



TO: Roger Breed, Ed.D.
Commissioner of Education

FROM: Marilyn Peterson, Administrator, Federal Programs and Data Center

SUBJECT: Amendment #3 to the 2011 Colyar Consulting Group, Inc. Contract #31171

Proposed Board Action:

Authorization for the Commissioner to approve Amendment #3 to the 2011 Colyar Consulting Group, Inc. Contract #31171

Background Information:

The 2011 Colyar Consulting Group, Inc. Contract included upgrades to the system to meet federal requirements for Direct Certification and Direct Verification with Medicaid. As more was learned, we need to continue to make changes which has resulted in Change Request (CR) 1111. CR1112 includes upgrades to the calculations for estimates required on the USDA forms FNS10 and FNS44.

Estimated Cost:

The cost for Amendment #3 to the 2011 Colyar Consulting Group, Inc. Contract is \$11,616.00 which results in the total cost of all amendments to the current contract exceeding the \$25,000 limit. See the following chart:

Colyar Consulting Group, Inc. 2011 Contract #31171
Contract and Amendments:

Contract #31171				\$229,740.00
Amendment #1	CR1109	\$11,760.00	\$11,760.00	\$241,500.00
Amendment #2	CR1110	\$ 5,292.00	\$17,052.00	\$246,792.00
Amendment #3	CR1111	\$ 4,560.00	\$21,612.00	\$251,352.00
	CR1112	\$ 7,056.00	\$28,668.00	\$258,408.00

Supporting Documentation Included:

Colyar Consulting Group, Inc. Change Request CR1111
Colyar Consulting Group, Inc. Change Request CR1112

For Additional Information on this item:

Date 09/07/2011	Requested By: NDE
Project Nebraska Nutrition Project	Application CNP
CR# 1111	

Direct Verification enhancement

NDE has requested that CCG add new verification modules to enable SFA's to directly verify student applications.

To accomplish this CCG will create the following new navigation path.

1. Direct Verification from the Verification link on the main menu.

CCG will update the existing SFA logins and state logins with security access to the new navigation path.

Select to continue	Description
Verification Summary	View and maintain the Verification Summary form information
View Verification	View Verification information
Verification Overview	View statistics for the Verification Summary forms by fiscal year
Direct Verification	View Prior Results, Upload List or Enter Students

CCG will develop new screens and process for each of the new module as follows:

1. When 'Direct Verification' is select for sponsor logins the Year selection screen will display.

Program Year Information
Direct Verification Information

Please Select a Program Year		
Program Year	Begin Date	End Date
2012	07/01/2011	06/30/2012
2011	07/01/2010	06/30/2011

2. When 'Direct Verification' is select for state logins the new sponsor selection\program year screen will display.

**National School Lunch Program
View Direct Verification List**

Choose a System																			
<input type="checkbox"/> School Year: 2011 <input type="checkbox"/>																			
<p align="center">To search for a partial name, enter it here.</p> <input type="text"/> <input type="button" value="Search"/>	<p align="center">If you know the System number, enter it here.</p> <input type="text"/> <input type="button" value="Next >"/>																		
<p>Recently Visited NSLP Systems:</p> <table border="0"> <tbody> <tr> <td>56-0006 Brady Public School</td> <td>79-0016 Gering Public School</td> </tr> <tr> <td>54-0701 St. Ludger School</td> <td>55-0001 Lincoln Public Schools</td> </tr> <tr> <td>59-4001 Northeast NE Juvenile Services, Inc.</td> <td>81-0010 Gordon-Rushville Public Schools</td> </tr> <tr> <td>28-0001 Omaha Public Schools</td> <td>14-0701 Holy Trinity School</td> </tr> <tr> <td>24-0001 Lexington Public Schools</td> <td>28-0017 Millard Public Schools</td> </tr> <tr> <td>59-0708 St. John Lutheran School- Battle Creek</td> <td>24-0004 Overton Public School</td> </tr> <tr> <td>55-0713 St. Mark Lutheran School</td> <td>01-0090 Adams Central Public Schools</td> </tr> <tr> <td>28-0709 All Saints School - Omaha</td> <td>62-0021 Bayard Public Schools</td> </tr> <tr> <td>01-0018 Hastings Public Schools</td> <td>28-0703 Father Flanagan's Boys Home</td> </tr> </tbody> </table>		56-0006 Brady Public School	79-0016 Gering Public School	54-0701 St. Ludger School	55-0001 Lincoln Public Schools	59-4001 Northeast NE Juvenile Services, Inc.	81-0010 Gordon-Rushville Public Schools	28-0001 Omaha Public Schools	14-0701 Holy Trinity School	24-0001 Lexington Public Schools	28-0017 Millard Public Schools	59-0708 St. John Lutheran School- Battle Creek	24-0004 Overton Public School	55-0713 St. Mark Lutheran School	01-0090 Adams Central Public Schools	28-0709 All Saints School - Omaha	62-0021 Bayard Public Schools	01-0018 Hastings Public Schools	28-0703 Father Flanagan's Boys Home
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<p>Click on the index below to search for a System.</p> <p> A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0-9 All </p>																			

New Direct Verification Information screen.

This new screen allows the SFA the following functions.

1. Ability to view the uploaded and manually entered verification entries.
2. Ability to manually enter information from an application for free/reduced price meals selected by the SFA to be processed against the verification matching system.
3. Ability to upload a CSV file of information created from applications received.

Direct Verification Information
District: Omaha Public Schools
County: 28 District: 0001
Program Year 2011

< Back

View Processed List

NOTICE: All users of this system must adhere to Section 9(b)(6) of the Richard B. Russell National School Lunch Act (NSLA) (42 U.S.C. 1758(b)(6)) which delineates the restrictions on the disclosure and use of information obtained through the direct certification process, as well as the criminal penalties for improper release of information.

Single Student Verification

Enter Required Student Information (* Fields are required to be entered)

School Building Number: *	<input type="text"/>	NDE Student ID (NSSRS#): *	<input type="text"/>	
First Name: *	Last Name: *	Gender: *	Date of Birth: (mm/dd/yyyy) *	Student DHHS Case#:
<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/>

Submit for Processing

Upload Verification CSV File

Choose a file to Upload: Browse...

Upload

Navigation Buttons:

1. < Back
 - a. When selected will return to the navigation list.
2. View Processed List
 - a. When selected will invoke the Verification List screen to display the previously uploaded or manually entered entries.
3. Submit for Processing
 - a. When selected will invoke the edit check business rules required for each input field.

The following fields will be required to be entered otherwise an onscreen error will display.

 - Valid Building Number [verified against schools table]
 - Valid NSSRS # [verified with NSSRS check routine]
 - First and Last Names not blank
 - Gender (M/F)
 - Valid DOB
 - The student DHHS Case # is optional, if entered must be under 9 digits in length.
 - b. If all business rules pass then the entry will be written to the table for processing and the 'Verification List screen' will be display. The status for the newly added items will be 'waiting for processing' if not processed yet and 'processing' if currently being processed . If the item has been processed the results will be displayed as 'Verified' YES or NO).

4. Browse
 - a. When selected will invoke the standard Microsoft file selection dialogue to allow selecting a file path and file name.
5. Upload
 - a. When selected an edit check will be performed to ensure a file name has been entered. If entered the data will be uploaded and processed through the same edited checks as under "Submit for Processing" and stored in the table for processing.
 - b. Once upload the 'Verification List screen' will be displayed to allow viewing of the uploaded and processed information. The status for the newly added items will be 'waiting for processing' if not processed yet and 'processing' if currently being processed . If the item has been processed the results will be displayed as 'Verified' YES or NO).

Verification List screen:

Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94887
Lincoln, NE 68509-4887

[Print This Page](#)

Verification Student List

Sponsor		
Sponsor Name:	Agreement Number:	Program Year
Millard Public Schools	28-0017	2011

Number of Students: 1 < Back Export List of Students to XLS Cancel List Date: 06/29/2011 Refresh Display

*note -All Dates Combined- could take several minutes to display.

NOTICE: All users of this system must adhere to Section 9(b)(6) of the Richard B. Russell National School Lunch Act (NSLA) (42 U.S.C. 1758(b)(6)) which delineates the restrictions on the disclosure and use of information obtained through the direct certification process, as well as the criminal penalties for improper release of information.

School Bldg #	School Name	NDE Student ID	Student First Name	Student Last Name	Sex	DOB	DHHS Master Case #	V	Verified
001	HOLY TRINITY ELEMENTARY SCHOOL	3799999998	JOHNNY	SAMPLE	M	6/24/2003	99999999	S T F	YES

< Back Cancel

Navigation Buttons:

1. < Back
 - a. When selected will return to the Direct Verification Information screen.
2. Cancel
 - a. When selected will return to NSLP bulletin board screen.

All columns headers will allow sort when selected.

The columns to be displayed are as follows:

- School Bldg #
 - a. Display the 3 digit building number.
- School Name
 - a. Display the School Name.
- NDE Student ID
 - a. Display the NDE assigned Student ID.
- Student First Name
 - a. Display First Name of the student.

- Student Last Name
 - a. Display Last Name of the student.
- Sex
 - a. Display the gender of the student.
- DOB
 - a. Display the Date of Birth of the student.
- DHHS Master Case #
 - a. Display the DHHS Master Case number if entered.
- V
 - a. Displays the program which was matched.
 - b. The 'V' column will display a 'hover over' message to describe the codes. 'S = SNAP, T = TANF, F = Medicaid Free, R = Medicaid Reduced Price'
- List Date
 - a. If a combined date list is selected then this column will appear and display the list date of each line item.

Technical Notes:

A new table will be created. The new 'DirectVerification' table will store all manual entries, uploads, and process record information.

- The NDE matching system will read this table and update as needed.

Action to be taken

<input type="checkbox"/> Implement Immediately	<input type="checkbox"/> Schedule to be implemented.	<input type="checkbox"/> Do Not Implement
Must be implemented as soon as possible	Schedule to be implemented, as an enhancement after the initial project is complete.	Will not be implemented at all during this project

- **Comments Initial and date comments. Do not delete previous entries**

-----**For CCG Use Only**-----

- Are additional costs required? If so fill in the boxes below**

Additional costs not authorized until approved through written contract amendment.

Design		Develop		Test and Implement		Total Cost for this enhancement	
Hours	Cost	Hours	Cost	Hours	Cost	Hours	Cost
4	\$380.00	36	\$3,420.00	8	\$760.00	48	\$4,560.00

- Schedule impact (if any)**

- Schedule impact (if any)**

-----For Nebraska Use Only-----

Disposition Approve Reject Resubmit with modifications

Date 08/17/2011	Requested By: NDE
Project Nebraska Nutrition Project	Application CNP
CR# 1112	

FNS10 and FNS44 - 30 day Estimate enhancement

The current method of calculating the estimated number of meals not yet claimed on the 30 day FNS 10 is not sufficient.

The current method says take the actual meals claimed and multiply by 3%.

NDE requests that the estimate calculation be change for those SFAs that have not submitted a claim to be the following:

1. If a prior year’s claim exists for the SFA for the claim month then include those meal counts as the estimate.
2. If no prior year’s claim exists for the SFA for the claim month then the most recent previous month’s claim should be used for the estimate.

Currently there are no estimates for the FNS44.

NDE requests that the estimate calculation be change for those sfas that have not submitted a claim to be the following for the Child Care Centers and the Adult Care Centers:

1. If a prior year’s claim exists for the institution for the claim month then include those meal counts as the estimate.
2. If no prior year’s claim exists for the institution for the claim month then the most recent previous month’s claim should be used for the estimate.

Day Care Home Sponsor estimates will not be done as part of this change request.

Action to be taken

<input type="checkbox"/> Implement Immediately	<input type="checkbox"/> Schedule to be implemented.	<input type="checkbox"/> Do Not Implement
Must be implemented as soon as possible	Schedule to be implemented, as an enhancement after the initial project is complete.	Will not be implemented at all during this project

- **Comments Initial and date comments. Do not delete previous entries**

-----**For CCG Use Only**-----

Are additional costs required? If so fill in the boxes below

Additional costs not authorized until approved through written contract amendment.

Design		Develop		Test and Implement		Total Cost for this enhancement	
Hours	Cost	Hours	Cost	Hours	Cost	Hours	Cost
4	\$392	58	\$5,684	10	\$980	72	\$7,056

Schedule impact (if any)

Schedule impact (if any)

-----For Nebraska Use Only-----

Disposition Approve Reject Resubmit with modifications