2 and 3.3, the term of this AGREEMENT shall be the term of the Underlying Agreement.

3.2 Termination of AGREEMENT.

a. Upon becoming aware of a pattern of activity or practice of either PARTY that constitutes a material breach or violation of obligations under the AGREEMENT, the non-breaching PARTY shall immediately notify the PARTY in breach.

b. Notification shall be provided in writing and shall specify the nature of the breach.

c. With respect to such breach or violation, upon receiving notice of the violation the non-breaching PARTY shall:

- 1) Allow the breaching PARTY thirty (30) days to take reasonable steps to cure such breach or end such violation; and
- 2) Terminate this AGREEMENT, if cure is either not possible or unsuccessful; and
- 3) Report the breach or violation to the SECRETARY if such termination is not feasible.

d. Upon termination of this AGREEMENT for any reason, BUSINESS ASSOCIATE shall return or destroy all PHI consistent with Section 3.4 as follows:

1) BUSINESS ASSOCIATE shall destroy PHI in a manner that renders the PHI unusable, unreadable or indecipherable to unauthorized individuals as specified in the HITECH ACT and shall certify in writing to COVERED ENTITY that such PHI has been destroyed in compliance with such standards; or

2) Return of PHI shall be made in a mutually agreed upon format and timeframe and at no additional cost to BUSINESS ASSOCIATE.

e. Where return or destruction are not feasible, BUSINESS ASSOCIATE shall continue to extend the protections of the AGREEMENT to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction of such PHI not feasible.

3.3 Termination for Breach. COVERED ENTITY may terminate the Underlying Agreement and this AGREEMENT upon thirty (30) days written notice in the event: (a) BUSINESS ASSOCIATE does not promptly enter into negotiations to amend this AGREEMENT when requested by COVERED ENTITY pursuant to Section 4.2 or (b) BUSINESS ASSOCIATE does not enter into an amendment to this AGREEMENT providing assurances regarding the safeguarding of Health Information that the COVERED ENTITY, deems sufficient to satisfy the standards and requirements of HIPAA and the HITECH ACT.

3.4 Disposition of Health Information Upon Termination or Expiration. Upon termination or expiration of this AGREEMENT, BUSINESS ASSOCIATE shall either return or destroy, in COVERED ENTITY's sole discretion and in accordance with any instructions by COVERED ENTITY, all Health Information in the possession or control of BUSINESS ASSOCIATE and its agents and subcontractors. In such event, BUSINESS ASSOCIATE shall retain no copies of such Health Information. If BUSINESS ASSOCIATE determines that neither return nor destruction of Health Information is feasible, BUSINESS ASSOCIATE shall notify COVERED ENTITY of the conditions that make return or destruction infeasible, and may retain Health Information provided that BUSINESS ASSOCIATE: (a) continues to comply with the provisions of this AGREEMENT for as long as it retains Health Information, and (b) further limits uses and disclosures of Health Information to those purposes that make the return or destruction of Health Information infeasible.

#### **ARTICLE IV MISCELLANEOUS**

4.1 Indemnification. Notwithstanding anything to the contrary in the Underlying Agreement, BUSINESS ASSOCIATE agrees to indemnify, defend and hold harmless COVERED ENTITY and COVERED ENTITY's employees, directors, officers, subcontractors or agents against all damages, losses, lost profits, fines, penalties, costs or expenses (including

reasonable attorneys' fees) and all liability to third parties arising from any breach of this AGREEMENT by BUSINESS ASSOCIATE or its employees, directors, officers, subcontractors, agents or other members of BUSINESS ASSOCIATE's workforce. BUSINESS ASSOCIATE's obligation to indemnify shall survive the expiration or termination of this AGREEMENT.

4.2 Amendment to Comply with Law. The PARTIES acknowledge that state and federal laws relating to electronic data security and privacy are rapidly evolving and that amendment of this AGREEMENT may be required to provide for procedures to ensure compliance with such developments. The PARTIES specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH ACT and other applicable laws relating to the security or confidentiality of Health Information. The PARTIES understand and agree that COVERED ENTITY must receive satisfactory written assurance from BUSINESS ASSOCIATE that BUSINESS ASSOCIATE will adequately safeguard all Health Information that it receives or creates on behalf of COVERED ENTITY. Upon COVERED ENTITY's request, BUSINESS ASSOCIATE agrees to promptly enter into negotiations with COVERED ENTITY, concerning the terms of any amendment to this AGREEMENT embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH ACT or other applicable laws.

4.3 Modification of Agreement. No alteration, amendment, or modification of this AGREEMENT shall be valid or effective unless in writing and signed the PARTIES.

4.4 Non-Waiver. A failure of any PARTY to enforce at any time any term, provision or condition of this AGREEMENT, or to exercise any right or option herein, shall in no way operate as a waiver thereof, nor shall any single or partial exercise preclude any other right or option herein. Waiver of any term, provision or condition of this AGREEMENT shall not be valid unless in writing, signed by the waiving PARTY and only to the extent set forth in such writing.

4.5 Agreement Drafted By All Parties. This AGREEMENT is the result of arm's length negotiations between the PARTIES and shall be construed to have been drafted by all PARTIES such that any ambiguities in this AGREEMENT shall not be construed against either PARTY.

4.6 Severability. If any provision of this AGREEMENT is found to be invalid or unenforceable by any court, such provision shall be ineffective only to the extent that it is in contravention of applicable laws without invalidating the remaining provisions hereof.

4.7 No Third Party Beneficiaries. There are no third party beneficiaries to this AGREEMENT.

4.8 Counterparts. This AGREEMENT may be executed in one or more counterparts, each of which shall be deemed an original and will become effective and binding upon the PARTIES as of the effective date at such time as all the signatories hereto have signed a counterpart of this AGREEMENT.

4.9 Notices. The PARTIES designate the following to accept notice on their behalf:

If to BUSINESS ASSOCIATE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If to COVERED ENTITY:

Abigail Stanton, HIPAA Privacy Officer  
440 Court Street, 2<sup>nd</sup> Floor  
Clearwater, FL 33756

4.10 Applicable Law and Venue. This AGREEMENT shall be governed by and construed in accordance with the laws of the State of Florida. The PARTIES agree that all actions or proceedings arising in connection with this AGREEMENT shall be tried and litigated exclusively in the state or federal courts located in or nearest to Pinellas County, Florida.

4.11 Interpretation. This AGREEMENT shall be construed in a manner that will cause the PARTIES to comply with the requirements of HIPAA and the HITECH ACT.

**IN WITNESS WHEREOF**, each of the undersigned has caused this AGREEMENT to be duly executed in its name and on its behalf effective as of this \_\_\_\_ day of \_\_\_\_\_, 2024.

**COVERED ENTITY:** Pinellas County

**BUSINESS ASSOCIATE:**

By: \_\_\_\_\_

By: Abigail Stanton

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Print Title: \_\_\_\_\_

**APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY**

By: \_\_\_\_\_  
Assistant County Attorney

**APPROVED AS TO FORM**  
By: Keiah Townsend  
Office of the County Attorney

**CONTRACT PROVISIONS FOR CONTRACTS UNDER  
FEDERAL AWARDS PROPOSAL NUMBER: 24-0330-RFP**

**PROPOSAL TITLE: HUMAN SERVICES FOCUSED CASE  
MANAGEMENT, INTEGRATION AND LOW CODE PLATFORM SOLUTION - HUMAN SERVICES ARPA**

This solicitation is either fully or partially funded with federal funds from the Coronavirus Local Fiscal Recovery Funds made available under the American Rescue Plan Act (ARPA). In addition to other terms and conditions required by Pinellas County and the applicable federal agency, all contracts awarded to the qualified bidder are subject to the following provisions, as applicable to the services provided.

**Equal Employment Opportunity:** Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”

If this contract meets the definition of a “federally assisted construction contract”, during the performance of this contract, the Contractor agrees as follows:

- (1) The CONTRACTOR will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The CONTRACTOR will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.
- (2) The CONTRACTOR will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive considerations for employment without regard to race, color, religion, sex, or national origin.
- (3) The CONTRACTOR will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the contractor's legal duty to furnish information.

(4) The CONTRACTOR will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the Contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(5) The CONTRACTOR will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

(6) The CONTRACTOR will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

(7) In the event of the CONTRACTOR's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the CONTRACTOR may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

(8) The CONTRACTOR will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (7) in every subcontract unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor.

**Davis-Bacon Act** as amended (40 U.S.C. 3141-3148): When required by federal program legislation, for all prime construction contracts awarded in excess of \$2,000, Contractors are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, Contractors must be required to pay wages not less than once a week. If the applicable grant award contains Davis-Bacon provisions, the County will place a copy of the current prevailing wage determination issued by the Department of Labor in the solicitation document. The decision to award a contract shall be conditioned upon the acceptance of the wage determination [Appendix II to 2 CFR Part 200].

**Copeland Anti Kick Back Act:** If Davis-Bacon is applicable, CONTRACTOR shall also comply with all the requirements of 29 CFR Part 3 which are incorporated by reference to this contract. Contractors are prohibited from inducing by any means any person employed in the construction, completion or repair of public work to give up any part of the compensation to which he or she is otherwise entitled [Appendix II to 2 CFR Part 200].

**Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708):** Where applicable, all contracts awarded in excess of \$100,000 that involve the employment of mechanics or laborers must be in compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each CONTRACTOR is required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess

of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence [Appendix II to 2 CFR Part 200].

**Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387):** As amended—The CONTRACTOR agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA) [Appendix II to 2 CFR Part 200].

**Debarment and Suspension (Executive Orders 12549 and 12689):** A contract award (see 2 CFR 180.220) will not be made to parties listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. If applicable, the CONTRACTOR must verify that none of their subcontractors (for contracts expected to equal or exceed \$25,000), appear on the federal government’s Excluded Parties List. The Excluded Parties List is accessible at <http://www.sam.gov> [Appendix II to 2 CFR Part 200].

**Byrd Anti-Lobbying Amendment (31 U.S.C. 1352):** CONTRACTORS that apply or bid for an award **exceeding \$100,000** must submit a completed “Disclosure of Lobbying Activities” [Form SF-LLL]. Each tier certifies to the tier above that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with *non-federal funds* that takes place in connection with obtaining any federal award. Such disclosures are forwarded from tier to tier up to the non-federal award. [Appendix II to 2 CFR Part 200]. **The bidder shall complete Form SF-LLL and submit with bid. Bidders may be deemed nonresponsive for failure to submit this certification.**

**Conflict of Interest** [2 CFR §200.112]: The CONTRACTOR must disclose in writing any potential conflict of interest to the Federal awarding agency or COUNTY in accordance with applicable Federal awarding agency policy.

**Mandatory Disclosures** [2 CFR §200.113]: The CONTRACTOR must disclose in writing all violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.339 - Remedies for



noncompliance, including suspension or debarment.

**Certifications and representations.** [2 CFR § 200.209]

Unless prohibited by the U.S. Constitution, Federal statutes or regulations, CONTRACTOR may be required to submit certifications and representations required by this agreement, Federal statutes, or regulations on an annual basis. Submission may be required more frequently if the CONTRACTOR fails to meet a requirement of these provisions for contracts under federal awards.

**Protected Personally Identifiable Information (Protected PII)** [CFR §200.303(e)]:

The CONTRACTOR must take reasonable measures to safeguard protected personally identifiable information and other information the federal awarding agency or COUNTY designates as sensitive or the County considers sensitive consistent with other applicable federal, state, and local laws regarding privacy and obligations of confidentiality. Per 2 CFR § 200.82, Protected PII means an individual's first name or first initial and last name in combination with any one or more of types of information, including, but not limited to, social security number, passport number, credit card numbers, clearances, bank numbers, biometrics, date and place of birth, mother's maiden name, criminal, medical and financial records, educational transcripts. This does not include PII that is required by law to be disclosed.

**Prohibition on utilization of time and material type contracts** [2 CFR §200.318 (j) (1)]: The COUNTY will not award contracts based on a time and material basis if the contract contains federal funding.

**Contracting with Small and Minority Businesses, Women's Business Enterprises, and Labor Surplus Area Firms** [2 CFR § 200.321]: If using subcontractors, the CONTRACTOR must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps must include:

- (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
- (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
- (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
- (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;
- (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.
- (6) Affirmative Action Requirements per 41 CFR 60-4.1 Goals for Women and Minorities in Construction (for contracts in excess of \$10,000): Goals and timetables for minority and female utilization may be set which shall be based on appropriate workforce, demographic or other relevant data and which shall cover construction projects or construction contracts performed in specific geographical areas. The goals, which shall be applicable to each construction trade in a covered Contractor's or subcontractor's entire workforce which is working in the area covered by the goals and timetables, shall be

published as notices in the Federal Register, and shall be inserted by the contracting officers and applicants, as applicable, in the Notice required by 41 CFR 60-4.2. Covered construction Contractors performing construction work in geographical areas where they do not have a federal or federally assisted construction contract shall apply the minority and female goals established for the geographical area where the work is being performed.

Information regarding certified M/WBE firms can be obtained from:

- Florida Department of Management Services (Office of Supplier Diversity);
- Florida Department of Transportation;
- Minority Business Development Center in most large cities; and
- Local Government M/DBE programs in many large counties and cities.

**Domestic preferences for procurements.** [2 CFR § 200.322]

(a) As appropriate and to the extent consistent with law, the non-Federal entity should, to the greatest extent practicable under a Federal award, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). The requirements of this section must be included in all subawards including all contracts and purchase orders for work or products under this award.

(b) For purposes of this section:

(1) “Produced in the United States” means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States.

(2) “Manufactured products” means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

**Procurement of Recovered Materials** [2 CFR §200.323]: CONTRACTOR must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

**Prohibition on utilization of cost plus a percentage of cost contracts** [2 CFR §200.324 (d)]: The COUNTY will not award contracts containing federal funding on a cost plus percentage of cost basis.

**Retention of Records** [2 CFR 200.334]: Financial records, supporting documents, statistical records, and all other records pertinent to a Federal award must be retained for a period of three years from the date of submission of the final expenditure report or invoice. Record retention may be required to be longer if any of the provisions of 2 CFR 200.334(a)-(f) apply.

**Access to Records** [2 CFR 200 § 200.337]: The County, Pass-through agency or Federal awarding agency have the right of timely and unrestricted access to any documents,

papers or other records, including electronic records, of the CONTRACTOR which are pertinent to the Federal award in order to make audits, investigations, examinations, excerpts, transcripts, and copies of such documents.

This right also includes timely and reasonable access to the CONTRACTOR'S personnel for the purpose of interview and discussion related to such documents. This right of access shall continue as long as records are required to be retained.

**Remedies for noncompliance.** [2 CFR § 200.339]

If CONTRACTOR fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or COUNTY may impose additional conditions, as described in 2 CFR § 200.208. If the Federal awarding agency or COUNTY determines that noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or COUNTY may take one or more of the following actions, as appropriate in the circumstances:

- (a) Temporarily withhold cash payments pending correction of the deficiency by the CONTRACTOR or more severe enforcement action by the Federal awarding agency or COUNTY.
- (b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
- (c) Wholly or partly suspend or terminate the Agreement.
- (d) Initiate suspension or debarment proceedings as authorized under 2 CFR part 180 and Federal awarding agency regulations (or in the case of the COUNTY, recommend such a proceeding be initiated by a Federal awarding agency).
- (e) Take other remedies that may be legally available.